

HEALTH FOOD JUNKIE: OBSESSION WITH DIETARY PERFECTION CAN SOMETIMES DO MORE HARM THAN GOOD, SAYS ONE WHO HAS BEEN THERE. By Steven Bratman

Twenty years ago I was a wholehearted, impassioned advocate of healing through food. In those days I was a cook and organic farmer at a large commune in upstate New York. Today, as a physician who practices alternative medicine, I still almost always recommend dietary improvement to my patients. How could I not? A low-fat, semivegetarian diet helps prevent nearly all major illnesses, and more focused dietary interventions can dramatically improve specific health problems. But I'm no longer the true believer in nutritional medicine I used to be.

Where once I was enthusiastically evangelical, I've grown cautious. I can no longer console myself with the hope that one day a universal theory of eating will be discovered that can match people with the diets right for them. And I no longer have faith that dietary therapy is a uniformly wholesome intervention. I have come to regard it as I do drug therapy: as a useful treatment with serious potential side effects.

My disillusionment began in the old days at the commune. As staff cook I was required to prepare several separate meals at once to satisfy the insistent and conflicting demands of our members. All communes attract idealists; ours attracted food idealists. On a daily basis I encountered the chaos of contradictory nutritional theories.

Our main entree was always vegetarian, but a vocal subgroup insisted we serve meat. Since many vegetarians would not eat from pots and pans contaminated by fleshly vibrations, the meat had to be cooked in a separate kitchen.

We cooks also had to satisfy the vegans, who eschewed all milk and egg products. The rights of the Hindu-influenced crowd couldn't be neglected either. They insisted we omit the onion-family foods which, they believed, provoked sexual desire.

For the raw foodists we always laid out trays of sliced raw vegetables, but the macrobiotic adherents looked at these offerings with disgust. They would only eat cooked vegetables. Furthermore, they

believed that only local, in-season vegetables should be eaten, which led to frequent and violent arguments about whether the commune should spend its money on lettuce in January.

After watching these food wars for a while, I began to fantasize about writing a cookbook for eating theorists. Each food would come complete with a citation from one system or authority claiming it to be the most divine edible ever created; a second reference, from an opposing view, would damn it as the worst pestilence one human being ever fed to another.

Finding examples wouldn't be difficult. I could pit the rules of various food theories against each other: Spicy food is bad; cayenne peppers are health-promoting. Fasting on oranges is healthy; citrus fruits are too acidic. Milk is good only for young cows (and pasteurized milk is even worse); boiled milk is the food of the gods. Fermented foods, such as sauerkraut, are essentially rotten; fermented foods aid digestion. Sweets are bad; honey is nature's most perfect food. Fruits are the ideal food; fruit causes candida. Vinegar is a poison; apple cider vinegar cures most illnesses. Proteins should not be combined with starches; aduki beans and brown rice should always be cooked together.

Dietary methods of healing are often offered in the name of holism, one of the strongest ideals of alternative medicine. No doubt alternative health practitioners are compensating for the historical failure of modern medicine to take dietary treatment seriously enough. But by focusing single-mindedly on diet, such practitioners end up advocating a form of medicine as lacking in holistic perspective as the more traditional approaches they attempt to correct. It would be far more holistic to try to understand other elements in the patient's life before making dietary recommendations, and occasionally to temper those recommendations with that understanding.

Orthorexia Nervosa

Many of the most unbalanced people I have ever met are those who have devoted themselves to healthy

eating. In fact, I believe some of them have actually contracted a novel eating disorder for which I have coined the name "orthorexia nervosa." The term uses "ortho," meaning straight, correct, and true, to modify "anorexia nervosa." Orthorexia nervosa refers to a pathological fixation on eating proper food.

Orthorexia begins, innocently enough, as a desire to overcome chronic illness or to improve general health. But because it requires considerable willpower to adopt a diet that differs radically from the food habits of childhood and the surrounding culture, few accomplish the change gracefully. Most must resort to an iron self-discipline bolstered by a hefty dose of superiority over those who eat junk food. Over time, what to eat, how much, and the consequences of dietary indiscretion come to occupy a greater and greater proportion of the orthorexic's day.

The act of eating pure food begins to carry pseudospiritual connotations. As orthorexia progresses, a day filled with sprouts, umeboshi plums, and amaranth biscuits comes to feel as holy as one spent serving the poor and homeless. When an orthorexic slips up (which may involve anything from devouring a single raisin to consuming a gallon of Haagen Dazs ice cream and a large pizza), he experiences a fall from grace and must perform numerous acts of penitence. These usually involve ever stricter diets and fasts.

This "kitchen spirituality" eventually reaches a point where the sufferer spends most of his time planning, purchasing, and eating meals. The orthorexic's inner life becomes dominated by efforts to resist temptation, self-condemnation for lapses, self-praise for success at complying with the chosen regime, and feelings of superiority over others less pure in their dietary habits.

This transference of all of life's value into the act of eating makes orthorexia a true disorder. In this essential characteristic, orthorexia bears many similarities to the two well-known eating disorders anorexia and bulimia. Where the bulimic and anorexic focus on the quantity of food, the orthorexic fixates on its quality. All three give food an excessive place in the scheme of life.

As often happens, my sensitivity to the problem of orthorexia comes through personal experience. I myself passed through a phase of extreme dietary purity.

