

Perspectives on Eating Disorders and Traditional Chinese Medicine

Norman Kraft, LST, DCH, MTOM, Dipl.Ac., L.Ac. *

July 22, 1999

Abstract

EATING DISORDERS ARE OFTEN-SEEN AND OFTEN-MISSED IN THE PRACTICES OF HEALTH PROFESSIONALS BOTH EASTERN AND WESTERN IN PERSPECTIVE. THESE ARE DANGEROUS DISORDERS WHICH ARE RESPONSIVE TO TREATMENT, BUT CAN LEAD TO CHRONIC LIFE-LONG DAMAGE TO THE INDIVIDUAL'S HEALTH AND CAN EVEN BE LIFE THREATENING. IN THE UNITED STATES ALONE THERE ARE THOUSANDS OF NEW SUFFERERS EACH YEAR. THE IMPORTANCE OF HAVING THE TOOLS TO RECOGNIZE THESE SERIOUS DISORDERS AND SOME STARTING POINTS FOR TREATMENT CANNOT BE OVERSTATED IN THE AMERICAN CULTURE IN WHICH THEY FLOURISH.

WHILE THERE ARE A WIDE RANGE OF EATING DISORDERS, THIS ARTICLE PRIMARILY DISCUSSES TWO OF THE MORE COMMON FORMS: ANOREXIA NERVOSA AND BULIMIA.

*©1996, 1997, 1999 Norman Kraft. All rights reserved. This document may not be copied or distributed, in whole or in part, without the prior express written authorization of the author.

1 Definitions

Eating disorder: An eating disorder is an abnormal relationship with food.

Anorexia nervosa: ANAD¹ defines anorexia nervosa as “a dramatic weight loss from severe self imposed food restrictions frequently accompanied by excessive exercising.” Medically, it is seen as “a disorder characterized by a disturbed sense of body image, marked weight loss, morbid fear of obesity and amenorrhea in women.” (Merck 1992, page 2279)

Bulimia: ANAD defines bulimia as being “characterized by consumption of food rapidly in large amounts, and often followed by purging to assure maintenance of near normal weight rather than profound continuous weight loss.” The medical definition is characterized by “recurrent episodes of binge eating during which the patient experiences a loss of control over eating and engages in either self-induced vomiting, use of laxatives and/or diuretics, or rigorous dieting or fasting to overcome the effects of the binges.” (Merck 1992, page 2280)

2 Behavioral and Physical Characteristics

The behavioral traits of eating disorders are widely varied, but the following are considered to be common:

Difficulty in making decisions; difficulty concentrating; distorted body image and need for thinness; denial of hunger, tiredness and emotions; self-induced sleep deprivation; exaggerated preoccupation with food-related activities: menu-planning, cooking, baking, food shopping, and/or ritualistic eating habits and times; compulsive exercising and physical hyperactivity; withdrawal from friends and family, secretiveness, manipulation;

¹The National Association of Anorexia Nervosa and Associated Disorders is the leading organization of its type on the national scene. See the Resources section for further information about this group.

obsession with perfectionism, manifesting itself in regimentation, self-punishment or extreme competitiveness; suicidal tendencies, lethargy or fuzzy, incoherent or irrational thinking.

Some common physical characteristics of eating disorders often seen in a clinical setting are:

Amenorrhea, which often appears before appreciable weight loss; loss of interest in sex; on physical exam: bradycardia, hypotension, hypothermia, the development of lanugo hair ² or frank hirsutism ³ and edema; endocrine changes or imbalances; extreme weight change: anorexics may rapidly lose as much as 25% or more of body weight; constipation; skin rash and dry skin; loss of hair and nail quality; dental caries and periodontal disease; inflammation of the esophagus in bulimics - in severe cases, rupture of the esophagus may be seen; swollen salivary glands are common in bulimics.

The Merck Manual notes that “dysfunction may be found in virtually every major organ system in the severely malnourished patient, but the most dangerous are cardiac and fluid and electrolyte disorders.”

