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DALAL**

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Emotional Eating Disorders

Dr. Nupur Krishnan helps us recognise emotional eating disorders and suggests ways to tackle them

People eat food for three reasons: to satisfy the stomach because they feel hungry; to satisfy the tongue because they enjoy the taste of the food; and to satisfy the mind and emotions.

When a person loses control over what to eat, how much to eat and when to eat, she suffers from an emotional eating disorder. Such eating disorders can be dangerous, destroying self-esteem and ruining the health of a person. Unfortunately, some people read a lot of nutrition related information from unreliable sources and their interpretation of this information can lead to such disorders.

There are three types of emotional eating disorders:

- 1) Binging – eating more food than required.**
- 2) Anorexia Nervosa - eating less food than required.**
- 3) Bulimia - eating more sometimes and less at other times to compensate.**

BINGING

This occurs when a person has the tendency to eat food when she is emotionally unstable due to the following reasons:

- Boredom and loneliness
- Feeling overwhelmed
- Depression, stress, anger, sadness, or anxiety

Symptoms

1. Eating large volumes of high calorie foods in a short period of time; sometimes 8,000 to 10,000 calories, which is equal to their calorie requirement over three to five days.
2. Eating a larger amount of food than most people would eat under similar circumstances.
3. Eating a larger amount of food than they would eat under normal circumstances
4. The excessive eating occurs in a discrete period, usually less than two hours.
5. The excess eating is accompanied by a subjective sense of loss of control.

Effects

Over eating results in excess calorie-intake and obesity. Most obese people suffer from social discrimination, which leads to physical and psychological stress; they remain unhealthy by indulging in more binging, thus engaging in a vicious cycle.

Most often emotional binging is associated with non-nutritional foods and the person is likely to suffer from multiple chronic diseases, and multiple nutritional deficiency related diseases.

Excess sugars and concentrated starches cause havoc in the hormones of metabolism and lead to wild swings in blood sugar. These tempt people to eat more typical 'binge foods' like sweets, biscuits, pastries, ice cream and bread.



ANOREXIA NERVOSA

Although the term 'anorexia' literally means loss of appetite, people with anorexia nervosa actually ignore hunger, indulge in self-starvation to lose weight, and deliberately control their desire to eat.

A combination of hormonal, social, and psychological factors is responsible for anorexia nervosa. The disease often begins in adolescence and can manifest in women post-delivery, a time of tremendous hormonal and psychological change. The condition is more common among females; it is estimated that around 3.7% of females suffer from anorexia nervosa.

Regardless of how much a woman weighs, she always wants to be thinner and often indulges in dieting. Even after eating a normal quantity of food, she may resort to starving, self-induced vomiting, appetite suppressants, diuretics and laxative abuse to avoid gaining weight.

Symptoms

1. Refusal to eat
2. Deliberate self starvation
3. Intense fear of gaining weight
4. Depression
5. Irregular or absent periods
6. Loss of hair
7. Distorted body image, thinking they are fat when they are actually of normal weight

Constant obsessive dieting may result in severe anorexia and sufferers may be at severe risk of chronic diseases and many nutritional deficiencies. In extreme cases this condition can also lead to death.

The gastrointestinal tract often gets affected by anorexia nervosa. Secondary complications of starvation include delayed gastric emptying, decreased small bowel motility, and constipation. These complications may result in complaints of abdominal fullness, which can last several hours after eating.



BULIMIA NERVOSA

The bulimia nervosa disorder typically begins with a strict weight loss diet, depriving one of adequate energy. Low energy/ sugar levels stimulate the brain to release

chemicals that cause extreme hunger. Driven by extreme hunger, a person may binge on large amounts of high-calorie foods (usually high sugar and high fat) until she feels numb. Then, feeling guilty and health conscious, she will indulge in strict dieting and excessive exercise, purging through self-induced vomiting, or abuse of laxatives or enemas. The dieter may be caught in a cycle of bingeing and purging, with feelings of anxiety, stress, loneliness, or boredom.

Symptoms

- A sense of lack of control over eating followed by self evaluation unduly influenced by body shape and weight.
- Refusal to maintain body weight at or above a minimally normal weight for age and height.
- Intense fear of gaining weight or becoming fat, even though they are normal weight or underweight.
- Absence of at least three consecutive menstrual cycles.

Despite overeating, most bulimics are of normal weight; however they are at the highest risk of fluctuating metabolism and nutritional deficiencies. At least 1.4% to 4.2% cases of bulimia are recorded among young women, who seem to be more susceptible to the condition.

TREATMENT

Emotional eating disorders often require intensive long term treatment. Nutrition education and lifestyle modification are essential to treat the complications. Family members should encourage and constantly support the patient to overcome her abnormal fear of food, and distorted self-image of being fat.

Nutrition counselling about the following is important to uncover the source of these fears:

- a. Food guide pyramid
- b. Nutrition misinformation
- c. Portion control
- d. Hunger and satiety cues
- e. Impact of exercise on calorie expenditure

Initially the patient will be offered small portions of nutritious and easily digestible foods. Based on their feedback, metabolic changes and nutrition assessment, their diet pattern keeps changing towards more stable and healthier food habits.

