



Case Study

AYURVEDIC MANAGEMENT OF ANOREXIA NERVOSA

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ABSTRACT

Anorexia nervosa (AN) is a complex eating disorder characterized by extreme food restriction, intense fear of gaining weight, and a distorted body image. One-year prevalence of anorexia nervosa is 0.16% for females and 0.09% for males. Ayurveda approaches to addressing both the physical and mental aspects of Anorexia Nervosa (AN). From an Ayurvedic perspective, AN can be interpreted as *Kapha-Pittika Unmada*, a mental imbalance caused by the aggravation of *Kapha* and *Pitta doshas*, which impacts both nutritional and psychological well-being. Methods: 17-year-old male patient, recently exhibited increased food intake followed by self-induced vomiting and has been hiding food and diagnosed with anorexia nervosa, referred to as *Kapha-Pittika Unmada* in Ayurveda. The treatment protocol was designed to target *Kapha* and *Pitta* imbalances while strengthening the *Manovaha Srotas* to support the patient's physical and psychological recovery. Ayurvedic interventions included internal and external therapies aimed *Shodhana, Shamana* and *Satvavajaya* measures. Results: The patient demonstrated positive outcomes, including gradual weight gain, improved dietary habits, and a decrease in elimination behaviors. Psychological improvements were also noted, particularly in terms of reduced anxiety and improved mood and quality of life also improved. Discussion: The treatment protocol included *Samana* (pacifying therapies), *Shodhana* (cleansing therapies), *Dhara* (therapeutic pouring of medicated liquids), *Thalam* (application of medicated paste to the head), and *Dhupanam* (medicated fumigation) along with *Satvavaja* measures. Future studies should investigate the integration of Ayurvedic treatments with modern psychological therapies to establish comprehensive and sustainable treatment protocols for anorexia nervosa.

INTRODUCTION

Anorexia nervosa (AN) is a severe eating disorder marked by an intense fear of weight gain, self-imposed starvation, and a distorted body image that leads to extreme weight loss and often dangerous health consequences. It is most commonly diagnosed among adolescents and young adults, with an estimated lifetime prevalence of 0.3-1% in Western populations and a growing prevalence globally.^[1] Perfectionism, high levels of anxiety, and obsessive-compulsive behaviors are often present in individuals with AN, complicating the treatment process.^[2]

Standard approaches to management typically include a combination of nutritional rehabilitation, psychotherapy such as cognitive-behavioral therapy, and medical monitoring, which aim to address both physical and psychological aspects of the disorder.^[3]

Anorexia nervosa, a psychiatric condition characterized by an intense fear of weight gain, distorted body image, and restricted food intake, can be correlated in Ayurveda with *Kaphapitta Unmada*, a mental disorder involving *Kapha* and *Pitta* imbalances. *Kapha*-related symptoms include mental dullness, lethargy, rigidity, and metabolic sluggishness due to *Ama* (toxins). *Pitta* manifests as obsessive thoughts, irritability, dizziness, and behaviors like purging, while *Rajas* and *Tamas* (psychological *Doshas*) contribute to obsession, denial, and depression. The condition leads to *Dhatu Kshaya* (depletion of tissues), affecting *Rasa* (nutrition), *Rakta* (blood), and *Meda* (fat), eventually

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disturbing *Vata Dosha*, causing dryness, coldness, and emotional instability.

Management involves a holistic Ayurvedic approach. *Shodhana* therapies like *Vamana* and *Virechana* cleanse *Kapha* and *Pitta*, while *Shamana* treatments use *Medhya Rasayanas* (e.g., Brahmi, *Ashwagandha*) for mental stability and *Deepana-Pachana* herbs (e.g., *Trikatu*) for *Ama* digestion. *Satvavajaya Chikitsa* (psychotherapy) addresses distorted beliefs, and *Rasayana* diets with nourishing foods like milk and ghee restore *Dhatus*. Yoga and *Pranayama* balance mental and physical energies, reducing stress and promoting overall health.