3 Western Treatment of Eating Disorders

In the Western clinical setting, eating disorders are seen primarily as psychological disorders. Treatment of bulimia is generally more successful than anorexia nervosa, though recovery is seen in both. Epidemiological studies estimate that 10-35% of cases result in death. This is due in part to a very high rate of chronicity with eating disorders. In an epidemiological study at Harvard Medical School (Herzog 1999), doctors followed 236 women over varying periods from three to nine years. During this period

²Downy hair covering the entire body.

³Excessive growth of hair, or hair growth in unusual places.

33.7% of women with anorexia and 73.8% of women with bulimia experienced full recovery,⁴ however Dr. Herzog found that a full 40% of women with anorexia and 35.3% of women with bulimia relapsed. Dr. Herzog offered the additional important observation that patients with eating disorders often “have many comorbidities. So the idea that you’re dealing with a pure eating disorder is rather infrequent.”

The key to Western treatment strategies has been the cooperative work between professional disciplines, be these medical, psychological or spiritual. Counseling is seen as instrumental to recovery, reducing the mortality rate by half. Antidepressant drugs are often prescribed. Hospitalization is an option that may be necessary to get recovery started.

4 A View from Classical Chinese Medicine

Much of the treatment offered to those with eating disorders in both Western and Chinese medicine has been primarily palliative in nature, treating the physical damage that accompanies these disorders while leaving mental health professionals to work on root issues. While this model works well in the West, where body and mind are carefully kept in separate boxes, it is in the best interest of the patient to put our oriental approach to better use.

To begin, it is important to understand that there are no simple point prescriptions and treatment principles for patients with eating disorders. The treatment of such complex and chaotic disorders is neither simple nor easy and it takes a great deal more than the basic eight principles to treat these cases. Yet to help even one patient, to perhaps be the point of change which leads to survival of this disorder is why we became health practitioners in the first place.

⁴Defined as “ the absence of symptoms or the presence of only residual symptoms for at least eight consecutive weeks.”

Over the last few years I have observed several other Chinese medicine practitioners in their treatment of eating disorders and treated many of these patients in my own practice. Some of these practitioners are impressively experienced and respected individuals, yet to my knowledge no practitioner has found the key to these disorders; none of us may claim any consistent record of success. Yet there have been successes, and a body of case histories perhaps large enough to venture some ideas about what has and hasn't worked.

All effective treatment is based upon effective models. We must understand the basic workings of a disorder to have a starting place for the formulation of a treatment protocol. One difficulty in this process, however, is the total lack of reference in classical Chinese literature to what we call eating disorders. There are studies of starvation, and various side-effects of other disorders both physical and emotional that lead to similar symptoms, but eating disorders as we know them are a feature of our modern world. Even in Western medical literature, there are few instances of what could be diagnosed as an eating disorder before the 1900's. Their occurrence in late 1990's America is unparalleled in medical history and reaching epidemic proportions.

Thus, searching book indices for "eating disorder" or "anorexia nervosa" is rarely a fruitful enterprise. When faced with such situations, I return to the models upon which classical understandings of psychological disorders were based, to the building blocks of the medicine we practice.

One of these models, from the *Su Wen* are the classical concepts of the Organ Spirits. These concepts underlie some of the most interesting and effective approaches to psychological disorders in classical Chinese literature. Clearly it is at the level of the Spirits by which we have the opportunity to address our patients very deeply indeed.

5 An Exploration of The Organ Spirits

Early in the course of acupuncture school we are given a basic, if unsatisfying, table of the Organs and their accompanying Spirits. These are usually given as the *Shen* for the Heart, *Po* for the Lung, *Hun* for the Liver, *Zhi* for the Kidney and *Yi* for the Spleen. While I have read various translations of these terms from various authors, most had lacked real depth. I found these again in *Rooted in Spirit: The Heart of Chinese Medicine* (Larre and de la Vallée 1995) where this flat technical terminology is given beautiful life. I'd like to review Larre's definitions before continuing:

Shen: "When the Spirits find natural Virtue, they make it shine. The conduct and meaning of life are illuminated in a resplendent flash of what is specifically celestial within us: the Spirits. The radiant activity of the Spirits is distributed by the auxiliaries subordinated to the power of the heart. The result is perceptible in all aspects of life, in virtuous and effective conduct, in bright and clear eyes, and in a fresh pink complexion."

