

Review Article

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An Overview of Obesity

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Abstract

Obesity is an undesired human physiological state caused by a lot of inherent risks and environmental influences. People with obesity commonly face a lot of negative personal image in the society and a number of medical and economic consequences. However weight loss after different types of interventions are often temporary and even bounce back than ever before. To face with this kind of therapeutic limitation, new ideas, perspectives and systematic action must be carried out.

Keywords: Obesity; Endocrinology; Human genome; Inflammatory factors; HAART; Antibiotics; Weight loss; Mathematics; Computational network; Obesity treatment; Life-style adjustment

Past experience

Disease managements of obesity encompass wide-spectra of

Introduction

Epidemic information

Obesity is an undesired phenotypic feature that troubles a lot of persons and a disease-like symptom to whom suffers from it [1,2]. People with obesity commonly face a lot of negative personal image in the society and a number of pathological symptoms with human health deteriorating outcomes. It seems like a chronic symptom that lasts long in common obesity people.

Difficult situations in obesity people

However, it is difficult to be remedied and fully managed by existing management measures and resources. Many types of therapeutic/ management measures have been developed for this symptom of the most obesity people-some of these measures are even very expensive (like surgery) or harmful therapy for the sufferers (like cathartic agents or herbs) [2]. To face with this kind of therapeutic consequences, new ideas, perspectives and systematic study must be carried out [2-4].

Current Social and Political Impacts for Obese People

Negative social image

In addition, obesity youngsters often meet with some kinds of other environmental influence that make them negative social image. From these obese sufferers, losing weight is their first choice and addictive with, yet at this moment unsatisfactory (Table 1).

Categories	Details	References
Negative image	Romance difficult	2
	Job seeking	
	Position promotion	
	and so on	
Pathologic	Blood glucose level increases	9-12
	Blood lipid abnormality	
	Lipo-dystrophy	
	Metabolic syndrome	
	Liver functional impairments	
	Hormonal problem (leptin and others)	
	Inflammatory action	
	and so on	
Complications	Cardiovascular risks	2, 5-12
	Type 2 diabetes	
	Human immune-system impairments	
	Mental disorders (suicide and intimidating)	
	and so on	

Table 1: The harmful impacts on human being with obesity.

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medical/pharmacologic issues-including diet control, life-style adjustments, surgery, drug utility and novel clinical therapeutic managements [2-19].

Problem Generation

Knowledge deficiency

In most people's minds, obesity equalizes to overfeed. As a result, current therapeutic ideas focus on accelerating nutrient excretion or food limitations. Yet, certain amounts of obesity people are not induced from overfeed. Liver functional damage may also be the causes (side effects of other drugs, such as hormonal therapy, HAART therapy for HIV/AIDS and others) [20]. To these obesity people, food limitations or regular exercises do not work well.

Genetic predisposition

Similarly, genetic predispositions also play key roles for human obesity [21-25]. These ranges of obesity people are also less sensible for food limitations and cathartic therapeutics.

In the early study of these obesity people, human genomic exploration is the only way for finding final solution and curable therapeutics. In accompany with past therapeutic option, obesity people are more suitable for combination of life-style adjustments with other medication due to the multiple causality of human obesity.

Obesity Etiology, Patho-Physiologic Relation and Analysis

Human obesity is caused by a lot of different factors - including;

Causality	Life-style changes	References	
Overfeed	Increase fruit consumptions		
	Eat more vegetables	1-8	
	Reduce fried food/meats, especially fast food		
	Eat more see-food (fish and marine life)		
	More milk consumption		
	and so on		
Exercise	Swimming		
	Ball-game	2	
	Yoga		
	Martial arts		
	Athletics		
	and so on		
Bad habits	Reduce cigarette		
	Reduce alcohols, especially beer		
	Sleep adjustments	2-8	
	Reduce sedentary work every days		
	and so on		
Spirit regulatory	Tea drink	10-11	
	Coffee drink		
	Conversations		
	Reading		
	Listen to the music		
	Meditation		

Table 2: Different patterns of life-style adjustment for human obesity.

Life-Style Adjustments

General information

Besides food restrain, many other types of life-style adjustments are usually as effective as drug therapy. They are multiple selections, such as food control, regular exercises, bad habit avoidance and spiritual focusing. Despite equal effective as drug intervention, many details need to be optimizing (Table 2).