1. Based on the physical parameters and blood parameter their calorie requirement will be determined.
2. The ratio of macronutrients in the form of Protein, Carbohydrates and Fat and requirement of micronutrients (vitamins, minerals and trace elements) will be customised

Avoid the following drugs which reduce / suppress hunger:

- Antibiotics
- Penicillamine
- Non steroidal anti-inflammatory drugs
- Laxatives
- Levodopa
- Fenformine
- Cardiokinetics

General diet guidelines

- Consult a qualified clinical nutritionist for diet modification.
- Don't use food as your emotional stress reliever.
- Take help from others to observe if you show any symptoms of an emotional eating disorder.
- Never skip meals. Divide your day's calories into 5-6 parts. Eat small meals frequently on a preset schedule.
- A basic diet provides around 20% of calories from high quality protein to support your

muscles, and around 65 % from low glycaemic carbohydrates and fibrous vegetables, green leafy vegetables, fruit, rice and oats.

- Avail 15% calories from unsaturated fats and around 7% from saturated fat found in lean meats, poultry, dairy products and egg yolks.
- Never remain hungry for long hours. Plan what, when and where you will eat.
- Carry your food with you in an insulated lunch bag if needed.
- Zinc is often deficient in people who binge. Zinc is important to battle this disorder because it increases the appetite and aids the sense of taste.
- Protein rich foods such as meat, milk and eggs contain an amino acid called Tryptophan increases the levels of Serotonin (a brain chemical) which plays a role in controlling certain types of depression.
- Never engage in fasting to reduce weight. Lose weight gradually in the range of 4-6 kg per month.
- Avoid refined sugar, honey or other concentrated simple sugar sources.
- Limit intake of potatoes, wheat, corn and food made of flours such as bread and pasta.
- Avoid high calorie foods and empty calorie foods. One gram of fat contains 9 calories whereas one gram of protein and carbohydrate contains only 4 calories.
- Every food has different amounts of fat; consume less fat foods.
- Never indulge in an artificial weight loss treatment without knowing the root cause of obesity.
- Avoid hunger suppressing plant extracts prescribed by some dieticians.
- If your uric acid level is high avoid high protein based weight loss diets which may lead to kidney failure and osteoporosis.
- A brisk walk for 15 minutes will increase your metabolic rate.
- Eating disorders can deplete your blood of potassium and sodium; regularly conduct physical examinations and laboratory tests.

Recovering from an emotional eating disorder is not just about willpower; a complex interplay of psychological and emotional needs, physical changes, brain chemical-driven cravings, social conditioning, and addiction to emotional numbness also play a major role. But it can be done with lifestyle modifications and the right treatment. So, don't lose hope!



Dr. Nupur Krishnan - Ph.D. Food and Nutrition Director (Bio-Logics Nutrition Clinics) - is a Clinical Nutritionist with a decade of proven experience in preventive and clinical nutrition therapies for heart attack, obesity, diabetes, high cholesterol, stroke, blood pressure, thyroid, kidney disorders, liver disease, constipation, anaemia, etc.

For further details and article related queries contact her on: 4-1st floor, Warden Court Bldg, Gowalia Tank, Near Kempes Corner, Mumbai 400 036. Phone: 022-23822211/9820999800/9820992450. www.biologics24.com

Case Study

Tapati Karmakar was obese at the age 42. Misguided by a lot of myths about dieting, she had tried and failed in her efforts to reduce weight. Indulging in frequent starvation diets, she fell prey to anorexia nervosa. Her energy levels were low, she felt lethargic, and experienced tremendous hair fall. She also developed other chronic diseases like diabetes, blood pressure, oedema, and symptoms of hypothyroid and stroke; her Vitamin B12 level was low.



Before



After

Mrs. Karmakar's physician prescribed medicines but was unable to diagnose the root cause of the problems. She was consuming seven tablets per day for the above health conditions but her health deteriorated day by day. The side effects of medicines also led to constipation and severe acidity.

Treatment at Bio-Logics Nutrition Clinic

When Mrs. Karmakar started nutrition therapy at the clinic in May 2010 her weight was 80 kg; fat (which should be 22%) was 39.3%. At the clinic a risk assessment was done of her eating pattern, nutrition analysis, and physical and pathological parameters. She was found to be suffering from multiple chronic risk and nutritional deficiencies. Within 50 days of starting the nutrition therapy she achieved weight loss of 6.5 kg; overall she lost 21 kg of weight and 13 kg of fat. This helped prevent the risk of heart attack. Her hair fall reduced tremendously; her vitamin levels were balanced and she was cured of diabetes, blood pressure, anaemia, constipation, oedema and acidity. She no longer needs to take any medicines for the above complications and will be free from the side effects of medicines.

Says Mrs. Karmakar, "After the treatment my energy levels are very high. I am no longer taking any medicines as all my blood tests are normal. My friends now comment on how I am thin even though I eat well. After reducing 21 kg I feel like I am in my twenties again!"

Conclusion

The process of recovering from Emotional eating disorder is not just willpower, but depends on complex interplay of psychological and emotional needs, physical changes, brain chemical-driven cravings, social conditioning and addiction to the emotional numbness.