



## Health Food Junkies: Orthorexia Nervosa - the Health Food Eating Disorder

By Steven Bratman M.D., David Knight

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**Health Food Junkies** is the first book to identify this new eating disorder, orthorexia nervosa, and to offer detailed, practical advice on how to cope with and overcome it. Orthorexia nervosa occurs when the victim becomes obsessed, not with the *quantity* of food eaten, but the *quality* of the food. What starts as a devotion to healthy eating can evolve into a pattern of incredibly strict diets; victims become so focused on eating a “pure” diet (usually raw vegetables and grains) that the planning and preparation of food come to play the dominant role in their lives.

**Health Food Junkies** provides an expert analysis of some of today’s most popular diets—from The Zone to macrobiotics, raw-foodism to food allergy elimination—and shows not only how they can lead to orthorexia, but how they are often built on faulty logic rather than sound medical advice. Offering expert insight gleaned from his work with orthorexia patients, Dr. Bratman outlines the symptoms of orthorexia, describes its progression, and shows readers how to diagnose the condition. Finally, Dr. Bratman offers practical suggestions for intervention and treatment, giving readers the tools they need to conquer this painful disorder, rediscover the joys of eating, and reclaim their lives.

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### Editorial Review

#### From the Inside Flap

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#### About the Author

Dr. Steven Bratman suffered from orthorexia nervosa himself, and, in the process of overcoming it, became the first physician to diagnose the problem. He is currently the medical director for Prima Health, a book publisher, and is the author of **The Alternative Medicine Sourcebook**. He lives in Colorado.

David Knight is a writer. He lives in Colorado.

*From the Hardcover edition.*

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#### Introduction

Healing through nutrition is one of the pillars of alternative medicine.

"Let your food be your medicine," the saying goes, and during my years of medical practice, patients have often begun their conversation with me by asking whether they can be cured through diet. I feel obliged to nod wisely. Although I am a conventionally trained M.D., I have been involved with alternative medicine since long before medical school, and a sacred

reverence toward the healing power of diet is part of the job description of holistic physicians like myself. However, I am no longer the true believer in nutritional medicine I used to be. My own experience, as well as what I have seen happen to many of my patients, has affected me deeply. Too often I've seen the search for cure through diet become a disease worse than the original problem.

This book is about that disease, which I have named orthorexia nervosa. If you do not suffer from orthorexia yourself, the odds are high that a friend of yours does. Do you know anyone who seems to think constantly about choosing healthy food, who proselytizes some dietary theory supposed to cure all illnesses, who acts superior to other mortals who don't worry so much about eating? Have you run across raw-foodists and macrobiotic followers, or people who talk about food allergies, candida, or eating right for your blood type? I'd be very surprised if you haven't. Fascination with healing diets is increasingly common.

There have always been recommendations regarding the healthiest food to eat, but in recent decades the obsession over healthy eating seems to have escalated out of control. In more and more people it seems to be taking on the characteristics of an eating disorder like anorexia or bulimia. However, unlike these other eating disorders, orthorexia disguises itself as a virtue. Anorexics may know they are harming themselves, but orthorexics feel nothing but pride at taking care of their health in the best possible way.

I know how this feels, because I've been there myself. I've been at various times a raw-foodist, a total vegetarian, and a macrobiotic follower, and although I learned a lot from those experiences, it finally dawned on me that there is a dark side to dietary virtue. Similarly, as a holistic physician, I used to prescribe pure diets to my patients and only gradually came to understand that I wasn't necessarily doing them a favor. It's not that I don't support eating healthy food; it's only that when healthy eating becomes an obsession, it's no longer so healthy.

The good news is that orthorexia is not as difficult to cure as alcoholism, heroin addiction, or anorexia. The first section of this book tries to help the health food junkie admit that he or she really has a problem. The next section turns to some of the most common dietary theories that instigate orthorexia and shows that they are not the first and last word on health. Its purpose is to weaken the grip those theories can have on one's mind. Finally, the third part of this book gives specific advice on how to overcome orthorexia and learn again how to eat without obsession. It really is possible!

## Section One

### Understanding

## ORTHOREXIA

1.

### What Is Orthorexia?

Twenty years ago I was a wholehearted, impassioned advocate of healing through food. My optimism was unbounded as I set forth to cure myself and everyone else. This was long before I became an alternative physician. In those days I was a cook and organic farmer at a large commune in upstate New York.

