

# Anorexia Nervosa, Through the Lens of Ayurveda: A Literary Review

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## ABSTRACT

Anorexia nervosa is a severe eating disorder characterized by self-induced weight loss, distorted body image, and intense fear of weight gain. It has the highest mortality rate among psychiatric illness. Though anorexia nervosa is not described as a distinct disease entity in classical Ayurvedic texts, its symptomatology can be understood through the concepts of *Mano Vibhrama*, *Manodosha Vaishmya*, and *Nija Unmada*. This review aims to interpret anorexia nervosa through Ayurvedic principles and explore the scope of *Sattvavajaya* and *Yuktivyapashraya Chikitsa* in its management, along with insights from contemporary psychiatric literature.

**KEYWORDS:** Anorexia nervosa, *Mano Vibhrama*.

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## INTRODUCTION

Anorexia nervosa (AN) is a behavioral disorder with the highest mortality among all psychiatric disorder(1). It is characterized by significantly low body weight for the individual's height, age and developmental stage that is not due to another health condition and unavailability of food (2). Anorexia nervosa is more commonly observed in first-world, high-income countries such as the United States, Japan, and Australia. Nevertheless, the growing influence of Western lifestyle, and dietary practices has contributed to a rising prevalence of eating disorders in India(3). Emerging evidence from regional studies, including cross-sectional research among medical students in Kerala showing a high proportion at risk of eating disorders, indicates a growing but largely unaddressed public health concern among adolescents and young adults(4). AN also has a high association with mood and anxiety disorders, personality disorders, suicidality and

substance abuse disorders(5). Anorexia nervosa cannot be correlated to any disease entity in ayurveda yet it can be interpreted in terms of *Mano Vibhrama*. This article aims to explore the concept of anorexia nervosa through the lens of ayurveda and to discuss the possible treatment modalities.

### Characteristics of anorexia nervosa

Anorexia nervosa is more frequently observed in adolescent or young adulthood females. The disease onset is often associated with a stressful event. Affected individuals exhibit an intense and persistent fear of gaining weight, which does not subside even when they become markedly thin or underweight. They consistently refuse to maintain a body weight that is appropriate for their age, sex, and height. A commonly used diagnostic threshold is a body mass index (BMI) of less than 18.5 kg/m<sup>2</sup>. Core clinical features include disturbances in body image and engagement in purging behaviours, such as self-

induced vomiting and laxative misuse. Additional behaviours may include excessive physical exercise, skip meals or hide it. Secondary features often include amenorrhea, depressive symptoms, obsessive-compulsive personality traits, and difficulties with sexual adjustment.

The physical manifestations of AN are primarily related to the effects of starvation. Common signs include hypotension, hypothermia, bradycardia, the development of lanugo, and yellowing of the skin due to hypercarotenaemia. Individuals with AN are at an elevated risk of suicide. Approximately one-third experience suicidal ideation, and between 9% to 25% have made at least one suicide attempt. Contributing factors to this risk include a history of sexual abuse and impaired decision-making abilities.

### Classification

Restricting type & Binge-eating/purging type. Former is characterized as the individual has not engaged in recurrent episodes of binge-eating or purging behavior during the last 3 months, this subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise. And the latter is characterized as the individual engage in recurrent episodes of binge-eating or purging behavior during the last 3 months.

### Convectional management

#### Behavioral therapy

Behavioral therapy is a psychotherapy and it aims to modify the maladaptive behavior and substitute it with the adaptive behavior. It encourages the patient to gain weight and maintain it. Weight gain should not exceed 1.5 to 2kg in a fortnight. This can be done by, positive reinforcement-Rewarding desirable behaviours, negative reinforcement by avoidance of punishment following appropriate behaviour, modelling-exposure to adaptive behaviours to encourage imitation.

#### Ayurvedic understanding

Symptoms of AN can be understood as *Mano vibhrama* in ayurveda. “अत्र मनोविभ्रमाच्चिन्त्यानर्थान् चिन्तयते, अचिन्त्यांश्च चिन्तयते; उक्तं हि- मनसश्च चिन्त्यमर्थः” (6) i.e; due to the delusion of Mana, one does not think about important meaningful things to be considered and think about that should not be considered.

Using the lens of ayurveda, these people have the “*Utklishtha sathvanam*” whose mind afflicted with *Rajas* and *Tamas*, “*Vaishamyaya Yukthena Upayoga Vidheena Upayunjananam*” Those who refuse the dietary rules. Here, *Vaishamyaya* also means taking food by neglecting the rule and regulations like *Prakrithi*, *Karana* and taking heavy or light food in

contrary to the body constitution and so on. “*Shareera Cheshta vishma samacharath*” they adopt practice that are unusual like hiding food or inducing emesis. More over the Mind get affected by unusual afflicted by lust, greed, delusions, sadness, distress(6). In this condition the individuals, thought is being overcome by the ideology of losing more and more weight. When this condition is associated with other symptoms like anxiety, depression, then it can be correlated to any of the *Nija Unmada*.