Human body exercises

The most famous one are different types of body exercises. They vary in intensity, duration and regularity [3,4]. These characters also play key roles for obesity managements and need to study systematically.

Beverage consumption

In the past discovery, many traditional beverages, such as tea, coffee [13,14] and so on are effective to reduce body-mass of obesity people. This type of effective ways should be introduced to more people along with balanced exercises.

Major Categories of Counteractive Measures

The counteractive measures for obesity people can be variable [13-20]. These kinds of obesity managements include surgery, drugs and other therapeutic options. However, most of these management options are not perfect. Mechanisms and genetic study are indispensable (Table 3).

Therapeutic categories	Specific options	
Surgery	Gastric bariatric surgery and so on	
	Chemical drugs	
	Bio-agents	
Drug therapies	Herbal therapy	
	Gene therapy	
	Dietary issues	
	Drug combination	
	Individualized therapy	
	and so on	
Others	Life-style adjustment	
	Community supports	
	Psychiatric interventions	
	and so on	

Table 3: Major patterns of clinical therapeutics.

Mathematical or Computational Network

Mathematical modelling is an important step to find new relations. Equation 1 represents our vision towards this topic [26,27].

Pathogenesis simulation and analysis of human obesity:

B=f(x)+f(x)	$y; \beta) + f(z;)$)+E(1)
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- B=Body mass index
- x=Food related variables
- y=Drug related variables
- z=Genetic related variables
- E=A common constant

These mathematical equations are proposed by us and might be applicable for further specification, enumerated and statistically analysed. Possible joint-actions might accelerate it [28-30].

New Insights

New and update obesity therapeutics should be targeted to disease originality and causality. Without these targeted therapeutics, clinical obesity therapy will be unchanged and less responsive.

Genomic study of obesity might bring us many new insights into this chronic phenotype/symptom [22-25]. Along with the advance of other diseases, the patho-therapeutic knowledge of obesity might be improved by this genomic approach in the future.

Therapeutic combinations are also very useful for obesity patients. These kinds of therapeutic paradigms are very useful for many other diseases [30-38]. Further work in this regard is inevitable. Maybe any other therapeutic breakthroughs create from drug combinations, like HIV and cancer treatments.

Conclusion

Obesity control is very difficult from easily bouncing back. A lot of life-style and therapeutic interventions have been designed and applied in the clinic and general people. Look forward to new generation of medical cares for obesity.

References

- 1. World Health Organization (2018) Obesity and Overweight.
- Lu DY, Che JY, Wu HY, Yarla NS, Xu B, et al. (2018) Obesity, risks and managements. Metabolomics 8: e156.
- Nikkhah A (2017) Balance eating and exercise to prevent obesity: Regularity required. Adv Obes Weight Manag Control 4: 110.
- Nikkhah A (2016) Meal optimization to reduce obesity. Adv Obes Weight Manag Control 4: 105.
- Lu DY, Che JY, Yarla NS, Wu HY, Lu TR, et al. (2018) Types 2 diabetes prevention, treatments and new drug developments. Clin Immunol Endocrine Metabol Drugs (In press).
- Lu DY, Che JY, Yarla NS, Wu HY, Lisa D, et al. (2017) Diabetes prevention and treatments: A specific topic for modern medicines. J Metabolic Syndrome 8: 231.
- Lu DY, Che JY, Yarla NS, Wu HY, Xu B, et al. (2017) Type 2 diabetes, medical knowledge and pharmaceutical innovations. J Diabetology 1: 1-3.
- 8. Ahmad S (2013) An Old Disease, A New Insights. Springer Science.
- 9. Yanai H (2017) VLDL is the leading actor in lipid abnormality in patients with diabetes and obesity. J Endocrinol Metab 7: 101-102.
- Zimmet PZ, Magliano DJ, Herman WH, Shaw JE (2014) Diabetes: A 21st century challenge. Lancet Diabetes Endocrinol 2: 56-64.
- 11. Nikkhah A (2016) A simple global exercise program to overcome obesity. Adv Obes Weight Manag Control 4: 108.

