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“THE ULTIMATE GUIDE TO UNDERSTANDING AND TREATING EATING DISORDERS!”

**“DON'T LET AN EATING DISORDER
RUIN ANYMORE LIVES!...
...PASS THIS E-BOOK ON TO
EVERYONE YOU KNOW...”**

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Introduction – Causes of Eating Disorders

Causes of eating disorders are numerous and usually hard to determine. The general categories of causes are media factors, biological factors, family influences, culture, social influences, and psychological factors. In most cases a combination of factors from these categories can cause eating disorders, which is the reason the causes are really hard to pinpoint.

Recent research in the field of genetics shows that over 50% of the risk for anorexia nervosa can be contributed to genetic factors. Research about bulimia and binge eating are currently in progress. Certain personality types have shown to be more susceptible to eating disorders, and for the most part, personality and temperament seem to be genetically determined. For example, people with obsessive compulsive disorder have a higher rate of eating disorders. Research has also shown that people are more likely to develop an eating disorder if a mother or sister also has an eating disorder.

Perfectionists are extremely likely to develop an eating disorder. Perfectionists place unrealistic and unachievable goals on themselves. They ignore everything they have achieved and only see themselves as inadequate or worthless. So if a perfectionist gets the idea that thinner is better you can see how the progression could take them all the way to a hospital bed.

Families that are overprotective and sheltering can foster eating disorders. When a mother or father puts extra emphasis on physical appearance, even if it is not directed at the child, also puts children at risk for eating disorders. Pressure put on by parents to strive for success and perfection can lead children to conceal doubts and worries. This also makes the children try to gain some type of control in their life by manipulating their food intake and weight.

A group of friends or an organization a person is involved in can also lead to eating disorders. With the emotion involved in a romantic relationship it is easy to see how a person can feel pressured into trying to become thinner to satisfy the other. Appearance obsessed friends, and pressures put on by organizations that idolize thinness can lead to eating disorders. Common organizations or groups that enjoy thinness are dance and theatre clubs, sororities, certain school cliques, and cross country running teams.

In western cultures, thinness, especially for women, is promoted as ideal. It has been proven that people tend to imitate role models. In western cultures, models and actresses, who are often times unrealistically thin, are commonly looked up to by teenagers as ideal people. Eating disorders, whatever their cause, can be scary, so if you or someone you know is battling an eating problem, seek help as soon as possible.

1. Telling on Your Friends Who Have Eating Disorders

When you are close to someone, you will often notice when something is wrong before other people. For example, if your best friend breaks up with her boyfriend, you'll recognize that her eyes are puffy from crying before others and be able to offer comfort first. If someone close to you is battling an eating disorder, you may be the first to notice. Carefully observe the person to be sure your suspicions are well founded, and if they are, your first step is to tell someone you trust so that your friend or loved one can receive the help he or she needs. Knowing whom to tell can be difficult, so carefully consider your options before making a decision.

First, consider going directly to the person. This is the most honest approach to take and could save your friendship if he or she gets defensive about your accusation. Sometimes, you truly do have nothing to worry about and your friend is fine, but be careful because your friend may be in denial about his or her eating problems.

A better course of action would probably be to speak with a trusted adult. You have many choices: parents, teachers, religious leaders, doctors, dieticians, other family members, and coaches are all good choices, depending on the situation. Carefully consider how each adult would react to the news. Someone who will panic or confront your friend is not a good choice.

Also be sure you can trust the adult you tell before you voice your concerns. This person should understand that you are speaking in confidence. Adults like to gossip as much as teenagers sometimes and it could be very harmful to your friend if rumors were spread about his or her condition. For this reason, also only tell those who truly need to know. Other friends, co-workers, and those who do not know the person very well should not be involved in the situation unless you have a very specific reason for telling them.

Finally, decide how you will tell another person. You may wish to have a face to face conversation with someone, such as a doctor, since they can help you better understand a next step. However, if you want to tell a family member of you friend and are slightly embarrassed or otherwise uncomfortable, you have other options as well. Letters and Emails work well for this, because you can make sure you write down exactly what you want to say. You can even send concern anonymously this way.

Whoever you tell, in whatever way, do it quickly. Your intervention could mean the difference between life and death. You may feel like a tattle-tale, but voicing your concern is always the best choice to keep your friends safe and happy.

2. Eating Disorders: Not just a Female Problem

Eating disorders primarily affect the female population, but that does not mean males are not affected. Anorexia nervosa, bulimia nervosa, as well as all other eating disorders can also strike males.

