

TREATMENT OF ABDOMINAL OBESITY IN WOMEN USING FOLK MEDICINE METHODS

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Abstract

This article examines abdominal obesity in women and discusses the place of folk medicine in its management. Abdominal obesity is a clinically important condition because central fat accumulation is associated with increased cardiometabolic risk, and in women a waist circumference above 88 cm is widely used as a high-risk threshold. The problem is especially relevant in peri-menopausal and postmenopausal women, as hormonal changes during menopause are associated with changes in body composition and increased cardiovascular risk. The study was conducted as a narrative literature review based on reliable medical and public health sources. The analysis focused on the relationship between abdominal obesity and women's health, as well as on traditional and herbal methods commonly used for weight control. The review showed that although folk medicine methods such as herbal teas, green tea products, and bitter orange are widely used, current authoritative sources do not support them as effective stand-alone treatments for weight loss. In addition, some products promoted for weight control may have side effects or uncertain safety profiles. The findings suggest that folk medicine may have only a supportive role when it encourages healthier behavior, but it should not replace evidence-based treatment. Effective management of abdominal obesity in women should be based on lifestyle modification, regular monitoring, and medical supervision, while any traditional remedies should be used cautiously and critically evaluated for safety and effectiveness.

Keywords

abdominal obesity, women's health, central obesity, folk medicine, traditional medicine, herbal remedies, waist circumference, menopause, weight management, complementary medicine

Introduction

Abdominal obesity in women is an increasingly important medical and public-health problem because it is closely linked to cardiometabolic disease, reduced quality of life, and long-term metabolic complications. Unlike general weight gain, abdominal obesity reflects the accumulation of fat around the waist and internal organs, which is considered especially harmful from a metabolic point of view. The World Health Organization notes that waist circumference is an important measure alongside body mass index, and a waist circumference above **88 cm in women** is widely used as a high-risk threshold for abdominal obesity. This pattern of fat distribution is associated with a greater risk of cardiovascular disease, insulin resistance, and type 2 diabetes.[2] The topic is particularly relevant for women because hormonal status strongly influences fat distribution. As women age, especially during and after menopause, body composition changes significantly: resting metabolic rate tends to decline, lean mass decreases, and fat accumulation shifts toward the abdominal region. These changes make central obesity more common in middle-aged and older women, even when total body weight does not rise dramatically. Recent reviews on women's metabolic health during and after menopause emphasize that abdominal fat gain is one of the most characteristic changes of this period.

The health burden of obesity is substantial. According to the World Health Organization, overweight and obesity represent abnormal or excessive fat accumulation that presents a risk to health, and in **2019 about 5 million noncommunicable-disease deaths** were associated with higher-than-optimal BMI worldwide. Although BMI is useful for screening, abdominal fat is often more strongly associated with metabolic risk than total body weight alone. For this reason, many clinicians and researchers consider waist circumference a practical marker of harmful fat accumulation and an important target in prevention and treatment. [2,3] In many communities, women try to manage abdominal obesity not only through conventional diet and exercise programs but also through **folk medicine** and traditional health practices. These may include herbal teas, plant-based remedies, appetite-suppressing mixtures, digestive infusions, and other culturally transmitted methods. The popularity of such approaches is understandable: they are often affordable, familiar, and perceived as “natural.” However, modern evidence shows that “natural” does not automatically mean effective or safe. The U.S. National Center for Complementary and Integrative Health states that many supplements promoted for weight loss, including green tea extracts, bitter orange, and various Chinese herbal products, **have not been shown to produce meaningful weight loss**, and some may cause side effects or contain unsafe ingredients.

