



Anorexia Nervosa and Gender - a Comprehensive Interdisciplinary Approach; Part 3: Homeopathic treatment based on the Law of Similarity

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Abstract

This study was developed with the main objective of broadening the understanding of Anorexia Nervosa, as a paradigmatic condition among Eating Disorders, using the contributions of scientific knowledge from Allopathic Medicine, Homeopathic Medicine and Psychosomatics, Sociology, Anthropology and Psychology. A literature review was carried out, using the PubMed search platform, in addition to the specialized literature of Homeopathic Medicine, such as Repertory and Materia Medica. The study is divided into three parts: the first addresses historical and etiological aspects, physical and mental clinical picture, diagnosis and treatment; the second part addresses individual and collective components (micro and macro social) in the construction of the disease, using the theoretical contributions from Sociology, Anthropology and Psychology; the third and last part – this one - deals with theoretical aspects of some homeopathic medicines, at least theoretically capable of being useful in the treatment of Anorexia Nervosa, considering the Law of Similarity, contained in the Homeopathic Doctrine. Homeopathic medicines listed in both Anorexia Nervosa and Bulimia conditions were selected when concordant in both rubrics in the Repertory. Among the six selected medicines, the subjective analysis of the dynamics of the psyche and the manifestations of the upper digestive tract present in the abstract picture of Anorexia Nervosa were more consistent with the homeopathic medicine Ignatia Amara. The author concludes that interdisciplinary studies are necessary and relevant, in addition to being able to broaden the understanding of the mechanisms of human suffering, and may contribute to more effective therapies, according to the Principle of Similarity of Homeopathic Doctrine.

Keywords: Eating Disorders; Anorexia Nervosa; Nervous bulimia; Homeopathy

1. Introduction

The *Biblioteca Virtual em Saúde - BVS* (Virtual Health Library) - of the *Ministério de Estado da Saúde - Brasil* (Ministry of Health - Brazil) – through *Descritores das Ciências da Saúde* (Health Sciences Descriptors) – defines *Psychosomatic Medicine* as a system of medicine that aims to discover the exact nature of the relationship between emotions and bodily functions, affirming the principle that the mind and body are a unit.

In this way, Psychosomatic Medicine in its theoretical foundations expands the comprehension of the manifestations of the various human health disorders, understanding that psychic conflicts that are not sufficiently elaborated or resolved in the psycho-emotional dynamics tend to “precipitate” in the body, as a way of “compensating” for the tension generated by the energy used to deal with the disorder. Through this epistemological foundation, human being is understood as a psychophysical unit, with its peculiarities of emotions, genetic determinants, conflicts and complexes, and environmental factors; among these last factors, interpersonal relationships are especially relevant, both in micro and macro social spaces [1–3].

Also according to BVS, while *Allopathy* is the name given to conventional medical therapy, *Homeopathic Medicine* is presented as the one systematically founded by Samuel Hahnemann from the final years of the 19th century; its

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scientific methodology was based on experimentation in healthy men, with the application and confirmation of the principle that similar cures similar, that is: the principle present in the homeopathic medicine capable of producing specific symptoms in healthy man is the same principle capable of curing these symptomatic manifestations in the sick man [4]. In other words, diseases are treated with highly diluted substances that cause, in healthy patients, symptoms like those presented by the diseases that the doctor wants to treat. The illness, according to the homeopathic doctrine, is considered as a result of the disturbance of vital energy, and the curative action of the medicine must be processed by producing the reaction of this energy towards the recovery of balance and organic harmony [4].

Chronic diseases, according to the homeopathic doctrine, are also classified according to the received denomination of *miasms* (chronic conditions that remain as predisposition states to illness and resistance to the healing process); *psora* – a condition of primordial disarrangement of vital energy, exhibiting a more common manifestation of functional disturbances to mild injuries; *sycosis* – condition in which exaggerations of defense mechanisms appear, whether psychic or physical – such as compulsive disorders and “camouflage” of impulses and emotions, physical or emotional “*hypertrophies*”; and *syphilis* – which is mainly characterized by symptoms of a more aggressive and destructive nature [4].

In an increasingly complex society, there are Eating Disorders - as clinical conditions with a relevant impact on individuals who become ill - in addition to the repercussions on family members and other people in their relationships; These *Eating Disorders*, in a simpler way, are classified into three main categories: a) food compulsions; b) nervous bulimia; c) anorexia nervosa[5].

The BVS defines such conditions as follows:

Eating Disorders: “A group of disorders characterized by physiological and psychological disturbances of appetite and food intake”.