Research has shown that for every four females that suffer from anorexia, there is one male who suffers from it, and for every eight to eleven females that suffer from bulimia, there is an estimated one male who suffers from it. Original estimates of male eating disorder rates use to be distorted and the number of affected men were represented as remarkably less. One reason for this is because males are less likely to confess to having a "woman's problem." Males are less likely to identify with an eating disorder and may be in denial that they actually have a problem.

There are differences in males when it comes to eating disorders. For example, males with eating disorders often develop an eating disorder later in life than females, and males with eating disorders usually have a history of obesity. Another difference is that females find cultural pressures in advertising and media to be thin. Thin is seen as successful and attractive for females. On the other hand, males are portrayed as physically in shape and muscular in media, which equates thinness to being weak and devoid of muscle.

Certain sports can influence men to become dangerously thin, just like in female athletics. Sports like wrestling, cross country running, and swimming have a higher rate of anorexia, and bulimia than other male sports where muscular figures are more desirable.

Treatment of eating disorders is already a difficult task but males make it more difficult because they are less likely to ask for help or admit their problem. It has been shown that a majority of the time professional help is required for recovery. This is dangerous for males because they are more fearful of finding help. Recovery with the aid of a professional has shown good results just like with females.

Studies for eating disorders in men are sparse and harder to conduct because of several factors. The two main reasons are the fewer number of men that are inflicted, and the anxiety that men suffer when they have to try and admit their problems. However, it is a problem that cannot be ignored for either sex, as eating disorders can be dangerously unhealthy. Seek help if you or a male you know is having problems dealing with food.

4. Anorexia: The Horrible Truth

Imagine that the reflection in the mirror shows rolls of fat drooping from every area of your body. Heavy bulges of fat wrap your body like a blanket. This is what anorexics see every time they look at themselves, even if they are dangerously underweight.

Anorexia nervosa is an eating disorder that is described by the intense fear of being fat accompanied with a distorted self view where the inflicted person only sees themselves as overweight. Anorexics starve themselves without mercy. Becoming 15% below a person's normal body weight is typical of an anorexic.

This weight loss is achieved though several unhealthy methods. Often an anorexic will exercise excessively, take laxatives, starve themselves, or use of combination of these. This, combined with the low body weight, often causes the anorexic to become severely ill, and often close to death.

Strange eating habits can also accompany anorexia. An anorexic might not want to let people see them eat, or they could cook a huge meal for other people and then refuse to eat any of it. Anorexia is a psychological disorder, so it is going to take a lot of support from family and most likely a trained professional to guide the anorexic back to health. Resistance to help is common among anorexics, so anger and denial can easily surface.

The list of dangerous medical problems associated with anorexia is frightening. Shrinking of bones and mineral loss are dangerous enough, but they also lead to osteoporosis. An irregular heartbeat as well as a low body temperature can also develop.

Anorexia usually sets in around puberty, but it is also associated with people of high socioeconomic class. Modeling, theater, long distance running, and any other activities where thinness is encouraged are susceptible to anorexia. Roughly 1% of teenage girls will fall victim to anorexia nervosa in the United States, and an estimated 10% of these girls will die from the effects

that follow. Though girls are more likely to fall victim to anorexia, boys are not immune.

Warning signs to look for to identify anorexia nervosa are: loss of menstrual period, dieting obsessively without being overweight, being 15% or more below normal body weight, an obvious preoccupation with food and calories, claiming to be overweight when they are not, denial of hunger, and obsessive exercise.

The best course of action for someone that fears a friend or family member might have fallen victim to anorexia nervosa is to contact a trained health professional. There are eating disorder specialists who are trained specifically for identifying and treating of people with these illnesses.

5. Doctor's Office: What to Expect

Admitting you have an eating problem is the first step to getting help. However, the prospect of having to go to the doctor and face your difficulties can be overwhelming. If you know what to expect, a doctor's exam is not quite so scary—this can help you face your fears and get you (or a loved one) the help that you really need. Eating disorders can be very unhealthy and result in death, so it is important to start a treatment program as soon as possible.

The first thing you can expect at a doctor's appointment is paperwork. This will ask you for a family health history as well as personal health information. Be truthful and as complete as possible. Your doctor may then ask you some general health questions. It is here where you should voice your concerns about food and your diet. Vomiting, even once, to rid your body of food is unhealthy, and if the thought of eating makes you feel sick because you're worried you will gain weight, even if this thought only crosses your mind one time, you should talk to your doctor. He or she has dealt with this before, so there is no reason to be embarrassed.