Like all communes in those days, ours attracted food idealists. I had to prepare several separate meals at once to satisfy the unyielding and contradictory dietary demands of those who inhabited our old Shaker village. The main entrée was invariably vegetarian. However, to placate a small but very insistent group, on an end table placed at some distance there could always be found a meat-based alternative. Actually, since at least 30 percent of our vegetarians refused to contemplate food cooked in pots and pans contaminated by fleshly vibrations, our burgers had to be prepared in a separate kitchen. The cooks also had to satisfy the vegans (non-dairy vegetarians), who looked on cheese as poison, as well as the non-garlic, non-onion, Hindu-influenced crowd, who believed that onion-family foods provoked sexual desire.

For the raw-foodists we laid out sliced raw vegetables in endless rows. Once, when a particularly enthusiastic visitor tried to convince me that slicing a vegetable would destroy its energy field, I felt so hassled that I ran at him wildly with a flat Chinese cleaver until he fled. Meanwhile, the macrobiotic followers condemned the raw vegetables for different theoretical reasons, and also set up a hue and cry over the serving of any “deadly nightshade” plants such as potatoes, tomatoes, and eggplants.

That wasn’t all. Those who preferred choosing fruits and vegetables based on seasonal availability clashed violently with others who greedily demanded grapefruit in February.

Besides these widely varying opinions on which food to serve, there were as many theories on the method by which it should be prepared. Nearly all our food fanatics agreed that nothing should be cooked in an aluminum container, with the exception of our gourmet cooks, who explained that given our limited budget, only aluminum pots could spread the heat satisfactorily.

Everyone agreed that when steaming vegetables, only the minimum amount of water should be used, in order to save precious vitamins. The most severe enthusiasts would even hover around the kitchen toward the middle of food preparations and lay hands on the greenish liquids swirling at the bottom of the steamer. The

matter of washing vegetables, however, remained swathed in controversy. Some commune members knew for a fact that the most nutritious portions of a vegetable lived in the skin. Others felt that a host of evil pollutants inhabited the same location, requiring exuberant scrubbing to detach. One visitor explained that the best policy was to dip all vegetables in bleach, giving out such a powerful line of reasoning for this course that we risked adopting the method on the spot. Luckily, we were out of bleach at that moment, and by the time we purchased some, the visitor—and the theory—had departed.

## DIETARY EXTREMISM

The extremism of the above stories seems to be an inevitable complication of dietary theories. The crowning example in my memory occurred at a seminar held at the commune, led by a famous macrobiotic counselor I shall call Mr. Lux. An audience of at least thirty-five listened with rapt attention as Lux lectured on the evils of milk. “It slows the digestion,” he explained, “clogs the metabolism, plugs the arteries, dampens the digestive fire, it causes mucus, respiratory diseases and cancer, and even sludges the soul so it can’t see clearly.”

At that time a member of the commune by the name of Matt lived in a small room upstairs from the seminar hall. He was a sometimes recovering alcoholic who rather frequently failed to abstain. Although he was only in his fifties, Matt’s face showed the marks of a lifetime of alcohol abuse. He had been on the wagon for nearly six months when he tiptoed through the class.

Matt was a shy and private man. However, upon returning from the kitchen with a beverage, he discovered that there was no way he could reach his room without crossing through the crowded seminar. The leader noticed him immediately.

Pointing to the glass of milk in Matt’s hand, Lux boomed out, “Don’t you realize what that stuff is doing to your body, sir? Class, look at him! He is a testament to the health-destroying properties of milk. Study the puffy skin of his face. Note the bags under his eyes. Look at the stiffness of his walk. Milk, class—milk has done this to him!”

Bewildered, Matt looked at his glass, then up at the condemning faces, then back to the milk again. His lower lip quivered. “But,” he whimpered, “but this is only milk, isn’t it?”

In the Alcoholics Anonymous meetings with which Matt was familiar, cow’s milk was practically mother’s milk, synonymous with rectitude and purity. “I mean,” he continued to the unforgiving students, “I mean, it isn’t rum, is it?”

By focusing single-mindedly on diet and ignoring all other aspects of

life, alternative practitioners like Mr. Lux come to practice a form of medicine that lacks a holistic perspective on life. This is ironic, of course, since holism is one of the strongest ideals of alternative medicine, at least as widely mentioned as healing through diet. It would be more holistic to take time to understand the whole person before making dietary recommendations and occasionally temper those recommendations with an acknowledgment of other elements in that person's life.

