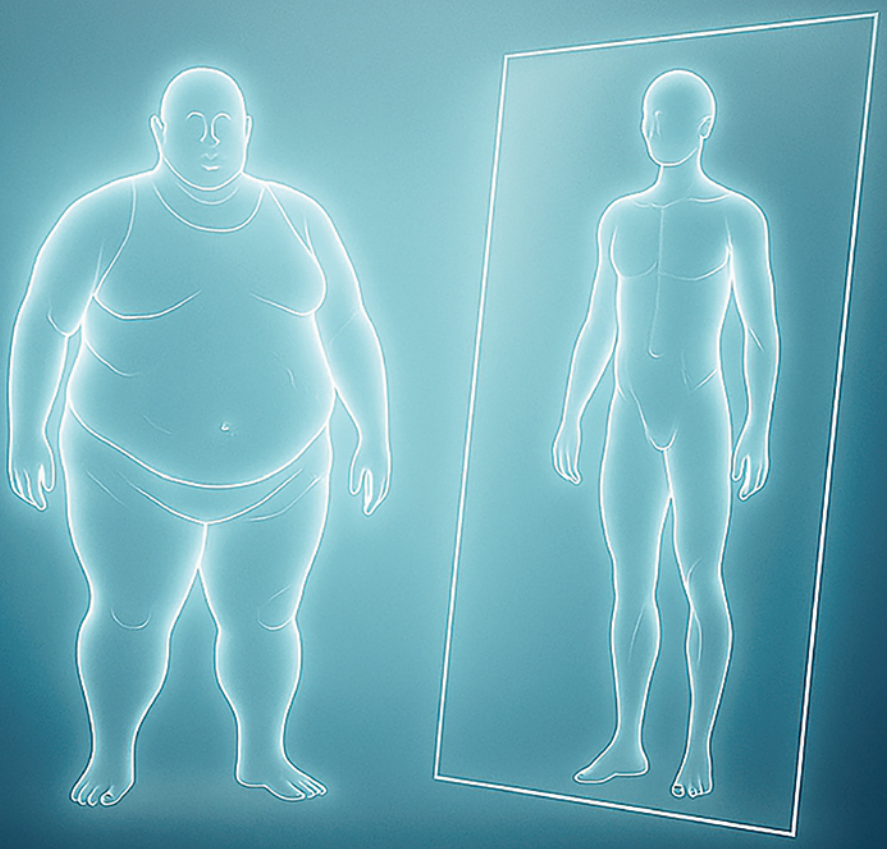
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Management of Obesity

A Comprehensive Manual for Physicians



Shambo S Samajdar
Bharat Saboo
Shashank R Joshi

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14 Building a Healthier India: Public Health Strategies to Prevent Obesity

Introduction

Obesity is no longer confined to Western nations or the urban elite—it is now a looming public health crisis in countries like India, where it coexists with chronic undernutrition in a perplexing paradox. A land historically synonymous with food insecurity and child stunting now finds itself grappling with the rapid rise of excess weight, particularly in cities and increasingly in rural regions. India has become emblematic of a global phenomenon: The nutrition transition. In this chapter, we unpack how India is confronting this dual challenge—how it is building an ecosystem that does not just treat obesity but prevents it before it begins.

Why Prevention Must Lead the Fight Against Obesity

In medical science, prevention is the quiet force that saves millions without fanfare. Nowhere is this truer than in obesity. Once a person becomes obese, a complex interplay of biology, behavior, and environment makes sustained weight loss extraordinarily difficult. The human body fiercely defends gained weight. Hormonal adaptations slow metabolism. Environmental cues—fast food on every corner, screens everywhere—erode even the strongest willpower. Medications and surgeries, while effective for some, are expensive, inaccessible to most, and come with risks.

