

Eating Disorder

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Editorial

Eating is a survival instinct. It is one of the most pleasurable activities for most in all life stages. Eating food satisfies hunger and eating nutritious food promotes health. Food brings countless images in mind. Crying of an infant stimulates the mother's milk, aroma of food change directs the person towards food and sight of appealing food creates irresistible desire to eat. This indicates that eating behaviour is governed by the brain. However, it is largely influenced by many physical, physiological and psychological states of the body and other environmental factors. Accessibility of food may be physical but hunger is an irresistible physiological need. Mood, self-body image and sensory appeal which govern the appetite may be psychological desires. Further peer, media and ambience of dining determine the eating behaviour. This is all normal. However, excessive deviation in food availability, health status or mood of the person may lead to aversion or indulgence in food. This may be a temporary stage. Aversion or indulgence of food over a long period of time and which may need a health intervention is cause of concern.

This phenomena is considered as eating disorder. The body may be stressful and due to which brain signals are altered adversely affecting secretion of digestive juices and adequate enzymes to ingest, digest and metabolize food. Hence person reacts very differently to the stimuli of food. Lack of concentration, vertigo (fainting), obesity or thinness is common features in these cases. There is risk of type 2 diabetes, high blood pressure, high blood cholesterol levels and even hospitalization.

There are mainly three types of reactions which are considered in eating disorders.

Anorexia nervosa: There is abnormal or disrupted eating such as self-denial of food intake. It is very common in girls under the influence of body image irrespective of hunger and health status. Slowly the anorexic person may not even sense the hunger. These persons should be provided gradual intake easily digested food preparations rather than full heavy food.

Bulimia nervosa: There is irresistible desire to eat then regret and indulgence in purging. This becomes a unhealthy cycle which often leads to obesity and dissatisfaction. It is common in depressive state of mind because they feel little calm and under control after eating food particularly high energy foods and sweets. Counseling and training the mind help to get rid of such disorder.

Binge eating: In this case the person continue to eat food till uncomfortable without realizing the quantity and energy he or she has consumed. Hence that person does not regret or purge. The eating is often not registered in their minds. It commonly occurs in people who are regularly under stress or love food most. De-stressing and professional counseling can help binge eaters.

Eating disorder is not a casual but crucial. It should be treated in time but can be serious and life threatening. Seeking help at first time may be effective and can easily be managed under professional guidance.