

Homoeopathic Treatment for Eating Disorders: A Comprehensive Overview and Promising Therapeutic Approach

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ABSTRACT

There is a widespread belief that eating disorders stem from lifestyle choices. However, it is essential to recognize that eating disorders are severe and potentially fatal illnesses, characterized by obsessions with food, body weight, and shape. Various eating disorders include anorexia nervosa, bulimia nervosa, night-eating syndrome, eating disorders not otherwise specified, and binge-eating disorders. These disorders can affect individuals regardless of age, gender, socioeconomic status, or cultural background, and they have been responsible for approximately 7000 deaths per year as of 2010.

Timely detection plays a crucial role in enhancing the chances of recovery from eating disorders. Therefore, being aware of warning signs is of utmost importance. This review delves into the different types of eating disorders and explores their treatment through Homeopathy.

Keywords: Eating disorders, anorexia nervosa, bulimia nervosa, binge eating disorder, pathophysiology, Homoeopathy.

INTRODUCTION

A. BACKGROUND ON EATING DISORDERS:

Throughout history, the act of fasting had a disproportionate impact on women, leading to its contemporary moniker "Holy

Anorexia" due to its association with spiritual practices. This practice was perceived as a means of seeking enlightenment and divine connection, but it also manifested as a disordered behavior predominantly affecting females, who felt incapable and unwilling to consume food. Additionally, historical records show that in ancient cultures, purging was a common practice believed to prevent diseases arising from food. Physicians even prescribed it as a remedy. Some individuals engaged in excessive eating followed by purging, while others adopted cycles of dietary restrictions, fearing weight gain, leading to episodes of binge eating followed by periods of fasting and vomiting. This complex relationship with food and body image continues to be a subject of study and concern in modern times.^[1]

B. INTRODUCTION TO HOMOEOPATHY AND ITS PRINCIPLES:

Homeopathy, founded by Dr. Hahnemann, uses potentized remedies to stimulate the body's innate healing abilities. It follows the Law of Similar, treating diseases with substances that

produce similar symptoms in healthy individuals. The unique and comprehensive remedy that covers an individual's symptoms is called the "Homoeopathic simillimum," achieved through potentization/dynamization, a process involving dilution and succussion. This holistic approach aims to promote natural healing.^[2]

OVERVIEW OF EATING DISORDERS:

DEFINITION: Eating disorders can be described mainly as the abnormalities present in the eating patterns as well as in the quantity and nature of food taken.

These behaviors are related to the patient's response towards the body shape and weight. These eating disorders are mainly characterized by over evaluation of body shape and weight and have strong desire to control this.^[5]

Pathophysiology of Eating Disorders

Complex mental health illnesses known as eating disorders are characterized by irregular eating patterns and a misaligned body image. The pathophysiology of eating disorders involves a combination of genetic, neurobiological, psychological, and socio-cultural factors.

1. Genetic Factors:

- Twin and family studies have demonstrated a genetic predisposition to eating disorders, suggesting a heritable component^[6]
- Genetic variations related to neurotransmitter systems, such as serotonin, dopamine, and neuropeptides, may contribute to the development of eating disorders^[6,7]

CLASSIFICATION:

DSM-5 Feeding and Eating disorders	ICD-10 Eating disorders
<ul style="list-style-type: none"> • Anorexia nervosa • Bulimia nervosa (F50.2) 	<ul style="list-style-type: none"> • Anorexia nervosa (F50.0) • Bulimia nervosa (F50.2)

2. Neurobiological Factors:

- Dysregulation of appetite and satiety pathways involving the hypothalamus and brainstem may play a role in the development of eating disorders.^[8]
- Altered levels of neurotransmitters (e.g., serotonin, norepinephrine) and neuroendocrine abnormalities (e.g., cortisol, leptin) have been observed in individuals with eating disorders.^[8]

3. Psychological Factors:

- Distorted body image, low self-esteem, perfectionism, and negative affect contribute to the maintenance of eating disorders.^[9]
- Co-occurring psychiatric conditions, such as anxiety disorders and mood disorders, are common among individuals with eating disorders.^[9]