The only viable solution at scale is prevention—especially in India, where healthcare resources are limited and millions live one medical emergency away from financial ruin. Prevention is cheaper, more equitable, and sustainable. It is not about fat-shaming or aesthetic ideals. It is about averting the life-altering complications of obesity: Diabetes, heart disease, infertility, sleep apnea, joint deterioration, and even certain cancers.

Public health experts often liken the obesity epidemic to climate change: A slow, system-wide crisis driven by modern living. Like climate change, it requires systems-level interventions—policy, infrastructure, education, community mobilization—not just personal resolve.

India's Unique Burden: Malnutrition in All its Forms

India presents a public health paradox. The same household may host an underweight child and an overweight parent. This "double burden of malnutrition" stems from a rapidly shifting food landscape. Traditional whole grains and legumes have been displaced by polished rice, refined wheat, and sugar-laden processed foods. Meanwhile, the physical labor that once shaped daily life has been supplanted by desk jobs, screen time, and motorized transport.

Between 2006 and 2016, the percentage of overweight adults in India doubled—from 10

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to 21%. And yet, nearly 35% of children remain stunted, indicating chronic undernutrition. The obesity epidemic in India is not a Western import—it is homegrown, born of globalization, urbanization, and lifestyle changes.

In response, India must thread a delicate needle: Encouraging caloric sufficiency for the undernourished while combating excess caloric intake among others. This means promoting balanced, micronutrient-rich diets—not simply more or less food. Millets, pulses, vegetables, and traditional thalis hold the key to both problems.

Transforming Schools into Engines of Health

Schools are where change begins. A child who learns to love physical activity and vegetables at age 8 is less likely to struggle with obesity at 38. The Indian government has recognized this, mandating yoga and health education in many schools. Under the *Fit India Movement*, schools can now receive certification for incorporating sports, physical education, and fitness breaks into the daily schedule.

One case in Pune saw a 5-year program introduce graded physical education, yoga breathing exercises, nutrition classes, and healthy meals in schools. Body mass index (BMI) changes were minimal in the short term—but physical activity levels soared, and students developed healthier habits. These are the real wins: Behaviors that track into adulthood.

Equally important are structural changes: Removing junk food vendors from school gates, conducting regular BMI screenings with parental involvement, and revamping midday meals to include protein, fiber, and micronutrients. Schools, parents, and communities must operate in synergy. A child who learns to eat millets at school should not come home to potato chips and soda.

Community Power: Building Healthy Norms from the Ground up

Where schools shape habits, communities shape norms. In India, where multigenerational families and tight-knit neighborhoods are common, community programs carry outsized influence. Walking groups, yoga in parks, and Sunday fitness fairs turn exercise into social activity—fun rather than obligation.

India's *Accredited Social Health Activist (ASHA) and Anganwadi workers*—often women from the community—are uniquely positioned to counsel families. They can challenge harmful myths (e.g., "a fat baby is a healthy baby"), provide dietary guidance, and organize local fitness events. Their reach is powerful, particularly in rural and semi-urban areas where medical infrastructure is sparse.

One innovation: Organizing *village fitness days* with morning group walks, dance sessions, or cricket matches. In urban housing societies, wellness clubs can host collective weight loss goals, step challenges, or recipe swaps. Cultural integration is key—linking wellness to festivals, religious teachings, or elder wisdom makes it resonate.

Policy: The Invisible Hand Behind Healthier Choices

People's choices are shaped by their environments. You cannot ask someone to eat healthy if junk food is cheaper and more available. You cannot expect someone to walk if the streets are unsafe or have no sidewalks.

That is where policy comes in. India has begun to embrace this truth. Among the notable shifts:

- *Fat taxes*: Kerala pioneered a 14.5% tax on fast food—sending a clear signal about the public health cost of certain diets.

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- *Food labeling*: Front-of-pack labeling, though still evolving, aims to warn consumers about high fat, salt, and sugar products.
- *School junk food bans*: Regulations prohibit the sale and advertisement of unhealthy foods within 50 meters of schools.
- *Trans fat elimination*: India aims to be trans fat-free—a move that will avert thousands of premature deaths.
- *Millet revival*: The Year of Millets campaign reintroduces ancient grains into public consciousness and government food programs.

