GUEST EDITORIAL

Obesity Clinic Model: A Ramrajya Approach

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OBESITY AND ITS RISING PREVALENCE

Obesity has reached epidemic proportions worldwide. In 2016, more than 1.9 billion adults worldwide were overweight and 650 million individuals had obesity. Among the most crucial factors contributing to non-communicable disease such as type 2 diabetes, hypertension, is excess of weight[1]. India is no exception to this trend. As per a recent study (ICMR-INDIAB, 2008-2020), the prevalence of generalized obesity was 28.6%, whereas that of abdominal obesity was 39.5%[2]. With the country's population now exceeding 1.4-1.5 billion, these percentages translate into an enormous number of individuals at risk. Certainly the burden of obesity in India is rising and there is an urgent need of effective strategies to manage as well prevent obesity.

BAROPHENOTYPES AND THE NEED FOR DEDICATED OBESITY CLINIC

For many years, obesity was simply seen as a synonym of excess weight, but we have now realized that it is a complex, heterogeneous disease. Researchers have described multiple obesity phenotypes or "barophenotypes", which represent the sum of all biophysical and social factors contributing to the impact of obesity on an individual. Two people with the same BMI may have different underlying causes, risk factors, risk of comorbidities and treatment needs. This indicates that managing obesity often requires a personalized, multidisciplinary care rather than a one-size-fits-all approach.

Thus, with this growing need, we need a dedicated obesity clinic to deliver specialized care. Importantly, these services should not be limited to major hospitals in big cities. To halt the obesity epidemic, clinic services must extend outwards, even reaching primary health centers and smaller communities, so that early intervention and education are accessible at the grassroots level.

The questions that arises now is what should an ideal obesity clinic look like? Is it just similar to existing outpatient departments, or something more specialized and able to deliver personalized care? An article by Kapoor et al outlines the essential components of an obesity clinic using the "SMART (Setting, Management team, Algorithmic approach, Research and referral, and Technology) approach[3].

The authors proposed a dedicated setting with proper infrastructure, run by a coordinated multidisciplinary team, following evidence-based algorithms for holistic care. It emphasizes research and referral networks while integrating them to deliver structured, patient-centered obesity management.

However, beyond infrastructure and protocols, the guiding philosophy of the clinic is equally and crucially important to make the clinic successful. Even with state-of-the-art facilities, an obesity clinic may struggle to succeed unless its run with an accurate vision and great inspiration. Here, we can take inspiration from the concept of "Ramrajya", which is an ideal model of governance to shape the values and functionalities of the clinic.

THE RAMRAJYA MODEL: INSPIRATION FOR AN IDEAL OBESITY CLINIC

Ramrajya refers to the legendary kingdom of Lord Rama, often cited in Indian tradition as a model of perfect governance and harmony in the society. In this ideal state, the ruler listened to the concerns of all with compassion and acted solely with the intent of welfare of the people. Governance was wise, with all ministers and officials chosen for their capability. All workers were treated with equal respect and rule of justice and equality prevailed.

The concept of One Health is not new. In the era of Ramrajya, the natural environment always remained in balance, where forests flourished with fruits and flowers, rivers and natural resources were kept clean and pure, and humans and animals coexisted peacefully.

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Fulfulling one's responsibility was an unsaid dictum in Ramrajya. Lord Rama led by example, upholding duty and sacrifice. Mata Sita humbly managed the household and addressed challenges in the community. The brothers of Lord Rama supported him and work diligently. The citizens referred to as "Praja" lived with honesty and mutual respect[4]. Can this model inspire an ideal obesity clinic? We believe the answer is yes. The principles of Ramrajya can serve as a torchbearer on how an obesity clinic should function (Table 1).

Applying these ideals would mean:

- **Compassionate leadership:** The clinic doctors and staff should truly listen to people living with obesity. Their story and struggle should be heard without judgment. Decisions should be made with the sole motive of patient welfare and healing. This approach will make patient feel valued and understood.
- **Organized governance:** As in Ramrajya, the Obesity clinic should be well-organized to ease access for everyone - whether it's a child with obesity, a busy working adult, a woman, or an elderly patient. Just as Lord Rama's ministers were wise and the kingdom's affairs were orderly, the clinic should have clear protocols, minimal waiting times, and a coordinated team. Every staff member has a defined role and works with cooperation. Overall, the clinic's governance must be just, efficient, and inclusive.
- **Harmony and holistic balance:** Ramrajya maintained balance in nature and society; similarly, an ideal obesity clinic should promote balance in all aspects of health. Care should address the whole person, not just weight numbers. Nutritional counseling, physical activity guidance, psychological support, medical therapy, and recovery should all be integrated harmoniously. The clinic environment itself can reflect positivity, for instance, having informative yet encouraging visuals, space for exercise or meditation, and a friendly atmosphere. This holistic approach reflects the harmony of Ramrajya, where everything worked together for the prosperity of all.
- **Shared responsibility and teamwork:** In Lord Rama's ideal kingdom, every individual from the royal family to the common citizen understood and performed their duty for the welfare of all. In an obesity clinic modeled on these lines, everyone works as a team with shared responsibility for the patient's success. The physician provides medical expertise with empathy, the dietitian and physiotherapist guide lifestyle changes, the nurses offer support and follow-up, and equally importantly, the patient's family is involved to provide encouragement at home. Patients are empowered to take charge of their health, but they are not alone, the whole team shares the duty. By fostering a supportive team (just as Rama's brothers and allies supported the mission), the clinic increases the likelihood of long-term success for each individual.
- **Dignity and respect for all:** A pillar of Ramrajya was that every person could live with dignity, free of shame or humiliation. An ideal obesity clinic must ensure that patients are never shamed for their weight. There should be zero tolerance for stigma or negative attitudes. Instead, the clinic builds each