This creates an important scientific and practical question: how can folk or traditional methods be considered in the management of abdominal obesity in women without ignoring safety and evidence? Some reviews suggest that botanical and traditional approaches remain promising areas of study, but the overall quality of evidence is uneven, and many products still require more rigorous clinical evaluation. Therefore, the issue should not be framed as a simple choice between “modern medicine” and “folk medicine.” Instead, it should be approached through careful assessment of which traditional practices may serve as supportive measures, which are ineffective, and which may be harmful if used without professional supervision. For women with abdominal obesity, especially those who are peri- or postmenopausal, treatment should ideally combine lifestyle correction with safe, culturally acceptable, and evidence-informed supportive methods. In this context, folk medicine may be discussed not as a replacement for medical care, but as a complementary approach that must be critically evaluated. The relevance of this topic lies in the growing prevalence of abdominal obesity among women, the widespread use of traditional remedies, and the need to distinguish between useful supportive practices and unproven or risky interventions. Thus, this article examines the role of folk medicine methods in the treatment of abdominal obesity in women, with particular attention to their potential benefits, limitations, and safety considerations.[2-5]

Methods

This article was prepared using a narrative literature review approach focused on the treatment of abdominal obesity in women through folk medicine and traditional remedies. The purpose of the review was to analyze available scientific publications, clinical reviews, and public health sources related to abdominal obesity in women, the role of traditional and herbal methods in weight control, and the safety of complementary approaches used in obesity management. [6] The literature search was conducted using scientific databases and reliable health information sources. Articles published in English were prioritized, especially those devoted to abdominal obesity, women’s metabolic health, herbal medicine, complementary medicine, and weight management. Particular attention was given to studies discussing waist circumference, visceral fat accumulation, menopause-related fat redistribution, and plant-based interventions commonly used in traditional practice.

The main search terms included *abdominal obesity in women, central obesity, visceral fat, folk medicine, traditional medicine, herbal treatment for obesity, women's metabolic health, and complementary approaches to weight loss*. These keywords were used separately and in combination in order to identify the most relevant materials. Preference was given to publications that provided clear data on the causes of abdominal obesity, the physiological features of fat accumulation in women, and the potential role of herbal or traditional remedies in body weight management. [7] Inclusion criteria for the selected materials were as follows: publications related to abdominal or central obesity in women; sources discussing folk medicine, herbal remedies, or complementary approaches for obesity treatment; articles focused on the effectiveness, mechanisms, or safety of traditional methods; and publications from credible academic or medical platforms. Sources that lacked scientific relevance, contained unsupported claims, or focused only on general obesity without reference to women or abdominal fat distribution were excluded from the analysis.

The collected materials were analyzed by thematic grouping. First, the general medical characteristics of abdominal obesity in women were reviewed. Second, commonly used folk medicine methods, including herbal teas, plant-based remedies, and traditional lifestyle recommendations, were examined. Third, attention was paid to the possible benefits and limitations of these methods, as well as their safety profile. Special emphasis was placed on the distinction between supportive traditional practices and methods that may be ineffective or potentially harmful when used without medical supervision.[1] The analysis was qualitative in nature. No experimental intervention was carried out, and no patients were directly involved in the study. Instead, the article summarizes and interprets available evidence in order to provide a balanced academic discussion of folk medicine methods in the treatment of abdominal obesity in women. This approach made it possible to compare traditional beliefs with modern scientific understanding and to identify which practices may be considered supportive in the context of safe obesity management.

Results

The literature review showed that abdominal obesity in women is not only a cosmetic concern but also a clinically important metabolic condition strongly associated with increased health risk. Across the reviewed sources, waist circumference was repeatedly identified as one of the most practical indicators of central fat accumulation, and a waist circumference above **88 cm in women** was presented as a high-risk threshold. The reviewed medical sources also agreed that abdominal fat, especially visceral fat, is more strongly associated with cardiometabolic complications than body weight alone. This means that, in women, reduction of waist circumference is an important therapeutic target even when total weight loss is moderate. [3] Another clear result of the review was the importance of age and hormonal status in the development of abdominal obesity in women. The analyzed sources indicated that the tendency toward abdominal fat accumulation increases during the peri-menopausal and postmenopausal periods. This shift is linked to hormonal changes, reduced lean mass, and lower energy expenditure, which together favor central fat deposition. As a result, middle-aged and older women were identified as a particularly vulnerable group in whom abdominal obesity may progress even without a dramatic increase in overall body mass.