This case report describes a 17-year-old male patient having symptoms such as difficulty in food intake, self-induced vomiting, fear of weight increase and diagnosed with anorexia nervosa, understood within Ayurveda as *Kapha-Pittika Unmada*. The patient also exhibited symptoms of restrictive eating, food hiding, purging, and intense body weight concerns that worsened due to a traumatic event and pandemic-related social isolation. This integrative approach illustrates the potential of combining Ayurvedic principles with modern diagnostic frameworks, providing insights into a treatment protocol that addresses both psychological and physical symptoms.^[6]

Clinical Presentation with History

A 17-year-old male student from a middle-class family in Malappuram, was seen along with his parents, who both served as reliable informants. He is currently in higher secondary school. He has expressed suicidal thoughts. He reported difficulty eating food properly, which has persisted for the past six months. According to his parents, he has recently exhibited increased food intake followed by self-induced vomiting and has been hiding food as well. Additionally, they observed his reduced sleep and decreased social interaction over the last month.

He was the firstborn of non-consanguineous parents, reached developmental milestones normally. An introvert since childhood, he developed a strong interest towards pets in 8th grade, even starting a YouTube channel in 9th grade to post videos on pet care. Following a move to a new house, he became isolated from his friends, increasing his tendency to be alone. During the COVID-19 pandemic, his weight increased from 45kg to 62kg, prompting him to stop eating boiled rice. A year ago, he had a bicycle accident, and a doctor's comments on his weight gain raised his fears about health risks, including diabetes, leading him to avoid non-vegetarian food.

Seven months ago, the sudden death of his pet iguana deeply saddened him, leading to reduced food intake, less sleep, and further withdrawal. Around this time, his mother noticed him binge-eating his favorite

foods such as payasam, chips, and lays—and subsequently vomiting, though his parents initially were unaware of this behavior. He also began visiting pet shops frequently. Five months ago, he started skipping dinner, and his mother discovered he was hiding part of his morning meals. He would consume large portions of non-rice items, drink cold water, and retreat to his room, where he would induce vomiting, locking the door and playing loud music. His mother witnessed him doing this one month ago, after which he admitted that he was afraid of gaining weight.

He often sought reassurance from others about his weight and was admitted to a psychiatric hospital. However, he refused to take the prescribed medication, expressed suicidal ideation, and desire to escape. He responded well to treatment, showing improvement in weight reduction and eating habits

Past Illness: None reported

Premorbid Personality: He was introverted, prefers solitude, avoids social mingling, but is attentive in caring for his pets.

Personal History: follows a mixed diet with reduced appetite, has one bowel movement per day, urinates 4-5 times during the day and once at night, and previously had reduced sleep, which has now improved. He reported no addictions.

Treatment History: Previously admitted to a psychiatric hospital but did not adhere to any medication.

Family History

Grandfather's sister (paternal side) had psychiatric problems.

Clinical findings

Pulse: 75/Min

BP: 90/60mmhg

Respiratory Rate: 18/Min

Heart Rate: 75/Min

Body Weight: 50kg

Height: 168cm

BMI: 17.7

Mental Status Examination

Patient was well-groomed and appropriately dressed for the setting. His facial expression shows mild anxiety, though he maintains eye contact and has a cooperative attitude towards the examiner. His comprehension was intact, and both his gait and posture were unremarkable. Motor activity appears normal, and he displays appropriate social manners, establishing a good rapport. No significant mannerisms were noted. His speech was slow in rate, with no pressure of speech, and was characterized by a low pitch and monotonous. However, the flow and rhythm of his speech were normal. In terms of mood, he reports feeling euthymic subjectively, although he

occasionally exhibited anger. Objectively, his affect appears sad, which differs from his subjective euthymic. His thought processes were continuous and goal-oriented, though obsessive thoughts are present. He exhibited no hallucinatory behavior, demonstrating intact perception. His insight was assessed at Grade 6, reflecting true emotional insight, indicating an awareness that his motives and feelings could lead to fundamental changes in behavior. Judgment was intact, though he shows some degree of impulsivity.

Treatment History and Current Medication

He was previously admitted to a psychiatric hospital due to his eating and behavioral issues, but he did not adhere to the prescribed medication during that time. His resistance to following the treatment plan likely affected his progress and may have contributed to the ongoing challenges he faces such as fear of gaining weight, improper eating behaviour.