4. Socio-Cultural Factors:

- Societal pressures emphasizing thinness and beauty ideals contribute to the development of eating disorders.^[10]
- Peer influence, social media, and cultural norms play significant roles in body dissatisfaction and disordered eating behaviors.^[10]

5. Brain Imaging Findings:

- Functional brain imaging studies have identified alterations in reward processing, cognitive control, and emotional regulation in individuals with eating disorders.^[11]
- Structural brain differences, such as decreased gray matter volume in regions involved in body perception and self-regulation, have been observed in individuals with eating disorders.^[11]

<ul style="list-style-type: none"> • Restrictive food intake disorder (F50.8) • Binge eating (F50.8) • Other specified feeding or eating disorders (F50.8) • Unspecified eating disorders. (F50.9) • Pica. 	<ul style="list-style-type: none"> • Atypical Anorexia nervosa (F50.1) • Atypical bulimia nervosa (F50.3) • Other eating disorders: pica. (F98.3) • Unspecified eating disorders.^[5]
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Prevalence and Incidence rates

10,200 deaths each year are the direct result of an eating disorder i.e., 1 death for every 52 minutes. About 26 % of people attempt suicide with eating disorders. 30% of people experienced sexual abuse.^[3]

ANOREXIA NERVOSA

Anorexia nervosa is characterized by significantly low body weight for the individual height, age and developmental stage that is not due to another health condition or the unavailability of food. Low body weight is accompanied by a persistent pattern of behavior to prevent restoration of normal weight, which may include behaviors aimed at reducing energy intake, purging behavior, and behaviors aimed at increasing energy expenditure typically associated with the fear of weight gain.^[4]

Incidence and Prevalence:

Anorexia nervosa is a relatively rare condition, with an incidence of approximately 5 cases per 100,000 individuals. However, it appears to affect a significant proportion of the adolescent population, as around 40% of all cases occur within the age group of 15-19 years. Among adolescent girls, the estimated prevalence is about 0.5-1%. Furthermore, anorexia nervosa is found to be more prevalent among females than males.^[5] The prevalence of this eating disorder varies depending on factors such as the country of study, the method of ascertainment, and the age range under investigation. Interestingly, there is a perceived association between anorexia nervosa and socioeconomic status, as it is thought to be more common in upper-class demographics compared to lower-class populations.

These statistics shed light on the demographic distribution and prevalence patterns of anorexia nervosa, emphasizing the need for awareness, early detection, and effective interventions to address this serious mental health condition.^[12]

Etiology:

- Genetic factors: HLA-A26, BW16 and B51 were higher than B8. ^[13]
- Endocrinal factors: Luteinizing hormone, Follicular stimulating hormone, estrogen and progesterone are less when compared to normal individuals.
- Biological factors: Depression, any serious illness, failure at work, divorce or separation, stressful life situations.
- Sociocultural factors: Important among factors is likely to be thought that thinness is desirable and attractive. ^[5]

Clinical features:

Physical symptoms:

- Emaciation,
- Stunted growth, and failure of development of breast if onset is pre pubertal.
- Dry skin with orange discoloration of palms and soles.
- Swelling of salivary glands
- Cold hands and feet.
- Bradycardia
- Hypotension
- Cardiac arrhythmias
- Peripheral edema
- Dizziness and syncope
- Amenorrhea
- Poor sleep with early morning waking
- Lack of sexual interest
- Constipation and fullness after eating.
- Weak proximal muscles.^[5]

Psychological symptoms:

- Low self esteem
- Low mood and anxiety
- Preoccupations with thoughts of food
- Social withdrawal
- Perfectionism
- Insomnia
- Thought of suicide
- Denial of having any problem.^[14]

Behavioral symptoms:

- Hyperactivity
- Frequent weighing of weight
- Body checking
- Binge eating episodes that are followed by purge.^[14]