Unfortunately, patient and alternative practitioner too often work together to create an exaggerated focus on food. Rather than heal the person, this unbalanced emphasis can lead to a disease in its own right, the disease I call orthorexia. I know this disease well, because for many years I was one of the most extreme health-food fanatics you can imagine. In fact, I've come to think of it as a true eating disorder, not as life-threatening as bulimia and anorexia nervosa, but definitely in the same family.

## ORTHOREXIA NERVOSA

To express this realization, I coined the term "orthorexia nervosa." It uses "ortho"—Greek meaning straight, correct, and true—to modify "anorexia nervosa." Orthorexia nervosa refers to a fixation on eating healthy food.

As we shall see later, there are often many hidden motivations behind orthorexia. But on the surface, at least, this eating disorder often begins innocently, as a desire to overcome chronic illness, lose weight, to improve general health, or to correct the many bad habits of the American diet. However, because it requires considerable willpower to adopt a diet that differs enormously from the food habits of one's culture, few can make the transition gracefully. Most of us resort to an iron self-discipline, often enhanced by a lofty feeling of superiority toward those who continue to eat a normal diet.

Over time, what to eat, how much, and the consequences of dietary indiscretion come to occupy a greater and greater proportion of our mental life. The effortful act of eating the right food may even begin to invoke a sense of spirituality. As orthorexia progresses, a day filled with wheat grass juice, tofu, and quinoa biscuits may come to feel as holy as one spent serving the destitute and homeless. On the other hand, when orthorexics fall off the path (which, according to the pertinent theory, may consist of anything from ingesting a single illegal raisin to devouring three quarts of Ben and Jerry's ice cream and a Big Mac), we experience it as a fall from grace. The only remedy is an act of penitence, which usually involves ever stricter diets or even fasting to cleanse away the influence of unhealthy foods.

This obsession seems silly to someone not so possessed. I've heard it called "kitchen spirituality," "cuisine dysfunction," and "food worship." But within the orthorexic there is a grim sense of self-righteousness that

begins to consume all other sources of joy and meaning. An orthorexic will lose all pleasure at her child's birthday party because she has eaten a spoonful of ice cream along with the children; she will beat herself up for days over a slice of broccoli that was eaten cooked rather than raw.

Eventually orthorexia reaches a point at which the orthorexic devotes most of her life to planning, purchasing, preparing, and eating meals. If you had a window into her inner life, you'd see little else but self-condemnation for lapses, self-praise for success, strict self-control to resist temptation, and conceited superiority over anyone who indulges in impure dietary habits. The meaning of life has been displaced onto the bare act of eating.

It is precisely this displacement that defines orthorexia as an eating disorder. In this essential characteristic, orthorexia bears many similarities to the two named eating disorders: anorexia and bulimia. Whereas the bulimic and anorexic focus on the quantity of food, the orthorexic fixates on its quality. All three give to food a vastly excessive place in the scheme of life.

Proponents of nutritional medicine appear to remain blissfully unaware of the propensity for their theories to create an obsession. Indeed, popular books on natural medicine seem to actively promote orthorexia in their enthusiasm for sweeping dietary changes. No doubt, conventional medicine has made the opposite mistake, tending (until recently) to ignore the benefits of good diet. However, when healthy eating becomes a disease in its own right, it is arguably worse than the health problems that began the cycle of fixation.

## MY OWN ESCAPE FROM ORTHOREXIA

I, too, passed through a phase of extreme dietary purity when I lived at the commune. In those days when I wasn't cooking, I managed the organic farm. This gave me constant access to fresh, high-quality produce. Eventually I became such a snob that I disdained to eat any vegetable that had been plucked from the ground more than fifteen minutes earlier. I was a total vegetarian, chewed each mouthful of food fifty times, always ate in a quiet place (which meant alone), and left my stomach partially empty at the end of each meal.

After a year or so of this self-imposed regime, I felt light, clearheaded, energetic, strong, and self-righteous. I regarded the wretched, debauched souls in the larger world around the commune, downing their chocolate chip cookies and fries, as mere animals reduced to satisfying gustatory lusts. But I wasn't complacent in my virtue. Feeling an obligation to enlighten my weaker brethren, I continuously lectured friends and family on the evils of refined, processed food and the dangers of pesticides and artificial fertilizers.

