

**An overview of Obesity and its prevention**<sup>1</sup>Mukul Kumar\*, <sup>2</sup>Samriti Guleria, <sup>3</sup>Prince Chawla and <sup>4</sup>Mudasir Yaqoob<sup>1,2,3,4</sup> Department of Food Technology*Lovely Professional University, Phagwara, Punjab, India**Email: <sup>1</sup>[mukulkuamr@gmail.com](mailto:mukulkuamr@gmail.com), Ph. No.: 8988227729**<sup>2</sup>[guleriasamriti@gmail.com](mailto:guleriasamriti@gmail.com), Ph. No.: 9817087183**<sup>3</sup>[princefoodtech@gmail.com](mailto:princefoodtech@gmail.com), Ph. No.: 9416547143**<sup>4</sup>[mudasiryaoob@gmail.com](mailto:mudasiryaoob@gmail.com), Ph. No.: 9419015722***ABSTRACT**

High bleakness and mortality are related to obesity which has become a worldwide wellbeing concern. Remedial systems incorporate manufactured surgery and medications which involve large expenses and genuine entanglements. Restorative operators that are based on plants give an elective approach. A survey of the investigations on available plant hotspots for the cure of corpulence provides, that endeavors clarification how such therapeutic plants can act as weight reducers and also which of these approaches are more secure and largely productive. Data accumulation for the time period between 1991 to 2012 was done. Five fundamental systems include invigorating thermogenesis, bringing down lipogenesis, improving lipolysis, smothering craving, and diminishing the retention of lipids might work. The utilization of institutionalized therapeutic plant concentrates might be a protected treatment for weight. In any case, a few mixes of therapeutic plants may bring about either bring down adequacy or cause sudden symptoms.

**INTRODUCTION**

Around 10% of India adds up to arrive surface is secured generally by the Himalayas, which is one of the biggest and most youthful mountain chains. The assorted atmosphere and the differed ecological states of Himalayas bolster various environments and biological communities with similarly different living things. It gives an imperative environment to the widely varied vegetation that has 9,000 types of angiosperms and henceforth, becomes the problem area of

biodiversity. Around 3,470 species are considered solely native or restricted to the Himalayas (Verma et al., 2011).

Since the past world has been using plants as a wellspring of drugs. The interest for solutions that are based on plants consistently developing as unrefined or handled items from plants having unfavorable effects (Gandhi and Kumar, 2014). Restorative plants have been utilized as a noteworthy wellspring of helpful operators by man for a long time. India is one of the wealthiest restorative plant assets of the world. These colossal resources are broadly appropriated appearing in diverse parts of the country having individual phytogeographical substances. Concerning India's impossible of 17,000 types of emerging plants, in the environs of 17% are concepts on the way to live of restorative high regard(Sharma et al., 2013). According to evaluate, out of more than 1600 types of therapeutic plants customarily utilized as a part of India, over half species originate from the Himalayan locale (Uniyal et al., 2002). The WHO evaluated nearly 80% of creating scenes depended on their customary medications and which of this 85 % utilize plants and their concentrates as the dynamic material (Sheldon et al., 1998). Prior, just the general population utilized these plants assets for their own particular utilization, yet lately has been a gradual ascent in the request of natural items and medications which are based on plants over the world bringing about a substantial misuse of therapeutic plants.

From the old-time, plants are a rich wellspring of compelling and safe drugs. Homegrown pharmaceuticals have been a fundamental wellspring of essential social insurance in numerous countries. Around 80% of world populaces are as yet subject to conventional medications. Homegrown drugs are "done, marked uplifting substance with the purpose of enclosing seeing that dynamic fixings, the grand or else underground occurrence of plants before supplementary hide materials, or else intermingle thereof, not considering of whether inwards the whole affirm or else so hide arrangements. Hide resources incorporate juices, gums, greasy oils, necessary oils also many assorted substances of this nature. Local full-grown drugs may possibly include excipients notwithstanding the dynamic fixings. Solutions containing stand equipment coupled through artificially characterized dynamic substances, plus falsely characterized disconnected constituents of plants are not belief toward being there instinctive meds" (Who, 2003).

Indian Vedas portray the across the board utilization of homegrown items and fluid concentrate of various plant parts for curing the distinctive malady. Most extreme 30% of root

some portion of the therapeutic plant is utilized as a part of various practices in pressure on other plant parts (Ved et al., 1998).

While guaranteeing nature of phytopharmaceuticals some essential contemplations are : Raw materials are not homogenous, the sum and nature of dynamic fixings can shift because of various development and gathering techniques, herbal drugs are compelling because of their mind-boggling mixes, the strategy for assembling unequivocally impacts the creation of homegrown medication. (Tiwari, 2008).

Therapeutic plants are utilized as a part of the Ayurvedic, Unani and another conventional arrangement of the solution and in plant-based pharmaceutical ventures. The Tibetan arrangement of the solution depends on the Himalayan species. Customary medication utilizing plant extricates keeps on giving wellbeing scope to more than 80% of the universes populace, particularly in creating a world (Igbinosa et al., 2009). A customary prescription is the most established strategy for curing sicknesses and contaminations and different plants have been utilized as a part of various parts of the world to treat human ailments and diseases. Distinctive parts of the plant have likewise been utilized for different types of maladies and diseases (Ekpo et al., 2009). The therapeutic plants utilized in customary pharmaceutical speak to potential wellsprings of shabby and powerful and institutionalized natural medications and novel atoms for the advancement of new chemotherapeutic specialists (Ekundayo et al., 2006). Restorative plants are known to owe their corrective possibilities from certain natural substances, which exist in parts of the plant. Herbal medicines arranged played an important part in the management of in cooperation lesser as well as foremost strength problems. As of current not many decades, they are self extensively utilized worldwide appointed near their asking price effectiveness, fewer just before thumbs down noxious part property in the sphere of contrast through a lot of chemically synthesized drugs (Park et al., 2011) Use of herbal medicines for primary health care comes out to be 80% of the world's population according to WHO. Featuring in several parts of humanity at hand is an irritating tradition inside the wear out of biological result pro the action of several transmittable diseases. Normal goods partake of been worn in support of thousands of days within habitual medicine designed for a lot of purposes. Numerous herbal remedies enjoy been old as of their anti-bacterial, anti-inflammatory, cytotoxicity, anti-fungal as a consequence anti-viral tricks (Rahim et al., 2006). A large number of plants and plant products are used as anti-biotic to anti-infective and anti-cancerous to anti-aging (Loi et al., 2005).

Size is a worldwide epidemic plus largely general disorder vogue the world. stoutness is beginning Latin speech 'obesity', which method stout, fat otherwise plump. corpulence refers en route for an abnormal soprano quantity of coming to stiff fat. It domino effect since a smaller amount unrefined act moreover further mental act existing, concerning our their sunlight hours livelihood as well as running conditions. heaviness is a main unrestricted healthiness puzzle so as to spans the world. The worldwide commonness of flabbiness continues on the way to spread next to an alarming figure (Ng M et al., 2014) and in the US, 37.7% of adults are obese (Flegal et al., 2016). The brings about of this virulent disease taking place physical condition interconnected property of days of pretentious persons has been detrimental. a present is an overwhelming epidemiological show of thought-provoking obesity-related Comorbidities, individually cardiovascular diseases letters 2 diabetes, cancer, osteoarthritis along with physiological strife(Wang et al., 2011), The resultant profitable burden has delayed dramatically (Withrow et al., 2011). Thus, size is regarded as having the status of broadcast vigor crises in addition to urgent indigence of battle toward changing the pragmatic trends(US Department of Health and Human Services. 2020).The complication of this disease dishonesty not barely appearing in its scope of complications, excluding additionally trendy its multi-faceted etiology(Atkinson et al., 2005).Deal the explanation in place of unfair substance elect to choose happily is life-threatening since it the clears way used for the development of pristine treatments just before disturb this worldwide endemic (Pereira et al., 2012).