2. BULIMIA NERVOSA:

Bulimia nervosa is an eating disorder where there is frequent and uncontrolled excessive eating followed by control of weight gain as a compensation along with fear of weight gain.^[14]

Bulimia nervosa is characterized by an episode of binge eating combined with inappropriate ways of stopping weight gain. The term ‘Bulimia nervosa’ in Greek means “Ox hunger” and in Latin means “nervous involvement”. Bulimia nervosa is characterized by recurrent episodes of binge eating, followed by attempts to control

weight gain through inappropriate means like self-induced vomiting or laxative use. These binge episodes are accompanied by gastrointestinal problems such as nausea or stomach pain, as well as mental misery, guilt, self-disgust, and melancholy. Unlike anorexia nervosa, individuals with bulimia nervosa maintain a normal body weight, making the disorder less visibly evident. Despite the appearance of normal weight, the disordered eating patterns and emotional struggles necessitate timely diagnosis and comprehensive treatment to address both the physical and psychological aspects of the condition.^[12]

Prevalence and incidence:

Bulimia nervosa is a more widespread eating disorder compared to anorexia nervosa. It is particularly prevalent among females, with rates ranging from 1 to 4% in young women. Unsettlingly, 20% of college-bound women report having bulimia tendencies at some point throughout their time in education. These statistics highlight the concerning impact of bulimia on a significant portion of young women and underscore the importance of early detection and support for those affected.^[12]

Risk factors and etiology

Biological	Psychological	Social
<ul style="list-style-type: none"> • Genetics • Heritability (50-70%) • Family history of eating disorders is common. • Female • 15 to 40 years of age • Type 1 diabetes • Obesity in childhood • Early menarche 	<ul style="list-style-type: none"> • Critical comments in childhood like eating, shape, weight. • Family environment with focus on shaped dieting • Sexual/physical abuse in childhood • Perfectionism • Low self esteem 	<ul style="list-style-type: none"> • High parental Expectations • Living in developed country • Occupations like ballet dancer • Cultural encouraging dieting and values thinness.^[14]

Physical and Psychological impact of eating disorders: Physical impact:

- In Bulimia nervosa as there is dieting and purging compensating for the binges the body weight usually will be normal.^[14]

- Vomiting and reflux symptoms are common, and teeth become pitted by acidic gastric contents.
- Russel's sign: in order to induce vomiting, by putting the fingers down the throat, it leads to

callouses on knuckles.^[5]

Psychological impact:

- They maintain strict rules regarding diet/food that is control in amount of food or food types etc.
- They perform rigorous exercises.
- Craving for certain foods
- Perfectionistic or emotionally unstable personality traits
- Misuse of substances or alcohol
- Thoughts of suicide.^[14]

Complications:

Physical:

Hypokalemia, Dehydration, Parotitis, Caries etc.

Psychological:

Depression, Impulsivity, Adjustment problems.^[13]

3. BINGE EATING DISORDER:

Binge eating disorder is defined as an eating disorder, where there is binge eating, but the compensatory behavior like preventing weight gain etc. are absent.^[14]

In binge eating, the person has loss of control overeating, eating more (or) differently than usual and feels unable to stop eating.^[4]

Prevalence and Incidence:

- Most common eating disorder.
- Eating is common in female than males.
- It is common in 25% of patients seeking medical care of obesity.
- In 50 to 75% of people with severe obesity are prone to binge eating.^[12]

Risk factors or etiology

The precise etiology of binge eating is unclear, but it is thought to be influenced by a combination of factors. Binge eating

episodes can be triggered during periods of stress, indicating a possible link between emotional states and this disorder. Additionally, the risk factors associated with binge eating disorder are similar to those observed in Bulimia nervosa cases. While the precise etiology may be elusive, understanding these contributing factors can aid in the identification and management of individuals at risk of developing binge eating disorder.^[12]

Physical and psychological impact:

Physical impact:

- Eating faster than usual, followed by a sensation of fullness.
- Despite not feeling hungry, individuals with binge eating disorder often consume large quantities of food, leading to obesity in about half of the cases.
- Associated symptoms, such as sleeplessness, neck, lower back, and shoulder pain, as well as chronic muscle pains, may be present alongside the disorder.

