Perspective

A Systematic Assessment of the Effects of Yoga on Eating Disorders

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ABSTRACT

Eating disorders are severe mental and physical illnesses characterised by complicated and harmful interactions with food, eating, exercise, and body image. These illnesses affect roughly million women and million men worldwide, and they affect people of various ages, ethnicities, socioeconomic statuses, religions, sexes, and genders. Yoga is becoming more widely suggested and used to manage ED issues. It could be included into already approved treatments and used as a mind-body practise to help those with disorders of the mind-body connection. Yoga has been suggested as a way to address ED symptoms and correlates, as well as the risk, protective, and maintenance variables linked to ED aetiology and maintenance. Yoga has been found to promote self-esteem and body awareness, two ED protective factors, outside of the context of treating EDs. Yoga is a well-liked complementary therapy for eating disorders (EDs).

Keywords: Yoga; Eating disorder; Body image; Treatment; Prevention

INTRODUCTION

Eating disorders are complex and varied illnesses that differ from one person to the next. However, regardless of the individual, research has been able to clearly identify some general eating disorder facts: Eating disorders affect people of all ages, racial backgrounds, body weights, and genders, and are seen in "people of all ages, ethnic backgrounds, body weights, and genders." The start of an eating disorder is most common in adolescence or early adulthood, but it is not confined to these life phases. Eating disorders are caused by a variety of factors. A multitude of "genetic, biochemical, behavioural, psychological, and social factors" has been shown to enhance the chance of developing an eating problem. Eating disorders are the most deadly of all mental illnesses, with the greatest fatality rate [1]. While there is no "magic cure" for eating disorders, there are a number of evidence-based techniques that have been shown to help people recover from them.

As previously stated, there are many more eating disorder diagnoses beyond the three most well-known (Anorexia Nervosa, Bulimia Nervosa, & Binge Eating Disorder). Each diagnosis is distinguished from other mental illnesses and eating disorders by a set of criteria. Recognizing the subtle differences between illnesses can aid in therapy and recovery. The DSM-5 requires that an individual engage in persistent energy intake restriction, have an intense fear of gaining weight or becoming fat, or be engaging in a persistent behaviour that interferes with weight gain, and have a disturbance in their own perception of their body weight or shape to be diagnosed with Anorexia Nervosa [2].

"Recurring episodes of binge eating, recurrent improper compensatory actions to prevent weight gain, and self-evaluation that is overly influenced by body form and weight" are three key characteristics of Bulimia Nervosa. Binge Eating Disorder (BED), often known as binge eating disorder, is the most prevalent eating disorder diagnosis. BED, according to the DSM-5, is defined as binge eating episodes, as defined in the Bulimia Nervosa diagnosis. Pica is a condition in which a person consumes one (or more) non-nutritive, non-food substance for at least one month [3]. When this habit occurs frequently enough to require medical attention, Pica is diagnosed. "Repeated regurgitation of food happening after feeding or eating for at least one month" is a symptom of Rumination Disorder.

Rumination Disorder causes uncontrollable retching and regurgitation of previously eaten food without any evident signs of nausea. The prior DSM-5 diagnostic of "feeding disorder of infancy or early childhood" was replaced with Avoidant Restrictive Food Intake Disorder, or ARFID [4]. Our physical bodies, psychological functioning, cognitive wellness, and decisions and actions are all intricately linked and have an impact on one another. The following are some emotional and behavioural signs that someone is battling with eating disorder thoughts or behaviours: Weight loss, dieting, food rules, or eating patterns are all choices that suggest an emphasis on weight loss, dieting, or eating habits. Mood fluctuations that are extreme, Difficulty, Frequently inspecting myself in the mirror [5]. Whether it's eating alone or hiding food, Meal skipping, Anxiety about gaining weight, Body image issues, for example.

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The body destroys down its own tissues, including the heart, as a result of malnutrition, resulting in a lack of energy to pump blood through the body, lowering pulse and blood pressure and raising the risk of heart failure. Electrolyte imbalances, such as those induced by vomiting, laxative usage, or excessive water consumption, can raise the risk of heart failure. Receiving the appropriate treatment is critical due to the insidious ways in which eating disorders invade many aspects of one's body, mind, and life. There are several degrees of therapy available to treat different stages of eating disorder severity, ranging from inpatient treatment at a medical facility to outpatient treatment. A struggling individual can be assessed by any eating disorder treatment clinic to identify the proper level of care. Aside from receiving therapy, it's also crucial to make sure the facility employs evidence-based procedures, as they can contribute to improved long-term outcomes.

CONCLUSION

Although yoga has been used into ED treatment for several years, empirical research on its usefulness is still in the early stages. However, it is critical to analyse and synthesise what is currently known about yoga as a potential adjunct treatment for EDs in

order to inform treatment recommendations and propose future research areas. We examine, summarise, and synthesise the available empirical literature on the use of yoga in the setting of EDs in this paper. The limitations of the current evidence base are addressed, and recommendations for further research are made.

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