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REVIEW ARTICLE

EATING DISORDERS IN CHILDREN

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Key Word- eating disorder, anorexia nervosa, bulimia nervosa, Binge eating disorder, avoidant food intake disorder, night eating syndrome, purging disorder.

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Abstract

Eating disorders are multifactorial disease conditions impacting children worldwide by deteriorating their mental, physical and social health. Anorexia nervosa and Bulimia nervosa are the most common types of eating disorders that often develop in adolescence and young adulthood, but there are many other disorders which are also highly prevalent. This article mainly focuses on their causes, management and outcome along with homoeopathic perspective.

INTRODUCTION

"The food you eat can either be the safest and most powerful form of medicine, or the slowest form of poison"- Ann Wigmore.

Food is an essential component of life for all the human beings present on earth as it helps with proper functioning of the body and provides energy to carry out activities. But it is very important to eat right food, in a right amount and at regular intervals. An old proverb explains it well – "Children who eat well, grows well".

Adolescents these days are focusing too much on their physical appearance and body weight, in order to achieve these; they blindly start following fancy and trendy dietary regime which

may lead to dangerous eating behavior issues.

Eating disorder is basically a type of mental disorder characterized by abnormal eating patterns, there could be too much eating or total absence of food intake, negatively affecting child's health and their social relationships. They have the highest mortality rate of any mental disorder.[1]

Following are the types of eating disorders:

1) Anorexia nervosa
2) Bulimia nervosa
3) Binge eating disorder
4) Avoidant /restrictive food intake disorder
5) Others: Night eating syndrome, Purging disorder.

Anorexia nervosa: The term AN is derived from Greek word anorexia which means loss of appetite and the Latin word nervosa i.e., of nervous origin. It is a Type of eating disorder wherein there is a false perception of being distressingly overweight or having abnormal body shape.

It involves *binging* which is characterized by sudden bouts of excessive eating following by purging usually by self-induced vomiting, use of laxatives and diuretics or there could be *restricted eating* and increased physical activity like excessive jogging or strenuous exercises. Some patients purge routinely even after having small amounts of food. They refuse to eat food with their families or in public places and loose weight by reducing their total food intake drastically by decreasing high carbohydrate and fatty foods from their diet.

Child with this disorder exhibit peculiar behavior about food like he hides food all over the house or in bags rather than eating it. They try to dispose food in their pockets or cut the food items like meat in small pieces and spend a lot of time in rearranging it on their plates. The age of onset of anorexia is between 14 and 18 years and is more common in females than in males.

The individual voluntarily reduces weight and fails to gain weight proportional to growth along with starvation related medical conditions like hypothermia, bradycardia, orthostasis, dehydration and severely reduced body fat stores. Anorexia nervosa may be associated with other psychiatric conditions like depression, anxiety and obsessive-compulsive behavior.

Bulimia nervosa: Bulimia means ravenous hunger which is characterized by uncontrollable *food binges* i.e., rapid consumption of food with lack of self-control over eating and thereafter *food purges* which are mostly by self-induced vomiting by sticking a finger down the

throat, use of enemas, laxatives and diuretics or by excessive exercise to avoid the feared weight gain. Repeated self-induced vomiting can be identified by physical signs such as parotid gland enlargement, pitted teeth from gastric acid and Russell's sign i.e., formation of calluses on knuckles caused by repeated contact of incisors to the skin of hand during self-induced vomiting.

Children gulps food rapidly without chewing it properly which results in abdominal bloating, pain and exhaustion that ends the binges followed by purging to counter physical discomfort, guilt and post binge anguish. They often found bingeing secretly, in the middle of night or in bathroom.

Bulimia is more common than anorexia nervosa and it mostly affects 10-19 years old, especially girls, and adolescents who are concerned about their sexual attractiveness who are usually sexually active.

Episodes of bulimia occur at least twice a week for 3 months. Weight loss is not so severe unlike in anorexia and is usually maintained within normal limits.

Children with bulimia are also seen to suffer from impulse control disorders, personality disorders and substance related disorders.

Binge eating disorder: In this type of eating disorder, the child engages himself in recurrent binge eating during which he eats an abnormally large quantity of food over a short time & doesn't have control over his eating. Unlike bulimia, they do not compensate (e.g. laxative use) after a binge episode.