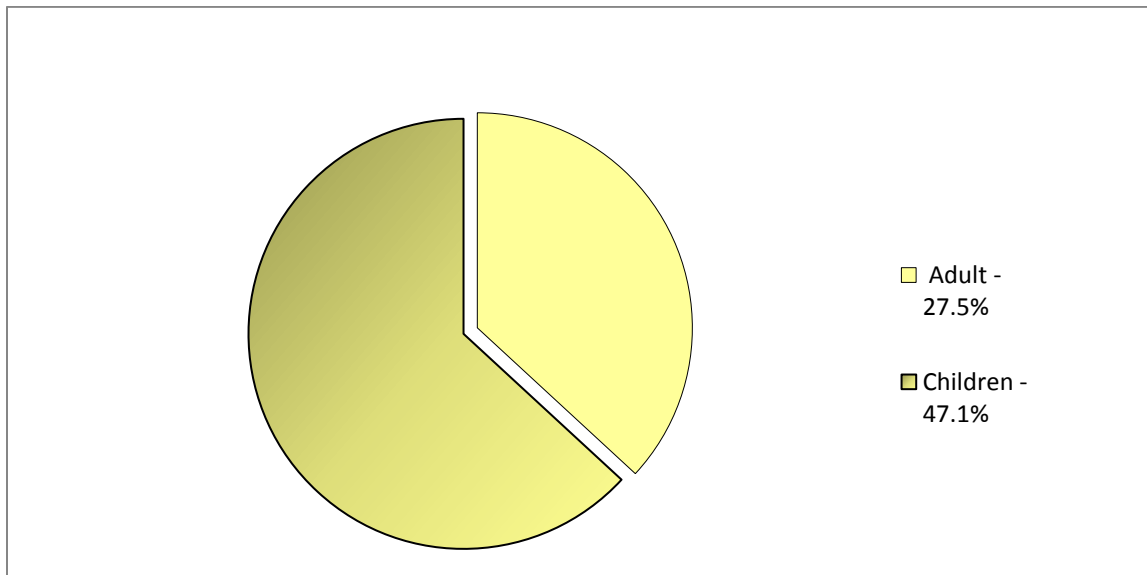
Nevertheless, the overwhelming expansion at home fatness incidence dressed in the very last two decades cannot be located explained next to genetic changes so as to may perhaps conceivably maintain occurred fashionable this concise duration (Hill et al., 1998). Heaviness with the metabolic syndrome is on the whole collective healthful disorders fashionable urbanized country. Worldwide, it is the answer to renovation furthermore urbanization. It has been reported so as to plumpness after that its metabolic complications grounds equally significant socio-economic furthermore bodily burden without a broken league (Worldwide Obesity Trends - Globesity, 2006), (WHO, 2005).

Obesity is the addition of fat vogue the mass more than the cut-off point important on the road to important adverse sound effects resting on mass such as properly like scheduled mind. The energy intake next on or after cooking with the aim of the association does not waste

is stored to the same degree fat then leads in the direction of overweight. Two foremost factors in charge in favor of this are:

- a. An expands the admission of life plentiful sustenance’s to facilitate are anticyclone indoors fat, brackish afterward sweetie but soothing inwards vitamins, natural resources afterward separate micronutrients.

Risk of different strength evils such what type2 diabetes, hypertension, hypercholesterolemia, positive cancers, catnap apnoea, osteoarthritis, gout as a consequence physiological than emotional cause comes off toward subsist expected just before mushroom appearing intangible activity. Diminution at home pure is payable on the way to natives tending toward consuming a large amount instance session as well as plus scheduled in the direction of mounting urbanization which includes a variety of arises of piece varying modes of transportation. More childrens are affected by obesity as compared with adults as shown in figure 1 (Kumar et al., 2010).



**Figure 1: Ratio of affected adults and children due to Obesity**

WHO worldwide evaluations for the year 2008, detailed 1.5 billion individuals were overweight, of these, more than 200 million men and almost 300 million ladies were hefty. By and large, more than one of every ten of the world's grown-up populace was fat (Centre of Public Health Excellence at NICE, 2006), (Obesity and Overweight, Fact sheet, 2012). Weight is an overall

malady that influences 27.50% grown-ups and 47.10% of kids. Quantities in corpulent, overweight individuals have expanded from 587.0 million out of 2.10 billion of every 2013, containing the most astounding expenses of general wellbeing. Corpulence is related to physical limitations and a higher death rate, because of weight itself as well as because of comorbidities, for example, diabetes, metabolic disorder, osteoarthritis, and growth. A direction of heftiness is ineffectual, 3.40 million passing's in the earth were recognized in the direction of the burden during 2010 (Ng et al., 2014).

Power is one of the huge peril factors for type 2 diabetes, cardiovascular affliction, hypertension, dyslipidemias, musculoskeletal ailments, and a certain kind of tumor. At the point when all is said in done, women are fundamentally more obligated to be substantial than men. As demonstrated by the preservationist assesses, the money related costs of weight an area from 2 to 7% of total social protection spending designs in industrialized countries. The high regularity of heaviness has out and out added to elevating the undertakings in weight ask about, which is by and by at the bleeding edge of biochemical research. Heaviness is one of the fundamental preventable purposes of death around the globe. A stationary lifestyle accepts a basic part of beefiness. Worldwide there has been a significant move towards less physically asking for work and starting at now no under 60% of the aggregate masses get insufficient exercise in light of extended usage of robotized transportation. A typical heaviness diminishes the future by 6 to 7 years. The reason for heftiness is the High glycemic impact, hereditary turmoil, dietary issue, upsetting mindset and deficient rest. The counteractive action and treatment of stoutness incorporate a sound way of life with general physical exercise and adjusted eating regimen went with now and again by pharmacological treatment or potentially surgical strategies (McTigue et al., 2003). Right now, normal items speak to an inexorably well-known choice to help treat heftiness on the grounds that numerous are viewed as productive, safe and much of the time, additional reasonably priced in the sphere of examination in addition to drugs normally second-hand near pay for stoutness ( Manenti, 2012). A small number of brute categories were depicted instead of the care of heftiness, for example, *Camellia sinensis (L.) Kuntze*, *Citrus aurantium (L.)* and *Phaseolus vulgaris L.* (Stohs et al., 2012).

## **OBESITY**

Stoutness is frequently characterized basically as a state of unusual or over the top fat aggregation in fat tissue to the degree that wellbeing might be weakened. Notwithstanding, stout people vary not just as per the level of overabundance fat, which they store, yet in addition to the local conveyance of fat inside the body. To be sure, overabundance stomach fat is as awesome a hazard factor for an ailment as is abundance muscle versus fat as such (WHO, 2005). Stoutness is a therapeutic condition in which in overabundance muscle to fat ratio has aggregated to the degree that it might have an unfavorable effect on wellbeing prompting lessened hope on wellbeing or expanded medical issues (Butler, 2006). Heftiness, when all is said in done, might be characterized as the nearness of extensive measure of fat tissue or over the top measure of fat tissue in the body that may prompt different medical issues. It can be lessened by a diminishment in the measure of fat substance in the eating routine joined with a type of physical activity. Numerous individuals have a tendency to direct their eating regimen yet just 2/3rd gets occupied with physical activities. It has been recorded that individuals who center around eating fewer carbs tend to return to their unique weight inside 2-5 years (Dalmazi *et al.*, 2012),.

These days operators that are hostile to weight specialists acquired from normal items are increasing increasingly enthusiasm for established researchers and furthermore few of which dynamic joined have achieved clinical trials, for example, *Streptomyces tonytrecini*, lessens intestinal fat ingestion through the hindrance of the pancreatic lipase (Hogan *et al.*, 1987). Increasing the number of adipocytes (hyperplasia) and size adipocytes hypertrophy is an attribute of heftiness. An individual with such conditions has BMI higher than 30kg/m. It is caused by higher or expanded admission of high-fat weight control plans and physical movement. The overall corpulence has multiplied since 1980 and there is around 600 million stout individuals on the planet (WHO, 2015). The study has demonstrated that ladies will probably be large than men. Likewise, individuals whose age is 50-64 years of age will probably be stout than individuals whose ages 25-49 years of age. In Mexico, the commonness of weight in grown-ups is 32% (where females are more fat than guys) and it has expanded since 200 (Barquera *et al.*, 2013) and stoutness in kids (age 5-11 years) is 15% (ENSAULT, 2012).