Next, your doctor will perform a basic physical. This will include weighing you, something that could be very uncomfortable. Ask to face away from the scale if not knowing your weight would help put you at ease. Your doctor will also check vital signs, analyze body fat, check your internal organs, look at your skin, and listen to your heart and lungs.

Laboratory exams are common after that. You will be asked for a urine sample most likely; although you may also have your mouth swabbed or be asked to give blood. Laboratory tests can check a number of things, such as blood sugar, electrolytes, hormone levels, and cholesterol.

A psychological evaluation usually follows. Don't worry—nobody thinks you are crazy. This is simply a way for doctors to learn more about you and why you have trouble dealing with food. It will also check for depression and anxiety, which are common mental diseases associated with eating disorders. This exam will assess your thoughts, feelings, and habits to better show the doctors how you need to be treated.

Your doctor may run other tests as well to diagnosis your overall health. You may have to be hospitalized, depending on the severity of your eating disorder, before you begin outpatient treatment. Remember that you are taking the first step to a healthy and beautiful life. The doctor is here to help and guide you through the process and being aware of his or her procedures will help you face your fears.

6. Eating Away Pain: How Depression and Eating Disorders Go Hand in Hand

There is no single known cause for eating disorders. In fact, for most people who suffer from them, a number of factors lead into the development of eating disorders. These problems with food, weight, and body image can be extremely dangerous to a person's health, both mentally and physically. Because those who suffer from eating disorders have poor body image, it is easy to see how eating disorders and depression work together. If you or someone you love suffers from an eating disorder, such as anorexia or bulimia, watch closely for signs of depression. Likewise, if you or someone you love suffers from depression, be on the look out for eating disorders to develop.

Depression is not merely sadness. Everyone feels sad or upset at some point or another. Depression is longer lasting and has a number of causes, such as hormonal imbalances and genetics. Life situations can also cause depression, so eating disorders can cause a person to become depressed. Signs of depression include excess sleep, crying for no reason, thoughts of suicide, and unwillingness to do the things the person once normally loved to do, like hobbies or spending time with friends.

Depression is a serious medical condition and can be treated a number of ways. Many people who suffer from depression find help with counseling. Prescription medications can also be used to correct deficiencies and imbalances in the body that cause depression or contribute to it.

Eating disorders can cause depression, but it is also likely for the opposite to happen. When a person is depressed, they often have little or no appetite, which leads to starvation of the body and development of anorexia. Even if depression is treated, these poor eating habits, for multiple reasons, may stick, so it is important to treat the two diseases separately and with equal importance.

A doctor or other medical professional can give you more information on both eating disorders and depression. These medical conditions have roots in both the physical and mental parts of your body, so treatment is varied, but very important. Both depression and eating disorders, especially when found together, can lead to more serious health problems and, ultimately, death. Seek help immediately from doctors, dietitians, and support groups to overcome these afflictions. Beating depression and an eating disorder can be done, so don't give up hope—help others help yourself and brighter days are on the horizon.

7. Eating Disorders and Motherhood

Eating disorders can adversely affect the ability to become pregnant as well as the health of both the mother and child during and after pregnancy. To top it off, the chance of a high risk pregnancy was the same for women that were treated immediately before pregnancy and for women who had been successfully treated eight years earlier. Eating disorders stick with you, so prevention is the only acceptable form of treatment.

Studies prove that low body weight, excessive exercise, and dieting can negatively impact a woman's endocrine system. The endocrine system is responsible for hormones in the body and plays a key role in pregnancy. There is a positive correlation between normal body weight and a healthy pregnancy. Being close to normal body weight, eating a variety of foods, and the healthiness of a woman's diet all affect whether or not the pregnancy and baby will be healthy.

A pregnant woman with an eating disorder is putting an immense toll on her body and health. During pregnancy, the baby is drawing its nourishment from the mother, which could

deplete the woman's body of nourishment even more. This could lead to malnutrition, depression, stress, loss of control of emotional state, and also increases the risk of postpartum depression.

The health of the baby is also in question if a woman has an eating disorder. Nutrients are essential during development, which means depriving the fetus of nourishment will slow, stunt, or deform growth. Mental retardation and low IQ rates are higher in babies who had a mother with an eating disorder. Children with affected mothers also have more common occurrence of low birth weight and are smaller and weaker than other children of their age.

If you are a potential mother there are several important steps to take in order to insure the best chance of success with your new baby, and to secure both of your health. Honesty is the best policy. This is very important when it comes to your health care practitioner. Your doctor will probably schedule more appointments to see them than during a normal pregnancy.