For two years I pursued wellness through healthy eating. Gradually, however, I began to sense that something was wrong. The need to obtain food free of animal products, fat, and artificial chemicals put nearly all social forms of eating out of reach. I began to sense that the poetry of my life had diminished. All I could think about was food.

But even when I became aware that my scrabbling in the dirt after raw vegetables and wild plants had become an obsession, I found it terribly difficult to free myself. I had been seduced by righteous eating. The center of my life's meaning had been transferred inexorably to food, and I could not reclaim it.

I was eventually saved from the doom of eternal health food addiction through three fortuitous events. The first occurred when my guru, who was guiding me in the way of lacto-ovo-vegetarianism and was starting to tend toward fruitarianism, suddenly abandoned his quest. He explained that he had received a sudden revelation. "It came to me last night in a dream," he said. "Rather than eat my sprouts alone, it would be better for me to share a pizza with some friends." I looked at him dubiously, but I did not completely disregard his message.

The second event occurred when an elderly gentleman (whom I had been visiting as a volunteer home health aide) offered me a piece of Kraft Swiss cheese. Normally I wouldn't have considered accepting. I did not eat cheese, much less pasteurized, processed, and artificially flavored cheese. Worse still, I happened to be sick with a head cold that day. According to my belief system at that time, if I fasted, I would get over the cold in a day. However, if I allowed great lumps of indigestible dairy products to adhere to my innards, I would no doubt remain sick for a week—if I did not go on to develop pneumonia.

But Mr. Davis was earnest and persistent in his expression of gratitude, and he would have taken as a personal rebuke my refusal of the cheese. Shaking with trepidation, I chewed the dread processed product. To my great surprise, it seemed to have a healing effect. My cold symptoms disappeared within an hour. It was as if my acceptance of his gratitude healed me.

Nonetheless, even after this miracle I could not let go of my beliefs. I actually quit visiting Mr. Davis to avoid further defiling myself. That I would place food obsession over a human connection I truly valued filled me with shame, and now, as I look back, was a clear sign I was drowning.

The life preserver that finally drew me out was tossed by a Benedictine monk named Brother David Stendl-Rast. I had met him at a seminar he gave on the subject of gratitude. Afterward, I volunteered to drive him home, for the purpose of getting to know him better. (This may be called "opportunistic volunteerism.") On the way to his monastery, although secretly sick of it, I bragged a

bit about my oral self-discipline, hoping to impress the monk. I thought that he would respect me for never filling my stomach by more than half, and so on. David's actions were a marvelous example of teaching through action.

The drive was long. In the late afternoon we stopped for lunch at one of those out-of-place Chinese restaurants—the kind that flourish in small towns where it seems no one of remotely Asian ancestry has ever lived. As expected, all the waiters were Anglo-Saxon, but the food was unexpectedly good. The sauces were fragrant and tasty, the vegetables fresh, and the egg rolls crisp. We were both pleasantly surprised.

After I had eaten the small portion that sufficed to fill my stomach halfway, Brother David casually mentioned his belief that it was an offense against God to leave food uneaten on the table. This was particularly the case when such a great restaurant had so clearly been placed in our path as a special grace. David was a slim man and a monk, so I found it hardly credible that he followed this precept generally. But he continued to eat so much that I felt that good manners, if not actual spiritual guidance, required me to imitate his example. I filled my belly for the first time in a year.

Then he upped the ante. "I always think that ice cream goes well with Chinese food, don't you?" he asked blandly. Ignoring my incoherent reply, Brother David directed us to a Friendly's ice cream parlor and purchased me a triple-scoop cone.

David led me on a two-mile walk through the unexceptional town as we ate our ice cream, edifying me with spiritual stories and in every way keeping my mind from dwelling on the Offense Against Health Food I had just committed. Later that evening Brother David ate an immense dinner in the monastery dining room, all the while urging me to have more of one dish or another. I understood the point. But what mattered more was the fact that this man, for whom I had the greatest respect, was giving me permission to break my health food vows. It proved a liberating stroke.

Yet it wasn't until more than a month later that I finally decided to make a decisive break. I was filled with feverish anticipation. Hordes of long-suppressed gluttonous desires, their legitimacy restored, clamored to receive their due. I set out from the commune toward the nearest junk food restaurant. On the twenty-minute drive into town, I planned and replanned my menu. Within ten minutes of arriving I had eaten three tacos, a medium pizza, and a large milkshake. I brought the ice cream sandwich and banana split home, for I was too stuffed to violate my former vows further. My stomach was stretched to my knees.