### Treatment modalities

The basic treatment modalities should be concentrated on the weight gain and correction of the malnutrition. Same time behavioral therapy should be started so that the patient will be able to cooperate and continue the treatment modalities. Weight gain modalities can be difficult as the individual has the strong disagreement for food intake and has the constant fear of weight gain.

Ayurveda has advocated 3 treatment modalities for *Vyadhi*. They are *Daivavyapasraya*, *Yukthivyapasraya* and *Sattvavajaya* chikitsa (7). In AN *Sattvavajaya* and *Yukthivyapasraya Chikitsa* can be beneficial. *Sattvavajaya* chikitsa will have reconciliatory methods and suggest to have effective control over mind and normalize *Rajas* and *Tamas*. *Yukthivyapasraya* chikitsa is based on rationale and scientific outlooks

#### *Sattvavajaya chikitsa*.

*Sattvavajaya* chikitsa has the effect on mind. *Acharya Charaka* has mentioned it as withdrawal of mind from the unwholesome objects (*Ahitartha*)(7). Or it is a psychophysical exercise designed to achieve a regulatory mechanism over the *Manas* in dealing with *Indriyartha* (environmental stressor) and *Manoartha* (emotional stressor). Clinically it can be understood under the following heading in relation to AN

They are (8)

- Identification of psychophysical stressor - *Ahitarthabhijnanam*
- Evolving technique to tackle the stressor- *Samvidhana prakalpanam*

#### Identification of psychophysical stressor

A carefully recorded history can identify the stressor. This records can be assessed based on the *Mithyayoga* of *Kaala*, *Artha* and *Karma*. The stressor can be *Ahita Manoartha* like *Chinta*, *Vichara*, *Ahita Indriyartha* like *Heena yoga* of *Indriya*.

#### Technique to tackle the stressor.

Following are the techniques to tackle the stressors (9)

1. Withdrawal from the unwholesome practices (*Ahitavarjanam*)

## 2. Adopting healthy practices (*Hitopasevana*)

The patient of AN should be made to stop give up the rituals like self-induced vomiting and purging. He can be advised to take small meals at frequent intervals.

Acharya Vagbhata has opined that *Dhidhairyadivigjanam* as best to treat the *Manodoshas* (10). Similarly according to *Acharya Charaka* the general line of treatment of *Manasadoshas* include *Jnana*, *Vinjana*, *Dhairya*, *Smriti*, *Samadhi*(11). He has described several other psychological supportive techniques, which come under the *Sattvavajaya cikitsa*. He advocates *Ashwaasana* (reassurance and explanation), *Suhritvakya* (guidance and suggestion), *Dharmarthavakya* (education of individual and family), *Ista vinasana* (verbal shock: milieu therapy), *Adbhuta dariana* (showing extra ordinary things), *Tadana* (physical shock), *Trasana* (mental shock), *Santwana* (rehabilitation and reassurance) (12)

The patient should be consoled by making him listen to his friend and family easing the understanding about condition and let him calm. The family and friends have to be educated about the condition and avoid the stressors. He can be relocated from the society. He should be convinced about the importance of maintaining proper BMI. If he does not cooperate with the treatment plan small punishments can be given encouraging the weight gain.

### **Yukthivyapasraya chikitsa**

The treatment is based on yukthi of physician. While describing the principles of management, Charaka Acharya suggests *Samshodana Samshamana* and *Nidana Parivarjana*. The *Shodana* therapy can be only chosen based on the condition of patient. It avoided in case due to the *Vata Kopa Avasta* and lack of *Bala*. *Murdhini Thailam*, *Shashtikashali Pinda Sweda* and *Abhyangam* can be helpful to calm the patient by *Indriya Prasadana* and promote the *Bala*. For weight gain the treatment principle can be *Agnideepna* and *Brmhana*. *Draksha Rasa*, *Kushmandavaleha*, *Chyavanaprasha* can be administrated. *Medhya Rasayana*, like *Kalyanaka Ghrita*, can be administered as *Snehapana* to nourish the mind, support higher cognitive functions. Recent researches have emphasized the role of *Medhya Rasayana* have specific role in promotion of cerebral nutrition, circulation and has adptogenic and antianxiety effects. *Rasayana* therapies contribute to the enhancement of *Dhatu Poshana*, improvement of *Bala*, and restoration of both physical and mental well-being, thereby supporting recovery in patients with anorexia nervosa.

## CONCLUSION

Anorexia nervosa, though not described as a separate disease entity in classical Ayurvedic texts, can be understood through the concepts of *Mano Vibhrama* and *Nija Unmada*. The principles of *Sattvavajaya* and *Yukthivyapashraya Chikitsa* provide a holistic approach addressing psychological dysregulation, behavioural abnormalities, impaired *Agni*, and depletion of *Dhatu*s. When applied judiciously with nutritional rehabilitation and psychiatric care, these modalities support the weight restoration, mental stability and recovery.

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