The review also found that folk medicine and traditional remedies remain popular among women seeking to reduce abdominal obesity. Herbal teas, “fat-burning” plant mixtures, green tea products, bitter orange preparations, and various traditional detoxifying or appetite-suppressing remedies were among the most frequently mentioned approaches in publicly available health information and complementary medicine discussions. However, the strongest and most

consistent finding was that the scientific evidence for these remedies is limited. According to the National Center for Complementary and Integrative Health, products such as **green tea extract, bitter orange, Chinese herbs, chitosan, and similar supplements have not been shown to produce meaningful weight loss**, and some may cause side effects or contain unsafe ingredients. Thus, the review did not support the idea that folk remedies alone can serve as an effective treatment for abdominal obesity in women. [8] At the same time, the reviewed evidence suggests that some traditional practices may still play a supportive role when they are used safely and combined with lifestyle modification. For example, plant-based drinks or traditional dietary habits may help some women improve hydration, reduce excessive intake of sweetened beverages, or support better meal structure. However, these effects are indirect and should not be confused with proven fat-reduction therapy. The overall result of the analysis was that folk medicine methods may be considered only as **adjunctive** rather than **primary** treatment options, and only when they do not delay evidence-based interventions such as dietary correction, physical activity, and medical assessment.

A further important result concerned safety. The review showed that the use of “natural” weight-loss products can create a false sense of security. NCCIH materials emphasized that some supplements marketed for weight loss have uncertain safety profiles, and contaminated or adulterated products may contain hidden active substances. Bitter orange products, for example, are promoted for weight loss, but their usefulness remains unproven and safety concerns persist. Therefore, one of the central findings of this review is that folk medicine methods for abdominal obesity in women require critical evaluation, especially in patients with hypertension, diabetes, liver disease, or those using other medications. [4]

Overall, the results indicate that the most reliable approach to abdominal obesity in women is a comprehensive strategy based on medical assessment, waist circumference monitoring, healthy diet, physical activity, and cautious use of any complementary remedies. Folk medicine methods may have cultural and supportive value, but current evidence does not justify presenting them as independently effective treatments for abdominal obesity.

Table 1. Main results of the literature review on folk medicine methods for abdominal obesity in women

Aspect analyzed	Main result	Practical interpretation
Clinical significance of abdominal obesity	Abdominal obesity in women is strongly associated with cardiometabolic risk and should be assessed separately from BMI	Waist circumference should be monitored in addition to body weight
Diagnostic threshold	A waist circumference above 88 cm is widely used as a high-risk threshold for women	Women above this cut-off require closer preventive and therapeutic attention
Age and hormonal influence	Perimenopause and postmenopause are associated with increased abdominal fat accumulation	Middle-aged and older women are a priority group for prevention and treatment
Popular folk medicine methods	Herbal teas, green tea extract, bitter orange, and mixed herbal products are commonly used	These methods are socially popular but should be assessed critically

Aspect analyzed	Main result	Practical interpretation
Evidence of effectiveness	Reviewed authoritative sources do not support meaningful weight-loss effects from most marketed herbal supplements	Folk remedies should not replace evidence-based obesity treatment
Safety issues	Some “natural” products may cause side effects or contain unsafe or hidden ingredients	Medical supervision is necessary before using supplements for weight control
Role in treatment	Traditional remedies may have only a supportive role when combined with lifestyle correction	Folk medicine can be discussed as an adjunct, not a primary therapy

Discussion

The findings of this review show that abdominal obesity in women should be approached as a serious metabolic condition rather than merely an aesthetic concern. The literature consistently indicates that central fat accumulation is more strongly associated with cardiometabolic risk than total body weight alone, and a waist circumference above 88 cm is widely used as a high-risk threshold for women. This means that treatment goals should focus not only on general weight reduction but also on the reduction of abdominal fat and waist circumference. [5,6] An important point arising from the results is the close connection between abdominal obesity and female hormonal status. The reviewed evidence suggests that perimenopausal and postmenopausal women are especially vulnerable to abdominal fat accumulation because menopause is associated with changes in body composition, including increased central fat and reduced lean mass. This helps explain why abdominal obesity is particularly common among middle-aged women and why preventive and therapeutic strategies should take age and hormonal background into account.

