RESEARCH ON VEGETARIANS' DIETARY HABITS AND ADULT OBESITY Sapna Pandey,

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ABSTRACT

Weight regain is a typical problem for all obese or overweight persons who have recently lost weight. Different therapies, including dietary therapy, behavioral therapy, exercise, or a combination of them, have been suggested as solutions. The goal of this analysis is to determine the best eating habits or diet to maintain recent weight loss. The maintenance of weight has been shown to benefit from a balanced diet, low carbohydrate, low glycemic index (GI) diet, high protein intake, detox water, and moderate fat consumption. But it's questionable what the effects will be. A diet like the Dietary Approach to Stop Hypertension (DASH) diet could be beneficial for maintaining weight, but further study is still required. Fewer sugar-sweetened drinks were consumed, people didn't stay up as late, and people followed a healthy routine, all of which were associated with less weight gain. There are several unusual foods that have been suggested for weight maintenance. However, the benefits of particular meals are not established.

Healthy diets advocate meals with low carbohydrate, low GI, detox water, and moderate fat content, although it is unclear why these foods are successful at preventing weight gain. It implies that consuming less calories helps people regulate their weight. More research must be done to determine the obesity management tactics that control weight reduction.

Keywords: Adulthood, BMI, Balance diet, GI, Obesity, Therapies, Hypertension.

INTRODUCTION

In the globe, obesity has reached epidemic proportions; each year, at least 2.8 million individuals pass away as a result of being overweight or obese. The fifth round of the NFHS, which was performed between 2019 and 2021, indicates that 4% of males and 6.4% of women between the ages of 15 and 49 are obese. In the same age range, 17.6% of women and 18.9% of men are overweight but not obese.

The age of adulthood, which ranges from 18 to 45 years, is the stage of human development at which complete physical and intellectual maturity have been achieved.

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Healthy eating: A balanced diet rich in fruits and high-protein foods can aid in maintaining a

healthy weight. A healthy diet can help you prevent disease, sleep better, and have more mental

energy.

• Detox diet: The Detox diet clearly enhances immunity, skin tone, and sleep quality. It lessens

cravings as well.(Journal: Journal of Negative and No Positive Results: JONNPR

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• Supporting hair and skin health.

• Supporting weight reduction and the digestive system.

• An immune system boosts.

Popular dieting methods known as detox diets claim to facilitate weight reduction and toxin

clearance, hence enhancing health and wellness. Over a period of six months, macronutrient

diets significantly lower cardiovascular risk factors while only producing moderate weight

reduction. The investigators did, however, also learn that "at 12 months, the effects on weight

reduction and improvements in cardiovascular risk factors largely disappear. "It remains a

mystery how to maintain and lose weight in a healthy way over the long term. Nevertheless,

scientists studying nutrition from all around the world keep conducting studies in an effort to

come up with a practical answer.

So that other researchers may build on their work and healthcare practitioners and public health

experts can use their findings, they routinely publish the findings of their investigations in ASN

Journals. Below are key findings from all four ASN Journals on the connection between

nutrition and healthy weight loss and maintenance.

Healthy weight reduction is to reduce body weight to a level that promotes optimal physical performance. However, reducing weight can also entail losing lean muscle mass, and losing physical function might follow. To compare the effects of a diet with the Recommended Dietary Allowance of 0.8 grammes of protein per kilogram of body weight versus a higher protein diet of 1.2 grammes, ASN member Connie W. Bales et al. undertook a six-month randomized controlled experiment. These foods are part of a natural detox diet that's great for a two or three-day detox, and even better as a long-term way of eating because it fills your body with lean protein, long lasting carbs, healthy fats and an abundance of vitamins, minerals and antioxidants. (by jillcorleone,RDN,jul31,2019.)

This did not, however, rule out the potential that other aspects of eating breakfast may contribute to people tending to weigh less. Observational data suggests a connection between eating breakfast and having a lower body weight. In response, Emily J. Dharanidhar et al. conducted a 16-week randomized controlled intervention with 309 otherwise healthy overweight and obese people aged 20 to 65. A study found that eating less often (including skipping snacks), eating breakfast, and eating the largest meal first thing in the morning might all be beneficial long-term weight loss prevention strategies. The results of the study also revealed that subjects who had overnight fasts that lasted an average of 18 hours or more had a higher likelihood of having lower BMIs than those who had shorter fasts. The authors pointed out that certain people, notably older adults with chronic conditions, may need to choose meal plans that are more likely to induce weight gain, even if eating breakfast, eating less often, and overnight fasting were related with lower BMIs. (July 2017, The Journal of Nutrition)

METHODOLGY:

Fig. 1

SAMPLE

There are 4 participants of adulthood, out of them, two male and two female .age of 25 to 49 .inclusion criteria were as follows: adult men and woman at the age of 25 to 49 years, without serious disease, nural disease, and heart disease.