A nutritionist who specializes in eating disorders and a mental health professional should both be consulted before and during your pregnancy. This will ensure that you don't suffer from malnutrition and that you are mentally successful. The mental health professional can help you overcome any fears associated with weight gain and physical appearance changes during the pregnancy. Health professionals are your best chances of success during and after pregnancy, so for the safety of you and your baby, consult a doctor.

8. Fact versus Fiction: Shedding Light on Eating Disorder Myths

Most high-interest topics in the news have a set of myths that continue to confuse the public. Eating disorders are not immune to this trend, especially since many famous faces often are found to be anorexic or bulimic. Myths surrounding eating disorders are numerous, but the facts quickly dispel them.

A typical myth is that females attending college are a very low risk group for eating disorders, because their education protects them from falling victim. An estimated 5 to 20% of college women are afflicted with an eating disorder. This makes them a very high risk group. This is due to the high-pressure situations found in college. Education does not protect graduates either. Many women affected are of high socioeconomic class. The ability to handle successful careers, beautiful physical appearance, or high education has been shown not to protect against an eating disorder.

Another common myth is that only females can fall victim to eating disorders. However, males are also very deeply affected by eating disorders. Rates for males are lower than females, but males are not immune. These rates of eating disorders are harder to measure because men are less likely to admit that they might have a problem than females are. This fact also brings into doubt the ability to measure the rates of males accurately.

There is no such thing as discrimination based on body type? This is another untrue myth, one which only people with eating disorders seem to fully realize and having problems accepting. Fattism, or discrimination based on weight or body type, is very prevalent in western cultures. Many in western cultures relate being fat to being lazy, dumb, and disgusting. This fact is most commonly shown by looking at which people are idolized the most. Thin actresses, actors, professional sports stars are all idolized, and the majority of people in these professions are physically fit and thin. A great way to illustrate this in real life is to think of the last verbal fight you heard. One of the most common insults thrown around is "fat."

Dieting as a healthy and successful way to lose weight is the most common myth. Unhealthy dieting is used by a lot of people affected with eating disorders. Dieting does succeed at being a

good temporary way to lose weight, but once someone goes off a diet they usually gain the weight back faster. Often times more weight is gained back than was lost. The only truly healthy way to lose weight permanently is to permanently change eating habits. A healthy diet combined with moderate exercise is what the majority of doctors will recommend.

9. How to Help: Treatment for People with Eating Disorders

Treatments for eating disorders with the aid of a psychologist or counselor are the only types of treatment that will be referred to in this article. This is because they have been proven effective, and most other methods are not reliable enough to consider. Therapy and counseling are the critical parts of treatment, but since eating disorders affect both the mind and body, other health professionals are going to be needed. Dieticians and doctors are most likely going to accompany mental health professional in the process of bringing an inflicted person back to health.

Family and friends will play a key role in the process of recovery. The change of emotions and eating styles will cause a lot of emotional stress in the patient. Support will be both physical and emotional. Driving the patient to appointments and verify that food and nutrients are ingested would be examples of physical support. Emotional support would include being a shoulder to cry on, or being a pillar of strength to look to during times of change for the patient.

A typical step in recovery is education about nutritional needs and the body. This usually includes the planning of meals and explaining the reasons for which foods the patient will be eating and why they need to eat it.

Hospitalization occurs if the patient is experiencing physical problems. This usually occurs if body weight is extremely low, and/or if a patient is experiencing a life-threatening symptom. Outpatient procedures usually occur after a successful hospitalization or as a normal course of action if hospitalization is not needed. Outpatient procedures are the preferred route of treatment. This allows the patient to be in the comfortable hands of family or friends. Outpatient therapy can include group therapy, family counseling, nutritional counseling, and possibly psychiatric medications.

Success of treatment is related to how soon the problem is diagnosed. The longer something is practiced, the harder the patterns are to break. Eating disorders do incredible damage to the mind and body so the longer an eating disorder is left untreated the more dangerous it becomes. Death can eventually result from organ failure due to malnutrition. If you feel that you are suffering from an eating disorder you have to talk to someone about it as soon as possible. If you feel that you can not approach your parents then it would be a good idea to go to a school nurse, school counselor, neighbor, friend, or teacher.