Psychological:

- Eating alone, as he feels embarrassed about the quantity he is taking.
- Guilt or upset regarding the episode of binge eating.
- There is lack of control for overeating during the episode.
- Marked distress regarding the binge eating.^[12]

Complications of eating disorders

Having an eating problem can have serious and even fatal consequences. Physical problems such as undernutrition, electrolyte imbalances, dehydration, and organ damage can result from those diseases. Inadequate food intake can cause starvation, which can have an impact on essential organs including the heart, liver, and kidneys. Low potassium

levels can cause electrolyte imbalances, which raise the risk of cardiac arrest and arrhythmias by interfering with the heart's normal rhythm. Additionally, bulimia nervosa-related behaviours like self-induced vomiting can damage the oesophagus, teeth, and salivary glands. Eating disorders

frequently come with psychological side effects including social isolation, sadness, and anxiety in addition to these physical repercussions, which can further harm a person's general health. timely and thorough treatment of eating disorders is necessary to avoid and manage these consequences.^[15]

CURRENT APPROACHES TO TREATING EATING DISORDERS:

A. CONVENTIONAL MEDICAL TREATMENTS (Psychotherapy, Pharmacotherapy)

TREATMENT	ANOREXIA NERVOSA	BULIMIA NERVOSA	BINGE EATING DISORDER
Psychotherapy	Consider CBT ^[16] Family therapy(esp. for adolescents)	CBT Family therapy	CBT ^[14]
Pharmacotherapy	Daily multivitamins If needed- Antidepressant/antipsychotic. E.g.: amitriptyline, clomipramine.	Antidepressants: E.g.: fluoxetine 60mg daily.	Antidepressants. ^[12]

LIMITATIONS AND CHALLENGES OF CURRENT TREATMENTS:

Treatment for Anorexia nervosa takes a long-time average of 10 months and No brief interventions for this disorder have been judged effective and response rates was also low because almost third of patients were lost to follow up by the end of the treatment. Psychotherapy alone didn't suffice, and IP treatment is needed for some.

Other challenges with residential treatments are treatment care and cost, if there is no insurance coverage; for some it will be difficult for transiting from residential treatment can be

very difficult because residents are not always prepared and there should be some allowances for intermittent hospitalization because recovery from this disorder is rarely linear.

PROMINENT CHALLENGE: Patient doesn't want any treatment.

BARRIERS FOR TREATMENT:

- Many see anorexia as lifestyle choice and do not consider it as illness.
- Fear of gaining weight.

HOMOEOPATHIC APPROACH TO EATING DISORDERS

In homeopathic treatment for eating disorders, potentized remedies are utilized to

stimulate the body's natural healing capabilities. Homeopathy views each individual as unique, considering their physical, mental, and emotional symptoms to prescribe individualized remedies.

While there is no specific miasm associated solely with eating disorders, it is believed that certain miasms can play a role in their manifestation.

Psora is considered the foundational miasm and is associated with a fundamental susceptibility and imbalance in the vital force. It can contribute to disturbances in the body's metabolism, including issues with digestion and assimilation. This miasm may be linked to symptoms of malnourishment, weak vitality, and an underlying sense of lack or insufficiency.

From a miasmatic standpoint, here are some general aspects of the sycotic miasm that could be connected to eating disorders: Suppression of emotions, Obsessive-compulsive tendencies, Control issues, Body image concerns:

Another miasm that could be involved in eating disorders is the Syphilitic miasm. Syphilis miasm represents a deeper, destructive energy and can manifest as self-destructive tendencies, obsessive behaviors, and distorted body image. This miasm may be related to the extreme measures and harmful practices individuals with eating

disorders may engage in, such as severe dietary restrictions, purging, or excessive exercise.