These policies are not about removing choice—they are about making the healthier choice easier, more affordable, and more attractive.

Reshaping Cities: From Concrete Jungles to Fitness Ecosystems

Urban design dictates activity levels. In cities where footpaths are broken, parks are sparse, and traffic is dangerous, sedentary living becomes default. India's Smart Cities Mission is beginning to change this by incorporating walkability, bike lanes, and green spaces into city planning.

Delhi has installed thousands of *open-air gyms* in public parks. Bengaluru promotes cycling via dedicated lanes. Gurgaon's *Raahgiri Day*, where streets close to cars on Sundays, has become a model for turning roads into public exercise zones.

Every park, playground, or pedestrian crossing is a public health intervention. So is every tree that provides shade for an elderly walker or every cycling path that helps a schoolgirl reach class safely.

Workplaces: A New Frontier in the Fight

Adults spend over half their waking hours at work. This makes the workplace a potent site for intervention. Forward-thinking companies are now:

- Hosting *yoga breaks* and *group exercise sessions*
- Offering *standing desks* and encouraging walking meetings
- Overhauling *cafeteria menus* to prioritize fruits, salads, and whole grains
- Holding *step challenges* with incentives
- Partnering with health insurers to offer premium discounts based on improved BMI or activity levels

Government endorsement of these practices, perhaps via tax breaks or recognition schemes, could turbocharge their adoption.

Messaging that Moves the Masses

Behavior change does not happen in a vacuum—it requires awareness, motivation, and cultural relevance. Public campaigns like "*Aaj Se Thoda Kam*" use gentle nudges to reduce salt, sugar, and oil. The *#HumFitTohIndiaFit* campaign went viral, with ministers and movie stars posting their workouts and challenging others.

These campaigns work best when they are simple, visual, and repeated often. Traditional Indian media—radio, street plays, folk songs—can spread the message to those beyond the internet's reach. And leveraging India's culinary pride—its thalis, dals, spices, and millets—makes the message feel like a celebration, not a restriction.

Overcoming Deep Cultural and Structural Barriers

Prevention efforts must contend with myths, stigma, and systemic inequities:

- *"Fat is Fortune"*: In many households, extra weight is seen as prosperity. We must shift the narrative: Health is wealth.
- *Stigma and shame*: Urban media shames overweight people. Campaigns must celebrate every small win and promote fitness over thinness.

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- *Cost of healthy living*: When cookies are cheaper than fruit, diet change is a privilege. Public programs must make nutrition affordable.
- *Gender barriers*: In many areas, women lack the freedom or time for fitness. Solutions include women-only classes, childcare during workouts, and social support groups.
- *Access to care*: Specialized obesity clinics are rare. Integrating BMI screening, counseling, and referrals into primary care is essential.

A Unified Front: Government, Society, and You

Obesity is not an individual failure—it is a societal failure. That means the solution must be collective. Every sector has a role:

- *Health ministry*: Leading data collection, training, and care delivery
- *Education ministry*: Mandating physical education and healthy curricula
- *Urban development*: Designing spaces that promote movement
- *Agriculture*: Ensuring access to fruits, vegetables, and millets
- *Finance ministry*: Taxing harmful products and subsidizing the good
- *Media*: Crafting powerful stories that reframe the norm

But equally important are families and communities—changing dinner plates, buying cycles, turning off TVs. When every level aligns, we move from fragmented efforts to a unified movement.

Key Takeaways

"A healthier tomorrow, starting today"

India's obesity crisis is real—but so is its momentum. The path forward requires prevention-first thinking, multisectoral action, cultural sensitivity, and relentless commitment. It is about raising a generation that values movement, eats with mindfulness, and reclaims its traditional strengths.