Binge Eating Disorder: “A disorder associated with three or more of the following: eating until feeling uncomfortably full; eating large amounts of food when not physiologically hungry; eating much faster than usual; eating alone due to embarrassment; feelings of disgust, depression or guilt after overeating. Criteria include occurrence of at least 2 days a week for 6 months on average. Binge eating is not associated with the regular use of inappropriate compensatory behavior (purging, overexercising, etc.) and does not occur in exclusive concurrence with bulimia nervosa or anorexia nervosa”. (Free translation of the original: DSM-IV, 1994) [6]

Bulimia: “An eating disorder characterized by a cycle of binge eating (bulimia or bingeing) followed by inappropriate acts (purging) to prevent weight gain. Methods of purging often include self-induced vomiting, use of laxatives or diuretics, excessive exercise, and fasting.

Anorexia nervosa: “An eating disorder characterized by the absence or loss of appetite, known as anorexia. Among other characteristics are the excessive fear of becoming overweight, body image disturbance, significant weight loss, refusal to maintain the minimum normal weight and amenorrhea. This disorder occurs more often in adolescent females.” (Free translation of the original: APA, Thesaurus of Psychological Index Terms, 1994)[6]

According to the 10th revision of the International Classification of Diseases and Related Health Problems – ICD 10 – convened by the World Health Organization, and held in Geneva in 1989, Anorexia Nervosa is defined with Code F50.0, which describes:

- “Anorexia nervosa is a disorder characterized by intentional, patient-induced and sustained weight loss. The disorder commonly occurs in an adolescent or young woman, but it can also occur in an adolescent or young man, such as a child approaching puberty or an older woman up to menopause...”

The disease is associated with a specific psychopathology...”

Patients impose a low weight on themselves. Malnutrition of varying degrees commonly exists, accompanied by secondary endocrine and metabolic changes and disturbances in physiological functions. Symptoms include a restriction of food choices...”

In its most characteristic form, Anorexia Nervosa affects women in about 95% of cases, more commonly between 14 and 17 years old, although it can affect patients at an earlier age (10 to 11 years old) or later (after 23 years); it is

considered a prevalence of 4 to 5 cases among every 1,000 adolescents in western cultures, which would mean about a quarter of Bulimia Nervosa cases in the same societies[7–12].

The role of genetics is possible, but not yet sufficiently determined. In the plot of family conflicts, challenges to development in the social context, pressures in the school environment, and so on. and, mainly, the arrival of adolescence with its conflicts and needs for readjustment in the self-recognition of identity, would trigger the picture, in its peculiar drama[5–7,9,10,13–15]

The body image disturbance constitutes a core aspect of the picture, and, therefore, a privileged object for the therapeutic approach. Anorexia Nervosa would be molded on distorted and dysfunctional concepts about the body, its shape and weight, which includes a hermetic and individual relationship between personal value and physical conformation[11,16].

Within the microsocal space – with an emphasis on the family – there is already proven evidence that the treatment of family components is essential for the success of patient treatment; and in the treatment of the patient, it is important to understand the psychodynamics of the altered body image, and its possible symbolic determinants: the castration complex, the denial of sexuality in aspects of femininity, low self-esteem, etc. Generally young individuals - if conflicts arranged in complex forms are not resolved - are more likely to experience prolonged suffering and loss of opportunities to fully experience their bodily and psycho-emotional potentials[5,6,8,9,12,13,17,18].

Eating disorders (ED) and obesity are clinical entities – which generally involve body image disturbances. Processes of a psychosomatic nature, with strong accents of influence from the family and sociocultural context, their understanding necessarily involves interdisciplinarity, with relevant contributions from physicians, psychologists, anthropologists, sociologists, nutritionists, in an aspect of integration of the various fields of knowledge [10,14,16,19].

The treatment of conditions characterized as eating disorders – with emphasis on anorexia nervosa – constitutes a real challenge for current therapeutic practices; in this context – and invoking the principle of similarity which is central to the homeopathic doctrine – an interdisciplinary approach between the study of clinical entities and the proposal of homeopathic treatment becomes essential. In the context of the homeopathic treatment, a determining factor for the consistency of the therapeutic approach is the similarity between the characteristics of the clinical and behavioral manifestations described in the pictures presented by the patients, and the characteristics related to the properties and attributes of homeopathic medicines (Materia Medica and Repertory).

