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Case studies on the homeopathic treatment of binge eating in adult males



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ABSTRACT

Background: Homeopathy seeks to treat holistically. The role of homeopathy for treating binge eating however remains poorly explored.

Objective: To determine the efficacy of individualized homeopathic treatment on binge eating.

Method: This was a nine-week pilot study using a case study design. Individualized homeopathic remedies were prescribed to each participant for six weeks and case analysis evaluated changes over time.

Results: All participants reported a decrease in the severity and frequency of bingeing behaviour; concurrent improvements in general health were also noted.

Conclusion: This pilot study shows the potential benefits of individualized homeopathic treatment in binge eating in males.

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1. Introduction

1.1. Problem statement

Binge eating is a common symptom associated with eating disorders such as bulimia nervosa (BN) and binge eating disorder (BED). Binge eating is often accompanied by gastrointestinal discomfort, constipation, and abdominal distention which contributes to a poor quality of life. Eating

disorders are often associated with underlying disturbances in emotional regulation and body image which leads to poor self-esteem and social isolation. Furthermore eating disorders can result in medical complications such as electrolyte abnormalities, oedema, cardiac conduction abnormalities and gastrointestinal complications (Colton, Rodin, Bergenstal, & Parkin, 2009). Obesity is the biggest complication of binge eating, which in turn may lead to associated health risks and complications, such as cardiovascular disease, gastro-esophageal reflux disease (GERD),

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sleep related breathing disorders and type II diabetes mellitus (Herrin, 2003). Binge eaters with an underlying eating disorder typically have psychological, social and medical co-morbidities resulting in a reduced quality of life (Hilbert, 2013). Current conventional treatment options for eating disorders include cognitive behavioural therapy (CBT), interpersonal psychotherapy (ITP), and selective serotonin reuptake inhibitors (SSRIs). It is difficult to assess the individual success rates of these treatments as they are often used in combination (McElroy, Guerdjikova, Mori, & O'Melia, 2012). Despite these treatment options, less than half of chronic cases seek treatment (Kessler et al., 2013). Treatment resistance in eating disorders is a common feature and is usually predicted by the severity of the core eating disorder psychopathology – this resistance complicates the disorder and is documented by poor response rates in many treatment trials (Halmi, 2013). The role of homeopathic treatment for eating disorders remains unknown. However, in certain isolated case studies, findings showed favourable results (Feingold, 2005, 2006; Fixsen, 2006; Tree, 2007) adding an increased interest in the field of treating eating disorders with homeopathy (Maslan, 2006; Traub, 2006). There has been no research conducted to date evaluating the efficacy of homeopathic treatment for binge eating.

1.2. Aim of the study

The aim of this pilot study was to evaluate the efficacy of individualised homeopathic treatment on males with binge eating by means of detailed case studies.

1.3. Definition of key concepts

The concepts that are central to this study are defined as follows.

Binge eating: Binge eating is a common phenomenon associated with eating disorders such as bulimia nervosa (BN) and binge eating disorder (BED). It is defined as consuming a large quantity of food in a short period of time, with a subjective “sense of loss of control” (American Psychiatric Association, 2013).

Case study: A case study is an empirical inquiry that investigates a contemporary phenomenon (the “case”) in depth and within its real-world context. This is especially done when the boundaries between phenomena and context may not be clearly evident (Yin, 2014).

Homeopathy: Homeopathy is a system of medicine founded by Dr Hahnemann which makes use of potentised remedies to stimulate the body's innate healing mechanisms (De Schepper, 2011).

Homeopathic principles: The Law of Similars is the principle on which the practice of homeopathy is based. When ingested by a healthy individual, a substance produces a set of symptoms – this substance used as a homeopathic remedy will cure a disease which has the same symptoms in an unhealthy individual (De Schepper, 2010; Kayne, 2008).

Homeopathic simillimum: The homeopathic simillimum refers to the unique, fundamental homeopathic remedy that

covers the totality of symptoms experienced by the individual being treated (De Schepper, 2011).

Individualised homeopathic treatment: The individualised homeopathic remedy (also known as the simillimum) is a single, unique remedy selected according to specific principles that most closely matches the total symptom picture of the patient (De Schepper, 2011). This includes their presenting symptoms, as well as generalized symptoms such as energy, appetite, sleep and perspiration.

Potentisation: The combination of the processes of diluting and succussing (shaking) a substance, is termed potentisation or dynamisation (Bloch & Lewis, 2003).

LM: LM potencies are made by diluting the medicinal substance in a ratio of one to fifty thousand, during every step of the remedy manufacturing process, instead of one part medicinal substance to ninety-nine parts solvent (centesimal) or to nine parts (decimal) (De Schepper, 2010).

Materia medica: A Materia Medica is a reference book that contains information of each remedy's symptom picture as researched (Owen, 2015).

Repertory: A repertory is an index of symptoms; each symptom has a corresponding list of remedies indicated for that symptom (Kayne & Kayne, 2007).

Repertorisation: Repertorisation is the process of using a repertory in order to find the remedy which best suits a patient's case (Bloch & Lewis, 2003).

Purposive sampling: Purposive sampling is selected based on the knowledge of a population and purpose of the study. The researcher selects participants that have a particular characteristic or fit a specific description. This technique carefully selects subjects based on study purpose with the expectation that each participant will provide unique and rich information of value to the study (Lee-Jen Wu, Hui-Man, & Hao-Hsien, 2012).

2. Materials and methods

2.1. Design

This pilot study used a nine-week case study design, consisting of ten male participants between the ages of 18 and 45 years. Participants were recruited by means of purposive sampling, using community forum postings and online social network sites. Potential candidates were screened telephonically for the following inclusion criteria: males aged 18–45 years, eating a large volume of food in a short span of time, a sense of lack of control over eating, and at least three of the following – eating at an accelerated pace, eating to physical discomfort, eating large volumes of food without being prompted by hunger, solitary eating behaviour stemming from embarrassment and/or feelings of guilt, and disgust or depression after eating. Exclusion criteria included: a previous diagnosis of anorexia nervosa, bulimia nervosa, diabetes mellitus, gallbladder disease, heart disease or cancer, any current use of allopathic medication (if a baseline treatment of six months had not been reached), and/or any homeopathic medication taken within the previous two-week period.

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