By building systems that support health—schools that teach it, cities that enable it, workplaces that champion it—we transform the nation, one step, one bite, one community at a time.

Further Readings

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Salient Features

- *Comprehensive perspective:* Presents obesity as a multifactorial, chronic, and relapsing disease influencing a wide range of cardiometabolic disorders
- *Bridging evidence and practice:* Designed to translate current scientific understanding into practical, patient-centered clinical strategies
- *Holistic coverage:* Explores obesity from molecular mechanisms and pathophysiology to prevention and management, with special emphasis on the Indian and South-Asian context.
- *Therapeutic spectrum:* Encompasses lifestyle and behavioral interventions, pharmacotherapy, bariatric and metabolic surgery, and emerging modalities such as digital therapeutics and gut microbiome modulation.
- *Clinically relevant tools:* Includes real-world case studies, comparative tables, and concise algorithms to aid everyday clinical decision-making
- *Humanistic approach:* Emphasizes that obesity care extends beyond weight loss—focusing on restoring health, functionality, and dignity through empathy and sustained physician–patient partnership

Shambo S Samajdar MD DM(Clinical Pharmacology) PG Diploma in Endocrinology and Diabetes(RCP), Diploma in Allergy Asthma and Immunology, Fellowship in Respiratory and Critical Care(WBUHS) is a consultant physician and clinical pharmacologist with a focus on diabetes, allergy, and respiratory medicine. A prolific academic, he has authored over 148 indexed publications and contributed more than 80 book chapters. He is the author/editor of several landmark texts, including Artificial Intelligence for Physicians and Diabetes in Practice. He serves as faculty at JMN Medical College and Hospital, Nadia, West Bengal, India and holds leadership roles in IPS, Association of Clinical Pharmacologists (ACP), API (WB), FERCI, and PRF-WB. Honored with multiple national and international awards, Dr Samajdar represents the next generation of clinician-researchers with a deep commitment to translational medicine.

Bharat Saboo MBBS MSc(Endocrinology), Diploma in Diabetology, Scope Certified – Obesity is a distinguished Diabetologist, Amazon bestselling author, and public health advocate dedicated to advancing diabetes awareness, education, and comprehensive care in India. He serves as Director, Prayas Diabetes Center, Indore, Madhya Pradesh, India and President, Prayas for Care of Diabetes Society, where he leads multiple community-based initiatives for prevention, early detection, and management of diabetes and metabolic disorders. With around 100 publications in reputed national and international journals, Dr Saboo is deeply committed to bridging research and real-world practice. He is the founder of Synapse for Healthcare Innovation in Future Technologies, Convener of the Metabolic Research Club, Scientific Editor of Diabetoscope, and subeditor of the International Journal of Diabetes in Developing Countries. Dr Saboo has been awarded Best Research Abstract by the American Diabetes Association. A passionate clinician, teacher, and organizer, Dr Saboo continues to inspire colleagues and communities alike—advancing the cause of compassionate, evidence-based diabetes and obesity care for all.

Shashank R Joshi MD DM FICP FACP(USA) FACE(USA) Hon DSc(Medicine) MACE FRCP(London, Glasgow, and Edinburgh) is an eminent Endocrinologist, teacher of teachers, and one of India's foremost voices in diabetes, thyroid, and metabolic research. Serving at Joshi Clinic, Lilavati, and Sir HN Reliance Foundation Hospital and Research Centre, Mumbai, Maharashtra, India, he combines scientific rigor with a compassionate, patient-centered approach. A Padma Shri awardee, he has authored over 1,000 peer-reviewed publications and held leadership positions across global and national bodies, including the International Diabetes Federation (South-East Asia), Endocrine Society of India, API, RSSDI, and Indian Academy of Diabetes. Revered as a mentor by generations of physicians, Dr Joshi embodies the ideal of medicine as both science and service—where restoring metabolic balance mirrors restoring balance in life itself.

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