

A Comparative study of Human Height and weight

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Abstract : Height is the vertical measurement of an object or body. The vertical distance from the bottom to the top of an organ or stature. Weight is the degree to which a body is drawn to the earth by gravity. Human Height and weight of the body is also achieved because of the bones of the body because bones have certain heaviness. So measurement of the body weight is governed by it. Hence calcium metabolism is a responsible factor for the body height and weight. Fluidly substance of the body is also responsible for body weight because the maximum part of the body is made up of it. It contains and makes the weight and effect of the body weight, carbohydrate, fat, metabolism is also responsible for body weight. Some hormones like thyroxine play an important role in the increase and decrease of the body weight. Some Vitamins like Vit D and Vit B complex also take part in the increase and decrease of the body weight. Anabolic substances also increase body weight. According to Ayurved Prithvi and Apya mahabhut is responsible for the weight of the individuals. Bones of the body are made by prithvi and fluid substances of the body are made by Apya mahabhut. Kapha Dosha also takes its origin from Prithvi and Apya mahabhut. Hence individuals having kaphaPrakriti bear good body weight. 8

IDEAL HEIGHTS & WEIGHTS FOR MEN AGED 25&OVER

Heights			Small Frame		Medium Frame		Large Frame	
Fit.	in.	cm.	Ib.	Kg.	Ib.	Kg.	Ib.	Kg.
5	3	157.5	112-120	50.8-54.4	118-129	53.8-58.5	126-141	57.2-64.0
5	4	160.0	115-123	52.2-55.8	121-133	54.9-60.3	129-144	58.5-65.3
5	5	162.6	118-126	53.5-57.2	124-136	56.2-61.7	132-148	59.9-67.1
5	6	165.1	121-129	54.9-58.5	127-139	57.6-63.0	135-152	61.2-68.9
5	7	167.6	124-133	56.2-60.3	130-143	59.0-64.9	138-156	62.6-70.8
5	8	170.2	128-137	58.1-62.1	134-147	60.8-66.7	142-161	64.4-73.0
5	9	172.7	132-141	59.9-64.0	138-152	62.6-67.9	147-166	66.7-75.3
5	10	175.3	136-145	61.7-65.8	142-156	64.4-70.8	151-170	68.5-77.1
5	11	177.8	140-150	63.5-68.0	146-160	66.2-72.6	155-174	70.3-78.9
6	0	180.3	144-154	65.3-69.9	150-165	68.0-74.8	159-179	72.1-81.2
6	1	182.9	148-158	67.11-71.7	154-170	69.9-77.1	164-184	74.4-83.5
6	2	185.4	152-162	68.9-73.5	158-175	71.7-79.4	168-189	76.2-85.7
6	3	188.0	156-167	70.8-75.7	162-180	73.5-81.6	173-194	78.5-88.0
6	4	190.5	160-171	72.6-77.6	167-185	75.7-83.5	178-199	80.7-90.3

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Heights are measured wearing ordinary shoes and weights in ordinary indoor clothing. Notice that tables of this kind make no allowance for "middle-aged-spread".

Key words – 1- Human 2 – Height 3-Weight 4- Body Build 5- Asthenic or Genetic factor 6- Mahabbut 7 – Obesity 8- Growth

According to chamberlain's 1

Introduction: Height- The height should be taken into consideration with the age and build of the patient, but although tables of height and weight give a rough indication of the correct proportion between these, they must be interpreted with considerable latitude. Height may be determined by asthenic or genetic factor and the average height of other members of the patient's race and family must therefore be taken into account.

Excessive height, gigantism suggests over activity of the anterior lobe of the pituitary gland occurring before of pituitary hyper function may also be present.

A tall thin build with relatively long limbs is characteristic of eunuchoidism and of marfan's syndrome.

Small stature dwarfism may be due to: (1) Inherited skeletal anomalies such as achondroplasia or (2) To certain diseases acquired in early life before growth is complete.

Weight- The weight may be permanently below or above the average but more significance attaches to a rapid change in weight.

Great increase in weight may be a familial characteristic. Often occurring at the same age in different members. Although common in middle age. it may even occur in youth. This familial obesity may be aggravated by over-eating and lack of exercise. Obesity of this kind is of great importance in favoring the development of many disease, especially those associated with disorders lipid metabolism (diabetes, atheroma, gallstones) and those due to muscular deficiency or gravitational stresses (inguinal and hiatal hernia, diverticulitis, uterine prolapse, varicose veins, osteoarthritis), obesity also increase the work and impedes the action of the heart and lungs and will thus aggravate dyspnoea, whatever its cause.

Obesity is seen in childhood as a temporary phenomenon which rectifies itself soon after puberty. More rarely in children or adults it is due to endocrine disturbance as in pituitary-Hypothalamic syndromes, certain adrenal diseases, and same times in eunuchoidism. Weight increase in Hypothyroidism is not due to fat. Irregular distribution of fat occurs in the rarer lip dystrophies, in some of which the lower part of the body is obese and upper part emaciated (descending lipodystrophy). In durum's disease. Adiposis dolorosa. The masses of fat are painful to touch. A special form of localized accumulation of fatty tissue is the lipoma.

Review Of Literatures (Main thrus) According to chamberlain's 1

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According to Harrison's 3

Weight Loss :- Weight loss in the absence of deliberate dieting is a more serious problem than weight gain. The general categories of disease that need to be considered when weight loss is a prominent complaint.

- 1- Diabetes Mellitus
- 2- Endocrine Disease
- 3- Gastrointestinal disease
- 4- Infection
- 5- Malignancy
- 6- Psychiatric Disease
- 7- Renal Disease

Weight Gain:- While obesity is a major public health concern, its diagnosis is usually uncomplicated. Obese subjects often deny overeating, but the true situation can be assessed either by tabulating actual food intake and determining its caloric content from standard tables, by interviewing the patient's family and friends, or by estimating metabolic rates from indirect calorimetry.

Conclusion:-The height should be taken in to consideration with the age and build. Excessive height, gigantism suggests over activity of the anterior lobe to the pituitary gland occurring before puberty.

Growth involves an increase in the total numbers of cell and synthesis of macromolecules' by individual cells the relative importance of these process varies from organ to organ and with age. The control and integration of growth also vary among tissues and with the stage of development. Change in body weight as a consequence of voluntary alteration in diet or exercise is never worrisome; change in weight that is not deliberately sought, on the other hand is a frequent reason for consultation with the physician and often indicates the presence of disease. Research shows that a person can lose weight on just about any kind of diet. But the variable that best discriminates between people who manage to maintain the weight loss and those who don't is participation in regular exercise. Exercise appears to be vital to maintenance of weight loss. Exercise also improves mood and self-concept and decreases one's risk of heart disease, hypertension and other disorders associated with a sedentary life style. Aerobic exercise is the best type of exercise for burning calories. Resistance exercise, such as weight lifting, does not burn as many calories as aerobic exercise, but since it increases muscle mass, it can help maintain metabolic rate. People who are very overweight should get their physician's exercise recommendations before embarking on a program of vigorous exercise. Ideal weight as used in life insurance assessment.

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