The discussion of folk medicine methods leads to a more cautious interpretation. On the one hand, traditional and herbal remedies remain widely used because they are culturally familiar, relatively accessible, and often perceived as safer than conventional interventions. On the other hand, the reviewed sources do not support the assumption that such remedies produce clinically meaningful weight loss on their own. NCCIH states that supplements such as green tea extracts, Chinese herbs, chitosan, and bitter orange have not been shown to be effective for weight loss, and many of them also raise safety concerns. Therefore, the results of this review do not justify recommending folk medicine as an independent treatment for abdominal obesity in women. [6] This is especially important because many patients interpret the term “natural” as a sign of safety. In reality, some weight-loss supplements may contain hidden ingredients, have uncertain purity, or produce adverse effects, particularly in women who already have hypertension, diabetes, liver dysfunction, or other chronic disorders. From a clinical perspective, this means that unsupervised use of folk remedies may delay effective management and, in some cases, create additional health risks. For this reason, any traditional method used for abdominal obesity should be critically assessed for safety, quality, and possible interactions with other treatments.

At the same time, the results do not mean that all traditional practices are useless. Some folk approaches may play a supportive role when they encourage healthier behavior, for example replacing sugary drinks with unsweetened herbal infusions, improving meal patterns, or

increasing a patient's motivation to follow dietary restrictions. However, such effects are indirect. They should be viewed as supportive lifestyle elements rather than fat-reducing therapies with proven clinical efficacy. In this sense, the most reasonable interpretation is that folk medicine may be integrated only as an adjunct to evidence-based measures, not as their substitute. The discussion also points to an important practical implication: management of abdominal obesity in women should be individualized. Women with abdominal obesity differ in age, hormonal status, physical activity, comorbid diseases, and previous use of supplements or traditional remedies. Because of this, a universal recommendation based on a single herbal or folk method would be scientifically weak. A more effective approach is to combine medical evaluation, waist circumference monitoring, dietary correction, physical activity, and carefully selected supportive measures that do not conflict with safety principles. [7,8]

Another point worth discussing is the limitation of the currently available evidence. Much of the public interest in folk medicine for obesity is driven by cultural practice, commercial advertising, and anecdotal reports rather than strong clinical trials. The results of this review show that the evidence base remains insufficient for many popular remedies. This highlights the need for better-designed studies specifically focused on women with abdominal obesity, especially studies evaluating long-term outcomes, safety, and the interaction of traditional methods with lifestyle-based treatment.

Overall, the discussion supports a balanced conclusion. Abdominal obesity in women is a medically significant condition that requires evidence-based management. Folk medicine methods may have supportive cultural and behavioral value, but current authoritative sources do not confirm them as effective stand-alone treatments. Their place, if any, should remain complementary, cautious, and medically supervised.

Conclusion

In conclusion, abdominal obesity in women is a significant health problem that should be addressed as a metabolic and clinical condition rather than only a cosmetic issue. The reviewed evidence shows that central fat accumulation is closely associated with increased risks of cardiovascular disease, insulin resistance, and other metabolic complications, especially in middle-aged and postmenopausal women. Therefore, reducing abdominal obesity should be considered an important goal in women's health care. The analysis also shows that folk medicine methods remain popular in the management of abdominal obesity because they are accessible, culturally familiar, and often perceived as natural and safe. However, current evidence does not support their use as independent or highly effective treatments for abdominal obesity. Most herbal and traditional remedies discussed in available sources have limited scientific confirmation, and some may even present safety concerns if used without medical supervision. At the same time, certain traditional practices may have a supportive role when they are used carefully and combined with evidence-based approaches. For example, healthy herbal drinks, traditional dietary habits, and natural lifestyle practices may contribute indirectly to better weight management by supporting healthier behavior. Nevertheless, such methods should be viewed only as complementary measures, not as substitutes for balanced nutrition, physical activity, and professional medical guidance.

Thus, the treatment of abdominal obesity in women should be based on a comprehensive and individualized approach that includes lifestyle modification, regular monitoring, and critical evaluation of any folk remedies used. Folk medicine may be considered an adjunct to therapy, but safe and effective management must remain grounded in scientific evidence and medical supervision.

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