When I wasn't cooking at the commune, I managed the organic farm. This gave me constant access to fresh, high-quality produce. I became such a snob that I disdained any vegetable that had been plucked from the ground for more than 15 minutes. I was a total vegetarian, chewed each mouthful of food 50 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 clear-headed, strong, and self-righteous. I regarded the wretched, debauched souls about me downing their chocolate chip cookies and french 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 continually lectured friends and family on the evils of refined, processed food and the dangers of pesticides and artificial fertilizers.

I pursued wellness through healthy eating for years, but gradually I began to sense that something was going wrong. The poetry of my life was disappearing. My ability to carry on normal conversations was hindered by intrusive thoughts of food. The need to obtain meals free of meat, fat, and artificial chemicals had put nearly all social forms of eating beyond my reach. I was lonely and obsessed.

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 problem of my life's meaning had been transferred inexorably to food, and I could not reclaim it.

Tacos, Pizza, and a Milkshake

I was eventually saved from the doom of eternal health food addiction through two fortuitous events. The first occurred when my guru in eating -- a vegan headed toward fruitarianism -- suddenly abandoned

his quest. "A revelation 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."

His plaintive statement stirred me, but I could do nothing to change my way of life until a Benedictine monk named Brother David Steindl-Rast kindly applied some unorthodox techniques.

I had met Brother David at a seminar he gave on the subject of gratitude. I offered to drive him home, and on the way back to the monastery, I bragged a bit about my oral self-discipline. Brother David's approach over the subsequent days was a marvelous case of teaching by example.

The drive was long. In the late afternoon, we stopped for lunch at an unpromising Chinese restaurant in a small town. To our surprise, the food was authentic, the sauces were fragrant and tasty, the vegetables fresh, and the eggrolls crisp and free from MSG. We were both delighted.

After I had eaten the small portion which 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. Brother David was a slim man, so I found it hardly credible that he followed this precept generally. But he continued to eat so much that I felt 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. Ignoring my incoherent reply, Brother David directed us to an ice cream parlor and purchased me a triple-scoop cone. As we ate our ice cream, Brother David led me on a two-mile walk. To keep my mind from dwelling on my offense against the health food gods, he edified me with an unending stream of spiritual stories. Later that evening, he ate an immense dinner in the monastery dining room, all the while urging me to take more of one dish or another.

I understood his point. But what mattered more to me was the fact that a spiritual authority, a man for

whom I had the greatest respect, was giving me permission to break my health food vows. It proved a liberating stroke.

Yet more than a month passed before I finally decided to make a definitive break. I was filled with feverish anticipation. Hordes of long-suppressed gluttonous desires, their legitimacy restored, clamored to receive their due. On the drive into town, I planned and replanned my junk food menu. Within 10 minutes of arriving, I had eaten three tacos, a medium pizza, and a large milkshake. Too stuffed to violate my former vows further, I brought the ice cream sandwich and banana split home. My stomach felt 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 at least two more years to attain a middle way and eat easily, without rigid calculation or wild swings.

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 20 years ago, I cannot overlook their presence in others.

A Menu or a Life?

Consider Andrea, a patient of mine who suffered from chronic asthma. When she came to see me, she depended on several medications to stay alive. But with my help, she managed to free herself from all drugs.

First, we identified foods to which Andrea was sensitive and removed them from her diet. Milk was the first to go, then wheat, soy, and corn. After eliminating these 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, and tuna. These too Andrea eliminated and was soon able to drop another drug entirely. Next went

broccoli, lettuce, apples, and trout -- and the rest of her medications.

Unfortunately, after about three months of feeling well she began to discover sensitivities to other foods. Oranges, peaches, celery, and rice didn't suit her, nor did potatoes, turkey, or amaranth biscuits. The only foods she could definitely tolerate were lamb and (strangely) white sugar.

Since she couldn't live on those foods alone, Andrea adopted a complex rotation diet, alternating grains on a meal-by-meal basis, with occasional complete abstinence to allow her to "clear." She did the same for vegetables with somewhat more ease, since she had a greater variety to choose from.

Recently, Andrea came in for a visit and described the present state of her life. Wherever she goes, she carries a supply of her own food. She doesn't go many places. Most of the time she stays at home and thinks carefully about what to eat next, because if she slips up, the consequences continue 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 seemingly innocent as tomatoes and bread.

She was pleased with her improvement and referred many patients to me. But I began to feel ill whenever I saw her name on my schedule. The first rule of medicine is "above all, do no harm." Had I really helped Andrea, or had I harmed her? If she had been cured of cancer or multiple sclerosis, the development of an obsession might not be too high a price to pay. But when we started treatment, all she had was asthma. If she took her four medications, she also had a life. Now all she has is a menu. She might have been better off if she had never heard of dietary medicine.

I am generally lifted out of such melancholy reflections by success stories. I have another client whose rheumatoid arthritis was thrown into total remission by one simple intervention: adding foods high in trace minerals to his diet. Before he met me, he took prednisone, gold shots, and anti-inflammatories. Now he has gone a full year without a problem. Seeing him encourages me not to give up entirely on making dietary recommendations.

But my enthusiasm will remain tempered. Like all medical interventions-like all solutions to difficult problems-dietary medicine dwells in a grey 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 complex and emotionally charged to be prescribed lightly, yet too powerful to be ignored.

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