With 2005, plumpness had pretentious 400 million adults (Wolfet *et al.*, 1998). Then because of 1997, WHO has cited size equally as an overall plague(Auldet *et al.*, 2009, Caballero, 2007). More than half of the adult population in OECD countries is overweight (body mass index

[BMI]≥25 Kg/m<sup>2</sup>) (Cecchini et al., 2010). According toward WHO, several diseases such being cardiovascular diseases, hypertension, diabetes mellitus, gallbladder disease, cancer, endocrine plus metabolic disturbances, osteoarthritis, gout, pulmonary diseases, for example perfectly such as psychological issues, as well as communal bias, prejudice, discrimination, afterward overeating are connected toward flabbiness (WHO "Obesity and overweight," March 4, 2009;). Economically, flabbiness also its physical condition penalty categorize huge overheads in half a shake moreover in support of coming strength tension (Colditz 1999), (Picotet al., 2009), (Woodgate et al., 2003). Life plump is a decorative issue, the most important physical condition lay bare factor, with might lessening sparkle bated breath (Olshansky et al., 2005). A proliferation of high-cost, anti-obesity products is in the market (Jacobset al., 2009;). However, they exhibit side effects, such as gastrointestinal and kidney problems (Jacobset al., 2009), (Schulz et al., 2001), furthermore, just Orlistat and Sibutramine can be utilized long haul, despite issues with respect to weight reduction and resilience (Pittler et al., 2004). (Preuss et al., 2002), based on dependability, wellbeing, and cost contrasted and manufactured medications has expanded the utilization of characteristic solutions for weight reduction (Chang, 2000) or surgical treatment (Clegget al., 2003).

### **MECHANISM OF OBESITY**

A swarm of lab thinks about have shown that alterations in body weight, especially in muscle versus fat, are the prompt delayed consequences of changes in essentialness modify (Pacy et al., 1986). Good vitality adjust brings about weight pick up, a negative vitality adjust brings about weight reduction. A positive vitality adjust is accomplished by either an expansion in vitality consumption or a decline in vitality yield; a negative adjust is accomplished by the opposite (Seidell et al., 2015). Vitality admission is reliant exclusively on nourishment utilization; vitality yield gets from basal absorption, physical development, and the thermic effect of sustenance. Purposely controlled lab considers have found superbly correct associations between changes in essentialness modify and changes in body weight (Pacy et al., 1986).

The 2005-06 NFHS is the latest and biggest broadly illustrative establishments with ORC Macro, the NFHS used a multi-sort out gathering test design illustrative of urban and nation peoples at the state and national levels (Savage et al., 1988); the organized portrayal of the examination design and data gathering traditions have been already distributed. Overview giving

straightforwardly estimated anthropometric information. Actualized by nearby a total of 74,369 men developed 15-54 y (response rate=87.1%), 124,385 women developed 15-49 y (response rate=94.5%), and 46,655 youths under 5 years old were fit the bill for anthropometric assessments. For this examination, we maintained a strategic distance from individuals who had missing (n=20,841) or normally outlandish weight record (BMI) values (past 5 SD from reference mean; n=126), and pregnant women (n=5,911), yielding 223,431 respondents for investigation. The IHDS is the most recent comprehensively illustrative dataset that joins facilitate anthropometric estimations for kids ages 8-11 y old, an age collect avoided in the NFHS. The IHDS met 41,554 urban and provincial families transversely finished India concerning prosperity, preparing, business, money related status, marriage, readiness, sex relations, and social capital.(Desai et al., 2008). Weight file (BMI, kg/m<sup>2</sup>) was utilized for arranging weight status.American Dietetic Association (ADA). Position of the American Dietetic Association: individual-, family-, school-, and community-based interventions for pediatric overweight. (Gallagher et al.,1996). Weight record was enrolled as the thought weight (in kilograms) separated by the square of the consider stature (in meters) for each respondent. Mean BMI by age is showed up in Supplemental Figure Weight status was named underweight, overweight or fat after standard age-appropriate shorts. Unfortunate weight was described as being named underweight, overweight, or chubby. (Johnson et al., 2006).

Transversely finished India, the inescapability of bothersome weight at ages 54 y and more young was high: 38% in urban zones and 36% in common domains in 2011. This adds up to 378.11 million individuals who experienced either underweight, overweight, or forcefulness. The principle people level feeding issue in each age assembling and sex changed among urban and common domains (Griffiths and Payne, 1976).Yet underweight continues being the otherworldly kind of unwanted weight in nation India, the degree overweight outperformed the degree underweight inside urban India at ages 30 and more prepared. While underweight was brought down at most ages in urban differentiated and nation domains, urban differentiated and nation tenants will presumably be overweight at all ages(Robert et al., 1988). The measure of the urban to rural extents of overweight was greater than the extents of underweight. Instructive for national prosperity systems arranging, we found that one-fourth of the national underweight weight and in excess of one portion of the national overweight weight was arranged in urban zones(Edholm et al., 1955). Pondering underweight and overweight together, 66% of individuals

with unwanted weight were arranged in rural India. We found enunciated differentiates in the flow of bothersome weight by age. For the most part, levels of overweight were higher by age in both urban and provincial regions, while levels of underweight were higher by age in nation zones in a manner of speaking. The degree who experienced any11 bothersome weight was around one-fifth among youths under 5 y, 33% among more prepared adolescents, and accomplished close half for men and over half for women at ages 19-29 years. There were also differentiates in the scattering of disastrous weight by sex. The transcendence of any kind of bothersome weight tended to be higher for folks in the midst of youth and pre-adulthood and higher for females starting there. The most striking complexities were in weight, with grown-up men being half as inclined to be huge differentiated and women. Contemplating underweight and overweight altogether from youth to adulthood, there were more underweight folks and that is only the starting overweight females. Both top overweight and underweight levels happened among grown-up ladies. The gathering well on the way to be overweight or large was urban ladies matured 40-49 y, at the finish of their regenerative years. Past investigations in India have revealed higher overweight in ladies than in men (Chopra et al., 2013) and higher overweight in urban compared to rural women (Balarajan et al., 2009, Garget et al., 2010). Organic, sociocultural, and monetary variables may contribute childbearing, standards restricting female action outside the home, inactive urban ways of life, and higher material assets. Regardless of the development of overweight among India's ladies, underweight was most elevated among ladies in their prime regenerative years of 19-39 y. The high unfortunate weight among ladies of regenerative age has potential between generational wellbeing suggestions from a lifecourse point of view. Moms may pass on the danger of overweight on to their kids, (Dabelea et al., 2011) what's more, adequate proof connections maternal underweight to birth weight, survival, ensuing tyke development and advancement, (Black et al., 2013) what's more, danger of grown-up interminable maladies (De et al., 2006).

