

FOREWORD

I have been an eating disorder therapist since 1979, a few years after I myself recovered from anorexia nervosa. I grew up right along with the eating disorder field, first as a sufferer, then as someone who had recovered, then a therapist treating others to do the same. In college I became very interested in nutrition, partly due to my desire to understand how the human body works and partly driven by my eating disorder. I read everything that I could, trying to learn how to eat right and what certain nutrients did for our bodies. I began treating myself for nutritional deficiencies that I knew I probably had as a result of my lack of food, calories, and nutrients. Of course, I knew this wasn't going to cure me, but I hoped it would help. I took calcium pills because I was worried about my bones, and protein powder to maximize the calories I would allow myself to eat.

When trying to eat regular meals again, my stomach hurt. I took digestive enzymes, as I had read that they might help me to digest my food. It seemed obvious that the human body would suffer maladies as a result of a disorder in which food and nutritional status are compromised. Accordingly, while there were psychological issues involved in my eating disorder, I knew there were also other things happening to me. Things caused by my lack of food and not by my mind.

Once I recovered and began my work as an eating disorder therapist, I kept up my study of nutrition and routinely recommended certain nutrients to clients: calcium, vitamin D, digestive enzymes, and thyroid support. I was very careful, making it clear to my clients that in no way did this mean they did not have to eat their food or gain weight when necessary. As time went on and I learned even more about nutrition and its relevance to the treatment of eating disorders, I recommended even more supplements; valerian root for sleep, St. John's wort for depression, or zinc for metabolism, wound healing, and to restore taste perception (often lost in anorexia). I even co-wrote two small booklets with Alexander Schauss, Ph.D. on the subject. One was called Zinc and Eating Disorders and the other Nutritional Therapy and The Eating Disorders.¹ I have observed firsthand the utility of nutritional supplements for countless patients over many years. When I tried to discuss the topic with colleagues or physicians, however, I was - for the most part - dismissed. Some people even

told me I should stop recommending supplements. With all the research out there, why has this been the case?

I recently gave a lecture to several hundred eating disorder physicians and nurses, during which I presented two clinical case studies. Two patients who had suffered from the same illness . . . an illness that had gone unidentified and undiagnosed for some time. One was a five-year-old boy who had lost interest in climbing and running, developed leg pain, bruised easily, and stopped talking. He became lethargic and bed-bound and was eventually hospitalized for nine days—even though a battery of tests revealed nothing. The second was a fifty-seven-year-old man who presented with shortness of breath and a large swollen bruise stretching from his thigh to his ankle. A comprehensive metabolic panel, electrocardiogram, echocardiogram, several X-rays, and a computed tomography scan, together, revealed nothing. Several physicians were consulted and over a million dollars was spent trying to figure out the cause of these patients' symptoms to no avail. When I asked the doctors and nurses in the audience at my lecture if they knew what these patients were suffering from, no one had an answer. It turned out that both patients had scurvy, a condition caused by lack of vitamin C, but for months no one had even considered a nutritional deficiency. Sadly, this is the state of affairs in medicine, where doctors are insufficiently trained to diagnose or treat conditions resulting from inadequate nutrition. Most medical schools offer little or no nutritional instruction, only half provide a minimum of twenty-five hours as recommended by the National Academy of Sciences, and a mere eighteen percent provide ten hours or less.

It is no wonder that nutritional solutions to many medical or psychological conditions are missed altogether. This has been glaringly obvious to me when it comes to the treatment of eating disorders.

When James Greenblatt and I met for the first time in 1998, each of us found in the other a kindred spirit. Someone else who was paying attention to the nutritional status of eating disorder clients and doing something about it. I think we were both a bit surprised and amazed at our mutual interest, and over the years we have kept an eye on each other's work. I am so grateful for his diligence in doing the necessary research and putting in the time to study, practice, and write about the integration of nutritional treatment and eating disorder therapy.

Answers to Anorexia is a long-overdue book and important addition to the library of anyone who treats eating disorders. In fact, this book will also be useful for those suffering and their families. It is easy to read, provides an

overview of various treatment modalities, and adds the important new contribution of treating nutritional deficiencies in anorexia. It is most unfortunate that those who have suffered have been without such a resource for so long. Used properly, this book is a true game-changer.

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