

Exploring the Efficacy of Homoeopathic Medicine in the Treatment of Eating Disorders: A Comprehensive Review

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Abstract- Eating disorders represent a complex cluster of psychiatric and nutritional conditions characterised by disordered eating behaviours, distorted body image, and severe physical consequences. Classified under DSM-5, major types include Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, and other specified or unspecified eating disorders. These conditions significantly compromise physical health, emotional well-being, family dynamics, and social functioning. Conventional treatment approaches include psychotherapy, pharmacotherapy, nutritional rehabilitation, and multidisciplinary support. Homoeopathy, a holistic therapeutic system based on individualised prescribing and the principle of similars, has recently gained attention as a complementary modality. This comprehensive review synthesises available literature, clinical observations, and case-based evidence on homeopathic interventions in eating disorders. Findings reveal the potential of individualised homeopathic remedies to improve appetite regulation, emotional stability, metabolic balance, and overall quality of life. However, more rigorous scientific studies are required to validate efficacy.

Keywords - Eating disorders, Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Homoeopathy, Pathophysiology, Psychosocial factors, Holistic intervention.

I. INTRODUCTION

Background

Historical accounts of disordered eating behaviours date back to the Hellenistic era and medieval periods, where fasting was associated with religious purification. Notable cases such as Catherine of Siena illustrate self-starvation as part of spiritual devotion—an early precursor to modern anorexia-like behaviours. By the 17th century, Richard Morton described clinical features similar to anorexia nervosa, while Sir William Gull formally introduced the term “anorexia nervosa” in 1873.

Eating disorders today are understood as multifactorial psychiatric conditions influenced by biological, psychological, and sociocultural determinants. Global estimates suggest that nearly 30 million individuals in the United States alone suffer from an eating disorder at some point in their lives. Without treatment, they carry severe risks

including cardiovascular instability, electrolyte imbalance, GI complications, infertility, osteoporosis, and high suicide rates.

Introduction to Homeopathy

Homeopathy, founded by Samuel Hahnemann, treats disease using potentized substances capable of producing similar symptoms in healthy individuals (similia similibus curentur). The holistic approach considers an individual’s emotional, physical, and behavioral expressions. In eating disorders, homeopathic management aims to correct disruptions in vital force, restore appetite regulation, and address deep-seated psychological issues.

II. OVERVIEW OF EATING DISORDERS

Definition

Eating disorders are severe psychiatric conditions characterized by persistent disturbances in eating behavior and perceptions of body weight or shape. They affect individuals of all ages, genders, and

ethnic backgrounds. Contributing factors include genetics, neurobiology, hormonal changes, personality traits, trauma history, cultural pressures, and mental health comorbidities.

Types of Eating Disorders

Anorexia Nervosa

- Intense fear of gaining weight
- Restriction of caloric intake
- Distorted body image
- Potential for life-threatening complications

Bulimia Nervosa

- Episodes of binge eating
- Compensatory behaviors: vomiting, laxative abuse, excessive exercise
- Feelings of guilt and loss of control

Binge Eating Disorder (BED)

- Recurrent episodes of excessive food intake
- No compensatory behaviors
- Emotional distress and shame after binge episodes

Aetiology and Risk Factors

Eating disorders arise from a complex interplay of biological, psychological, and environmental contributors.

Biological Factors

- Genetic predisposition (higher concordance in monozygotic twins)
- Neurotransmitter imbalances (serotonin, norepinephrine, dopamine)
- Elevated endogenous opioids in anorexia (reduced hunger cues)
- Altered ghrelin and satiety pathways in bulimia
- Brain structural changes during starvation

Psychosocial Factors

- Family dynamics characterized by conflict, enmeshment, or low emotional expression
- Perfectionism and high academic expectations
- Trauma history
- Cultural pressures for thinness
- Emotional dysregulation and coping deficits

Pathophysiology and Natural History

Starvation produces widespread biological changes, including:

- Hypercortisolemia
- Thyroid suppression
- Amenorrhea
- Imbalanced reward pathways
- Reduction in bone density