10. Hurdles in the Athletic World: Eating Disorders

A thin athlete is preferred in certain sports, and this is one reason for the higher rates of eating disorders in these sports. Sports like gymnastics, distance running, distance skiing, swimming, figure skating, dancing, horse racing, rowing, wrestling and cheerleading have staggeringly high rates of eating disorders. Male sports that ranked the highest at risk for eating disorders are wrestling and cross-country running, so, as with all eating disorders, males are not immune.

Females are more at risk, however, because they face more risk factors than guys. The western culture idolizes thin females, and when that is combined with the pressure to be thin for a sport, the reasons more girls succumb to an eating disorder are apparent. The western appearance for an ideal male is someone with a tall muscular build. Thinness in males is seen as lack of muscle, which is associated with weakness. Therefore males are facing contradicting pressures, whereas the pressure for female athletes can be the same. These pressures can then build on one another.

The desire to please coaches and judges also adds to the pressure. Judges that evaluate artistic merit, as is the case for gymnastics, or synchronized swimming, often associate being thin with higher scores. Being thin has become more and more sought after, and in recent decades the average weight for female athletes has dropped significantly.

Since an athlete has to tax their body for their sport, an eating disorder will put an athlete at risk for cardiac failure. Athletes with eating disorders have been shown to miss more practices and competitions due to injuries associated with eating disorders. Stress fractures in the leg are a common reason for female athletes with eating disorders to miss practice, as the body becomes weakened when you do not eat. Remember, fat is not the only thing we get from foods. The nutrients found in our food are absolutely necessary for athletic competition.

If you or an athlete you know is suffering from an eating disorder or concerned about local judging being too strict about body weight, seek help from a professional. Teens are especially at risk, and losing too much weight can cause health problems that last well into adulthood. Stay safe and healthy by eating a good diet every day and learning how to exercise correctly to achieve the body proportions you want. Looking healthy is the ultimate goal—not looking thin.

11. More than Just Losing or Gaining Weight: The Consequences of Eating Disorders

Sadly, thousands of people in the United States (and even more worldwide) suffer from eating disorders. These include anorexia, binge eating, and bulimia. It is clear, even to those who participate in unhealthy eating habits, that the rapid loss or gain of weight is unnatural for the body. However, there are many other consequences most people do not know about. If you or someone you know has an eating disorder, seek help immediately—the situation is much more dangerous than you may realize and your intervention can mean the difference between life and death for yourself or a loved one.

Eating disorders, first of all, go hand in hand with a number of mental health diseases. An eating disorder can cause them or can be a side effect, but in either case, you should be aware that people who suffer from eating disorders are also prone to suffering from depression, alcohol or drug abuse, and anxiety. All of these conditions can lead to suicidal tendencies.

There are also health concerns relating directly to the unhealthy eating habits. Anorexia is an eating disorder in which people essentially starve themselves by consuming very little food. However, those experiencing anorexia do not just cut the fat from their diets—they are suffering from an overall malnutrition, and the lack of daily vitamins, proteins, sugars, and carbohydrates that a body needs. This can lead to a number of health complications, as minor as hair loss and as serious as heart disease.

Bulimics, on the other hand, do not starve themselves, but rather binge eat and then use methods to rid the body of this food. Induced vomiting can damage the stomach, throat, and other

parts of the digestive system. It can also cause skin problems around the face and oral health problems. Bulimics also use laxatives in excess to rid their bodies of food without weight gain, and these medications all have their own side effects.

Binge-eating disorders are also damaging to the body. In this case, the person does not induce vomiting or use laxatives, but still eats excess amounts of food for psychological reasons, not out of hunger. These people are therefore usually obese, which puts the body at risk for high blood pressure and high cholesterol, precursors to heart attack and stroke, which both, sadly, can result in death.

Simply put, eating disorders are dangerous. There are many consequences to participating in unhealthy eating habits, so if you or someone you know seems to be battling self-image and dieting excessively, express your concerns.

12. New Kinds of Treatment for Old Kinds of Eating Problems

Medical professionals agree: eating disorders are very dangerous. No matter what your reasoning, eating too little (anorexia), relieving your body of food after you eat too much (bulimia), and eating uncontrollably (binge-eating) can all lead to serious health problems like nutrient deficiency, stomach ulcers, drug dependency, and heart disease. Ultimately, these problems can lead to death. Hundreds of men and women die as a direct result of eating disorders every year. Medical treatments are available for those who want help, but if traditional treatments are not working, there are alternative treatment options available as well, so explore all your options if you are diagnosed with an eating disorder.