Binges are characterized by four following features:

- Eating large amount of food even when the child is not hungry.
- Eating rapidly until uncomfortably full
- Eating alone
- Feeling guilty after the episode

Level of severity of this disorder is determined by :

Binge eating episodes per week	Level of severity
1-3	Mild
4-7	Moderate
8-13	Severe
14 or more	Extreme

With this disorder, there is also a history of unstable weight like gaining or losing of more than 10 kg.

Avoidant / restrictive food intake disorder (ARFID): It is a new eating disorder introduced in diagnostic and statistical manual of mental disorders (DSM) fifth edition. It includes limited eating or avoid eating certain foods which doesn't meet minimum daily nutrition requirements of the child.

The child may avoid food with certain texture, colour, taste or smell and they may be afraid of vomiting or choking or they may worry about getting stomach issues resulting in failure to gain weight in childhood.

Usually, fussy eater children fall under this category.

Night eating syndrome: The type of eating disorder in which a child consumes large amounts of food after the evening meal and eats little during the daytime.

It is more common in late teens to 20s. The child could wake up from sleep during the night {mostly during non-rapid eye movement (NREM) sleep} to eat something.

Night eating disorder can be found with bulimia and binge eating disorder, but it includes consumption of less amount of food during eating as compared to other eating disorders.

Also, they are not overly concerned about their body image and weight unlike other eating disorders.

Sleep related eating disorder involves recurrent episodes of involuntary eating during the night after the patient has gone to sleep and occurs when he is unconscious which can lead to serious consequences like dangerous behaviors while searching for food, ingestion of inedible substances and sleep related injury.

Purging disorder: it includes purging behaviors such as self-induced vomiting, laxative abuse, diuretics and enemas after the consumption of small amount of food unlike bulimia in which there is purging after a binge episode. Children with this disorder have normal body weight but their perception regarding body image is distorted.

CAUSES OF EATING DISORDERS

Dysfunction of neurotransmitters like dopamine, serotonin and norepinephrine which regulates eating behavior. Dopamine receptor D4 (DRD4) gene abnormalities responsible for binge/purge subtype of anorexia nervosa. Psychological factors like generalized anxiety and obsessive- compulsive traits, low optimism, poor self-esteem, stressful events, social comparison, neglect by parents, history of sexual abuse in childhood, history of obesity are some of the major causes for development of eating disorders.

Differential diagnosis for eating disorders:

- Hyperthyroidism
- Depression
- Chronic wasting diseases
- HIV
- Cancer cachexia
- Schizophrenia
- Anxiety

DIAGNOSIS

There is no single laboratory test for determining eating disorder; it is usually diagnosed by physical, clinical and psychological evaluation along with some lab tests like complete blood count, thyroid, kidney, liver function tests, urinalysis, etc.

MANAGEMENT AND OUTCOME OF PATIENTS WITH EATING DISORDERS:

The aim is to ensure patient's physical and mental well being by helping them to gain weight by addressing the behaviors and beliefs that maintain low weight.

Cognitive behavioral therapy is the foremost treatment in which patients are taught to monitor their food intake, their feelings and emotions along with their binging and purging behaviors.

CBT includes cognitive restructuring, body image exposure, food exposure, limited body checking (could be achieved by engaging the child into hobbies like coloring, painting, knitting, etc. and keeping him busy in some or the other tasks), regular eating and meal planning along with self-monitoring. Counselling of family members of the child is also equally important.

In conventional mode of treatment, selective serotonin reuptake inhibitors (SSRIs) along with antipsychotics are usually administered to the patient.

If proper treatment is not initiated, eating disorders can lead to complications like malnutrition, amenorrhea in adolescent girls, delayed puberty, lanugo hair, retarded growth and development in the child. They might often have suicidal thoughts and tendencies.

Severe cases may require hospitalization to correct dehydration, nutritional state and electrolyte imbalances. In few cases, death may be the result due to complications of starvation.

25% of patients can improve completely while 50% of patients partially recover. Binge eating-purging type has better recovery than restrictive subtype. Children with parenteral conflict, vomiting, laxative abuse and psychiatric symptoms have poor outcome.