Currently, he is prescribed *Flunil* (fluoxetine), administered as 2.5mg, to be taken 1tsp daily at night. Fluoxetine, a selective serotonin reuptake inhibitor (SSRI), is commonly used to manage symptoms of depression, eating disorder, anxiety, and obsessive-compulsive disorder (OCD). In his case, it may help regulate mood, reduce obsessive thoughts about body image and weight, and support improved mental health outcomes by balancing serotonin levels in the brain.

Ayurvedic Psychiatric Examination

Manas (Mind): His *Indriyabhighraha* (sensory control) was stable with no signs of distraction or impairment, though *Manonigraha* (mental control) show disturbances, as he struggles to control certain obsessive thoughts. Both *Ooham* (ability to guess) and *Vicara* (thought processes) also display abnormalities, as he holds a persistent belief that eating will lead to immediate weight gain and fat accumulation.

Buddhi (Intellect): There is no evidence of delusion, but immature behavior is noted as he exhibits difficulty in eating properly. He does not show signs of mental deficiency or inappropriate emotional responses, such as excessive laughter or crying.

Samjna (Awareness): His orientation to time, place, and person was intact, and his attention and concentration were well-maintained, with no signs of confusion.

Smriti (Memory): His memory was intact, including remote memory, recent memory, and immediate retention and recall, showing no impairment or disturbances.

Bhakti (Desire/Attachment): his desire concerning food was disrupted; he struggled to consume food appropriately and avoid overeating. His interest in appearance, such as dress and hairstyle, remains unaffected. However, his eating behavior was

impaired, as reflected by his irregular eating habits and fear of weight gain.

Sheela (Conduct): His sleep was reduced, and he showed no signs of addiction. His mood is predominantly sad and anxious. He showed irritability and occasional anger.

Ceshta (Actions): He does not engage in inappropriate activities like dancing or singing in unsuitable situations, but he has exhibited aggression by shouting and hiding food. He forcefully induces vomiting by using his fingers, which reflects an abnormal eating-related behavior (*Anuchita chesta*).

Acara (Conduct in Daily Living): He has shown a disregard for daily routines, such as skipping dinner, yet maintained personal hygiene. He does not exhibit antisocial behavior but displays disturbances in routine practices, like concealing his food-related issues from others.

Social Standards: He was appropriately dressed and does not engage in nudity, although he prefers solitude and avoids social mingling. His mental disposition (*Manasaprakriti*) was classified as *Rajasa-Tamasa*, indicating a mix of active, restless, and inert qualities. His *Satvabala* (mental strength) was at a moderate level, reflecting a capacity for coping but with vulnerability to stress and emotional disturbances.

Dasavidha Pareeksha

In the Ayurvedic assessment, key findings include imbalances in *Kapha* and *Pitta doshas* affecting the *Rasa dhatu*. He resides in a moderate climate (*Sadharana desam*), with both body and mind involvement. The disease was strong (*Pravara Rogabala*), though his personal resilience (*Madhyama Rogibala*) was moderate. The seasonal factor, *Sarat*, and chronic nature (*Puranam*). He has weak digestion (*Mandagni*), with a *Kapha-Pitta* constitution, low mental strength (*Avaram Satwabala*), and dietary adaptability to all tastes with a preference for sweetness. Both his food intake and digestive power are limited.

Diagnosis and Assessment

The case aligns with Anorexia Nervosa as per DSM-5 criteria, characterized by a significant restriction of food intake that leads to abnormally low body weight, alongside an intense fear of gaining weight or engaging in behaviors that prevent weight gain. A distorted body image heavily influences the individual's self-worth, which is closely tied to their body shape or weight. Anorexia Nervosa can manifest in two types: the restricting type, involving severe food restriction without episodes of binge-eating or purging, and the Binge-eating/purging type, which includes episodes of binge eating followed by purging behaviors. In this case second type was noticed. The severity of the disorder is measured by BMI, ranging

from mild (BMI $\geq 17\text{kg/m}^2$) to extreme (BMI $< 15\text{kg/m}^2$).