Acupuncture is probably the best known form of alternative therapy. In this treatment, you receive a number of sessions in which a trained professional attempts to restore positive energy in your body by sticking needles into your skin at specific pressure points. Although this may at first seem scary and useless, acupuncture is actually quite safe and has been helping people since it was first used in ancient China. Your traditional doctor can recommend a certified acupuncturist if you'd like to further explore this helpful option.

Along with acupuncture is acupressure, which works in much of the same way, but with force on points of the body instead of needle pricks. Other massage-like techniques can also be used with the same kind of results. Cupping and rolfing both have helped eating disorder patients in the past.

Herbs and alternative medications can also be used. Instead of prescription pills to help deal with side effects of an eating disorder, ask your doctor about natural medicines. These options can be just as effective and are often healthier for the body. Many natural medicines can be picked up over the counter, but some need written prescriptions just like traditional medications.

Before you agree to alternative treatments, be sure that your insurance covers them. Unfortunately, many of these alternative techniques are just recently becoming mainstream, and insurance companies are still skeptical of their use. However, new studies to prove their effectiveness are being done daily, so the use of alternative therapies should not be discounted when you are looking for eating disorder treatment options. Your doctor or dietician can help you plan the best course of action to meet your body's specific needs—the important thing is that you are attempting to recover and are stopping unhealthy eating habits so that you do not further damage

your body.

13. Preventing Relapse: Just as Important as Treatment

There is no easy and graceful path to recovering from an eating disorder. Relapse of an eating disorder is a very possible scenario for someone on the road to recovery. The key is to keep temporary relapses back into destructive patterns from becoming a full regression.

It is important to note that relapse prevention for eating disorders is different depending on each disorder. A good idea is to consult the professional that is aiding your recovery about the possibility and treatment involved with the potential relapse of an eating disorder.

Acceptance of needs is an important step toward preventing relapse. Everyone has some type of needs so there is no reason to feel guilty about yours. This means that it is ok to take the steps necessary to replenish your body physically, mentally, and spiritually. Spending time with friends and family is a good way to fill some of these needs. Friends and family can provide emotional support.

It is important to spend time each day doing something you are good at. This will build self esteem, which is a factor in every eating disorder. If you do something you are good at, you are setting and accomplishing goals, which is a proven way to build self-esteem. An emotional inventory several times a day is a great tool to use when fighting off the power of an eating disorder. If you stop randomly and ask yourself how you are feeling, and then recognize feelings, you can then deal with them. If the feelings are not dealt with they can become overwhelming and blaze the path back to old, destructive habits.

Living a healthy life will reduce the chances that you will fall into relapse. This all starts with a good nights sleep. Proper rest is essential for many body systems, including insulin, which contributes to the way your body uses food. Moderate physical exercise, which should consist of at least 60 minutes daily, can also boost self esteem.

The act of deliberately making choices is something that should be emphasized in your healthy lifestyle. A patient has to realize that they are not at the whim of the forces in their life; rather, they have the power to affect the forces that govern them through the choices they make.

Finally, relapse is too dangerous to be dealt with alone. The key thing to do if a patient fears a relapse has started is to contact the healthcare provider or therapist as soon as possible. Many factors could contribute to a relapse and these professionals can help sort it out.

14. Say No to Comfort Food: Compulsive Eating

Food is the cure to all worries—at least that's how a great number of people feel. I'm sure you've heard of the term "comfort food". Unfortunately, compulsive overeating is usually used as a tool to escape from stress, worries, or just reality in general. Shame and regret about overeating soon follow bouts of compulsive overeating.

Compulsive overeating appears twice as often in women then it does in men. The overeater will continue to eat even after they feel uncomfortably full. Many of the health risks associated with

compulsive overeating relate to the weight gain linked to the overeating patterns. Compulsive overeating usually follows a gradual progression. Roots for compulsive overeating are typically formed during childhood. Food might have been used to make a child feel better if they were upset. This pattern of using food as an emotional distraction or escape would continue and slowly spiral downwards until it reaches its peak later in life.

The shame and guilt that compulsive overeaters feel often leads them to try and stop their eating patterns. This often leads to obsession with food and rigorous dieting standards. The dieting standards might slow down or offset weight gain, but emotional needs are the main reason for compulsive overeating. Dieting standards are often set too high for the person to achieve, which leads them to feelings of failure and disappointment. Since their emotions are the primary reasons overeaters turn to food, the failure associated with not reaching the goals of the diet will lead to even more overeating. This turns into a vicious downward spiral of negative emotions and food. The shame and guilt about weight gain and appearance will cause the person to withdraw from society. Low self-esteem is also usually present during this time.