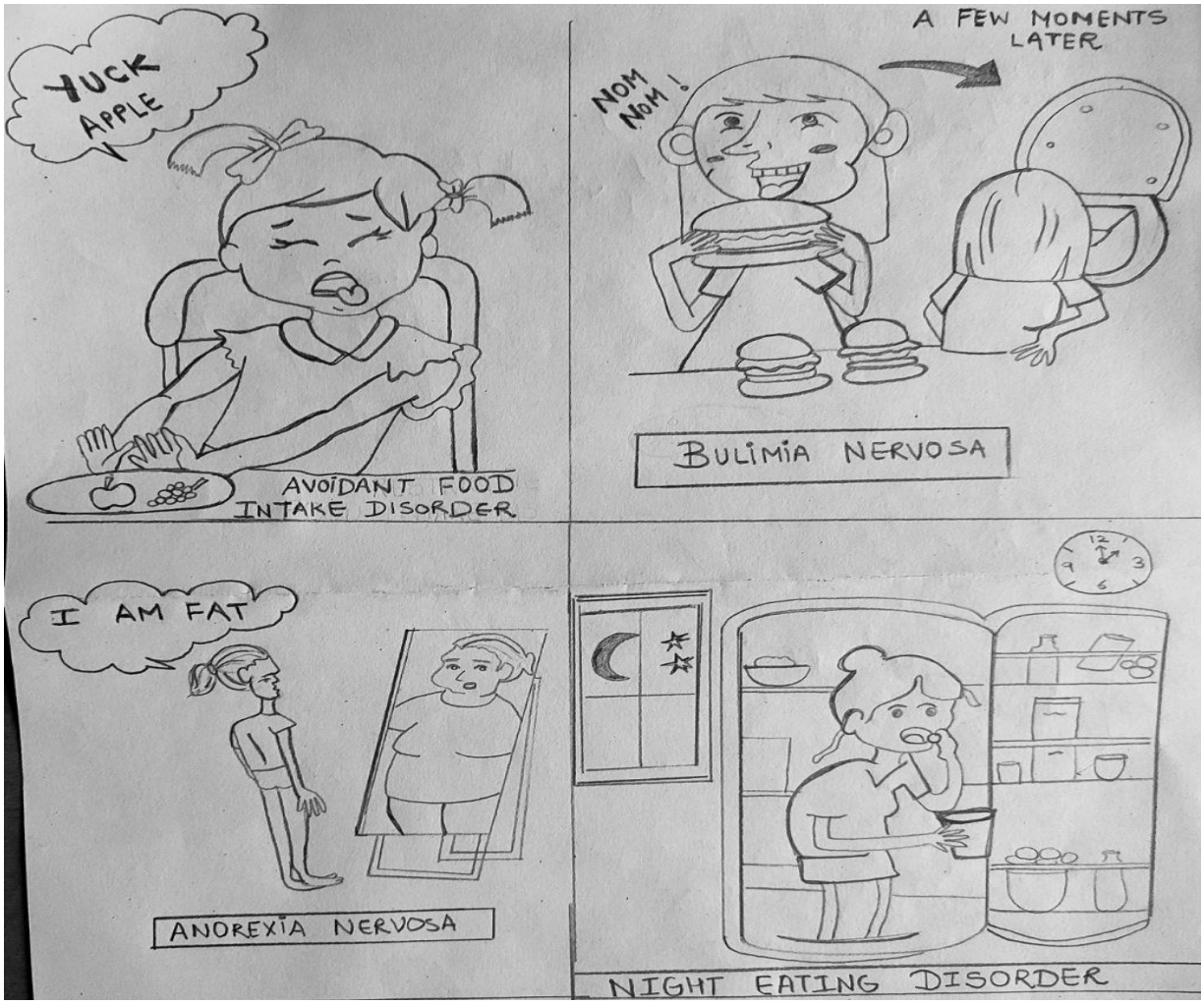

Figure 1: picture representing eating disorders

HOMOEOPATHIC PERSPECTIVE:

Dr. Hahnemann has mentioned regarding the treatment of mental disorders in aphorism 210-230 of ORGANON OF MEDICINE.