Assessment of weight loss

Studies were found up until January 2023. With a long-term (12 months) follow-up of weight change as the major endpoint, randomized studies of treatments to maintain weight reduction given to initially obese people (aged 15-45) were included.

Table 1. Six month diet plan for obesity to normal body weight

Day of Monday		Tuesday Wednes T		Thursda	Friday	Saturday
week			day	y		
Breakf ast	Suji upma(1 smallkato ri)	Paneer salad(100 grams)	Oats cheela (2 no.)	Corn flacks(1 00 grams)	Sprouts(1 small katori)	Oats idli (2-3 no.)
Mid Morni ng.	One apple	Mix fruit chat(1 plate)	Buttermil k (200 ml)	Mix veg. soup(15 0ml)	Corn salad(1 smallkatori	Paneer salad(100 grams)
Lunch	Daliya mix veg. Khichidi. (50 gram) +salad(1 plate)	Brown rice(50 gram)+ curd(200 gram) + Salad(1 plate)	Oats(50g ram) mix veg(200 grams.)+ salad(1 plate)	Rajma cutlet 2 no. curd(200 gram)+ salad(1 plate)	Daliya (50 gram) mix veg. Khichidi (200)+ salad(1 plate)	Mix wheat flour roti (2)veg. +salad(1plate)
Evenin g snack	Green tea (1 cup)+2 no. Marigold biscuits	Coconut water	Mix veg.toma to soup(200 ml)	Green tea (1 cup)+2 no. Marigol d biscuit	Coconut	Mix veg.tomato soup(200 ml)
Dinner	Basmati rice(8 tsp) +1 katori dal	Mix dalveg.cheela(2) +tomato chutni	Mix veg.sago 150 gram)	Oats (50gram)mix veg.	Daliyakhic hidi (2 no.) +shambher(1 katori)	Brown rice pulao(50 gram)+mix veg.(200 gram)
Option al	Corn sald with detox	Mix sprouts +detox water	curd	Paper Dosa	Veg soup	Mix dal cheela

watersala			
d			

Note:-Detox water should be taken before and after every meal till the diet plan

RESULT AND DISCUSSION

A healthy diet that is balanced, low in calories, low in carbs, rich in protein, and low in fat has all been linked to improved weight management. Four out of the 14 patients whose weight reduction is being examined for health showed a healthy weight drop according to BMI. There are two men and two women who have lost 8 to 9 kg in this picture. 6 months' worth of weight. A healthy weight loss, indeed. A balanced low-sodium version of the dietary strategy to stop hypertension (dash) diet might be effective for maintaining weight, while further research is still needed. A particular way of living, such as not staying up late at night, drinking low-sugar-sweetened beverages, detox water, and following a healthy routine, were associated with less weight gain. a few unusual foods, as well as detox water.

BODY MASS INDEX

18.5	<18.5-24.9	25-29.9	30-39.9	40<	
Underweight.	Normal weight	overweight	obese	Extreme obesity	

CALCUTATED BMI (BODY MASS INDEX)-Wt(kg)/Ht)(M2)

Female BMI calculation ($Wt^{(kg)}/Ht^{(M2)}$)

S.N	GROUP	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1.	WT.	78 Kg	77.5	76	74.5	72.5	70
1.	BMI	26.9	26.8	26.2	25.7	25	24.2
2.	WT.	69	67.8	67	65	64.5	61.5
۷.	BMI	26.9	26.4	26.1	25.3	25.1	24

Male BMI calculation (Wt^(kg)/Ht^(M2))

S.N	GROUP	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1	WT	100	98.5	96	94.5	92	89
1.	BMI	34.6	34	33.2	32.6	31.8	30.7
2.	WT.	79	78.2	76	74.5	72.5	70.0