Prejudice is extremely common toward compulsive overeaters. Their problem is seen as a lack of self-control. Words like gluttonous, lazy, and disgusting are hurled at compulsive overeaters. Compulsive overeating is just as legitimate as anorexia nervosa, or bulimia nervosa, and is just recently gaining the proper recognition.

Compulsive overeaters can have very interesting habits associated with their aliment. Hiding or hoarding of food can be common. Lack of control of eating during binge periods is another characteristic. Some emotional symptoms can be moodiness, irritability, depression, regret about eating, perfectionist tendencies, and avoidance of conflict.

Treatment for compulsive overeating is most successful when it is guided by a mental health professional. The mental health profession is recommended because overeating is usually related to deep-rooted emotional problems.

15. Saved by the Dentist: How a Dentist Can Spot an Eating Disorder

A little-known fact is that dental health professionals are usually the first people to notice the signs of an eating disorder. This is because oral health problems are very frequent in people who have eating disorders. If you are a dental health professional, watch out for these tell-tale signs and be sure to alert parents or other family members if you suspect an eating disorder.

Bulimia is the most common affliction that is associated with tooth decay. Bulimia is best characterized as a binge and purge eating condition. Bulimic people will intake huge amounts of food and then purge them from the body, usually through self-induced vomiting. The obvious reason for tooth decay with a bulimic person is the corrosive stomach acid that is a part of vomit is exposed to tooth enamel on a frequent basis. It is estimated that almost 90% of people who suffer from bulimia show signs of tooth decay.

In anorexia nervosa the reason for tooth decay is not as apparent. A person with anorexia is in a state of starvation. The lack of nutrients to the body can result in bone loss, and even osteoporosis. This can cause the teeth, and even the jaw to become weak. Since the jaw supports the teeth, tooth loss commonly results.

A more overlooked reason for tooth decay and eating disorders is binge eating. Some people binge eat to relieve stress and to escape from reality. In extreme cases of binge eating a person can

experience tooth decay from continuous intake of high sugar and acid foods like soda and candy.

There are multiple signs and symptoms that dental professionals should look for to determine the possibility of an eating disorder. Tissue loss and lesions or lost skin will appear in the mouth as a result of the corrosive effect of stomach acid. The teeth can become brittle, discolored, or even translucent. Sensitivity to temperature or unprovoked and spontaneous pain with one tooth might also be a symptom.

Since dental health professionals are usually the first to have the chance to notice symptoms of an eating disorder, they should take some responsibility in the intervention of an eating disorder. Dental health professionals can find scripts on multiple websites on how to approach and help a person that they fear might have fallen victim to an eating disorder. The National Eating Disorders Association has a basic script available for dentists to follow. This is a good starting point for dental health professionals who want to take a role in helping their patients overcome a potentially life threatening ailment.

16. Organizations: Getting the Correct Information on Eating Disorders

Knowledge is power when it comes to fighting any battle. This holds true when it comes to dealing with an eating disorder. Knowledge can be found almost everywhere so it is a good idea to go to tried and true sources to make sure the information is correct.

National Eating Disorders Association, or N.E.D.A., has a website with articles relating to a variety of aspects dealing with eating disorders. Some of the article topics include basic information about eating disorders, athletes and eating disorders, body image, prevention, living a healthier life, and articles relating to the differences between males and females and their eating disorders. N.E.D.A. is also involved in research and education about issues related to eating disorders. Fund raising is also a key component of N.E.D.A.'s agenda. One of their most important features however, is their link to resources for treatment referrals.

Eating Disorders Anonymous, or E.D.A., is similar to Alcoholics Anonymous in principle. E.D.A. is a group of people that band together in order to help one another learn more about, and recover from eating disorders. Their only requirement is that the person wishes to recover from an eating disorder. The E.D.A. comments on their web page they are not associated with any sect, denomination, political party, or organization. The E.D.A. also has much documentation available on their website. Brochures, basic information packets, and starter kits for recovery are all available on the E.D.A. website. Their most helpful feature is probably their links page which can lead someone looking for help to other trusted sites if E.D.A. is not able to help.

The National Eating Disorder Screening Program, or N.E.D.S.P., focuses on the three main types of eating disorders. Anorexia nervosa, Bulimia nervosa, and binge eating disorder are all targets that the N.E.D.S.P. wants to raise awareness about. More importantly, the N.E.D.S.P. wants to encourage those who are suffering from an ailment to seek treatment. The N.E.D.S.P. contains the typical information about the inflictions, and links to help. This site is important because one of its main goals is to conduct research about eating disorders, which is always important for future work.

