

# Exploring the Role of Homoeopathic Medicines in Eating Disorders

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## ABSTRACT

For those suffering from eating disorders, Homeopathy is incredibly helpful. Utilizing a carefully chosen constitutional homeopathic remedy can aid in the healing process of this illness. These medications significantly improve symptoms by acting at a profound psychological level. They restore mental equilibrium and aid in the elimination of obsessive-compulsive thoughts and anxieties that cause someone to avoid eating. These medications work well in mild to moderate situations.

**KEYWORDS:** Eating disorders, Homoeopathy, Binge eating disorders

## ABBREVIATION

1. BED- Binge eating disorders
2. FED- Feeding and eating disorders.
3. DSM- Diagnostic and Statistical Manual of Mental Disorders

## INTRODUCTION

Over the past decade, the definition of eating disorders has broadened to include binge eating disorder (BED), avoidant/restrictive food intake disorder (ARFID), and anorexia nervosa/bulimia nervosa. <sup>[1]</sup> The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published in 2013 and the World Health Organization's International Statistical Classification of Diseases and Related Health Problems published in 2019 reclassify these disorders as Feeding and Eating Disorders (FEDs).<sup>[2]</sup>

In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the term "eating disorder" was changed to "Feeding and eating disorder".

The DSM-5 lists eight categories of eating and eating disorders.

1. Anorexia nervosa
2. Bulimia nervosa
3. BED
4. ARFID
5. Pica
6. Rumination
7. Other specified feeding and eating disorders:

- (a) Purging disorder
- (b) Night eating syndrome
- (c) Atypical anorexia nervosa
- (d) Subthreshold bulimia nervosa and binge eating disorder
- (e) Orthorexia <sup>[3]</sup>

### Epidemiology

DSM-5 BED affects 1.5% of women and 0.3% of men globally, with 0.6-1.8% receiving lifetime diagnoses. It's more common in adolescence but usually transitory. A US study found 23% attempted suicide and 94% reported lifetime mental health symptoms.<sup>[4]</sup>

### Prevalence and incidence

BED prevalence in India is low,<sup>[5]</sup> with a 2021 systematic review revealing a lifetime prevalence of 0.3% in the general Asian population.<sup>[6]</sup>

### Brief Introduction and the physical symptoms of each category are as follows:-

**1) Anorexia nervosa** - The most well-known and extensively studied eating disorder, usually develops in adolescence and is more common in females than males. The key characteristics of anorexia nervosa marked by severe underweight, an intense dread of gaining weight, a distorted body image that includes downplaying the seriousness of being underweight, persistent attempts to prevent weight gain despite already being underweight, and an excessive preoccupation with food and weight.<sup>[7]</sup>

In females, anorexia nervosa may present itself as amenorrhea, which refers to the absence of three or more consecutive menstrual cycles. Nevertheless, DSM 5 no longer requires amenorrhea as a compulsory criterion for diagnosing anorexia nervosa.

There are two distinct types of anorexia nervosa.

- The first type is known as the Restricting type, where individuals achieve weight loss by either fasting or engaging in excessive exercise.
- On the other hand, the second type is referred to as the Binge eating/purging type, in which individuals consume large quantities of food in a short period of time and then engage in purging behaviours.
- These purging behaviours may encompass the act of self-induced regurgitation or the utilization of laxatives and diuretics.<sup>[8]</sup>

The mortality rate associated with Anorexia nervosa surpasses that of all other psychiatric disorders.<sup>[9]</sup>

### 2) Bulimia Nervosa –

Bulimia nervosa is identified by the repetitive intake of large quantities of food, which is then followed by purging. Purging techniques may include inducing vomiting, engaging in excessive exercise, and utilizing diet pills and laxatives.

Both binge eating and purging behaviours pose significant risks, and when combined, they can rapidly result in severe physical symptoms.

Some typical indications and manifestations of Bulimia Nervosa might encompass:

- Consuming substantial quantities of food within a brief timeframe.
- Experiencing a lack of control over the amount or nature of food ingested.
- Participating in compensatory actions like vomiting, using laxatives, or engaging in excessive exercise.

- Feeling guilty or ashamed after indulging in excessive eating can be quite common.
- Possessing a distorted perception of one's own body.
- Retreating from social engagements and isolating oneself.
- Encountering feelings of depression or anxiety.
- Encountering dental issues caused by stomach acid from vomiting.<sup>[10]</sup>

### 3) BINGE EATING DISORDER: -

BED is a condition characterized by bouts of ingesting more food than is typical in a short period. These episodes occur every week for three months. It is an individual diagnosis distinct from bulimia nervosa. Binge eating disorder relates to a variety of psychological and non-psychological disorders, some of which impede everyday living and a few of which are severe. Its comorbid problems include obesity, diabetes, hypertension, and chronic pain. It most typically affects obese people, however it is not restricted to them. Weight gain is the primary presenting complaint of patients suffering from binge eating disorder.<sup>[11]</sup>

### 4) Pica: -

Pica is characterized as consuming non-nutrient substances on a regular basis for over a month, resulting in developmental irregularities. This has also been reported in females when pregnant. Individuals seek and consume non-food items (e.g., dirt, chalk, hair, fabric, mud, etc.). This affects more women than males. In rare cases, pica may indicate a mineral shortage, such as magnesium or zinc.<sup>[12]</sup>

