

**BULIMIA NERVOSA: FROM FITSPIRATION TO THINSPIRATION - A REVIEW****Rathi Shikha\***, Kharb ManjuShri Baba Mast Nath Institute of Pharmaceutical Sciences and Research,  
Asthal, Bohar, Rohtak 124001, Haryana**ARTICLE INFO:****Received:** 05<sup>th</sup> Dec. 2025; **Received**  
in revised form: 14<sup>th</sup> Dec. 2025;  
**Accepted:** 28<sup>th</sup> Dec. 2025; **Available**  
**online:** 31<sup>st</sup> December 2025.**Keywords:** Registered dietician,  
eating disorders, *Bulimia nervosa*,  
Fitspiration.**DOI:**<https://doi.org/10.61280/journalmedicinalplants.v1i3.219>**\*Corresponding Author:**

Rathi Shikha

**ABSTRACT**

Fitspiration is to promote health and fitness whereas thinspiration is to promote thinness by any way but both of these terms are totally different. Bulimia nervosa is a psychiatric condition affecting many adolescent and young adult women that usually promote thinspiration. Self-induced purging is the commonest method for compensation of calories in patients having eating disorders. Medical complications associated to bulimia nervosa are direct result of mode and frequency of purging behaviour, that comes in clinical attention in many ways. RDs provide nutritional counselling, recognize the clinical symptoms and assist with diet monitoring with combination of psychotherapy. Other side of Eds highlight the poor education about these disorders and the negative attitude towards body and mind. Eds might affect other social, cultural and biological ones in many ways. Main purpose of this article is to understand the complexities of eating disorders (Eds) in detail about its types, causes, signs and symptoms and treatment of bulimia nervosa. Patients with BN develop a refusal in ingestion of food, maintaining a distorted self-perception of their body, considering themselves as overweighted. Patients generally refuse the seriousness of their condition.

**Introduction:**

This is one of the two main eating disorders, anorexia nervosa and bulimia nervosa. Bulimia term was originated from word “Boulimia” i.e. extreme hunger. As this is also an eating disorder just like anorexia nervosa but in anorexia people restricts themselves from eating to stay fit and healthy whereas in bulimia nervosa people feel extreme hunger that they can’t control themselves and they eat abnormally copious amount of food in short time. After the food has gone and hunger is satisfied, a guilt over the calories appears and they want to get rid from that. People tries to compensate either by over exercising, purging, through vomiting or by use of laxatives. An individual may consume up to 3000 calories while binge eating. When bingeing starts people use to have food so fast that they can’t even feel its taste. Repeated act of binge and purging can lead to serious medical problems. 85% of young women are so thinspired and suffering from various types of eating disorders, just for the sake of good appearance. Unlike anorexia nervosas, we can’t easily recognize bulimia’s symptoms because bingeing and purging episodes are kept secret, as people with bulimia are more usually more conscious about their weight and body and they frequently use to be on diet.



**Types of bulimia:** There are two major types of bulimia nervosa

- **Purging type:** This one is the most common type, that is found in majority of people suffering from this psychological disorder. In this, people regularly used to do self-induced vomiting or overuse of laxatives, diuretics or enemas of bingeing episodes.
- **Non-purging type:** In this type people use methods other than the above for compensation of calories, like excessive physical workout, or fasting etc. in this the purging methods are not regularly used.



**Causes of bulimia:** Multifactorial reasons and relative theories are there from community that may be a combination of biological, social, cultural and psychological factors. Some of the main causes of bulimia include:

- Stressful and frequent transitions in lifestyle.
- Negative body image.
- Poor self-esteem.
- Professional requirements that focus on appearance and performance.
- Preponderant psychological factor that they must have complete control on their body to maintain dominance on their selves.
- Adolescence factors that make the mind for more independence and increased social and sexual activity.
- Some biological factors like heredity and neurochemical factors are also responsible. Anorectic patients specially mothers raise an over conscious child for their eating habits and their physical appearance.