2. Material and methods

The aim of this third part of the study is to broaden the understanding of the relationship between Homeopathic and Psychosomatic Medicine and the clinical and behavioral manifestations of patients with anorexia nervosa; as a result of this comprehensive study, it is intended to select the homeopathic medicines whose attributes and properties are most similar to the characteristics of the clinical picture of anorexia nervosa - as described in the Homeopathic Materia Medica and Repertory.

The following *are not* the objectives of this work:

- To mischaracterize the necessary and indispensable individualization of the clinical case, adequate anamnesis and physical examination, repertorization, study of the Materia Medica; these are the pillars of good Homeopathic practice.
- To Indicate a "standard medicine"; based on the previous paragraph, there would be no scientific or doctrinal homeopathic basis for starting from the abstract concept of the clinical entity to reach the individual diagnosis of the concrete case; the individualization of each clinical case is essential for adequate treatment.

The qualitative research method is adopted: since the main intention is to deepen the understanding of the clinical entity focused, Within the chosen field of knowledge – Anorexia Nervosa fulfills the role of representing the principles of totality as part: example of a disorder of health that brings together the possibilities of genetic factors, passing through socio-environmental influences and fundamentally mirroring the psychosomatic nature of illness. By proposing a form of methodological approach that seeks to expand knowledge with a new look at the phenomena already studied from other perspectives, the structure of the *Essay* is used - as it is understood in the studies of Social Sciences Applied to Health [20–22].

According to Tobar e Yalour (2001):

The essay involves taking a position on the theme or object of meditation. It makes the subjectivity of its author explicit and commits him. It is a critical search exercise, and what is sought are new ways of looking at things. For this reason, the essay is always exploratory. It teaches to see and invites to look in a different way (Free translation from the original).[23]

It is the intention of this essay: to go through the paths already trodden in the search for knowledge, and visiting the state of the art in the focused field – *anorexia nervosa and homeopathic materia medica* – to seek in the critical exercise of subjectivity the in-depth understanding of the individual and collective reality that predisposes, lends the peculiar shades, and brings to manifestation in the social context the syndromic picture that - although relatively infrequent -, impresses by its severity and reserved prognosis. *Because the essay intends to take a new look at what is supposedly known.*[21,22,24]

For the bibliographical review, articles published in the last 10 years in the PubMed (search engine of the NLM – National Library of Medicine – of the United States) are searched, with the descriptors: a) homeopathy; b) eating disorders: c) anorexia nervosa. Articles in English and Portuguese languages are filtered, resulting in 350 files; these were selected according to the pertinence of the theme, which resulted in the analysis of approximately 80 articles; of these, only one had the homeopathic treatment approach, which led the author not to consider the association of the three descriptors as an exclusive condition for using the selected material.

For this Part 3 - and regarding the homeopathic content – the medicines listed in the Repertory [16] are selected in relation to the rubrics *anorexia nervosa and bulimia*; of these medicines listed in the two headings, *agreement was observed for 6 medicines* - which are then elected as paradigmatic for the stage of describing the symptoms reported in the Materia Medica - with emphasis on aspects related to the *Psychism* and the *Upper Digestive System* - which, as widely known – are the main sources of manifestations in Eating Disorders – especially in Anorexia Nervosa.

A systematic description of the symptoms described in the Materia Medica and related to the selected Homeopathic Medicines was carried out, with emphasis on the *Psychism* and the *Upper Digestive System* - and continuing with a comparison between the symptomatic sets of each homeopathic medicine and the symptomatic characteristics presented by the individual with Anorexia Nervosa, according to the Law of Similarity.

This essay therefore seeks to establish bridges of knowledge between the biomedical, socio-anthropological, psychological, and Homeopathic Medicine areas - which enable an integrated understanding of the origins and peculiarities of the syndromic picture of Anorexia Nervosa, even aiming to envision a therapeutic approach more effective, as it focuses on the construction matrices of this morbid process, and with emphasis centered on the similarity between the symptoms of sick individuals and those described in the studied homeopathic medicines. *This methodological proposal thus constitutes a possible tool for homeopathic study and practice, expanding and enriching knowledge with the inclusion of an interdisciplinary approach.*

3. Results and discussion

The selected homeopathic medicines will be listed below, as described in the Introduction/Methodology section. For the purposes of this essay, symptoms related to the *Psychism* and the upper digestive system were prioritized, as they are the seat of more exuberant and characteristic manifestations of Eating Disorders – especially Anorexia Nervosa.

3.1. Carcininum

Nosode – taken from breast cancer; predominantly syphilitic miasma; considered “*the startling*” of materia medica.

