

**Answers to Anorexia: A Breakthrough
Nutritional Treatment That Is
Saving Lives**

by James M. Greenblatt, MD

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Popular conventional medicine defines anorexia nervosa as a mental health disorder “characterized by a distorted body image, an extreme fear of obesity, refusal to maintain a minimally normal body weight, and in women, the absence of menstrual periods.” While the outward signs of anorexia are well-known as the caricature of an emaciated young woman obsessing over small amounts of food, weighing herself constantly and exercising and/or using laxatives to rid herself of unwanted calories, the root cause of the disease is said to be unknown. Scientists and doctors who treat anorexics remain confounded by the disease and have resorted to labeling self-starvation a psychiatric condition best treated with psychiatric interventions. Despite the plethora of psychoactive medications prescribed to anorexia sufferers, the astounding truth which Dr. Greenblatt points out in the first pages of his book is that “no drug has ever been approved by the FDA for the treatment of anorexia nervosa.” This fact sets the stage for alternative treatments to a tragic condition.

Dr. James M. Greenblatt is a certified child and adult psychiatrist who completed his fellowship at Johns Hopkins Medical School after obtaining his medical degree from George Washington University. As a doctor with conventional medical training, he had the usual curriculum with very little education in nutritional in health and disease. Despite his conventional training, after years of practice prescribing psychoactive pharmaceuticals, Dr. Greenblatt eventually realized that “anorexia is not primarily a psychiatric disorder” but a complex biological illness arising from malnutrition.

The thesis he presents in *Answers to Anorexia* challenges the notion that this enig-

matic disease is psychiatric in origin. Using peer-reviewed scientific evidence and anecdotes from his own patients, Greenblatt makes a strong case that anorexia nervosa has a root cause – malnutrition – and thus, can be ameliorated through a nutritional treatment protocol. His novel treatment plan systematically identifies and corrects specific vitamin, mineral and enzyme deficiencies, tests for food allergies and utilizes drugs only after Referenced-EEG scans have shown that they would be effective on the patient’s brain. Throughout *Answers to Anorexia*, Greenblatt conveys hope for anorexics that nutritional deficiencies leading to the anorexic brain can be treated or prevented.

In the second chapter, Greenblatt illustrates the severity of this illness citing many eye-opening statistics. To the average health professional, anorexia is viewed as a pernicious and difficult-to-treat disorder that is 12 times more fatal than any other cause of death of women aged 15 to 24. Before detailing the nutritional treatment, the author clearly separates the facts about anorexia from the prevailing myths and stereotypes. Societal approval of weight loss and thinness is but one minor factor in the progression of the disease. The anorexic’s mind learns to be soothed by caloric restriction and other factors such as depression, substance abuse, anxiety disorders and other chronic psychological issues are often present. Greenblatt, however, makes a clear distinction between these psychological co-morbidities as a “gateway” to anorexia. Although they often hinder the effectiveness of nutritional therapy, they are not the reasons of development of the malnourished state in the first place. This is an important point, which Greenblatt strongly supports by referencing the structural abnormalities in a malnourished brain. Lack of proper nutrition causes neurological changes that lead to behaviours of self-starvation, not the other way around.

Greenblatt then explains how individualized nutritional therapy has succeeded where “trial and error” psychoactive polypharmacy and psychotherapy have failed. Inspired by the teachings of the late Dr.

Abram Hoffer who pioneered orthomolecular psychiatry half a century ago, the author describes how specific nutrients, especially zinc, have led to long-term improvements in real patients. Several chapters outline the significant link between food allergies to casein and gluten as well as chronic deficiencies in key vitamins, minerals and essential fats. Metabolites of milk and wheat proteins that have not undergone complete enzymatic digestion act as analogs of morphine with similar analgesic effects on the brain. Greenblatt is not the first to recognize the connection between food allergies, the brain and behaviour; Immune responses to casein and/or gluten have also been implicated in autism and ADHD. However, his use of specific digestive enzymes and probiotics to facilitate better brain chemistry in the anorexic “kills two birds with one stone” as re-feeding of the malnourished patient also becomes more comfortable. Restoring health to the digestive tract so that it no longer expunges compounds that are toxic to the anorexic brain clearly goes beyond strict psychiatry and makes the protocols in *Answers to Anorexia* truly integrative.

As a holistic nutritionist with an academic background in dietetics, there were several aspects of Greenblatt’s use of essential fats, vitamins, and minerals that made an impression on me. Dietitians often will not take on clients with eating disorders unless their condition is “under-control” psychologically. Greenblatt, however, educated himself about digestion, metabolism, the RDAs and the significant food and supplement sources critical to treating anorexia. Just as antidepressants represent a superficial, “anti-symptom” approach, Greenblatt exposes the RDAs as very generalized recommendations that ignore the much higher micronutrient needs of people with mental health issues. Individualized interventions are the hallmark of a compassionate caregiver and Dr. Greenblatt provides a thoughtful and thorough health-care plan based on scientific understanding of the imbalances that cause behavioural oddities in anorexics. The scope of the book does not allow for supplement schedules to fit every person with disordered eating, however, basic guidelines are provided with the goals of maximizing nutrient absorption and oral swallowing in patients.

–Emily Kennedy, MSc, ROHP