**Signs and symptoms:** Most of the bulimia patients keep their behaviour secret and their family members are unaware of their eating disorders. According to national institute of health, if you do the following at least twice a week for three or more months:

- You “BINGE”: You eat much more calories than usual in short duration of time and your eating is out of control.
- You “PURGE”: After having so much calories you try to compensate the energy to prevent weight gain. You might take laxatives, diuretics or emetics. You might go for fasting or too much physical

workout to burn the extra consumed calories. Your thoughts always rotate around your body and weight.

Some of the main physical and warning signs and symptoms of bulimia nervosa are:

- Lack of control while eating.
- Switching between periods of overeating and fasting.
- Eating in secrecy.
- Constant weight fluctuation.
- Electrolyte imbalances, which may result in cardiac arrhythmia.
- Having a distorted and negative body image.
- Social isolation.
- Depression, anxiety, guilt, anger and mood swings.
- Muscle cramps and bloating.
- Dry skin, fatigue and abnormal bowel functioning.
- Irregular menstruation.

**Complications of eating disorders:** Eating disorders are potentially life threatening and an individual must need attention from an experienced practitioner. These complications are based on some open cohort studies and from the opinions of some experienced professionals. Patients may success to maintain sufficiently low body weight, but due to starvation other effects may come along with like depression, alopecia, xerosis (abnormal dry skin), hypertrichosis (excessive hair growth), cheilosis (inflammation and cracking of corners of mouth), carotenoderma (yellow colouration of skin due to increased carotene content), pruritis and nail frangibility. Self-induced vomiting may lead to subconjunctival haemorrhage or epistaxis, red patches in white of eyes, abnormalities in oral cavities like dental erosion, decrease in salivary flow, dental caries, tooth hypersensitivity, periodontal disease and xerostomia (dry mouth). There may also be symptoms of GERD (gastrointestinal reflux), dysphagia and odynophagia (painful swallowing). Due to repetitive vomiting oesophageal epithelium may suffer because of its exposure to acidic contents, that may lead to oesophagitis, oesophageal erosions and ulcers etc. Other complications may also be there like social isolation, fractured relationships with friends and family, forced withdrawal, bankruptcy due to excessive spend on binge foods, drug addiction due to self-medications used for purging, internal bleeding and self-injury behaviour etc.

**Treatment approaches for bulimia nervosa:** the main aim in treatment of bulimia is to rehabilitate the state of nutrition and to alter the binge-purge cycle. Most patients don't require hospitalisation. Behavioural therapy is the most adopted mode of treatment.

- Initial phase of treatment is to have a break from bingeing and purging episodes and patient must restore his normal eating behaviour.
- After the discontinuation of binge-purge cycle, we should opt for a combination of behaviour therapy and supportive psychotherapy just to develop a positive attitude for the body.
- In next phase the negative thoughts are improved regarding recognition and changing irrational believes about weight, diet, body shape and overall physical appearance.
- Final phase of treatment usually focuses on emotional issues due to eating disorders.

## Conclusion

bulimia nervosa is a common and treatable condition having signature is distorted view of food and eating. Patients in bulimia are successful in maintaining normal or slight normal weight but they may have electrolyte or acid base abnormality. Disorder may be associate with depression, troubles family life and personality disorder. Most of the patients can be successfully treated with behavioural therapy with precaution on abnormal eating pattern.