Vijnovsky[25] reports the most relevant emotional aspects of the *Carcininum patient*, highlighting that::

- *“It is offended very easily; anticipation disorder; it lives in anticipation of events with anxiety, and usually long before what should happen. ... Fastidious, demanding, meticulous, detail-oriented, perfectionist and excessively ordered; very neat and clean.*
- *Obstinacy; very compassionate – shares the suffering of others. Old fears, rising to terror. Aversion to conversation. Very sensitive to reproaches, upset by frights. Suicide tendency. Great need for affection. Feelings of unhappiness and disorders due to unhappiness”.*[25]
- Another study [26] – describes:

- *It wakes up due to his anxious forebodings. It particularly affects the sensitive area of the psychic sphere; anxiety about what will happen to others; anxiety about your own health; suffers in anticipation. Pull out the hair. Self-destructiveness and aggressiveness”.*
- *“It looks like it devours and consumes itself, with its lack of limits in its morbidity, behaving like a tumor that grows disorderly and without limits.*
- *“This indomitable movement of ordering the external world demonstrates his internal restlessness, his disgust with the internal disorganization that moves uncontrollably, causing external control to replace and compensate for the lack of control of internal reality.”*

About the stomach: there is *“severe constipation; dry stools, hard as stone; cyclic vomiting.”*

3.2. Ignatia amara

It originates from a vegetable that belongs - like Nux Vomica - to the *Loganiaceae* family; the mother tincture is obtained by macerating the previously crushed seeds in alcohol.

Lathoud[27] describes the characteristic features of the mental symptoms of the *Ignatia Amara patient* as:

- *Regarding the mental state, emotion is the predominant factor.*
- *“She reflects the changes caused by the external expressions of the individual, who is excessively nervous, sensitive and easily excitable. Keen perception, quick execution, very changeable mood, docile but easily angered character;*
- *The individual Ignatia amara has a great tendency to resent and show melancholy and sadness. Important sadness and willingness to suffer in silence...She is melancholic, sad and carefully hides her feathers. She wants to be alone with her thoughts, seems sad, tired, affected by worries. [...] laughs and cries easily, reaching almost hysterical crisis [27]*

On the stomach, Lathoud describes:

- There may be regurgitation of food, the patient vomits at night the food he ingested in the last meal of the day. Aversion to common foods and desire for indigestible foods.[27]

Kent points out that Ignatia Amara's patient has the profile of delicacy and hysteria. It is the remedy for the disturbances that follow discussions, strong restlessness, great anguish, amorous disappointments or other strong moral shocks.

As for the stomach - Kent describes it as "hysterical stomach" - so one day the patient has continual vomiting - of all things, which goes on for a few days in spite of a strict and proper diet. The "hysterical stomach" does not support delicate or hot food, but it normalizes with coarse and cold food [27]

Vijnovsky[25] describes the picture of Ignatia amara:

- *It is one of the main medicines in effects or disorders of emotional origin, especially if the cause is recent, especially those produced by fevers (with silent, undemonstrated pain); ... for unrequited or despised or lost love; for the recent loss of a loved one; by mortifications; by contradictions.*

About the stomach, he highlights: - [...] *“Worse during and after meals [25]*

3.3. Iodum Purum

It is a mineral in its origin, it is easily found in sea water, mainly in seaweed.

According to Lathoud, the following are part of the characteristics of the medicine:

- Constant apprehension and anxiety if not always busy. It always seems to be busy, but without organized ideas, Very irritable, subject to violent fits of impulsive anger, which can even have ideas of killing. He only feels an improvement in this inner agitation when he eats. When he feels hungry, all mental symptoms increase, he rushes to food and feels better, but soon after the inner bubbling that tormented him invades him again at the same time that his hunger resumes. this anxiety also manifests itself when he tries to remain calm: the more he tries, the more it increases. During this effort to remain calm he is overcome with violent impulses, the desire

for suicide, for breaking objects, for committing murder, for violent acts. He cannot remain calm, he must walk day and night.

- “Ravenous hunger, often eats a lot and loses weight.... He is hungry and must eat without stopping, if he is anxious or restless, he does not eat... he is better off eating and after eating, when his stomach is full.
- He is obliged to be absorbed in any kind of occupation to calm impulses and anxieties. These are obsessive and painful unless he is busy. Despite the lassitude of his mind, he is obliged to remain active, to continue his work, which adds to this fatigue[27].
- About the stomach, Lathoud[27] reports;
- *“Variable appetite, there may be bulimia or absent appetite. Ravenous hunger, eats a lot and often, but loses weight. He is anxious and tormented if he cannot eat, he suffers less when his stomach is full... Frequent nausea, violent vomiting, which is resumed by eating.”*

Kent points out that the Iodine patient has the impression that *something terrible is about to happen, that he is about to lose his mind*. The mental state reveals excitement, anxiety, impulses, melancholy. He can't stay still, he wants to do something, he's in a rush, he feels impulses to kill, without knowing why. His disorders are ameliorated by eating, and made worse by fasting [28].