Po: "The Po are sensate souls, vegetative Spirits. They are Spirits of Earth, which are animated by the same movement as is the color white. ... Thus, as the opposite of essences *Jing* that rise and disperse lightly in the body, charged with the elements of vitality, the residues become concentrated, and they descend all the way to the complete evacuation of the elements that cannot be utilized for vital maintenance."

Hun: "The *Hun* are spiritual souls, rational Spirits, the soul breath. They are the Earthly Spirits, animated by the same movement as the clouds. ... As the clouds move, so more the *Hun* as well as the shades of the ancestors."

Zhi: "Will. Wish, design, goal, aspiration. The intent in the heart persists and develops, the way a plant begins to rise upward from the soil. The movement of the heart is oriented continuously toward a goal; the plant represents the process of life's development. The heart takes on the power and tension of the phallus, as the plant represents the vigor of its stem. ... The expression that unites will and intent brands fundamentally the orientation of all animation that begins in a well-constructed and inspired mental state."

Yi: "Meaning, significance, intention, idea, opinion, personal feeling. The intention of the heart that the thinking, speaking and acting person puts into what he emits in sounds, thoughts, or acts."

An item of interest becomes apparent when the Chinese characters for these translations from the *Su Wen* are examined, for the character for Heart *Xin* is used in definitions of *Zhi* and *Yi*. The "movement of the Heart towards a goal" (*Zhi*) and the "intention of the Heart" (*Yi*). This link between the Heart, Kidney and Spleen are of paramount importance in this model.

6 Developing the Model

It is tempting, when looking at a syndrome such as anorexia nervosa to jump directly to the Spleen. I often find practitioners drawing upon the works of *Li Dong-yuan* regarding treatment of various Spleen deficiency-type signs such as "inability to eat," "low appetite," or "poor nutritional absorption." Unfortunately, this approach shows a fundamental misunderstanding of eating disorders. In anorexia nervosa, for example, the physical appetite remains relatively normal and, until the later stages of malnutrition and starvation, the patient retains the ability to absorb food that is eaten. What we are seeing in these patients is an incredible display of sheer willpower, allowing the mind to overcome the body's insistent cravings for

food. The Spleen is certainly affected by an eating disorder, but the Root of the disorder lies elsewhere.

Eating disorders, including anorexia nervosa and bulimia, are anxiety disorders, fear-based and fear-driven. The root of this Fear lies with the Kidney. In my experience with psychiatric cases, the Kidneys often respond to Fear of External or Internal origin with a sort of pathological emotional aspect of Kidney Yang Rising, the increase of Will beyond all reason.

But the Kidney alone, representative of the Water aspect of ourselves, cannot account for all we see in these disorders. The *Shen* is involved to some degree in all psychiatric disorders, but for a life to become fear-driven to the point of denying food to one's self, the tricks of self-delusion and illusion arising from the *Shen* are powerful indeed. While fear is the root, it is the misting of the *Shen* which allows the person to view life through a glass warped and darkened, making possible the altered, image the patient sees each day in the mirror.

7 Approaches to Herbal Therapy

While it is important to support the Spleen, to build Blood and *Yin*, and treat other obvious pathologies, it is also important to address the spiritual and emotional aspects of these disorders.⁵

The Heart/Kidney, Fire/Water, *Shen/Zhi* link is often the true Root of these disorders. The *Shen* must be quieted, and the Heart's Vision cleared, while gently supporting the Kidneys and reestablishing the harmony and balance between Fire and Water.

While many formulas may be applied to such cases, I will discuss a few that I have found to have the effect of reaching beyond the surface and into

⁵I hope it is also apparent that to sit one of these patients down for a discussion of their diet, or to assign food diaries and such only works against the practitioner. As important as proper nutrition may be, it is inextricably bound into the pathology.

the depths of the Spirits. With all formulas the condition of the patient's Spleen and digestive process must be evaluated. Decoctions and liquid extracts are the best tolerated, I have found. Many patients do not retain enough digestive function to metabolize herbal tablets. Of the formulas I use in these disorders, the three most important in this model I have proposed as starting points for modification are *Liu Wei Di Huang Wan*, *Jin Gui Shen Qi Wan* and *Gui Pi Tang*.