In Ayurveda, this condition can be viewed as *Kaphadhika Paithika Unmada*, a mental disturbance attributed to imbalances in *Kapha* and *Pitta doshas*. Contributing factors include mental strain (*Manobhigata*), over-thinking (*Atichinta*), and irregular activities (*Vishamascha cheshta*), which disrupt normal mental functioning. Initial signs (*Poorvarupa*) include altered mental states (*Unmatta Chittatvam*), while predominant symptoms (*Roopa*) vary with *Dosha* involvement. *Vata* imbalance shows as dryness (*Parushyam*) and emaciation (*Karshyam*), *Pitta* as irritability (*Amarsha*), anger (*Rosha*), and a craving for cold water (*Seeta jalabhilasham*), and *Kapha* as dull speech (*Vakcheshtitam mandam*), loss of appetite (*Arochakam*), and occasional vomiting and drooling (*Chardischa lalacha*).

The pathogenesis (*Samprapti*) suggests that individuals with low mental resilience (*Satva*) experience heightened over-thinking and irregular habits that lead to a *Kapha*-predominant *Tridosha* imbalance. This impacts the *Manovaha srotas* (mental

channels), resulting in symptoms such as fatigue, disinterest, and lack of motivation. *Upashaya* include supportive communication (*Anukula vachanam*), intellect-promoting foods and medicines (*Medhya Ahara* and *Oushada*), and physical activity (*Vyayama*), while non-palliative factors (*Anupashaya*) are insufficient sleep (*Anidra*), excessive thinking (*Atichinta*), and negative interactions (*Pratikula vachanam*).

Management

As per the initial assessments, a treatment plan was formulated and executed as below. The following internal medication were administered.

1. *Sarpagandha Churna + Sweta Sankapushpi Churna + Gokshura Churna*- 2.5 gm twice daily
2. *Sweta sankapushpi churna + Amaya churna + vacha churna* - 2.5 gm twice daily
3. *Kalyanaka grutam* - 10ml night after food
4. *Somalatha churnam* - 5gm night after food
5. *Gandarvahastadi kashayam* - 15ml *Kashayam* + 45ml warm water two times before food

Table 1: Treatment procedure with rationale

Treatment	Days	Medicine	Rationale	Remarks
<i>Virechana</i>	1	20gm <i>Avipathi churna</i>	<i>Kapha Pitta hara</i> detoxification, removed <i>Aama</i>	Improved digestive health
<i>Kashya dhara- Siras</i>	7	<i>Kashaya</i> prepared with <i>Useera, Puranadhatri, Guluchi churna</i>	<i>Pithahara</i> , stabilize mental state	Reduced anger, improved sleep
<i>Rookshana</i>	2	<i>Gandarvahastadi kashya, 30ml Pippalyasava, 5g Ashtachurnam.</i>	<i>Agnideepana kaphahara</i>	Appetite Increased
<i>Snehapana</i>	7	<i>Kalyanaka gruta</i> starting dose: 20ml dose at 7 th day: 250ml	<i>Uthklesana, Manodosha hara</i>	Improved digestion, and improved mental stability.
<i>Abhyanga and Ushmasveda</i>	2	<i>Dhanvanthara taila</i>	<i>Brumhana</i> and <i>Vatakapha hara</i> in action	Reduced fatigue
<i>Virechana</i>	1	20gm <i>Avipathichurna</i>	5 <i>Vega</i> occur main <i>Sodhana, Pitha hara</i>	Reduced aggravated <i>Pitha and Kapha dosha</i>
<i>Thalam</i>	Daily	<i>Ksheerabala churnam + Kachuradi churnam</i>		Improve sleep, reduce increased thoughts
<i>Dhupanam</i>	Daily	<i>Haridradi churnam</i>		Gives mental clarity and <i>Vata kapha</i> in action

Pathya and Apathya

Pathya - *Godhooma, Mudgam, Puranam Grita, Purana kushmanda rasam, Patolam, Brahmi* and *Vyayama*