The course varies:

- One-third fully recover
- One-third show partial improvement
- One-third develop chronic illness

Complications of Eating Disorders

Complications may include:

- Cardiac arrhythmia and heart failure
- Dehydration and electrolyte imbalance
- GI dysfunction
- Infertility and amenorrhea
- Osteoporosis
- Neurological damage
- Increased suicide risk

Conventional Management Approaches

Psychotherapy

- Cognitive Behavioral Therapy (CBT)
- Family-Based Therapy (Maudsley method)

Pharmacological Management

- Antidepressants (SSRIs) for bulimia and comorbid depression
- Mood stabilizers in select cases

Nutritional Rehabilitation

- Meal planning
- Weight restoration
- Correcting nutrient deficiencies

Homeopathic Approach to Eating Disorders

Homeopathy views eating disorders as disturbances in vital force influenced by psora, sycotic, and syphilitic miasms. Remedies aim to harmonize emotional dysregulation, body-image distortions, metabolic imbalance, and appetite disturbances.

Commonly Indicated Homeopathic Remedies

Anorexia Nervosa

Ignatia amara

- Emotional shock, grief
- Nervous dyspepsia
- Aversion to food with hysterical tendencies
- Natrum muriaticum
- Emaciation despite adequate intake
- Salt craving
- Suppressed emotions
- Ferrum metallicum
- Weak digestion
- Emaciation with pallor
- Gentiana lutea
- Bitter taste, anorexia with nausea after simple food
- Abrotanum
- Emaciation from below upward
- Good appetite despite weight loss

Bulimia Nervosa

Cina

- Ravenous hunger shortly after meals
- Empty sensation despite eating
- Alfalfa
- Increased appetite, craving sweets
- Nutritional deficiency states
- Uranium nitricum
- Hyperphagia with bloating
- Profound weakness
- Zincum metallicum
- Compulsive overeating
- Nervous exhaustion

Binge Eating Disorder

Abies canadensis

- Gnawing hunger
- Craving coarse food
- Anacardium
- Sensation of emptiness relieved by eating
- Weakness with irritability
- Antimonium crudum
- Gastric complaints due to overeating
- Distension, nausea, vomiting

Discussion

The findings from literature and case reports demonstrate a promising role for homoeopathic intervention in eating disorders. The individualised

nature of homoeopathy allows practitioners to address deep emotional conflicts, maladaptive coping mechanisms, and somatic symptoms simultaneously. Remedies like Ignatia, Natrum muriaticum, and Anacardium target emotional suppression, identity conflict, and appetite regulation, which are central features of eating disorders.

However, evidence remains largely qualitative and based on small-scale studies. Rigorous randomized controlled trials are urgently needed.

III. CONCLUSION

Eating disorders represent one of the most challenging psychiatric and nutritional conditions globally.

Homoeopathy, as a complementary and holistic system, holds potential in addressing both emotional and physiological dimensions of these disorders. While early findings show encouraging outcomes, standardised protocols and large-scale research are required to establish clinical efficacy and integration into multidisciplinary treatment models.

REFERENCES

(References rewritten in UGC-CARE journal style)

1. Mulheim L. History of Eating Disorders. Verywell Mind; 2020.
2. Razlog R, Pellow J, Patel R, Caminsky M. Case study on homoeopathic treatment of binge eating in adult males. ScienceDirect. 2016.
3. ANAD. Eating Disorder Statistics. National Association of Anorexia Nervosa and Associated Disorders; 2021.
4. World Health Organisation. ICD-11 for Mortality and Morbidity Statistics. Geneva: WHO; 2018.
5. Harrison P, Cowen P, Burns T, Fazel M. Shorter Oxford Textbook of Psychiatry. 7th ed. Oxford University Press.
6. Bulik CM, Thornton LM, Root TL et al. Understanding the genetic risk architecture of eating disorders. Am J Psychiatry. 2016.

7. Watson HJ, Bulik CM. Update on treatment of anorexia nervosa. *Psychol Med.* 2018.