	BMI	27.3	27	26.2	25.7	25	24.2

Fig.2

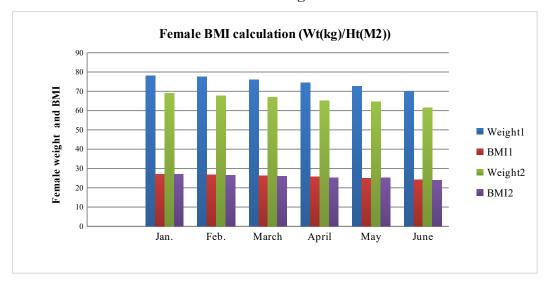
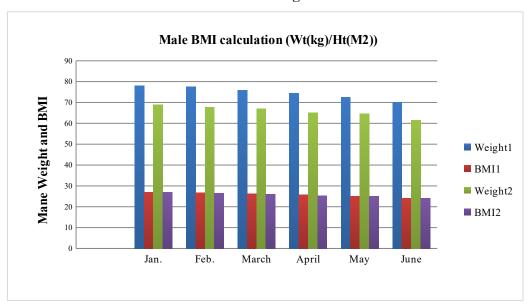


Fig.3



CONCLUSION

A diet to lose weight Should have a daily energy deficit of 500–1000 Kcal. should offer at least 800 Kcal per day as a minimum consumption. Should offer. 75 grammes of protein minimum per day for men and 60 grammes minimum per day for women. should contain no less than 130 grammes of carbohydrates per day (excessive) and no more than 30% of the total energy as

calories from fat.daily consumption of detox water and a multivitamin-mineral pill could also be added.

Regular follow-up sessions with the weight management counsellor, frequent self-monitoring of nutrition, weight, and physical activity, and ongoing psychological support that can be given via the phone or the internet are all important components of follow-up.Low-carb, high-fiber, low-GI, and moderate-fat meal recommendations are made in healthy diets or balanced diets. The presence of numerous micronutrients in food products means that they contain a variety of nutrients that are essential for healthy weight loss. It seems that drinking detox water and eating less calories make it easier for people to keep off their weight reduction.

REFERENCES

- https://www.researchgate.net/publication/
 255722995 Eating Disorders Problems of Contemporary Civilisatin
- 2. https://www.researchgate.net/publication/281517497 Eating disorders in women.
- 3. https://nutrition.org/weight-loss-and-weight-management.
- 4. Ameriks, J., A. Caplin, J. Leahy, and T. Tyler (2004) Measuring self-control, NBER Working Paper No. 1051.
- 5. Bray, GaB, C, Handbook of Obesity: Etiology and Pathophysiology. 2 ed. 2004: Marcel Dekker Inc. 1200.
- 6. Deurenberg, P and Yap M: The assessment of obesity: methods for measuring body fat and global prevalence of obesity.
- 7. Baillieres Best Pract Res Clin Endocrinol Metab, 1999. 13(1): p. 1-11.
- 8. Weisell, RC: Body mass index as an indicator of obesity. Asia Pac J Clin Nutr, 2002. 11 Suppl 8: p. S681-4.
- 9. Gregg, EW, Cheng YJ, Cadwell BL, et al.: Secular trends in cardiovascular disease risk factors according to body mass index in US adults. JAMA, 2005. 293(15): p. 1868-74.
- 10. Freedman, DS, Khan LK, Serdula MK, et al.: Trends and correlates of class 3 obesity in the United States from 1990 through 2000. JAMA, 2002. 288(14): p. 1758-61.
- 11. Bray, GaB, C, Handbook of Obesity: Etiology and Pathophysiology. 2 ed. 2004: Marcel Dekker Inc. 1200.
- 12. Deurenberg, P and Yap M: The assessment of obesity: methods for measuring body fat

- and global prevalence of obesity.
- 13. Baillieres Best Pract Res Clin Endocrinol Metab, 1999. 13(1): p. 1-11.
- 14. Weisell, RC: Body mass index as an indicator of obesity. Asia Pac J Clin Nutr, 2002. 11 Suppl 8: p. S681-4.
- 15. Gregg, EW, Cheng YJ, Cadwell BL, et al.: Secular trends in cardiovascular disease risk factors according to body mass index in US adults. JAMA, 2005. 293(15): p. 1868-74.
- 16. Freedman, DS, Khan LK, Serdula MK, et al.: Trends and correlates of class 3 obesity in the United States from 1990 through 2000. JAMA, 2002. 288(14): p. 1758-61.
- 17. https://images.app.goo.gl/s9nXPgitwfAwdFcm
- 18. https://www.researchgate.net/figure/Study-characteristics_tbl2_230495986.
- 19. https://www.researchgate.net/publication/
 230495986 A synthesis of qualitative research on overweight and obese people %27s views and experiences of weight management.
- 20. .https://www.researchgate.net/publication/ 11963849 Successful Weight Loss Maintenance.
- 21. Dieta-Detox.org. Dieta Detox en 3 días [Internet]. [cited 2017 Jun 19]. Available from: https://dietadetox.org/dietas/dieta-detox-en-3-dias
- 22. Altshul S. Your Simple 3-Day Diet Detox: Consider eating lighter for 24 more days [Internet]. 2014 [cited 2017 Jun 19]. Available from: http://www.prevention.com/weight-loss/weight-loss-tips/your-simple-3-day-diet-detox
- 23. Hungry for Change. 3 Day Detox Plan (Friday Sunday) [Internet]. [cited 2017 Jun 19]. Available from: http://www.hungryforchange.tv/article/3-day-detox-plan.
- 24. Ahrén J.C., R Chiesa F., Af Klinteberg B., R Koupil I., Psychosocial determinants and R family background in R anorexia nervosa re-sults from the R Stockholm birth cohort study. Int. J. R Eat. Disord., 2012, 45, 362–369.
- 25. Akinnusi M.E., Saliba R., R Porhomayon J., R El-Solh A.A., Sleep disorders in R morbid obesity. Europ. J.R Intern. Medic., 2012, 23, 219–226.
- 26. Alvarenga M.S., Martins M.C., Sato K.S., Vargas S.V., Philippi S.T., Scagliusi F.B., Orthorexia nervosa behavior in a sample of Brazilian dietitians assessed by the Portuguese version of RORTO-15. Eat. Weight Disord., 2012, 17, E29-E35.
- 27. Babicz-Zielińska E., Cultural determinants of Reating disorders. Prace Kom. Nauk Roln.