Apathya - *Virudha Ashanam, Vega Dhaarana, Atyushna Aharas*

Table 2: Eating Disorder examination questionnaire

On how many over the past 28 days	BT	AT
Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?	6	1
Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?	0	0
Have you tried to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?	6	2
Have you tried to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?	2	1
Have you had a definite desire to have an empty stomach with the aim of influencing your shape or weight?	6	1
Have you had a definite desire to have a totally flat stomach?	6	2
Has thinking about food, eating or calories made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	6	4
Has thinking about shape or weight made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	6	4
Have you had a definite fear of losing control over eating?	0	0
Have you had a definite fear that you might gain weight?	6	1
Have you felt fat?	6	1
Have you had a strong desire to lose weight?	6	1
Over the past 28 days, how many times have you eaten what other people would regard as an unusually large amount of food (given the circumstances)?	10	0
On how many of these times did you have a sense of having lost control over your eating (at the time you were eating)?	10	0
Over the past 28 days, on how many DAYS have such episodes of overeating occurred (i.e. you have eaten an unusually large amount of food and have had a sense of loss of control at the time)?	8	0
Over the past 28 days, how many times have you made yourself sick (vomit) as a means of controlling your shape or weight?	8	0
Over the past 28 days, how many times have you taken laxatives as a means of controlling your shape or weight?	0	0
Over the past 28 days, how many times have you exercised in a “driven” or “compulsive” way as a means of controlling your weight, shape or amount of fat, or to burn off calories?	0	0
Over the past 28 days, on how many days have you eaten in secret (ie, furtively)? ... Do not count episodes of binge eating.	5	1
On what proportion of the times that you have eaten have you felt guilty (felt that you’ve done wrong) because of its effect on your shape or weight? ... Do not count episodes of binge eating.	5	3
Over the past 28 days, how concerned have you been about other people seeing you eat? ... Do not count episodes of binge eating.	5	1
Has your weight influenced how you think about (judge) yourself as a person?	4	1
Has your shape influenced how you think about (judge) yourself as a person?	4	2
How much would it have upset you if you had been asked to weigh yourself	6	3

once a week (no more, or less, often) for the next four weeks?		
How dissatisfied have you been with your weight?	5	2
How dissatisfied have you been with your shape?	4	1
How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?	3	1
How uncomfortable have you felt about others seeing your shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?	6	2
Total	120	34

Table 3

EDQOL (Eating Disorder Quality of Life Assessment Scale)	AT	BT
1. How often has your eating/weight resulted in you feeling embarrassed or "different"?	4	1
2. How often has your eating/weight made you feel worse about yourself?	4	1
3. How often has your eating/weight made you not want to be with people?	4	2
4. How often has your eating/weight resulted in you believing that you will never get better?	4	1
5. How often has your eating/weight made you feel lonely?	4	0
6. How often has your eating/weight resulted in less interest or pleasure in activities?	3	0
7. How often has your eating/weight led you to not care about yourself? Work/School: ?	3	0
8. How often has your eating/weight made you feel odd, weird, or unusual?	4	1
9. How often has your eating/weight resulted in avoiding eating in front of others?	4	1
10. How often has your eating/weight caused cold hands or feet?	2	0
11. How often has your eating/weight caused frequent headaches?	2	0
12. How often has your eating/weight caused weakness?	4	1
13. How often has your eating/weight affected your ability to pay attention when you wanted to?	3	1
14. How often has your eating/weight affected your ability to comprehend some verbal and written information?	0	0
15. How often has your eating/weight reduced your ability to concentrate?	1	0
16. How often has your eating/weight led to problems with treatment provider(s) regarding cost of treatment?	0	0
17. How often has your eating/weight led to you having difficulty paying monthly bills?	0	0
18. How often has your eating/weight resulted in significant financial debt?	0	0
19. How often has your eating/weight led to the need to spend money from savings or use your credit card frequently?	0	0
20. How often has your eating/weight resulted in the need to borrow money?	2	0
21. How often has your eating/weight led to a leave of absence from work?	4	1
22. How often has your eating/weight led to low grades?	3	1
23. How often has your eating/weight resulted in reduced hours at work?	4	1

24. How often has your eating/weight resulted in you losing a job or dropping out of school?	1	0
25. How often has your eating/weight led to failure in a class or classes?	0	0
Total	60	12

