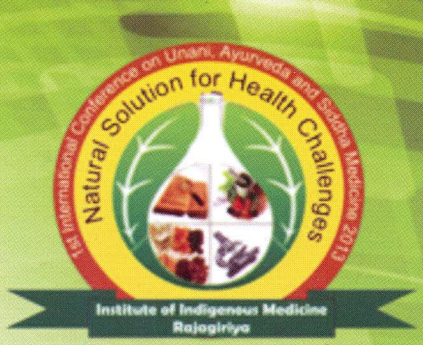

SOUVENIR & ABSTRACT BOOK

1st International Conference on Unani, Ayurveda, Siddha and Traditional Medicine 2013

on

Natural Solution for Health Challenges

Institute of Indigenous Medicine
University of Colombo
Rajagiriya, Sri Lanka

Samane Mufrat (Obesity) and its Management: Unani Perspective

Farzana MUZN[1]

[1]Dept.of Amraze Niswan, Va Atfal, IIM, University of Colombo, Rajagiriya, Sri Lanka

Obesity and overweight are defined by the World Health Organization (WHO) as abnormal or excessive fat accumulation that presents a risk to an individual's health. The term overweight and obesity has been used interchangeably because of difficulty in measuring body fat. The incidence of obesity is increasing so rampantly that the spread has been proclaimed of the order of an epidemic. According to the WHO back in 2010 approximately 1.6 billion adults over the age 15+ were overweight, at least 400 million adults were obese and at least 20 million children under the age of 5 years were overweight. In Unani system of medicine the term Obesity has been described as the term *Samane Mufrit. Ibne Sina* (Avicenna) reflected the consequences of excessive obesity in Canon of Medicine. According to the Unani system of medicine, *Samane Mufrit* is considered to arise in people bestowed with *Barid Mizaj*. This concept was often framed in a manner which implied a 'moral' weakness on the part of the overweight individual. Obesity does not count for any symptom but carrying morbid weight for a long time results in diverse complications such as type II diabetes mellitus, hypertension, hyperlipidemia, coronary artery disease, stroke, infertility and exertional dyspnoea etc. The therapeutic options for obesity in conventional medicine have got their own side effects and complications. Looking at the side effects of conventional therapy, Unani medicine comes to the force as obesity has successfully been treated since ancient times without any insufferable side effects on the body. Now it is the time to switch on to treat obesity with Unani drugs.

Keywords: *Samane mufrit ibtedai,* Obesity, *Barid mizaj*

A Comparative Preliminary Study on the Prevalence of Overweight-Obese with Socio-Economic Status (SES) Among the Adult Females

Manuha MI[1], **Iqbal NZ**[2], **Nageeb BM**[1], **Paranagama PA**[3]

[1]Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka
[2]Nawaloka Hospital Private Ltd, Colombo, Sri Lanka
[3]University of Kelaniya, Kelaniya, Sri Lanka

This study was to determine how the SES influenced on overweight and obesity in adult women. The analysis was done by ISBM SPSS. BMI was categorized according to WHO criteria such as normal weight: 18.5-24.9 kg/m^2; overweight: 25.0-29.9 kg/m^2; or obese $\geq$ 30.0 kg/m^2. Obese further categorized to obese-I (30–34.9 kg/m^2), obese-II (35–39.9 kg/m^2) and morbid obese ($\geq$ 40 kg/m^2). 206 participants were participated. In this study 32.5% were overweight and 67.5% were obese. Out of this 67% of obese 43.2% were belong to obese I, 17.5% were belong to obese II and 6.8% were in the morbidly obese. 43.3%, 40.3% of overweight were found in the age group 31-40 and 41-60 respectively. Similarly 35.7%, 47.4% of obese were found in the similar age groups. 53.7% was overweight and 68.3% was obese found in the participants who completed or below level of primary education. Further in the participants who completed the secondary education or above, the percentage of overweight (31.4%) was found lesser amount than obesity (46.3%). Family income concerned both 33.3% overweight and 37.4% obese were found in less income family (LKR $\leq$ 25000). 29.8% overweight and 31.7% obese were found in the families who received the income between LKR 25000 – 50000. In this study 71.8%, 22.3 %, 5.8% were house wives, employees and students respectively. Overweight/obese found more in the age groups between 31-60. Overweight/obese found higher percentage in poor educated group. This study indicates that with the increasing of the age the overweight condition is transforming into obese condition. Therefore a study on wide range of the population is needed to come to a conclusion.