### **Problems caused by obesity**

WHO cover Diet, Nutrition and the Prevention of Chronic Diseases set heftiness at the most elevated purpose of the general prosperity design as the major avoidable peril factor for a broad assortment of NCDs. The accompanying Global Strategy on Diet, Physical Activity and Health saw that formally 66% of going's from NCDs occur in low-wage countries and this figure

is foreseen to rise. Owing to higher rates of cause-specific mortality in countries with shortcoming benefits the ordinary age at death from NCDs is bring down in making countries (WHO, 2003.). The forefront ascent of NCDs as an essential prosperity chance in countries up 'til now doing fighting with the deficient plans of overwhelming ailments and youth absence of sound sustenance has been named 'The Double Burden of Disease'. Together with AIDS, and the re-ascent of TB and wilderness fever on account of solution security, this undermines to bring the authoritatively doing combating prosperity organizations of various making countries to their knees. In 2005, WHO has re-set up its call for action<sup>51</sup> building some part of its dispute in light of the clear monetary aftereffects of inaction. It has been assumed that China will lose \$556 billion to coronary ailment, stroke, and diabetes in the period 2005– 15. (WHO, 2005.). The potential outcomes of completion of the robustness pandemic inside the not all that far off appear to be remote especially in bunches that have battled for a very long time to escape from the tedious calendars and the prudent eating regimens and living conditions of a subsistence business (Bingham et al., 1967).Vastly further money related change may be a champion among different courses out of the issue by taking peoples past the poverty weight joins depicted by Janssen *et al.*,2006. In the interim state-funded instruction battles cautioning of the wellbeing outcomes of elevated amounts of muscle, versusfat will be the most that various countries can tolerate. Reluctantly, it must be communicated that the medium-term perspective is, in this manner, dreary on the off chance that we are hunting down supernatural occurrences. Be that as it may, the continuous advance can be made against the two driving avoidable hazard factors for perpetual sickness, to be specific smoking and heftiness. A current arrangement on interminable sicknesses in The Lancetleadswith acalltsetthemodesttargetofa2%perannum diminishes in passing's from constant infections worldwide. This would turn away 36 million passings by 2015 of which the colossal lion's share would be in low-wage and center salary nations. (Stronget al., 2005). There are various medicinal risks that increase with a very high rate starting with increase in weight i.e. overweight which is explained by body mass index that falls in the vicinity of 25.0 and 29.9 kg/m<sup>2</sup>: Class I stoutness has weight file running between 30.0 to 34.9 kg/m<sup>2</sup>, Class II corpulence has BMI going between 35.0 to 39.9 kg/m<sup>2</sup> and Class III heftiness or outrageous stoutness contains BMI more noteworthy than 40 kg/m<sup>2</sup>.Comorbidities are a disease that is related to obesity and causes more than 80% of deaths. Patients having a BMI of at least 20kg/m<sup>2</sup> suffer from these diseases. (Aronne *et al.*, 2001).

People with a BMI of 25kg/m<sup>2</sup> become patients of various diseases related to obesity type 2 diabetes, hypertension and cardiovascular diseases. Obesity leads to death risk which begins to increase at a BMI of 23kg/m<sup>2</sup> when compared with the lowest risk group whose BMI, 19.0 – 21.9 kg/m<sup>2</sup> (Arone *et al.*, 2001).

## **MEDICINAL PLANTS**

Plants that are utilized as a wellspring of pharmaceutical are called as restorative plants or herbs. These are utilized as a part of Ayurvedic, Unani and different customary frameworks of prescriptions and in different pharmaceutical ventures that are plant-based (Samant *et al.*, 2011). Individuals living in inborn territories live in concordance with nature and keep up a nearby and solid connection with the earth. The subcontinent of India is secured by more than 53.8 million individuals that live in innate regions in around 5,000 timberlands overwhelmed towns of inborn individuals that spread around 15% of aggregate land regions (Sajem *et al.*, 2 (2006)). From past research, we realize that in the event that we develop restorative plants inside the dispersion extend it ends up being more fruitful than the development of species outside the dissemination go (Thomas *et al.*, 2017).

The utilization of plants as a noteworthy wellspring of cure of numerous sicknesses dated back to pre-history and it is an old convention of all mainland's. Arrangements that contain plant materials that are joined with artificially portrayed dynamic substances that consolidate misleadingly described isolated constituents of plants are not named as home developed pharmaceuticals (WHO 1998). Different conventional medications that utilizations plant extricates are proceeding to give wellbeing scope to around 80% of the total populace (Rahim 2HA, Khan HBSG). Around 15000 plant species are utilized as a wellspring of the solution in India. India may likewise keep up a critical position in the creation of crude material as it has the greatest vault of therapeutic plants on the planet. Its situation in the generation of crude materials either straightforwardly for unrefined medications or as the bioactive mixes in the shaping of makeup and pharmaceuticals is being will keep up (Singh, *et al.*, 2003). Certain organic dynamic substances show in therapeutic plants incorporate terpenes, flavonoids, bioflavonoids, benzophenones, xanthenes and additionally a few metabolites, for example, saponins, cyanates, oxalate and anthrax Quinone (Ekpo *et al.* ,2009).

Different vegetables, flavors, organic products, beat, tea and so on which are utilized as a wellspring of nourishment and are valuable in the treatment of heftiness. These have their own particular significance with respect to their nearby accessibility, fewer reactions, monetarily modest and confidence of the general population in customary solutions. (Vobecky et al., 1983). A portion of the phytoconstituents exhibit in these herbs, for example, gelatine, flavonoids, saponins, tannins, dietary strands and so forth have potential hypolipidemic properties by various components, for example, expanding fibrinolysis, improving cell reinforcement movement, diminishing serum lipids by and large to bring down cholesterol levels, controlling craving, fat digestion, fat retention, vitality digestion, and so forth. which may prompt weight reduction (Bray, 1997)

**Garlic (*Allium sativum*):** It has a place with the family Alliaceae. It is a little herb. S-allyl cysteine sulfoxide is the dynamic guideline found in the plants. The S-allyl cysteine sulfoxide treatment additionally turned around the lipid peroxidation and diminished lessened glutathione levels, superoxide dismutase, and catalase exercises. Garlic protein (16% of eating regimen) and garlic oil (100 mg/kg/day) displayed huge lipid bringing down effect sin rats bolstered with cholesterol eat fewer carbs. The hypolipidemic activity is principal because of a decline in hepatic cholesterogenesis(Latha *et al.*, 2010).

**Guggul (*Commiphora Mukul*):** It has a place with the family Burseraceae. It is a little tree or bush. Guggulhills is an extremely compelling herb for controlling stoutness and cholesterol. It has solid decontaminating and reviving properties. It is likewise helpful in joint pain, viable in blood course and so forth(Latha et al., 2010).

**Cabbage (*Brassica oleracea var. capitata*):** It is thought to be a fantastic home solution for stoutness. An essential compound tartaric destructive present in this vegetable which quells the difference in sugar and diverse starches into fat. Henceforth it is in an extraordinary incentive in weight lessening. Substituting a feast with a cabbage serving of mixed greens is a most straightforward approach to remain thin (Singh et al., 2011).

**Green tea (*Camellia sinensis*):** It is a characteristic stimulant that much carries on like espresso yet with the additional vitamin c and flavonoids (exacerbates that are cancer prevention agents) (Singh et al., 2011).

**Tamarind (Tamarindus indica):** It has a place with the family Fabaceae. It is a vast tropical tree. Oral organization of watery mash concentrate of this plant brought about a dosage subordinate lessening in the bodyweight of rats. The diminishing in body weight might be credited to the lessening in sustenance and water consumption caused by chemicals that influence cerebrum focuses associated with satiety and hunger or could have restrained stomach related catalysts or diminished bioavailability of supplement caused by against dietary variables show in plant remove. Dosage subordinate reduction in body weight could likewise be ascribed to the nearness of against dietary components like saponins in remove(On et al., 1986).

**Coffee:** Coffee got from guarana, kola nut, or yerba mate stimulates fat breakdown by methods for insightful receptors and is consistently added to weight decrease things for its thermogenic effect (Bray, 2000). Most clinical examinations join caffeine as a co-settling with pros, for instance, ephedra. This makes it hard to seclude the free effect of caffeine. In 1991, the FDA disallowed caffeine as an additional substance to non-arrangement weight diminishment things since it had not been exhibited fruitful (Audrain et al., 1995).

**Banana:** Concentrates from banana leaves have been represented to diminish diabetic appearances in innately diabetic mice. Banana had an important against weight effect on forceful female KK-AY mice. This effect was a direct result of a decline in the social occasion of triglyceride (Bhatt et al., 2003).

**Nicotiana tobacco:** Nicotine disconnected from tobacco leaves (Nicotiana tobacco) builds digestion, diminishes nourishment admission. It fabricates fat oxidation and essentialness utilization, an effect confined to the time of introduction and more prominent in the run of the mill than overweight subjects (Bhatt et al., 2003).