ANOREXIA NERVOSA:

IGNATIA AMARA:

- Vomiting of everything taken into stomach
- Eats gentle food, a little toast, and simplest possible things because she has been vomiting for days.
- Hysterical stomach
- She is worn out, nervous person.
- A continuous state of fright or apprehensive state that something is going to happen.^[17]

NATRUM MURIATICUM:

- Anemic, cachectic with great emaciation.
- Loses flesh while living well.
- Emaciation marked in neck and throat.
- Aversion to bread
- Craves salt.
- Sweats while eating.^[18]
- Aversion to fatty food, rich and bread
- Sickly looking skin yellow, often chlorotic skin
- Skin looks dry, withered, shrunken, dropsical
- Emaciation takes place from above downwards.
- Collar bone becomes prominent.
- Food digestion takes a very long period.
- All the symptoms aggravated from eating.
- Whitish slimy mucous is vomited with relief.
- Menses irregular, suppressed menses.^[17]
- The menses, which had been suppressed for eighty-five days, come back, followed soon after by great heaviness in the lower limbs.^[19]

FERRUM METALLICUM:

- Sudden emaciation with false plethora

- Bones are soft.
- Vomiting of food immediately after midnight.
- Loss of appetite.
- After eating, discomfort and heaviness in the stomach.

GENTIANA LUTEA:

- Anorexia
- Bitter taste in mouth.
- Inclination to vomit
- Vomiting in weak subjects
- Ravenous hunger in the evening.
- Nausea after simplest meals.
- Continual emission of wind above and below without relief.^[17]

ABROTANUM:

- Appetite good but emaciation progresses.
- Food passes undigested.
- Gnawing hunger and whining
- Emaciation starts in the lower extremities and moves up the body gradually, affecting the face last.
- Person is very weak, unable to hold up the head.
- Irritable person

BULIMIA NERVOSA

CINA

- Ravenous hunger; sinking immediately after meal.
- Hunger comes in the middle of night; feel hungry a few min after meal.
- Vomiting / Diarrhea immediately after eating and drinking.
- after vomiting you would expect these would be an aversion to food; But there is same empty hungry feeling.

ALFALFA

- Generally, appetite is impaired, but in case of bulimia the appetite is increased.
- Increased thirst.
- Must consume food regularly since he cannot wait for scheduled meals. Early in the day hunger
- Craving for sweets.

URANIUM NITRICUM

- Indicated in case of bulimia nervosa.
- Ravenous appetite, eating followed by flatulence.
- Bloating in abdomen.
- Great emaciation and profound debility.

ZINCUM METALLICUM

- Nausea and vomiting of bitter mucous.
- Ravenous hunger about 11 am.
- Extreme gluttony when eating; cannot eat quickly enough.
- Marked anemia with profound prostration.

BINGE EATING DISORDER:

ABIES CANADENSIS:

- Great appetite, tendency to Overeat, gnawing, hungry, faint feeling in epigastric.
- Craves meat, pickles, and other coarse food.
- A propensity to consume a lot more than your stomach can handle.^[17]
- Canine hunger.^[18]

ANACARDIUM

- Sensation of emptiness in the stomach; eating briefly eases all pain.
- Swallow food & drinks hastily
- Eructation; Nausea & vomiting.^[18]
- After a meal; hypochondriacal humour; pressure & tension in precordial region; stomach & belly
- Great fatigue & Desire to sleep.
- Great fatigue; extreme weakness in limbs.^[20]

ANTIMONIUM CRUDUM:

- For children young people inclined to grow fat
- Gastric complaints from overeating
- Digestion disturbed.
- Agg after eating.^[21]
- Bloating after eating
- Constant belching^[18]
- Corresponds to race of swine.
- Abnormal hunger; not relieved by eating.
- Emptiness at epigastrium

- A strong urge to eat food that is not appropriate for one's level of fitness.
- Loathing of food; inclination to vomit
- Nausea and vomiting from overloading of stomach.
- Emaciation/ great obesity
- Sudden attacks of weakness of fainting
- Stomach distended; vomits the contents of stomach prolonged retching; nausea^[17]

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