Keywords: Age, Education, Family income, Employment status, Overweight, Obese

Antibacterial Activity of Pericarp of *Punica granatum* against Diarrhea Causing Pathogens: An *in vitro* Study

Shiffana S[1], Shihana MS[2]

[1]School of Medical Laboratory Technology, Peradeniya, Sri Lanka
[2]Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka

The pericarp of *Punica granatum* is commonly used in Sri Lanka as a traditional medicine for the treatment of diarrhea as well as for use as an astringent, anthelminthic, antispasmodic, stomachic, cardio tonic and refrigerant. Antibacterial activity of *P Punica granatum* pericarp decoction was evaluated against six Gastro Intestinal Tract (GIT) infections causing bacterial strains by a standard procedure (Kirby-Bauer's diffusion method) using paper disc agar diffusion method. The result indicated that decoction of pericarp obtained from *Punica granatum* peel of fresh fruit exhibited antimicrobial activity against all organisms except the *Klebsiella pneumoniae*. Most significant inhibitory effect was seen against *Shigella flexneri* and *Pseudomonas spp*. The findings suggest that some appropriate bioactive compound(s) may be developed from *Punica granatum* pericarp as complementary alternative medicine for the treatment of GIT infection causing bacterial strains.

Keywords: *Punica granatum, Shigella flexneri, Pseudomonas spp*, Antibacterial activity

Prevalence of Obesity Related Health Risk Conditions among Overweight and Obesity Adult Women

Manuha MI[1], Iqbal NZ[2], Nageeb BM[1], Paranagama PA[3]

[1]Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka
[2]Nawaloka Hospital Private Ltd, Colombo, Sri Lanka
[3]Department of Chemistry, University of Kelaniya, Kelaniya, Sri Lanka

Overweight and obesity are increasing alarmingly and most likely add significantly to the burden of chronic health risks. This study is focused to find out the prevalence of health conditions by severity of overweight and obesity in women, particularly hypertension, diabetes mellitus, osteoarthritis, bronchial asthma and psychiatric illnesses. The identification of diseases was made by examination of symptoms, and only hypertension was identified by measuring blood pressure. Certain specified blood investigations were made only in necessary disease conditions. The study sample included 206 overweight/obese adult women aged 18 – 60 years. The subjects were divided into two groups on the basis of body mass index (BMI). BMI below 25 kg/m^2 - 29.9 kg/m^2 and $\geq$ 30 kg/m^2 were considered as overweight and obese respectively. Statistical analyses were performed using the Statistical Package for IBM SPSS version 14. Prevalence of the health risks was increased with increasing severity of overweight and obesity for all disease conditions. Hypertension was found in higher percentage among obese women (16.5%) than in overweight (2.4 %). 8.3 % of obese individual had been affected by type 2 diabetic mellitus and 4.9 % of overweight individuals had been affected by the same. Concerning analysis of osteoarthritis the affected percentage in obese and overweight were found to be 16.9% and 4.9 % respectively. Those affected by bronchial asthma were found almost in the same amount in overweight (3.4 %) and obese (3.9%) individuals. Further, 2.9% obese and 0.5 % overweight were found affected by psychiatric illnesses. Prevalence ratios of health risks were generally greater in older women than in younger women. Obesity related co-morbidities were found more in obese women than overweight women. Therefore the prevalence of obesity-related co morbidities emphasizes the need for serious efforts to prevent and treat obesity rather than just its associated co-morbidities.

Keywords: Hypertension, Diabetes, Asthma, Osteoarthritis, Psychiatric illnesses, Overweight, Obese