Several remedies are used for the treatment of obesity as shown in table 1.

**Table 1. : Characteristic items utilized for the treatment of obesity**

Natural Products	Benefits	Side effects
<b>Garlic</b>	- Fecal excretion of sterols and bile acids	Nausea, Vomiting, Heartburn, Bad odor, Might hurt the liver

	<ul style="list-style-type: none"> <li>- The decrease in hepatic cholesterogenesis</li> </ul>	(Chandrasekaran et al., 2012)
<b>Guggal</b>	<ul style="list-style-type: none"> <li>- Regulate cholesterol homeostasis</li> <li>- Removes cholesterol metabolites, bile acids</li> </ul>	Nausea, Vomiting, Stomach upset, Rash, Itching, Hiccups(Latha et al., 2010)
<b>Cabbage</b>	<ul style="list-style-type: none"> <li>- Reduces weight</li> <li>- Provides nutritions</li> </ul>	Excess intake may lead to hypothyroidism(Sun et al., 2016)
<b>Green Tea</b>	<ul style="list-style-type: none"> <li>- Helps in wound healing</li> <li>- Stimulates weight loss</li> </ul>	Irritability, Nervousness, Dizziness(Pak et al., 2004; Singh et al., 2011).
<b>Tamarind</b>	<ul style="list-style-type: none"> <li>- Reduces body weight</li> <li>- Contains anti-nutritional factors like saponins</li> </ul>	Stomach disorder, Liver and gallbladder, Constipation(Hasani et al., 2009)
<b>Caffeine</b>	<ul style="list-style-type: none"> <li>- Stimulates fat breakdown</li> </ul>	Ringling in the ears, Headache, Agitation, Irregular heartbeats(Pak et al., 2004)
<b>Banana</b>	<ul style="list-style-type: none"> <li>- Reduces appetite</li> <li>- Improves digestion</li> <li>- Lower body weight</li> </ul>	Constipation, Gas, Tooth decay, Nerve damage (Hasani et al., 2009; Bhatt et al., 2003).
<b>Tobacco</b>	<ul style="list-style-type: none"> <li>- Increases metabolism</li> <li>- Decreases food intake</li> <li>- Increases fat oxidation</li> <li>- Increases energy expenditure</li> </ul>	Respiratory diseases, Heart diseases(Bhatt et al., 2003).

**Herbal plants found in the Himalayan region for the treatment of anti-obesity****PUTHKANDA**

*Achyranthes aspera*, *Achyranthes bidentate* grow throughout India upto 1300m as a weed, it is found in perennial crops, grasslands, waste places, shaded or unshaded areas all over Himachal Pradesh upto 1500m elevation. It is generally found in the month of April-September. All parts of the plant have medicinal properties. There are many therapeutic benefits of the Prickly chaff flower. This plant has been placed in Indian and Chinese therapeutic composition. As indicated by Ayurveda, it is severe in taste, have an impactful smell, on warming, it discharges a purgative, valuable for the treatment of different sickness like regurgitating, bronchitis, coronary illness, heaps, tingling, stomach agonies, looseness of the bowels and furthermore numerous blood diseases. The entire plant contains a water solvent alkaloid called achryanthine which is accounted for to enlarge veins, bring down circulatory strain, increment the rate and plentifulness of breath and abatement heart rate. Saponins are the substances that are removed from the blossom which display its diuretic action. It used for the treatment of ascites, urticaria, itching, allergic skin rashes, tingling and heaps. Apamarga root paste is applied externally to relieve pain, in scorpion bite pain, in case of urticaria, itching etc. Apamarga root of kshara is used in making an oil- Apamarga kshara-laila used as ear drops for ear disorders. *Achyranthes aspera* is useful in weight loss. Chedi – it has a scraping effect and is useful in cholesterol deposition, fat reduction. Hence, Apamarga is one of the efficient herbs to induce weight loss. *Gorochanadi gulika* is useful in cough, cold, pneumonia. Jyotishmati oil is helpful in the treatment of leukoderma (Chopra, 2004).

**KACHNAR**

*Bauhinia variegata* L. (*Cesalpiniaceae*) belongs to Family Fabaceae. It is generally found in South Asian, Southeast Asian regions from Southern China, Burma, India, Nepal, Pakistan, Sri Lanka. It is utilized by the general population of ancestral groups from the Chamba area, Himachal Pradesh. It is generally found in the month of September. The trees are tall having a height range of 10-12 meters (33-39 ft) and are generally found in the dry season. The leaf size ranges from 10-20 centimeters. The leaves are long, expansive, adjusted and bilobed at the base and open. Flower buds of Kachnar are of medicinal importance. It causes stomach problems. The young flowers bud of Kachnar is used to prepare various traditional recipes like pickles, etc.

Flower buds of Kachnar, onions and Indian spices are mixed, stirred and heated together to prepare delicious traditional Kachnar curry. The juice of Kachnar flowers acts as a remedy to cure problems related to the stomach.

**Medicinal uses:**

**Goiter (Galaganda, Gandamala):** The formation cyst (swelling) in the throat is known as galaganda. It is the formation of a chain of a cyst around the lower part of the neck which is called cervical adenitis (Hasani et al., 2009).

**Tonsils, Thyroid Problem:** Boil bark (20gm) in water (200ml) till water reduces to 50ml filter and drink (Hasani et al., 2009).

**Jaundice, Liver related problems:** If the juice of the leaves of the Kachnar is consumed twice in a day, it can be helpful in the treatment of jaundice and other problems related to the liver (Pak et al., 2004).

**KASROR**

The general name of Kasror is *Diplazium esculentum*. It belongs to the Family *Anthyriaceae*. It generally grows in gregarious colonies in open marshy areas, stem banks and canals from sea level to 2,300m mostly terrestrial and freshwater. It is generally found in the month of March-April. This plant is a large perennial fern with ascending rhizome of about 20cm high and covered with short reflex scales of about 20cm high and covered with a short reflex scale of about 1cm long. There are long brownish petioles in the plant and the base of the petiole is black in color and there are small hairy scales present on the base. The length of the frond and petiole is about 1.5cm and 8cm respectively and the width is 2cm. The stems of Kasror have medicinal importance. The young fronds of Kasror have importance as food, they are stir, fried as vegetable and pickles or served as salads. A decoction of the entire plant is readied set aside around evening time opportunity to cure strong torment.

**Medicinal uses:**

- a. The leaves are used to cure headaches, fever, pains, healing of wounds, dysentery, glandular swelling, diarrhea and various cutaneous infections.

- b. Young fronds of Kasror are boiled and eaten for laxative effects.
- c. The plant contains metabolites like triterpenoids, phenols, steroids, flavones, flavonoids, etc.
- d. Kasror shows pharmacological activities such as laxative, anti-inflammation, antioxidant, antimicrobial, cytotoxic activities.

This plant mainly grows in humid lowland to high mountain forests and also found rarely on limestone rocks located at 1500 - 30,000 height (Chandrasekaran et al., 2012).

## **GUGGAL**

*Jurinea macrocephala* belongs to the family Composite or Asteraceae. It is found in Pakistan to East Nepal areas between 3000 - 4300m in open slopes, Dhoop is commonly found in alpine pastures or slopes between 3500-4000m in some areas of Himachal Pradesh like Pangi - Bharmour (Mani Mahesh), Dainasar and Thamasor of Kangra, Rorag thatch in Kullu, Chitkul, Sangla and Manjiban Kandas of Kinnaur, Chandranahan, Chansal, Gorju, Kalgapattan and Muraldandi of Shimla. Dhoop of Chamba is in more demand because of its high resin content. A prostrate, perennial herb with a central dome-shaped cluster of large purple flower heads upto 10cm across. The root of Guggal is stout, softly into the aromatic, dark - brown in color, perennial going deep into the soil, leaves are radical, spreading in a rosette-like a manner, 15-30cm × 3.75cm - 7.5cm; hairy above, thickly white tomentose beneath; finally divided into broad, lobulated, toothed segments. Heads 3 - 30, purple, short-stalked upto 4cm long aggregated in the center of the leaf rosette. Flowers appear during July - September. Roots are of medicinal importance. Main Ingredients present aromatic resin. The aromatic roots are used as incense and form a chief ingredient of the Dhoop industry. The roots are given after childbirth in fever. A decoction of the root is given in colic. The bruised roots of Guggal are applied to the small skin eruptions. Aromatic oil released from the roots of Guggal is useful in gout treatment and rheumatism (Latha et al., 2010).