7.1 *Liu Wei Di Huang Wan*

Chinese	Latin	Dosage
Sheng Di Huang	Rhemannia	15-20 gm
Shan Zhu Yu	Cornus	12-15 gm
Shan Yao	Dioscorea	10-15 gm
Ze Xie	Alisma	9-12 gm
Mu Dan Pi	Moutan	6-9 gm
Fu Ling/Fu Shen	Poria/Poria Spirit	9-12 gm

This formula is for a presentation with more deficient Water/Kidney aspects than Heart, and the use of large doses of *Sheng Di Huang* rely upon a healthy Spleen function implying that we are at the early stages of the disorder. Here, Kidney deficiency (primarily of Yin and Essence) is leading to Empty Fire (pathological Will) and poor control of the Heart's Fire. *Fu Shen* is preferred over *Fu Ling* in this formula. If the formula is to be given in raw form, it is imperative to use the freshest and most fragrant of herbs, for these qualities which are lost over time are the *spirit* of the herbs.

Ted Kaptchuk (Kaptchuk, Rosenberg, and Sigler 1992) ventures some interesting ideas about this formula in his *Psychological and Transformation Indications* for the K'an version of this formula, Quiet Contemplative.

7.2 *Jin Gui Shen Qi Wan*

Chinese	Latin	Dosage
Fu Zi	Aconite	6 gm
Rou Gui	Cinnamomum	6 gm
Shu Di Huang	Rehmannia	20-30 gm
Shan Zhu Yu	Cornus	10-15 gm
Mu Dan Pi	Moutan	10-12 gm
Fu Ling/Fu Shen	Poria/Poria Spirit	10-15 gm
Shan Yao	Dioscorea	10-15 gm
Ze Xie	Alisma	10-15 gm

This formula is used when the signs and symptoms of Kidney Yang Deficiency are pronounced, with a cooling of the digestive process. One must be careful in using Yang tonics and warming herbs with bulimia in particular, for while the overall picture may be Yang Deficiency the constant abuse of the stomach tends to quickly lead to Stomach Yin Deficiency with Heat. In such a case, warming formulas such as the above must be modified or others chosen.

7.3 A Modification of *Gui Pi Tang*

Chinese	Latin	Dosage
Ren Shen	Ginseng	6-9
Huang Qi	Astragalus	9-12
Bai Zhu	Atractylodes	9-12
Dang Gui	Angelica	6-9
Fu Shen	Poria	6-9
Suan Zao Ren	Zizyphus	9-12
Long Yan Rou	Euphoria	9-12
Yuan Zhi	Polygala	3-6
Mu Xiang	Saussurea	3-6
Zhi Gan Cao	Glycyrrhiza	3-6
Hong Zao	Jujuba	3-5 pc
Bai Zi Ren	Biota	6-9
He Huan Pi	Albizzia	6-9
Shi Chang Pu	Acori	6-9
Bai He	Lilii	6-9

This formula is a common modification of *Gui Pi Tang*, for a presentation with more Fire/Heart deficiencies than Water/Kidney issues, though this formula give some support to both and also supports the Spleen. The additions to the base formula are important: *Bai Zi Ren* further nourishes Heart Blood and is calming to the *Shen*. *He Huan Pi* and *Shi Chang Pu* open the orifices of the *Shen*, clearing much of the insubstantial Phlegm that is often a part of this disorder. *Bai He* was added specifically to address the issues of loss, sadness and grief that are characteristic emotions of the patient with this diagnosis, for their disorder has invariably caused great loss and social damage in their social aspect and grief follows.