- 12. Fucsh S, Henschke C, Blumel M, Busse R (2014) Disease management programs for type 2 diabetes in Germany: A systematic literature review evaluating effectiveness. Dtsch Arztebl Int 111: 453-463.
- 13. Sinisi V (2017) Coffee: A rich source of anti-microbial and antiviral compounds. Clin Immunol Endocrine Metabol Drugs 4: 19-32.
- Essex K, Mosawy S (2017) The anti-obesity potential of green tea: The effect on leptin and adiponection. Clinical Immunology, Endocrine & Metabolic Drugs 4: 14-18.
- 15. Singh A, Srivastav R, Pandey A (2017) Protective role of Terminalia Chebula in streptozotocin-induced diabetic mice for wound healing activity. Brit J Medicine & Medical Res 22: 1-8.
- Rafael H (2016) Therapeutic methods against insulin resistance. J Endocrinol Metab 6: 1-11.
- 17. Lu DY, Che JY, Wu HY, Lu TR (2014) The pathogenesis and treatments of diabetes: Questions and answers. Cell Dev Biol 3: e126.
- Lu DY, Che JY, Wu HY, Lu TR (2014) The pathogenesis and treatments of diabetes: A new insight. Adv Tech Biol Med 2: e102.
- Smith R, Tran K, Richards K, Luo R (2015) Dietary carbohydrates that modulate the immune system. Clin Immuno Endocrine Metab Drugs 2: 35-42.
- 20. Ouyang S, Feng JM (2016) Regulatory T cell therapy for type 1 diabetes targeting on β cell associated autoantigens. Clin Immunol Endocrine Metab Drugs 3: 47-53.
- Nzuza S, Zondi S, Hunchund R, Owira PM (2017) Highly active antiretroviral therapy – associated metab syndrome and lipodystrophy: Pathophysiology and current therapeutic interventions. J Endocrinol Metab 7: 103-116.
- 22. Asche C, Lafleur J, Conner C (2011) A review of diabetes treatment adherence and the association with clinical and economic outcomes. Clin Therat 33: 74-109.
- Correa-Giannella ML, Machado UF (2013) SLC2A4 gene: A promising target for pharmacogenomics of insulin resistance. Pharmacogenomics 14: 847-850.
- 24. Brettdeld C, Maver A, Aumuller E, Peterlin B, Haslberger AG (2017) Micro RNAs responsible for inflammation in obesity. J Endocrinol Metab 7: 77-85.

- 25. Lander ES (2011) Initial impact of the sequencing of the human genome. Nature 470: 187-197.
- Rahimzadeh V, Bartlett G (2017) Policies and practices of data-intensive primary care in the precision-medicine era. Internal Medicine Rev 3: 1-14.
- 27. Lu DY, Lu TR, Lu Y, Wu HY, Yarla NS (2017) The acquisition of mathematical language in biomedical articles. J Cell Dev Biol 1: 8.
- 28. Gentle JE (2002) Elements of computational statistics. Statist Comput.
- Waterman MS (2000) Introduction to computational biology: Maps, sequence and genomes. CRC Press.
- Loewe L (2009) A framework for evolutionary systems biology. BMC Systems Biol 3: 27.
- Kherlopian RA, Song T, Duan Q, Neimark MA, Po MJ, et al. (2008) A review of imaging techniques for systems biology. BMC Systems Biol 2: 74.
- 32. Lu DY, Lu TR (2015) Mathematics or physics-majored students on the biomedical fields, insiders or outsiders? Metabolomics 5: e142.
- Lu DY, Wu HY, Lu TR, Che JY, Lu Y (2016) Updating biomedical studies by recruiting more mathematics or physics-majored talents. Metabolomics 6: e148.
- Lu DY, Che JY (2014) Rethink of diabetes treatment and drug development. Cell Dev Biol 3: e125.
- 35. Lu DY, Lu TR, Cao S (2013) Drug combinations in cancer treatment. Clinical Experimental Pharmacol 3: 134.
- 36. Lu DY, Wu HY, Yarla NS, Xu B, Ding J, et al (2018) HAART in HIV/AIDS treatments, future trends. Infect Disord Drug Targets 18: 15-22.
- Lu DY, Chen EH, Wu HY, Lu TR, Xu B, et al. (2017) Anticancer drug combination, how far we can go through? Anticancer Agents Med Chem 17: 21-28.
- Lu DY, Lu TR, Yarla NS, Wu HY, Xu B, et al. (2017) Drug combination in clinical cancer treatment. Rev Recent Clin Trials 12: 202-211.

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