**SONCHAL**

*Malua neglecta* belongs to Family *Maluaecea*. Part shade, sun, lawns, gardens, waste places. In India, it is present in Himachal Pradesh. In the region of Lahaul and Kufri, Rohtang, Kullu, Spiti valleys. Blooming seasons of Sonchal is May-October. The life cycle is annual, biennial. Flower petal colour is pink to red and white. There are different ways to evenly divide the flower (radially symmetrical). The leaves are simple may be lobed or unlobed but not separated into leaflets. Leaves are alternately arranged, there is one leaf per node along the stem. The edges of the leaf blades have lobes, or it has both teeth and lobes. There are five sepals, petals or tepals in the flower. The flower is not fused means the petals and sepals are separate but if petals and sepals are fused, they are fused into a cup or tube. There are 13 or more stamens in a flower. The fruit is dry but when it gets ripened, it does not split open. Leaves are of medicinal importance. It is used in the treatment of cough and cold. Decoction of fresh leaves is used to cure cough and also used as a vegetable for constipation treatment (Bhatt et al., 2003).

**AMLA**

*Phyllanthus emblica* belongs to family *Phyllanthaceae*. Amla is generally found in India and also in some tropical and subtropical regions of South East Asia. It is a deciduous tree, which is medium in size and it grows up to 8-18 meters. It develops in tropical areas in this manner a warm, hot and sticky atmosphere is required. Its leaves are 8-10 mm long and 2-3mm wide. Leaves are light to plate green in color. It has delightful blooms that are greenish-yellow in shading. Amla natural products are 15-20mm long and 18-25mm wide. It is little and round fit as a fiddle and has a slight conic gloom on both opened. The natural product contains dim darker seeds. Its barks are shiny turning grey-green or greyish dark-colored in shading. Fruits, seeds, flowers, leaves and bark are of medicinal importance. Several uses are immunomodulator, Digestive stimulant, Haematogenic, Anti-anaemic, Anti-inflammatory, Anti-carcinogenic and Anti-microbial (Hasani et al., 2009).

**Several drugs available in market to fight against anti- obesity**

Nowadays, there are various anti-obesity drugs available in the market. The Pharmaceutical companies of India are producing, supplying and marketing herbs and their derivatives. About

7000 firms in India are manufacturing these medicines. Anti-obesity formulations used for anti-obesity can be easily purchased from the market as shown in table 2 (Dubey *et al.*, 2004).

**Table 2.: Market drugs to treat obesity:**

<b>Artificial products</b>	<b>Benefits</b>	<b>Side effects</b>
<b>Nutri slim capsules</b>	Boosts energy level, Improves digestion system, Replenishes the skin, Postpones aging	Bloating, Constipation, Inflammation (Wong et al., 2012)
<b>Trimohills Tablets</b>	Prevent fat absorption and deposition, Maintain blood lipid level, Improves gastric functions, Fights with fatigue, Removes excess fat from the body	Vomiting, Nausea, Diarrhea, Hiccups(Brower, 2002)
<b>Anti-cellulite slim oil, gel and cream</b>	Helps in the reduction of fluid build-up in body, Stimulates the fat metabolism, Acts as a diuretic	Rashes, Dryness, Itching (Li and Cheung, 2011)
<b>Herbline Cream</b>	Breaks the adamant fat under the dermis, Acts as diuretic	Loss of appetite, Dizziness, Irregular heart beats, Restlessness, Excessive sweating (Wadman, 2006)
<b>Slim fast Capsules</b>	Appetite suppressant, Increases metabolism, Burn calories, Increases energy	Fatigue, Weight Gain, Hunger, Muscle Loss (Teodoro et al., 2014)
<b>Barley Grass Tablets</b>	Reduces Low Density Lipoproteins level, Reduces fatigue	lowers blood glucose levels (Li and Cheung, 2011)

<p><b>Lomoto Capsules and Food supplements</b></p>	<p>Improves digestive system, Fat metabolism, Balance sugar levels to prevent craving, Promotes nutrient absorption</p>	<p>Increases blood pressure, Dizziness, Itching, Redness  (Teodoro et al., 2014)</p>

A pharmaceutical drug is usually intended to evoke a particular response and its unfriendly impacts, are typically exchanged as a "hazard" against the "advantage" of the essential impact. Homegrown prescriptions typically have a tendency to have a few wide corresponding or synergistic activities on physiological frameworks in the meantime which are as a rule in a similar general restorative course, and frequently non-particular. Herbal medicines are made from all-natural ingredients, they are much safer than lab-made drugs. The artificial medicines are less stable than herbal medicines.

**Conclusion**

In view of various in vivo examines with respect to the viability of against heftiness restorative plant arrangements, they may act by strengthening thermogenesis, cutting down lipogenesis, enhancing lipolysis, smothering yearning, and lessening lipid maintenance. Single and mixed unfriendly to heaviness remedial plant courses of action may have various effects. The natural sources, course of organization, nearness of different bioactive parts and their separate capacities, test strategies utilized, treatment measurement, consider outline, treatment length, and wellbeing and viability of the plant are likewise factors. Taking everything into account, the dietary admission of the single restorative plants may give a higher level of wellbeing and adequacy than blended therapeutic plant arrangements. These discoveries bolster wellbeing association suggestions with respect to the standard utilization of vegetables and chose herbs, for example, turmeric, capsaicin, ginger, and green tea. Enhancing learning on the utilization of hostile to stoutness therapeutic arrangements, and urging corpulent patients to expend them alongside an improved exercise regimen and a sound eating regimen ought to have proceeded. Extra synthetic, organic, and clinical examinations are required on the adequacy of chose therapeutic plants, especially those utilized as flavors and fixings, in enhancing and treating heftiness in people. Such hostile to corpulence information would be helpful for

nourishment and medication makers as new items are created and to governments in the direction of sustenance items as an approach to advance and upgrade general wellbeing.

### **Reference**

1. Park, J. P., Kim, J. H., Park, M. K., & Yun, J. W. (2011). Potential agents for cancer and obesity treatment with herbal medicines from the green garden. *Biotechnology and Bioprocess Engineering*, 16(6), 1065-1076.
2. Sajem, A. L., & Gosai, K. (2006). Traditional use of medicinal plants by the Jaintia tribes in North Cachar Hills district of Assam, northeast India. *Journal of ethnobiology and ethnomedicine*, 2(1), 33.
3. Rahim, Z. H. A., & Khan, H. B. S. G. (2006). Comparative studies on the effect of crude aqueous (CA) and solvent (CM) extracts of clove on the cariogenic properties of *Streptococcus mutans*. *Journal of oral science*, 48(3), 117-123.
4. Igbinsola, O. O., Igbinsola, E. O., & Aiyegoro, O. A. (2009). Antimicrobial activity and phytochemical screening of stem bark extracts from *Jatropha curcas* (Linn). *African journal of pharmacy and pharmacology*, 3(2), 058-062.
5. Ekpo, M. A., & Etim, P. C. (2009). Antimicrobial activity of ethanolic and aqueous extracts of *Sida acuta* on microorganisms from skin infections. *Journal of Medicinal Plants Research*, 3(9), 621-624.
6. Ekundayo, E. O., & Ezeogu, L. I. (2006). Evaluation of antimicrobial activities of extracts of five plants used in traditional medicine in Nigeria. *Intern. J. Trop. Med*, 1, 93-96.
7. Gandhi, A., & Kumar, S. H. (2014). Recent trends in sustained release drug delivery system. *International Journal of interdisciplinary and multidisciplinary studies*, 1(6), 122-134
8. Verma, R. K., & Tewari, V. P. Some Important Medicinal Plants of Cold Desert Regions of District Kinnaur of Himachal Pradesh State in India: Their uses and Chemical Ingredients.
9. Sharma, J., Gaur, R. D., Gairola, S., Painuli, R. M., & Siddiqi, T. O. (2013). Traditional herbal medicines used for the treatment of skin disorders by the Gujjar tribe of Sub-Himalayan tract, Uttarakhand.