7.4 *Bai He*

Bai He can be a very important herb in the treatment of eating disorders. As found in the *Synopsis of Prescriptions from the Golden Chamber* (Zhang Zhongjing 1987) *Bai He Bing* (Bulbus Lili syndrome) is *Zhang Zhong Jing's* equivalent to mental depression. His particular focus, however, is toward a type of depression which often accompanies eating disorders:

The patient wants to eat, but is reluctant to swallow food and is unwilling to speak. Or he prefers to lie in bed, yet cannot lie quietly due to restlessness. He may want to walk about, but soon becomes tired. Now and then he may enjoy eating certain delicacies, but at other times he cannot even tolerate the smell of food. He may feel either cold or hot, but without fever or chill. He also has a bitter taste in his mouth, and passes reddish urine. No drugs appear able to cure the syndrome. After taking medicine, acute vomiting and diarrhea may occur. The disease "haunts" the patient, and though his appearance is normal, he is actually suffering. (Zhang Zhongjing 1987, page 44)

In this translation, commentary from the *Jin Kui Yao Lue Yu Yi* (Explanation of Synopsis of the Golden Chamber) provides important additional information:

Bulbus Lili syndrome is named after its curative which has Bulbus Lili as its main ingredient. This syndrome may occur after febrile diseases or periods of mental depression. Its symptoms and signs generally include mental distress and confusion, abnormal eating and irregular movements. (Zhang Zhongjing 1987, page 44)

Bulbus Lili syndrome is caused by Interior Heat of the Heart, and the Lung in Yin and deficient nature. Therapy replenishes Yin and removes endogenous pathogenic Heat. (Zhang Zhongjing 1987, page 45)

It is interesting to note that the functions of *Bai He* on the Lung as a stop-cough herb, a frequent modern use, seem of relatively little importance to the authors while the energetic functions on the Spirits of the Heart and Lung are emphasized.

Zhang Zhong Jing gives several decoctions for the administration of *Bai He* with other herbs for this syndrome, though in our context it is best used as an addition to other formulas. He also notes that in the Interior form of Bulbus Lili syndrome, the form that would be seen in most cases of concurrent eating disorder and depression, the patient should be treated with “washing therapy” in which the cooled decoction is used to wash the patient’s skin. While I have by no means a large sampling of patients to whom I have suggested this therapy, those who have tried it found the washing to be very relaxing and emotionally uplifting.

With care in formulation taking into account the cold temperature of the herb, *Bai He* could be added to the other two formulas above as well. In *Liu Wei Di Huang Wan* I usually combine *Bai He* with *Zhi Mu* (Anemarrhena) as these two herbs work very well together to calm *Shen* disturbed by interior Heat due to Deficiency of Yin.

8 Approaches to Acupuncture Treatment

In terms of acupuncture, the best approach is generally fewer points, gentler technique and better equipment (needles). The Spirits may not be forced into balance, they must be coaxed. Special attention must be paid to the Extraordinary Channels, and Fire/Water point pairings should be

explored. Special care must be taken with the very thin patient, as standard needle depths are often unsafe. Needling must be superficial, and we must recognize that the surface *Qi* of these patients is chaotic and tense. Needles often hurt, and strong *Qi* sensations deplete and worsen the patient more often than they help. Electrostim is generally contraindicated for the deficient patient, and rarely useful in addressing the Spirits of the Organs.

Finally, remember that these disorders require long-term treatment, family support and emotional support before any impressive results will be seen. It is tempting, in light of how slowly progress can be in the treatment of an eating disorder, to give up too early. Consistency, understanding and compassion are the most important tools one can bring to bear on these disorders, gently fanning and encouraging that spark of Light that lies buried within each of our patients.

9 Further Resources

For more information about the Western approach to treatment of eating disorders or to find support groups and mental health professionals specializing in these disorders there are some excellent organizations to which both the practitioner and patient may turn.

In the U.S. there are two national organizations providing information, support and practitioner referrals:

- ANAD - The National Association of Anorexia Nervosa and Associated Disorders, PO Box 7, Highland Park, Illinois 60035. Hotline: (847) 831-3438. Web site: <http://www.anad.org>
- AA/BA - The American Anorexia/Bulimia Association, c/o Regents Hospital, 425 East 61st Street, 6th Floor, New York, New York 10021. (212) 891-8686.