About Iodum, Vijnovsky emphasizes:

- *“He is constantly agitated and restless, he cannot stay in one place, he needs to move or do something. Anxiety is aggravated by rest, fasting or hunger, and is better by eating or walking.”*[25].

3.4. Natrum Muriaticum

It has a mineral origin; sodium chloride (cooking salt): the *“resentful”*, the *“affective frustrated”* of the Materia Medica.

About Natrum Muriaticum Lathoud describes:

- [...]“Thin individuals, emaciated despite eating well; this thinning is observed mainly in the neck. They are tired by the slightest physical or mental exercise; usually a cachectic or very emaciated individual.
- Deep physical and mental depression, cries incessantly and consolation aggravates his sadness. He seeks solitude to brood over his pain, he doesn't sleep at night because he keeps thinking. Mental weakness. His actions are contradictory and discordant with his thinking. It could be a young woman who is the victim of a love she can't control and clings to a person who is unworthy or who she recognizes as being mean to her... she cries incessantly... she gets worse because of the consolation. She is sad, tearful, hypochondriac, irritable, gets angry over nothing... Pubertal melancholy. Extreme irritability with easy anger, for nothing, cannot bear to be contradicted.

About the stomach in the Natrum Muriaticum patient, Lathoud describes:

- *“He has a great appetite, but despite this he loses weight... sodium chloride increases appetite. Abnormal desire for salt; fatigue and numbness after eating... Nausea especially in the morning on an empty stomach or after eating; vomiting”*[27].

According to Kent, there is a long succession of mental symptoms in the patient of Natrum Muriaticum: hysterical condition of mind and body; cries alternating with laughter; irresistible and inappropriate laughter; prolonged, spasmodic laughter, this is followed by profuse weeping, great sadness, melancholy... Comfort aggravate her mental state; *she is unable to control his affections and falls in love with a married man*.

On the stomach Kent reports: *“it seems to need a long time for digestion, it makes it worse by eating; there is a great thirst for cold water”*[28]

About Natrum, Vijnovsky reports:

- *“It is certainly, in today's increasingly aggressive and competitive society, the most important and outstanding medicine of the Materia Medica in problems and affections of all kinds, of emotional origin.... All the wide range of psychosomatism finds in this medicine one of the main and fundamental therapeutic agents. The most frequent pathogenic emotions ... are sorrows, disappointments or frustrations, anger (even if repressed), bad news, an unrequited or despised or contradicted love, or the loss of the object of your love, prolonged and daily mortifications, a failure in business or in his occupations and*

studies, worries, discord with parents or children or friends, a fright, being slighted, the rudeness of others and any kind of excitement or emotion. Generally, the indication arises above all, when emotional factors are of repeated incidence or not very recent, since in the acute case (It or in the acute moment) the usual medicine in most cases should be Ignatia."

- [...]always revolve around the same theme, a true fixed idea, persistent and unpleasant, which disturbs and torments him, constantly remembering and coming back to the same theme – old unpleasant facts, crying when remembering them and scolding bitterly, in a true mental rumination"[25].

3.5. Pulsatilla Nigricans

The "affect seeker"; Pulsatilla is a solitary plant: about its symbolism, it is described:

- "Plant that grows on top of the hill, alone, so it's a little plant that is left alone, exposed to the wind and that sways according to the direction of the wind; swaying with the wind shows all its inconstancy, it changes symptoms, changes thoughts, changes affections, changes everything... vanity, inconstancy and nervous instability, this we will find in the symptoms of Pulsatilla, a vain person, seeker of affections, inconstant, etc... fears of feeling abandoned and of feeling alone in the world. That's why she will show all her reactive way of not abandoning the other and of not being able to imagine that others abandon her... Abandonment is a very marked symptom in Pulsatilla, while for Ignatia it is not. [29].