Homoeopathy seeks to treat each child as an individual unlike conventional medicine and it offers a safe gentle healing.

Some related rubrics regarding eating disorders from Robin Murphy's repertory with grade 1 and grade 2 remedies:

- FOOD, APPETITE, general, increased, hunger, weakness, with: *phos*, **SULPH.**
- FOOD, APPETITE, general, increased, hunger, night: **CHIN**, *chin-s*, *ign*, **LYC**, **PHOS**, **PSOR**
- FOOD, APPETITE, general, insatiable: *arg-m*, **CINA**, *ferr*, *ferr*-I, **IOD, LYC**, *sec*, *sep*, *spong*, *zinc*
- FOOD, APPETITE, general, loss, of appetite, exertion, after: *calc*
- FOOD, APPETITE, general, loss, of appetite, food, sight of, at: *colch*, *crot c*, *phos*, **SULPH**

- FOOD, APPETITE, general, loss, of appetite, food, smell of, at: **COLCH**, *sep*
- FOOD, APPETITE, general, loss, of appetite, hunger, with : *agar*, *alum*, *ars*, *barc-c*, *chin*, *chin-s*, **COCC**, *hell*, *kali-n*, **LACH**, **NAT-M**, *nux-v*, *phos*, *rhust-t*, *sil*, *sulph*, *sul-ac*, *tub*
- FOOD, APPETITE, general, loss, of appetite, morning: *caust*, *ferr-m*, *seneg*, *sep*
- FOOD, APPETITE, general, changeable: *anac*, **CINA**, *mag-m*, *nit ac*, **PULS**
- FOOD, APPETITE, general, constant*: kali bi, Lyc, merc, nat c, nat m*
- FOOD, APPETITE, general, ravenous, eating, soon, after: calc, **CHIN-S**, cic, **CINA, IOD, LYC**, *med*, *merc*, **PHOS**, *psor*, *staph*, *sulph*
- FOOD, APPETITE, general, increased hunger, vomiting, after: *colch*
- MIND, MISTAKES; making, perception, of : **dulc**, **ruta** (synthesis repertory)

In homoeopathic repertories, we also have rubrics with different remedies for aversion to certain kinds of food, which could help us in individualizing the cases of restrictive food intake disorder. For example:

- FOOD, FAT, aversion to fats and rich food: **ANG**, *ars*, *bell*, *bry*, *calc*, *carb v*, *carc* , **CHIN**, *nat m*, **PETR, PULS**, *sulph* (Murphy's repertory)
- FOOD, FRUIT, Aversion to: *ant-t*, *ars*, *carc*, *caust*, **CHIN**, *hell* , **IGN**, **PHOS**, **PULS**, *rumx*, *sul-ac* (Murphy's repertory)
- STOMACH, AVERSION, bread: **Chin**, **Nat-m** (Kent's repertory)
- STOMACH, AVERSION, onions: *sabad* (Kent's repertory)
- FOOD, SWEETS, general, aversion to: *arg-n*, *ars*, **CAUST**, **GRAPH**, *kali-c* , *lyc*, *phos*, *sin-n*, *sul-ac*, *sulph*, *zinc* (Murphy's repertory)

CONCLUSION

Recovery from an eating disorder takes courage and isn't easy but it is possible with the right support system and proper treatment along with homoeopathy.

REFERENCES

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington D.C.: 2013.
2. Murphy R, Straebler S, Cooper Z, Fairburn CG. Cognitive behavioral therapy for eating disorders. Psychiatr Clin North Am. 2010;33(3):611-27. doi: 10.1016/j.psc.2010.04.004.
3. www.mayoclinic.org
4. Piyush Gupta, PG textbook of paediatrics, volume 1, 2nd edition.

5. Paul Bagga, Ghai essential pediatrics. 9th edition. CBS Publishers & Distributors Pvt Ltd.
6. Robin Murphy, Homoeopathic Medical Repertory, 2nd revised edition.
7. Kenisha Campbell, Rebecka Peebles, Eating disorders in children and adolescents: state of art and review, pediatrics 134(3), 2014.
8. Kaplan & Sadock's, Synopsis of Psychiatry, 11th edition.
9. Elsevier, Davidson's principles and practice of medicine, 23rd edition.

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