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A CASE STUDY

Effect of Obesity on Human Being

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ABSTRACT : Fundamentally it has been observed that being of obesity generally diseases can be increased due to many reason which can be handled by World Health Organisation it can worked by cooperating and due to that circumstances *whi8dcf* people had to face basically several reason, while number of the country are giving their contribution to prevent like this diseases from rooting up. Deferent country has different type of sensei requiring this matter and according to the WHO can be solved if the contribution would be like orthodoxy discussions regarding this matter.

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Obesity is now a global concern not only in adults but also among children and adolescents. With increasing personal affluence and changing lifestyle characterised by increased food intake and reduced physical activity, obesity has become an epidemic not only in developed countries but some developing areas as well. Obesity is a chronic disease due to its associated increase in the risk of morbidity and mortality. Apart from the associations with cardio-vascular diseases, hypertension, diabetes and dyslipidaemia, obesity has also been implicated in the development of degenerative bone diseases, obstructive sleep apnoea, gallbladder diseases and some cancers such as colorectal malignancy. The rapid surge of diabetes, especially in the Asian Pacific Region, is closely associated with escalating obesity prevalence.

General vs. central obesity :

Body Mass Index (BMI), defined as body weight in kilogram divided by body height in metre squared has been used for measuring obesity for more than 20 years. The World Health Organization (WHO) in 1995 defined overweight as BMI 25-29.9 kg/m^2 while obesity as BMI 30 kg/ m^2. However, these definitions are based on data obtained mainly from Caucasian populations and do not apply readily to Asian populations such as the Chinese. In 2000, the World Health Organization Western Pacific Region (WHO-WPR), International Association for the Study of Obesity (IASO) and the International Obesity Task Force (IOTF) jointly proposed a revised definition of obesity for non-Caucasian populations. In this joint proposal, BMI cut-off levels for overweight and obesity in Asians were redefined as 23 kg/m^2 and 25 kg/ m^2, respectively. However, this modification had been criticised to be too radical such that the definition of obesity was dramatically decreased by 5 kg/m^2 (from 30 to 25 kg/m^2). In 2004, a WHO expert consultation was held in Singapore. They concluded that Asians generally had a higher percentage of body fat than white people of the same age, sex and BMI, and that the proportion of Asian people with risk factors for type 2 diabetes and cardio-vascular diseases was substantial even below the existing WHO BMI cut-off point of 25 kg/ m^2 for overweight. They released a report that suggested retaining the traditional BMI cut-off levels for overweight (25 kg/m^2) and obesity (30 kg/m^2) but added 23.0,