About Pulsatilla Nigricans Lathoud describes:

- "specially adapted to the female sex; on men it acts mainly on those of the feminine type... soft, docile, silent and submissive character... Tends to be sad, discouraged, cries for everything and for nothing. Seeks consolation, what improves it. Unlike Natrum Muriaticum, which also has this docile disposition and is whiny, but consolation aggravates it. Also Ignatia Amara should be compared, it is another female medicine, but Pulsatilla nigricans seeks affection and sympathy from those around it. Ignatia Amara is not soft like Pulsatilla nigricans, who can also be irritable and ill-tempered, but without the anger of Ignatia amara. If seriously ill, Pulsatilla nigricans assumes its suffering with resignation, suffers without complaining, easily exhibits religious fanaticism, unhealthy fear of the opposite sex.

On the stomach, Lathoud continues:

- [...]“nervous and mental symptoms worsen when the individual eats. Slow digestion; ... alternates violent hunger with anorexia [27].

About Pulsatilla Nigricans Vijnovsky describes:

- " She has a very special way of being, a character that makes her – together with Phosphorus – the most pleasant of patients: she is extremely soft, sweet, submissive, docile, gentle, shy and affectionate, however, more than a donor, she is a receiver or seeker of affection, love and consolation,...It is painful to see others suffering or crying, whether human beings or animals, and even if they are strangers. Her crying improves when she is comforted.

3.6. Staphysagria

It has its origin in the plant kingdom; symbolism - blind rage, easily angered, upset by indignation, with repressed anger.

Lathoud describes the Staphysagria patient:

On constitutional aspects

- "They seem to be weakened by sexual excesses or onanism. There seems to be an analogy between their symptoms, their nervous changes and sexuality.... Easily angered, more inwardly, do not show it; ... illnesses triggered by continuous anger, concealed annoyances, hidden emotions, contained indignation. Anger at the attitudes of others or one's own... a normal individual may not mind an argument, but the Staphysagria individual is forced to dominate himself, he gets tired, loses strength...when insulted, he is extremely dignified to retort, he harbors anger, trembles and becomes fatigued. Repressed anger.

About the stomach, the author describes:

- "Extreme hunger, even when stomach is full after eating... aggravation from eating or drinking, even a little, by meat [27].

Kent reports key aspects of Staphysagria:

- The person becomes mute by suppressed indignation, anger with indignation...overcoming illnesses from such causes as irritable bladder, with frequent urge to urinate for several days after suppressed anger, after insults. Great indignation at things done by others or by himself, distressed by consequences [28].

About Staphysagria, in its mental aspects, Vijnovsky reports

[...] "The basic mental characteristic of this medication consists of disorders or consequences, mental and physical, of repressed or contained feelings or emotions, especially in hypersensitive people who are easily offended by the slightest action or word that seems wrong.... The anger he shows and must contain makes him pale, with headaches, gastralgias, colic... chest tightness, palpitations..."

And continues about the manifestations of the upper digestive tract:

[...]Voracity, bulimia, even after having finished eating. The child cries just having finished eating. Bitter or salty eructations or regurgitations. Frequent nausea, each morning, feeling of fullness[25].

3.7. Summary of the main aspects of the Selected Homeopathic Medicines

After the detailed description of the symptoms described in the Materia Medica, regarding the selected drugs, it was possible through content analysis to establish a more synthetic understanding, as follows:

3.7.1 Carcinosinum

From the discourse extracted from the Materia Medica, and selectively rereading through content analysis, the following summary is obtained:

The genesis of the basic suffering of the Carcinosinum patient is not known, the psora does not manifest itself clearly, the sycotic behavior seems to camouflage it; old fears, fear of the dark, dogs and animals in general; anxiety about what will happen to others and to himself; anticipatory disorders, anticipatory suffering, pulling out hair; it is as if it consumes itself; behavior like an uncontrollably growing tumor, indomitable movement to order the external world, as if trying to replace and compensate for the lack of control of internal reality; about the stomach – cyclic vomiting is described, (without the purgative character of bulimia nervosa). In summary, *Carcinosinum - considering the Law of Similarity - bears no notable resemblance to the characteristics described for the typical Anorexia Nervosa patient.*

3.7.2 Ignatia Amara

Emotion is the predominant factor. Due to its extreme impressionability, the individual Ignatia Amara gets emotional easily and at the slightest fright; whatever their feathers, the individual Ignatia Amara has a great tendency to resent and present melancholy and sadness. She suffers from hidden sadness, with heavy sighs and strong tendency to tears. She is melancholic, sad and carefully hides its feathers. She wants to be alone with her thoughts, sighs a lot, deeply, for nothing her eyes fill with tears, extremely changeable mood, quickly goes from laughter to tears and back again. Disturbances that follow discussions, strong restlessness, great anguish, amorous disappointments or other strong moral shocks, the patient begins to cry, trembles, has insomnia and other disturbances of a nervous nature. About the stomach: there may be regurgitation of food, the patient vomits at night the food she ate in the last meal of the day. She tolerates foods that others have a hard time with, like cabbage for example. Aversion to common foods and desire for indigestible foods.