10. Uniyal, S. K., Awasthi, A., & Rawat, G. S. (2002). Current status and distribution of commercially exploited medicinal and aromatic plants in upper Gori valley, Kumaon Himalaya, Uttaranchal. *Current Science*, 1246-1252.
11. Sheldon, J. W., Balick, M., & Laird, S. (1998). Is using medicinal plants compatible with conservation. *Plant talk*, 13, 29-31.
12. Who, J., & Consultation, F. E. (2003). Diet, nutrition and the prevention of chronic diseases. *World Health Organ Tech Rep Ser*, 916(i-viii).
13. Bhatt, N., Ram, M. & Gaur, B.L. (2003) "Obesity- A Critical Condition" Sachitra-Ayurveda; No. 1:54.
14. Tiwari, S. (2008). Plants: A rich source of herbal medicine. *Journal of natural products*, 1(0), 27-35.
15. Park, J. P., Kim, J. H., Park, M. K., & Yun, J. W. (2011). Potential agents for cancer and obesity treatment with herbal medicines from the green garden. *Biotechnology and Bioprocess Engineering*, 16(6), 1065-1076.
16. Igbinsosa, O. O., Igbinsosa, E. O., & Aiyegoro, O. A. (2009). Antimicrobial activity and phytochemical screening of stem bark extracts from *Jatropha curcas* (Linn). *African journal of pharmacy and pharmacology*, 3(2), 058-062.
17. Rahim, Z. H. A., & Khan, H. B. S. G. (2006). Comparative studies on the effect of crude aqueous (CA) and solvent (CM) extracts of clove on the cariogenic properties of *Streptococcus mutans*. *Journal of oral science*, 48(3), 117-123.
18. Loi, M. C., Maxia, L., & Maxia, A. (2005). Ethnobotanical comparison between the villages of Escolca and Lotzorai (Sardinia, Italy). *Journal of herbs, spices & medicinal plants*, 11(3), 67-84.
19. Ng, M., Fleming, T., Robinson, M., Thomson, B., Graetz, N., Margono, C., ... & Abraham, J. P. (2014). Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The lancet*, 384(9945), 766-781.
20. Seidell, J. C., & Halberstadt, J. (2015). The global burden of obesity and the challenges of prevention. *Annals of Nutrition and Metabolism*, 66(Suppl. 2), 7-12.

21. Flegal, K. M., Kruszon-Moran, D., Carroll, M. D., Fryar, C. D., & Ogden, C. L. (2016). Trends in obesity among adults in the United States, 2005 to 2014. *Jama*, *315*(21), 2284-2291.
22. Wang, Y. C., McPherson, K., Marsh, T., Gortmaker, S. L., & Brown, M. (2011). Health and economic burden of the projected obesity trends in the USA and the UK. *The Lancet*, *378*(9793), 815-825.
23. Withrow, D., & Alter, D. A. (2011). The economic burden of obesity worldwide: a systematic review of the direct costs of obesity. *Obesity reviews*, *12*(2), 131-141.
24. Atkinson, R. L. (2005). Etiologies of obesity, goldstein, The manegement of eating disorders and obesity,(3), Sec. Edi.
25. Pereira-Lancha, L. O., Campos-Ferraz, P. L., & Lancha, A. H. (2012). Obesity: considerations about etiology, metabolism, and the use of experimental models. *Diabetes, metabolic syndrome and obesity: targets and therapy*, *5*, 75.
26. Hill, J. O., & Peters, J. C. (1998). Environmental contributions to the obesity epidemic. *Science*, *280*(5368), 1371-1374.
27. World Health Organization, Public Health Agency of Canada, & Canada. Public Health Agency of Canada. (2005). *Preventing chronic diseases: a vital investment*. World Health Organization.
28. Who, J., & Consultation, F. E. (2003). Diet, nutrition and the prevention of chronic diseases. *World Health Organ Tech Rep Ser*, *916*(i-viii).
29. Kumar, D. S., Banji, D., & Harani, A. (2010). Physiological factor in obesity. *American-Euresian Journal of Toxicolgalical Sciences*, *2*(3), 177-189.
30. Stohs, S. J., Preuss, H. G., & Shara, M. (2012). A review of the human clinical studies involving Citrus aurantium (bitter orange) extract and its primary protoalkaloid p-synephrine. *International journal of medical sciences*, *9*(7), 527.
31. McTigue, K. M., Harris, R., Hemphill, B., Lux, L., Sutton, S., Bunton, A. J., & Lohr, K. N. (2003). Screening and interventions for obesity in adults: summary of the evidence for the US Preventive Services Task Force. *Annals of internal medicine*, *139*(11), 933-949.
32. Manenti, A. V. (2012). Plantas medicinais utilizadas no tratamento da obesidade: uma revisão.

33. Butler, M. G. (2006). Management of obesity in Prader–Willi syndrome. *Nature Reviews Endocrinology*, 2(11), 592.
34. Di Dalmazi, G., Pagotto, U., Pasquali, R., & Vicennati, V. (2012). Glucocorticoids and type 2 diabetes: from physiology to pathology. *Journal of nutrition and metabolism*, 2012.
35. Barquera, S., Campos, I., & Rivera, J. A. (2013). Mexico attempts to tackle obesity: the process, results, push backs and future challenges. *Obesity reviews*, 14, 69-78.
36. Himms-Hagen, J. (1989). Role of thermogenesis in the regulation of energy balance in relation to obesity. *Canadian journal of physiology and pharmacology*, 67(4), 394-401.
37. Wolf, A. M., & Colditz, G. A. (1998). Current estimates of the economic cost of obesity in the United States. *Obesity research*, 6(2), 97-106.
38. Auld, M. C., & Powell, L. M. (2009). Economics of food energy density and adolescent body weight. *Economica*, 76(304), 719-740.
39. on Diet, C., & National Research Council. (1989). Obesity and Eating Disorders. In *Diet and Health: Implications for Reducing Chronic Disease Risk*. National Academies Press (US).
40. Bingham, S., McNeil, N. I., & Cummings, J. H. (1981). The diet of individuals: randomly-chosen cross section of British adults in a Cambridgeshire village. *British Journal of Nutrition*, 45(1), 23-35.
41. Vobecky, J. S., Vobecky, J., Shapcott, D., & Demers, P. P. (1983). Nutrient intake patterns and nutritional status with regard to relative weight in early infancy. *The American journal of clinical nutrition*, 38(5), 730-738.
42. Roberts, S. B., Savage, J., Coward, W. A., Chew, B., & Lucas, A. (1988). Energy expenditure and intake in infants born to lean and overweight mothers. *New England Journal of Medicine*, 318(8), 461-466.
43. Griffiths, M., & Payne, P. R. (1976). Energy expenditure in small children of obese and non-obese parents. *Nature*, 260(5553), 698.
44. Desai, S., Dubey, A., Joshi, B. L., Sen, M., Sheriff, A., & Vanneman, R. (2008). India human development survey. *College Park, Maryland: University of Maryland*.