Table 1. Ramrajya Principles Guiding an Ideal Obesity Clinic

Principle	Description in Ramrajya	Application in Obesity Clinic
Compassionate leadership	Lord Rama listened to every citizen with empathy and acted for their welfare.	Doctors and staff listen carefully to patients and provide care to patients focusing on healing.
Organized governance	Justice and equality ensured for all subjects.	Equal access to care for all including children, women, elderly, and marginalized groups. The services should be streamlined and organized.
Balance and harmony	Forests flourished, rivers remained clean, humans and animals coexisted peacefully.	Holistic health: Balanced diet, physical activity, adequate rest, mental well-being with an eco-friendly clinic environment.
Shared responsibility	Lord Rama, Mata Sita, brothers, and citizens all fulfilled their roles responsibly.	Team-based care: Physicians, nurses, dietitians, physiotherapists, psychologists, families, and patients work together.
Dignity and respect for all	Every citizen lived with dignity and was free from humiliation.	Zero-stigma environment; patients are encouraged and empowered, not shamed.

patient's confidence through encouragement and positive reinforcement. Every small victory (like 1 kg weight loss or a week of regular exercise) is celebrated. When patients see that they are valued and respected, it empowers them to stick with the program and achieve transformation. Dignity, compassion, and mutual support become the pillars of change in the clinic community.

Rama as an Example of Healthy Living

The *Ramcharitmanas* by Tulsidas highlights aspects of Lord Rama's life that continue to be relevant for health and medical practice. Despite being a king, Rama lived with discipline.

Tulsidas notes:

"Uṭhe lakhanu nisi bigata suni aruna-sikhā dhuni kāna,
Gura te pahilehi jāgatapati jāge Rāmu sujāna."

(Lord Rama, the wise sovereign, rose early in the morning, even before his Guru, to perform his daily rituals.)

This reflects a regular practice of waking early and maintaining daily routine. In modern health terms, such discipline matches with the principle that regular sleep-wake cycles and physical activity are linked to better physical and psychological health.

For health care workers, this example reinforces the importance of modeling healthy habits, and it also offers a simple patient-engagement strategy—such as organizing early morning walks that include doctors, staff, and patients—to promote inclusivity and shared responsibility.

Dietary practices are also emphasized. Tulsidas describes Rama and his companions:

"Kaṃda mūla phala bhari donā,
cale Rāma janu lūṭana sonā."

(With cups of leaves filled with bulbs, roots, and fruits, Rama and his companions set out, as though gathering treasures of gold.)

This highlights dependence on natural, plant-based foods such as roots, fruits, and vegetables. In current obesity management, dietitians emphasize similar principles. Diets rich in fruits, vegetables, and minimally processed plant-based foods are associated with improved metabolic outcomes. The text underscores that these dietary foundations are not only traditional but also scientifically validated.

Finally, the *Ramcharitmanas* sets out a core ethical principle for health care. Rama's message to his brothers and courtiers is:

"Para hita sarisa dharma nahi bhāī,
para pīrā sama nahi adhamāī."

(There is no virtue like benevolence, and no meanness like causing another pain.)[5].

For health care workers, it is a reminder that relieving suffering is the highest duty, and that sharing the burden of illness is central to the healing profession. In the context of obesity care, this translates into team-based responsibility: physicians, nurses, dietitians, physiotherapists, psychologists, and families must all work together to support patients. Respect, inclusivity, and shared responsibility are essential for long-term success.

CONCLUSION

The rising challenge of obesity, both globally and in India, demands structured and person-centered solutions. Dedicated obesity clinics provide the right framework for multidisciplinary care, long-term follow-up, and holistic management. However, beyond infrastructure and protocols, the guiding ethos is equally important. Running an obesity clinic on the principles of Ramrajya - with compassion, fairness, inclusivity, and shared responsibility - can transform it into more than a medical service. Such a model, rooted in both modern science and timeless values, holds promise for tackling the obesity epidemic effectively.

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