In essence: Ignatia Amara's patient has a strong degree of impressionability to external phenomena; scared; there are disturbances due to emotions, sadness, pain (heartbreak, contempt, recent loss of a loved one) and fear; melancholy, sadness, hiding her feathers, preferring solitude; extremely changeable mood; ruminates her thoughts, closed in on herself, after sadness, emotion, moral upheaval; hysterical behavior, "hysterical stomach"; worse during and after meals. *It is a homeopathic medicine with a marked degree of similarity with the symptoms of the theoretical and typically described patient with Anorexia Nervosa.*

3.7.3 Iodum Purum

He has constant apprehension and anxiety if he is not always busy. He always seems to be busy, but without ideas in order, He shows a lot of irritability, subject to violent attacks of impulsive anger, which can even have ideas of killing. He only feels an improvement in this inner agitation when he eats. When he feels hungry, all mental symptoms increase,

he rushes to food and feels better, but soon after the inner bubbling that tormented him invades him again, at the same time that his hunger resumes... this anxiety also manifests itself when you try to remain calm: the more you try, the more it increases. During this effort to remain calm he is overcome with violent impulses, the desire for suicide, for breaking objects, for committing murder, for violent acts. He cannot remain calm, he must walk day and night. Modalities: improvement – by eating. Hunger that gets better by eating, what he does copiously, but despite that he loses weight. It's not just hunger that improves when eating, but all symptoms in general. *It is during the meal that he feels good. About the stomach: he is emaciated to cachexia, despite the ferocious appetite reaching true bulimia; he is nervous and irritable, anxious and faints easily. There is frequent nausea, violent vomiting, which is restarted by eating.*"

In essence: there is exacerbated restlessness, which gets worse when she is still, and fasting; her symptoms improve when she eats, but then restlessness returns and hunger resumes; compulsive eating; can't stand still. The medication has an apparent overlapping with the Binge Eating condition; the patient does not adopt purgative methods that would bring her closer to the condition of Bulimia Nervosa.

3.7.4 Natrum Muriaticum

He gets tired by the slightest physical or mental exercise, is completely apathetic, especially in the morning; There is a deep physical and mental depression, he cries incessantly and consolation aggravates his sadness. It could be a young person who is the victim of a love that she cannot control and becomes attached to a person who is unworthy or who she recognizes as being mean to her; she is unable to control her affections, and cries incessantly; aggravates by consolation, runs away from it and may even become enraged by it. It is sad, tearful, hypochondriac, sensitive to pity, frustrations, disappointments, unrequited love. Melancholia of puberty. Extreme irritability with easy anger, for nothing, cannot bear to be contradicted. About the stomach, he has a great appetite, but despite this he loses weight; sodium chloride increases appetite. Abnormal desire for salt; fatigue and numbness after eating; sweating while eating. Regurgitation with taste of food. Nausea especially in the morning on an empty stomach or after eating. Vomiting. Incomplete eructations, tasting of food or acids, with regurgitations, after eating. Biliary vomiting. Anorexia.

In essence: resentful, affective frustrations, silent pity, ruminates emotions, returns to the same theme, scolding those he considers responsible for his suffering. Large appetite with emaciation and abnormal desire for salt. *She does not have notable similarities in terms of appetite with the typical patient of Anorexia Nervosa, although there is melancholic behavior and weight loss.*

3.7.5 Pulsatilla Nigricans

Specially adapted to the female sex; in men it acts mainly in those of the feminine type. ... soft docile, silent and submissive character... Tends to be sad, discouraged, cries for everything and nothing. It seeks consolation, which improves it - unlike Natrum Muriaticum, which also has this docile disposition and is a "crybaby", but consolation aggravates it. Ignatia Amara – another typically feminine medicine – should be compared to Pulsatilla Nigricans, but while the former prefers solitude, the latter seeks affection and sympathy from those around her. Pulsatilla Nigricans can also be irritable and bad-tempered, but without the anger of Ignatia Amara, extreme variability of symptoms, mood swings from crying to joy for no apparent reason; if seriously ill, Pulsatilla nigricans assumes its suffering with resignation, suffers without complaining, easily displays religious fanaticism, unhealthy fear of the opposite sex; her household chores make her restless, especially in the morning, fear of death.