## References

1. Riad M, Barton JR, Wilson JA, et al. Parotid salivary secretory pattern in bulimia nervosa. *Acta Otolaryngol* 1991;111:392–395.
2. Sundgot-Borgen J, Bahr R, Falch JA, et al. Normal bone mass in bulimic women. *J Clin Endocrinol Metab* 1998;83:3144–3149.
3. Grinspoon S, Thomas E, Pitts S, et al. Prevalence and predictive factors for regional osteopenia in women with anorexia nervosa. *Ann Intern Med* 2000;133:790–794.
4. Westen D, Harnden-Fischer J. Personality profiles in eating disorders: rethinking the distinction between axis I and axis II. *Am J Psychiatry* 2001;158:547–562.
5. Brewerton TD, Lydiard RB, Herzog DB, et al. Comorbidity of axis I psychiatric disorders in bulimia nervosa. *J Clin Psychiatry* 1995;56: 77–80.
6. Vastag B. What’s the connection? no easy answers for people with eating disorders and drug abuse. *JAMA* 2001;285:1006–1007.
7. Dansky BS, Brewerton TD, Kilpatrick DG. Comorbidity of bulimia nervosa and alcohol use disorders: results from the National Women’s Study. *Int J Eat Disord* 2000;27:180–190.
8. Goldstein DJ, Wilson MG, Thompson VI, et al. Fluoxetine Bulimia Nervosa Research Group. Long-term fluoxetine treatment of bulimia nervosa. *Br J Psychiatry* 1995;166:660–666.
9. Keel PK, Mitchell JE, Davis TL, et al. Long-term impact of treatment in women diagnosed with bulimia nervosa. *Int J Eat Disord* 2002;31: 151–158.
10. Michler P, Wolter-Flanz A, Linder M. Intensive outpatient group treatment for adolescents with eating disorders. *Prax Kinderpsychol Kinderpsychiatr*, 2007; 56(1): 19-39.
11. Halmi KA. Psychobiology and treatment of Anorexia nervosa and Bulimia nervosa. *American Psychiatric*, 1992: 241-333.
12. Agras WS, Robinson AH. Forty years of progress in the treatment of the eating disorders. *Nord J Psychiatry*, 2008; 62(Suppl 47): 19-24.
13. 2003; 160: 2046-2049. 28. Drake MA. Symptoms of anorexia nervosa in female university dietetic majors. *J Am Diet Assoc*, 1989; 89(1): 97-98. 29. Castro J, Lazaro L, Pons F, Halperin I, Joro J. Predictors of Bone Mineral Density Reduction in Adolescents with Anorexia Nervosa. *J Am Acad Child Adolesc Psych*, 2000; 39(11): 1365-1377.
14. Borson S, Katon W. Chronic Anorexia Nervosa: Medical Mimic. *West J Med*, 1981; 135(4): 257–265.
15. Ramsay R, Treasure J. Treating anorexia nervosa. *BMJ*, 1996; 312: 182-182.
16. Hollander E, Neville D, Frenkel M, Josephson S, Liebowitz MR. Body dysmorphic disorder. Diagnostic issues and related disorders. *Psychosomatics* 1992; 33: 156165.
17. Varchol L, Cooper H. Psychotherapy approaches for adolescents with eating disorders. *Curr Opin Pediatr*, 2009; 21(4): 457-64.
18. Boepple L, Thompson JK. A content analytic comparison of fitspiration and thinspiration websites. *Int J Eat Disord*. 2016;49(1):98–101.
19. Carrotte ER, Prichard I, Lim MS. “fitspiration” on social media: a content analysis of gendered images. *J Med Internet Res*. 2017;19(3): e95.

20. Deighton-Smith N, BT Bell. Objectifying fitness: a content and thematic analysis of #fitspiration images on social media. *Psychol Pop Media Culture*. 2018;7(4):467-83.

**How to cite this article:** Jayshree V. Patil, Dr. Shilpa A. Deshpande, & Jayshree Aate. (2025). Recent Advances in Evaluation of Alcoholism in Rodents - A Review. *International Journal of Pharmaceutical Research and Medicinal Plants*, 1(3), 16–20. <https://doi.org/10.61280/journalmedicinalplants.v1i3.218>

**Published by:**  
**Informative Journals**  
**Jadoun Science Publishing Group India**