### 5) Avoidant/restrictive food intake disorder (ARFID)

ARFID, selective eating is motivated by a lack of interest in eating or food, sensory sensitivity (e.g., strong reactions to taste, texture, smell of foods), and/or a fear of aversive consequences (e.g., of choking or vomiting). Though ARFID most commonly develops during infancy or early childhood, it can persist into adulthood or develop at any age.<sup>[13]</sup>

### 6) RUMINATION

Rumination syndrome is a functional gastrointestinal disorder involving the effortless regurgitation of food from the stomach into the oral cavity, often linked to psychosocial diseases, in both children and adults.<sup>[14]</sup>

### 7) OTHER SPECIFIED EATING DISORDERS –

#### (A) PURGING DISORDER

Purging disorder affects 2.5% of adolescents annually, with girls more affected. Premorbid high BMI and weight loss increase risk. Women with purging disorder experience increased satiety peptide postprandial.<sup>[15]</sup>

#### (B) NIGHT EATING SYNDROME

Night-eating syndrome (NES) are two types of disordered eating related to overweight and obesity. They are also linked to an increased risk of psychopathology, such as mood, anxiety, and sleep issues, compared to those of comparable weight who do not have disordered eating habits.<sup>[16]</sup>

#### (C) Atypical Anorexia Nervosa

Atypical anorexia nervosa, a condition where individuals experience similar symptoms as those with anorexia nervosa but maintain a normal weight despite significant weight loss, was added to the DSM-5

in 2013.<sup>[17]</sup>

#### **(D) Subthreshold bulimia nervosa and binge eating disorder**

Both binge eating disorder and subthreshold bulimia nervosa do not fit the ideal definitions of these conditions.<sup>[3]</sup>

#### **(E) Orthorexia**

The current DSM does not currently identify orthorexia as a distinct eating disorder. People who suffer from orthorexia focus excessively on eating healthily. People who suffer from orthorexia may cut off whole food groups because they believe them to be unhealthy.<sup>[3]</sup>

### **Homoeopathic Approach To Eating Disorders**

In homoeopathic treatment for eating disorders, potentized remedies are utilized to stimulate the body's natural healing capabilities. Homeopathy views everyone 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.<sup>[3]</sup>

### **the Intersection of Eating Disorders and Miasms**

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. Psora may be linked to symptoms of an underlying sense of lack or insufficiency, malnourishment, and weak vitality. 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, and 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 behaviour, 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.<sup>[3]</sup>

### **ANOREXIA NERVOSA**

#### **IGNATIA AMARA:**

- Vomiting of everything taken into the 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.<sup>[18]</sup>
- Suitable to persons who had been starving either from want or other causes.<sup>[19]</sup>

#### **NATRUM MURIATICUM:**

- Anaemic, cachectic with great emaciation.
- Loses flesh while living well.
- Emaciation marked in neck and throat.
- Aversion to bread.
- Craves salt.

- Sweats while eating.<sup>[19]</sup>
- 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 and downwards
- Collar bone becomes prominent
- Food digestion takes a very long period.
- All the symptoms are aggravated by eating.
- Whitish slimy mucous is vomited with relief.
- Menses irregular, suppressed menses.<sup>[18]</sup>
- The menses, which had been suppressed for eighty-five days, come back, followed soon after by great heaviness in the lower limbs.<sup>[20]</sup>

**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.
- Spits up food by the mouthful.<sup>[18]</sup>

**GENTIANA LUTEA:**

- Anorexia
- Bitter taste in mouth.
- Inclination to vomit
- Vomiting in weak subjects
- Ravenous hunger in the evening.
- Nausea after the simplest meals
- Continual emission of wind above and below without relief.<sup>[18]</sup>

**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.
- Stomach feels swimming in water.<sup>[18]</sup>

**BULIMIA NERVOSA****CINA:**

- Gets hungry soon after a meal.
- Vomiting / Diarrhoea immediately after eating and drinking.
- After vomiting you would expect these would be an aversion to food; But there is same empty hungry feeling.
- Ravenous hunger; sinking immediately after meal.<sup>[18]</sup>

**ALFALFA:**

- Appetite is impaired, but in the 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.<sup>[18]</sup>

**URANIUM NITRICUM:**

- Indicated in case of bulimia nervosa.
- Ravenous appetite, eating followed by flatulence.
- Bloating abdomen.
- Great emaciation and profound debility.<sup>[18]</sup>

**ZINCUM METALLICUM:**

- Nausea and vomiting of bitter mucous.
- Ravenous hunger about 11 am.
- Extreme gluttony when eating; cannot eat quickly enough.
- Marked anaemia with profound prostration.<sup>[18]</sup>

**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.<sup>[18]</sup>
- Canine hunger.<sup>[19]</sup>

**ANACARDIUM:**

- Sensation of emptiness in the stomach; eating briefly eases all pain.
- Swallow food & drinks hastily
- Eructation; Nausea & vomiting.<sup>[18]</sup>
- After a meal; hypochondriacal humour; pressure & tension in precordial region; stomach & belly
- Great fatigue & Desire to sleep.
- Great fatigue; extreme weakness in limbs.<sup>[21]</sup>

**ANTIMONIUM CRUDUM:**

- For children young people inclined to grow fat.

- Gastric complaints from overeating
- Digestion disturbed.
- Agg after eating.<sup>[22]</sup>
- Bloating after eating.
- Constant belching.<sup>[19]</sup>
- 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.<sup>[18]</sup>

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