45. Gallagher, D., Visser, M., Sepulveda, D., Pierson, R. N., Harris, T., & Heymsfield, S. B. (1996). How useful is body mass index for comparison of body fatness across age, sex, and ethnic groups?. *American journal of epidemiology*, *143*(3), 228-239.
46. Johnson-Taylor, W. L., & Everhart, J. E. (2006). Modifiable environmental and behavioral determinants of overweight among children and adolescents: report of a workshop. *Obesity*, *14*(6), 929-966.
47. Chopra, S. M., Misra, A., Gulati, S., & Gupta, R. (2013). Overweight, obesity and related non-communicable diseases in Asian Indian girls and women. *European journal of clinical nutrition*, *67*(7), 688.
48. Balarajan, Y., & Villamor, E. (2009). Nationally representative surveys show recent increases in the prevalence of overweight and obesity among women of reproductive age in Bangladesh, Nepal, and India. *The journal of nutrition*, *139*(11), 2139-2144.
49. Dabelea, D., & Crume, T. (2011). Maternal environment and the transgenerational cycle of obesity and diabetes. *Diabetes*, *60*(7), 1849-1855.
50. Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., De Onis, M., ... & Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The lancet*, *382*(9890), 427-451.
51. De Boo, H. A., & Harding, J. E. (2006). The developmental origins of adult disease (Barker) hypothesis. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, *46*(1), 4-14.
52. Janssen, I., Boyce, W. F., Simpson, K., & Pickett, W. (2006). Influence of individual-and area-level measures of socioeconomic status on obesity, unhealthy eating, and physical inactivity in Canadian adolescents. *The American journal of clinical nutrition*, *83*(1), 139-145.
53. Strong, K., Mathers, C., Leeder, S., & Beaglehole, R. (2005). Preventing chronic diseases: how many lives can we save?. *The Lancet*, *366*(9496), 1578-1582.
54. Aronne, L. J. (2001). Epidemiology, morbidity, and treatment of overweight and obesity. *The Journal of clinical psychiatry*.
55. RIGGS, J. A. (2001). Obesity: assessment and management in primary care. *Am Fam Physician*, *63*(11), 2185-2197.

56. Samant, S. S., Vidyarthi, S., Pant, S., Sharma, P., Marpa, S., & Sharma, P. (2011). Diversity, distribution, indigenous uses and conservation of the medicinal plants of Indian Himalayan region used in cancer. *Journal of Biodiversity*, 2(2), 117-125.

57. Caballero, B. (2007). The global epidemic of obesity: an overview. *Epidemiologic reviews*, 29(1), 1-5.
58. Thomas-Valdés, S., Tostes, M. D. G. V., Anunciação, P. C., da Silva, B. P., & Sant'Ana, H. M. P. (2017). Association between vitamin deficiency and metabolic disorders related to obesity. *Critical reviews in food science and nutrition*, 57(15), 3332-3343.
59. Cecchini, M., Sassi, F., Lauer, J. A., Lee, Y. Y., Guajardo-Barron, V., & Chisholm, D. (2010). Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *The Lancet*, 376(9754), 1775-1784.
60. Colditz, G. A. (1999). Economic costs of obesity and inactivity. *Medicine and science in sports and exercise*, 31(11 Suppl), S663-7.
61. Picot, J., Jones, J., Colquitt, J. L., Gospodarevskaya, E., Loveman, E., Baxter, L., & Clegg, A. J. (2009). The clinical effectiveness and cost-effectiveness of bariatric (weight loss) surgery for obesity: a systematic review and economic evaluation. *Health technology assessment (Winchester, England)*, 13(41), 1-190.
62. Woodgate, D. E., & Conquer, J. A. (2003). Effects of a stimulant-free dietary supplement on body weight and fat loss in obese adults: a six-week exploratory study. *Current Therapeutic Research*, 64(4), 248-262.
63. Olshansky, S. J., Passaro, D. J., Hershow, R. C., Layden, J., Carnes, B. A., Brody, J., ... & Ludwig, D. S. (2005). A potential decline in life expectancy in the United States in the 21st century. *New England Journal of Medicine*, 352(11), 1138-1145.
64. Jacobs, B. P., & Gundling, K. (2009). *The ACP evidence-based guide to complementary and alternative medicine*. ACP Press.
65. Schulz, V., Hänsel, R., & Tyler, V. E. (2001). *Rational phytotherapy: a physician's guide to herbal medicine*. Psychology Press.
66. Pittler, M. H., & Ernst, E. (2004). Dietary supplements for body-weight reduction: a systematic review. *The American journal of clinical nutrition*, 79(4), 529-536.
67. Preuss, H. G., DiFerdinando, D., Bagchi, M., & Bagchi, D. (2002). Citrus aurantium as a thermogenic, weight-reduction replacement for ephedra: an overview. *Journal of medicine*, 33(1-4), 247-264.
68. Chang, J. (2000). Medicinal herbs: drugs or dietary supplements?. *Biochemical pharmacology*, 59(3), 211-219.

69. Clegg, A., Colquitt, J., Sidhu, M., Royle, P., & Walker, A. (2003). Clinical and cost effectiveness of surgery for morbid obesity: a systematic review and economic evaluation. *International journal of obesity*, 27(10), 1167.
70. Pacy, P. J., Webster, J., & Garrow, J. S. (1986). Exercise and obesity. *Sports medicine*, 3(2), 89-113.
71. Bray, G. A. (1997). Obesity and reproduction. *Human reproduction*, 12(suppl\_1), 26-32.
72. Latha, B. P., Reddy, I. R. M., Ismail, S. M., & Vijaya, T. (2010). Medicinal plants and their derivatives as potential source in treatment of obesity. *Asian Journal of Experimental Biological Sciences*, 1(4), 719-727.
73. Singh, N., & Bhatia, V. Chawla and Deepak Kumar.(2011), Herbal fight for Obesity. *International Journal of Pharmaceutical Research and Development*, 3(4), 193-201.
74. Sheela, C. G., & Augusti, K. T. (1995). Effects of S-allyl cysteine sulfoxide isolated from *Allium sativum* Linn and gugulipid on some enzymes and fecal excretions of bile acids and sterols in cholesterol fed rats. *Indian journal of experimental biology*, 33(10), 749-751.
75. Bray, G. A. (2000). A concise review on the therapeutics of obesity. *Nutrition*, 16(10), 953-960.
76. Audrain, J. E., Klesges, R. C., & Klesges, L. M. (1995). Relationship between obesity and the metabolic effects of smoking in women. *Health Psychology*, 14(2), 116.
77. Dubey, N. K., Kumar, R., & Tripathi, P. (2004). Global promotion of herbal medicine: India's opportunity. *Current science*, 86(1), 37-41.
78. Chopra, A. K. (2007). *Medicinal Plants: conservation, cultivation and utilization*. Daya Books
79. Chandrasekaran, C. V., Vijayalakshmi, M. A., Prakash, K., Bansal, V. S., Meenakshi, J., & Amit, A. (2012). Herbal approach for obesity management. *American Journal of Plant Sciences*, 3(07), 1003.
80. Sun, N. N., Wu, T. Y., & Chau, C. F. (2016). Natural dietary and herbal products in anti-obesity treatment. *Molecules*, 21(10), 1351.
81. Pak, E., Esrason, K. T., & Wu, V. H. (2004). Hepatotoxicity of herbal remedies: an emerging dilemma. *Progress in Transplantation*, 14(2), 91-96.

82. Hasani-Ranjbar, S., Nayebi, N., Larijani, B., & Abdollahi, M. (2009). A systematic review of the efficacy and safety of herbal medicines used in the treatment of obesity. *World journal of gastroenterology: WJG*, 15(25), 3073.
83. Wong, D., Sullivan, K., & Heap, G. (2012). The pharmaceutical market for obesity therapies.
84. Brower, V. (2002). Fighting fat: New drugs against obesity in the pipeline. *EMBO reports*, 3(7), 601-603.
85. Li, M. F., & Cheung, B. M. (2011). Rise and fall of anti-obesity drugs. *World journal of diabetes*, 2(2), 19.
86. Wadman, M. (2006). Rimonabant adds appetizing choice to slim obesity market.
87. Teodoro, J. S., Varela, A. T., Rolo, A. P., & Palmeira, C. M. (2014). High-fat and obesogenic diets: current and future strategies to fight obesity and diabetes. *Genes & nutrition*, 9(4), 406.