In Canada, the *Association for Awareness and Networking Around Disordered Eating (ANAD)* (formerly the “Canadian Association of Anorexia Nervosa and Associated Disorders ANAD”) provides Canadians access to ANAD materials and maintains Canada-specific information about eating disorder epidemiology and treatment. This organization may be reached at 109-2040 W. 12th Avenue Vancouver, BC V6J 2G2. (604) 739-2070 Fax: (604) 730-2843

In the San Diego, CA area there are two contact sources for ANAD support groups:

- Arlene Kosakoff, 14122 Half Moon Bay Dr., Del Mar, CA 92014. (619) 755-0312.
- Susan Ward, 9255 Towne Center Drive, Suite 370, San Diego, CA 92121. (619) 450-3210.

The U.S. national organization Overeaters Anonymous provides 12-step self-help support groups for those with eating disorders, including anorexia nervosa. Contact OA at:

- **International:** OA World Service Office (WSO) 6075 Zenith Ct. NE, Rio Rancho, NM 87124. (505) 891-2664 Fax 505-891-4320. Web site: <http://www.overeatersanonymous.org>
- **U.S. National:** Overeaters Anonymous, 4025 Spencer Street, Suite 203, Torrance, CA 90503. (213) 542-8363.
- **San Diego:** 6153 Fairmount Ave., San Diego, CA. (619) 563-4606.

10 The Author

Si post fata venit gloria non propero

Norman Kraft is Dean and Director of the Canadian College of Oriental Medicine in Toronto, Ontario, Canada. A graduate of Pacific College of Oriental Medicine (Master of Traditional Oriental Medicine, with Honors) and a former faculty member of the Pacific Institute of Oriental Medicine in New York, he has studied, apprenticed and practiced Chinese medicine for nearly 20 years. He has completed additional acupuncture studies and training in France and England.

Mr. Kraft also holds a Licentiate in Sacred Theology (LST, Orthodox) and a Doctorate in Clinical Hypnotherapy and has taught numerous classes and tutorials on bioethics and world religions. In the 1990's, he worked on research projects exploring the psychiatric problems of AIDS and for over nine years he volunteered time to AIDS organizations in San Diego, specializing in death and dying counseling.

Currently, in addition to his duties as the Dean of CCOM, Mr. Kraft maintains a private practice in Toronto, Ontario (Canada).

References

- Benksy, Dan and Randall Barolet. 1990. *Formulas and Strategies*. Seattle, Washington: Eastland Press.
- DSM-IV. 1994. *Diagnostic and Statistical Manual of Mental Disorders, 4th edition*. Washington, DC: American Psychiatric Association.
- Hammer, Leon. 1990. *Dragon Rises, Red Bird Flies: Psychology and Chinese Medicine*. Barrytown, NY: Station Hill Press.
- Herzog, David. 1999. "Eating Disorders Chronic in Many Women." *J Am Acad Child Adolesc Psychiatry*, no. 38:829–837.
- Kaptchuk, Ted, Z'ev Rosenberg, and Gloria Sigler. 1992. *Kan Herbals Formula Guide*. K'an Herbals.
- Larre, Claude and Elisabeth Rochat de la Vallée. 1990. *Spleen and Stomach*. Cambridge, U.K.: Monkey Press.
- . 1991. *The Heart*. Cambridge, U.K.: Monkey Press.
- . 1992a. *The Kidneys*. Cambridge, U.K.: Monkey Press.
- . 1992b. *The Secret Treatise of the Spiritual Orchid*. Cambridge, U.K.: Monkey Press.
- . 1994. *The Liver*. Cambridge, U.K.: Monkey Press.
- . 1995. *Rooted in Spirit*. Barrytown, NY: Station Hill Press.
- Merck. 1992. *The Merck Manual, 16th edition*. Rahway, N.J.: Merck and Co., Inc.
- Soulie De Morant, George. 1994. *Chinese Acupuncture*. Brookline, Mass: Paradigm Publications.
- Yang Shouzhong and Li Jianyong. 1993. *Li Dong-yuan's Treatise on the Spleen and Stomach*. Boulder, CO: Blue Poppy Press.
- Zhang Zhongjing. 1987. *Synopsis of Prescriptions of the Golden Chamber*. Translated by Luo Xiwen. Beijing, China: New World Press.