About the stomach: nervous and mental symptoms worsen when the individual eats. Many symptoms are related to gastric weakness and poor digestion; aggravation by fatty foods and heavy eating. Slow digestion; many hours after eating she still has the feeling that the food is in her stomach; alternates violent hunger with anorexia.

In essence: she seeks affection; extreme variability of mental symptoms, and mood; consolation improves and she seeks it; in relation to the stomach there is an aversion to fatty foods, difficult digestion, appetite variability – violent hunger alternates with anorexia. It bears no notable resemblance to the psyche of Ignatia Amara, who has a more choleric, controlling temperament and does not seek affection. Likewise, the marked lack of appetite of the Anorexia Nervosa patient is impressive as a characteristic of the homeopathic medicine Pulsatilla Nigricans.

3.7.6 Staphysagria

Easily irritated, more internally, does not manifest it; illnesses triggered by continuous anger, concealed annoyances, hidden emotions, contained indignation. Anger with regard to the attitudes of others or one's own; the person becomes mute from repressed indignation, anger with indignation...illnesses supervening from these causes, such as irritable

bladder, with frequent urge to urinate for several days after suppressed anger, after insults. Great indignation at things done by others or by yourself;

About the stomach

Extreme hunger, even when stomach is full after eating... Aggravation from eating or drinking, however little, from meat. Voracity, bulimia, even after having finished eating. The child cries just having finished eating. Bitter or salty eructation or regurgitations. Frequent nausea. In summary – it does not have the characteristic anorexia and wasting of Anorexia Nervosa; it has characteristics closer to the type of Binge Eating or Bulimia

4 Conclusion

The homeopathic medicines that were studied present, in general, a strong picture of psychic manifestations with a tendency to compulsion, which greatly characterizes neurotic states; there are similarities in varying degrees detected as expected by the Law of Similarity between all listed drugs that agree on the possible indication for the treatment of clinical conditions Anorexia Nervosa and Bulimia.

Carcinosinum – typical homeopathic medicine of syphilitic miasm – shows little agreement with the typical picture of Anorexia Nervosa; despite the destructive tendency of both conditions – medication and clinical entity – it does not show significant conformation to the picture described in the systematic exposition of Anorexia Nervosa.

As for *Iodum Purum* – its milder representative picture – the high level of psychomotor restlessness, the need to be busy, also denoting a compulsive neurosis – is more possibly superimposed on the picture of Compulsive Eating Disorder.

Natrum Muriaticum: resentful, with affective frustrations and silent suffering, he tends to keep his energy directed towards old emotions, which he maintains in a kind of "rumination". Despite melancholy picture and weight loss, he has a great appetite with emaciation and abnormal craving for salt; therefore, there is no symptomatologic picture that is relevantly reminiscent of the picture presented in Anorexia Nervosa.

The nature of Pulsatilla – docility, submissive conformation, the search for affection – are behavioral characteristics that are not in an important degree of similarity with the characteristics of the picture presented by the abstractly typical patient of Anorexia Nervosa, who seeks more isolation, and exercises from a certain evolutionary stage of the disorder, "dictatorial" behavior with the closest people, the question of "to eat or not to eat" becoming the essence of relationships in the family group.

Staphysagria presents – like Iodum Purum – a milder picture – revolving around relational conflicts based on resentment and disturbances due to indignation; it also lacks the destructive character of the syphilitic miasm that predominates in Anorexia Nervosa.

Inacia Amara. however – it presents a symptomatologic picture described in almost total theoretical agreement with the abstract profile of the patient with Anorexia Nervosa; the dynamics of the hysterical behavior, the theatricality with which she experiences relationships in the family dynamics – "dictatorial" in relation to the closest relatives who experience her drama – impresses in the similarity between the clinical condition and the symptomatologic characteristics of the homeopathic medicine. The evolution to the destructive syphilitic picture of the most severe forms of presentation of Anorexia Nervosa - although not so frequent - constitutes the most worrying presentation of this nosological entity.

This comparison model (description of the nosological entity and the symptomatologic characteristics of the homeopathic medicines) has a pedagogical character, as it is in learning the parts that the Totality can be achieved. Understanding the similarity between the drug *Ignatia Amara* and the characteristics of the abstract picture of Anorexia Nervosa is a learning exercise and expands the network of interrelationships of universal knowledge. In this way, the methodological cycle proposed with the present work is concluded, which has as its essential matrix the interdisciplinary approach that enriches the knowledge on the focused theme.

Compliance with ethical standards

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Statement of ethical approval

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