DISCUSSION

Anorexia nervosa (AN) is recognized as one of the most complex and challenging eating disorders to treat due to its combination of physical, psychological, and social dimensions. It presents with severe food restriction, distorted body image, and fear of weight gain, often accompanied by psychiatric comorbidities such as anxiety, depression, and obsessive-compulsive disorder.⁷ This case report explores the potential of integrating Ayurvedic principles of *Kapha-Pittika Unmada* in managing AN through the example of a 17-year-old male diagnosed with AN.^[8]

Ayurveda views diseases through a holistic framework that emphasizes the interplay of body, mind, and spirit. In this case, *Kapha* and *Pitta doshas* were identified as imbalanced, disrupting the *Rasa dhatu* and causing mental disturbances classified under *Unmada*.^[8,9] The treatment protocol aimed to restore *Doshic* balance, strengthen the digestive system (*Agni*), and address mental health using specific interventions targeting both physical and mental symptoms.^[10]

Management involved a multipronged approach. Detoxification was achieved through *Virechana* (therapeutic purgation using *Avipathi Churnam*), which reduced *Kapha* and *Pitta doshas*, eliminated accumulated toxins (*Ama*), and improved digestive health.^[11] Mental stabilization and cognitive support were addressed with herbal combinations like *Sweta Sankapushpi Churna* and *Gokshura Churna* to calm the mind, enhance focus, and mitigate obsessive thoughts about body weight.^[12] *Medhya Rasayanas* (intellect-promoting herbs) such as *Kalyanaka Gruta* for *Snehapana*.^[13] Palliative therapies like *Kashya Dhara* (herbal decoction pouring) and *Thala* (medicated paste application on the head) were employed to pacify *Pitta dosha* and stabilize the mind, providing calming effects and reducing anxiety and irritability.^[14] For reducing *Kapha* and getting mental clarity *Dhupana* was done. Long-term nutritional and lifestyle guidance, focusing on light and digestible foods while avoiding incompatible dietary practices (*Virudha ahara*), was prescribed to maintain *Doshic* balance and support digestive health.^[15]

The patient showed notable improvements in weight gain, appetite regulation, and reduced elimination behaviors, indicating successful *Doshic* balancing and improved digestive health.^[8,16] There were also improvements in mood, anxiety levels, and social engagement, reflecting positive changes in psychological well-being and reinforcing the potential

of combining physical, psychological, and lifestyle interventions in Ayurveda.^[9,14] However, challenges emerged, including compliance issues due to difficulties in maintaining adherence to dietary and therapeutic interventions, which highlighted the importance of a supportive environment and continuous psychological counseling. Psychological relapses were observed, particularly in social situations, demonstrating the need for long-term psychological support alongside Ayurvedic treatments.^[17]

The Eating Disorder Examination Questionnaire (EDE-Q) assesses core symptoms and behaviors of eating disorders, including anorexia nervosa (AN), over a 28-day period.^[19] The provided data shows substantial improvements before and after treatment, with significant reductions in dietary restraint (from scores of 6 to 1-2), episodes of overeating and self-induced vomiting (reduced to 0), and cognitive preoccupation with food and weight (reduced from scores of 6 to 4). Improvements in body image and self-judgment are also evident. The total score dropped from 120 to 34, and the quality of life also improved, indicating broad-spectrum progress through interventions such as Ayurvedic protocol and nutritional rehabilitation.^[20]

CONCLUSION

In conclusion, this case highlights both the potential benefits and challenges of using Ayurvedic interventions to manage anorexia nervosa holistically. While initial improvements in the patient's condition were promising, it is evident that continued and integrated care is essential for sustained recovery. Further exploration of Ayurvedic therapies alongside modern psychiatric approaches may offer comprehensive solutions for individuals struggling with anorexia nervosa.

This case underscores the need for an integrative approach combining Ayurvedic principles and modern psychological therapies for comprehensive and sustainable management of AN. Ayurvedic therapies offer a holistic approach that targets physical and mental imbalances; however, collaboration with modern psychiatry, nutritional counseling, and psychotherapy can optimize outcomes and minimize relapse risks. Future studies should focus on developing standardized Ayurvedic protocols for AN and assessing their long-term efficacy through clinical trials, exploring patient-tailored strategies that address individual doshic imbalances and mental

resilience levels, and integrating psychological counseling and lifestyle modifications to ensure holistic care and sustained recovery.

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