- Leśn. Weter. PAU, 2010, No. 12, 9–19 (in Polish; English abstract).
- 28. Ahrén J.C., R Chiesa F., Af Klinteberg B., R Koupil I., Psychosocial determinants and R family background in R anorexia nervosa re-sults from the R Stockholm birth cohort study. Int. J. R Eat. Disord., 2012, 45, 362–369.
- 29. Akinnusi M.E., Saliba R., R Porhomayon J., R El-Solh A.A., Sleep disorders in R morbid obesity. Europ. J.R Intern. Medic., 2012, 23, 219–226.
- 30. Alvarenga M.S., Martins M.C., Sato K.S., Vargas S.V., Philippi S.T., Scagliusi F.B., Orthorexia nervosa behavior in ar sample of Brazilian dietitians assessed by ther Portuguese version of RORTO-15. Eat. Weight Disord., 2012, 17, E29-E35.
- 31. Babicz-Zielińska E., Cultural determinants of eating disorders. Prace Kom. Nauk Roln. Leśn. Weter. PAU, 2010, No. 12, 9–19 (in Polish; English abstract).
- 32. Due A, Larsen TM, Mu H, Hermansen K, Stender S, Astrup A. Comparison of 3 ad libitum diets for weight-loss maintenance, risk of cardiovascular disease, and diabetes: A 6-mo randomized, controlled trial. *Am J Clin Nutr.* 2008;88:1232–41. [PubMed] [Google Scholar]
- 33. Delbridge EA, Prendergast LA, Pritchard JE, Proietto J. One-year weight maintenance after significant weight loss in healthy overweight and obese subjects: Does diet composition matter? *Am J Clin Nutr.* 2009;90:1203–14. [PubMed] [Google Scholar]
- 34. Corleone J. The Best 2- or 3-Day Detox to Lose Weight [Internet]. 2015 [cited 2017 Jun 19]. Available from: http://www.livestrong.com/article/342773-the-best-2-or-3-day-detox-to-lose-weight/
- 35. Allen J, Montalto M, Lovejoy J, Weber W. Detoxification in Naturopathic Medicine: A Survey. J Altern Complement Med. 2011;17(12):1175–80.
- 36. Philippou E, Neary NM, Chaudhri O, Brynes AE, Dornhorst A, Leeds AR, et al. The effect of dietary glycemic index on weight maintenance in overweight subjects: A pilot study. *Obesity*. 2008;17:396–401. [PubMed] [Google Scholar]
- 37. Redman LM, Heilbronn LK, Martin CK, De Jonge L, Williamson DA, Delany JP, et al. Metabolic and behavioral compensations in response to caloric restriction: Implications for the maintenance of weight loss. *PLoS One*. 2009;4:e4377. [PMC free article] [PubMed] [Google Scholar]
- 38. Azadbakht L, Mirmiran P, Esmaillzadeh A, Azizi F. Better dietary adherence and weight

- maintenance achieved by a long-term moderate-fat diet. *Br J Nutr.* 2007;97:399–404. [PubMed] [Google Scholar]
- 39. Sloth B, Due A, Larsen TM, Holst JJ, Heding A, Astrup A. The effect of a high-MUFA, low-glycaemic index diet and a low-fat diet on appetite and glucose metabolism