The next morning I felt guilty and defiled. Only the memory of Brother David kept me from embarking on a five-day fast (I fasted only two days). It took me many more years to attain the ability to follow a middle way in

eating easily, without rigid calculation or wild swings. (See Section 3 for suggestions on how to accomplish this transition.)

Anyone who has ever suffered from anorexia or bulimia will recognize classic patterns in this story: the cyclic extremes, the obsession, the separation from others. These are all symptoms of an eating disorder. Having experienced them so vividly in myself twenty years ago, I cannot overlook their presence in others.

#### IS DIET A SIDE-EFFECT-FREE TREATMENT?

As an alternative physician, I often feel conflicted. I almost always recommend dietary improvements to my patients. How could I not? A low-fat, semivegetarian diet is potent preventive medicine for nearly all major illnesses, and more focused dietary interventions can often dramatically improve specific health problems. But I do not feel entirely innocent when I make dietary suggestions. I have come to regard dietary modification, like drug therapy, as a treatment with serious potential side effects.

Consider Andrea, a patient of mine who once suffered from chronic asthma. When she first came to see me, she depended on several medications to control her symptoms, but with my help she managed to free herself from all drugs. Yet I feel guiltier about my success with her than with any other patient I've seen while in practice.

The method we used involved identifying foods to which Andrea was sensitive and removing them from the diet. Milk was the first to go, then wheat, soy, and corn. After we'd eliminated those four foods, the asthma symptoms decreased so much that Andrea was able to cut out one medication. But she wasn't satisfied.

Diligent effort identified other allergens: eggs, avocado, tomatoes, barley, rye, chicken, beef, turkey, salmon, and tuna. These, too, Andrea eliminated, and she was soon able to drop another drug entirely. Next went broccoli, lettuce, apples, buckwheat, trout, and the rest of her medications.

Unfortunately, after about three months of feeling well, Andrea began to discover that there were now other foods to which she was sensitive. Oranges, peaches, celery, and rice didn't suit her, nor potatoes or amaranth biscuits. The only foods she could definitely tolerate were lamb and (strangely) white sugar. Since she couldn't actually live on only those foods, Andrea adopted a complex rotation diet, alternating grains on a meal-by-meal basis, with an occasional complete abstention to allow her to "clear." She did the same for vegetables, with somewhat more ease since there was a greater variety to choose from.

When Andrea came in for a follow-up visit a year later, her story disturbed me. Very pleased with the effects of diet but absolutely dependent on careful eating, Andrea carries a supply of her own particular foods wherever she goes. She doesn't go many places. Most of the time she stays at home thinking carefully about what to eat next, because when she slips up, the consequences endure for weeks. The asthma doesn't come back, but she develops headaches, nausea, and strange moods. She must continuously exert her will against cravings for foods as licentious as tomatoes and bread.

Andrea was happy with the treatment I'd given her, and she referred many of her friends to see me. Yet the sight of her name on my schedule continued to make me feel ill. The first rule of medicine is "Above all, do no harm." Have I helped Andrea by freeing her from drugs only to draw her into the bondage of diet? My conscience isn't clear.

If she had been cured of cancer or multiple sclerosis, I suppose that the development of an obsession wouldn't be too high a price for physical health. However, when we started treatment, all Andrea had was asthma. I have asthma, too. When she took her four medications, she had practically no asthma symptoms, and what's more, she had a life. Now all she has is a menu. Andrea might have been better off if she had never heard of dietary medicine.

I am generally lifted out of such melancholy reflections by some substantial success. The same day Andrea provoked that intense guilt, I saw Bob in follow-up, a man whose psoriatic arthritis (a rather unusual and often quite painful form of arthritis) was thrown into full remission by two simple interventions: removing wheat from his diet and adding foods high in trace minerals. Before he met me, he took dangerously high doses of prednisone. After we started, he needed no medications at all. Seeing him encouraged me not to give up entirely on making dietary recommendations.

But my enthusiasm remains tempered. Like all other medical interventions—like all other solutions to difficult problems—dietary medicine dwells in a gray zone of unclarity and imperfection. It's neither a simple, ideal treatment, as some of its proponents believe, nor the complete waste of time conventional medicine has too long presumed it to be. Diet is an ambiguous and powerful tool, too unclear and emotionally charged for comfort, too powerful to be ignored.

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