SomethingFishy.org is a website that provides a long list of organizations that are solely dedicated and trained to help people with all types of eating disorders, so it is probably the best starting point of all the websites listed.

Eating disorders are easy to find information about if the Internet is properly used. The only word of warning when looking at an organization is to make sure it is legitimate because scammers have no limits to what they will do.

17. Say No to Christmas Cookies: Eating Disorders and the Holidays

Eating disorders can be difficult and dangerous to deal with. This is especially true around the holidays. Many dieters feel the weight of the seasonal goodies on their shoulders and cheat so that they can taste the delicious treats of the holiday. Those with eating disorders may feel tempted to cheat as well, but this is not the case of stealing a cookie or piece of pie—cheating while you are recovering from an eating disorder can be deadly. Try to help your loved ones through this difficult time of year by offering support, encouragement, and understanding.

First, remember to prepare for the holidays. Christmas shopping often sneaks up on us, and so holiday snacks can as well. The cycle usually begins around the end of October, with Halloween candy. Be ready for the extra treats by planning your meals and sugar intake. For those battling binge-eating disorders, such as bulimia, it is important to keep the candy out of the house. If you children go trick-or-treating and bring home tons of treats, let them keep their favorites and give the rest to friends and family members. Another option is to keep the supply at a grandparent's house or in the freezer, so you or your loved one won't be tempted to binge on candy.

Thanksgiving and Christmas are holidays categorized by eating. Here, it is ok to eat a little extra, but it is a good idea to be on the buddy system—the person struggling with the eating disorder should be closely monitored to be sure purging is not occurring and that compulsive eating is not too out of hand. Anorexics should try to eat healthy in these situations, taking portions from all food groups in amounts that are comfortable. Part of the stress of the holidays is from friends and family in close proximity. They may not understand eating disorders and may make rude comments without realizing it. Be prepared for this and speak with them individually afterward about their behavior.

Be prepared also for unfamiliar holiday meals. Your boss may invite you over for dinner in the Christmas spirit, for example. You may be asked to attend church functions that serve a meal. A significant other may wish to take you home for the holidays. Be ready to deal with these difficult situations by planning your intake of food before you attend a holiday event. Chose certain foods that you will and will not eat and try to stick with your plan. A dietician can help you with this goal. Your dietician will probably be your best friend during the holiday season, so be sure to speak with him or her regularly to be sure you stay on the road to recovery.

18. Teaching Children Healthy Eating Habits

Although traditional eating disorders such as bulimia and anorexia most often develop among young adults, children are very impressionable and they can, as young as a few years old, be influenced by adults who have poor eating habits. If you are suffering from an eating disorder, take measures to treat the disease, if not for yourself, for your children. However, setting a good example may not be enough, since a number of outside sources, such as other children and the media, may influence your child. Teaching him or her about good eating habits and healthy body image is,

therefore, very important.

The most common eating problem among children is not eating too little or purging the body, as anorexics and bulimics do, but rather, the biggest problem is obesity. Childhood obesity is on the rise, with twice as many children being obese today than a few short decades ago. Children are eating too much junk food—food that is high on calories and low on nutrients. To top this off, many childhood activities do not involve action—video games, computer time, and television watching all contribute to childhood obesity.

Unfortunately, being overweight as a child can cause him or her to develop eating disorders as he or she grows. Poor body image is learned easily with culture influences such as the thin baby doll or the Greek God type bodies of modern sports stars. Talking to your child about body image and practicing healthy habits is extremely important to counteract these negative influences.

Teach your child what eating disorders are and how they can be dangerous. Also teach the difference between “thin” and “healthy.” Treats high in calories or sugar should be for special occasions, not used as rewards. Instead, provide your child with multiple healthy snack choices such as fresh fruits and vegetables. Show them how these snacks can be just as yummy as cookies and potato chips. Also stress the importance of drinking water or sports drinks instead of punch. Your child, when old enough, should also learn about the food pyramid. He or she should learn how to balance a meal and why this is most healthy for a growing body. Have him or her help plan meals, using all food groups.

As your child grows, be sure to reinforce positive body image. Young adult years can be stressful, so regulate your child carefully and if you suspect that an eating disorder has developed, talk to a medical professional to figure out the best course of action.

19. Test of Love: Approaching a Loved One About Eating Disorders

Approaching someone about their eating disorder is probably one of the harder tests of friendship and love that a person could have to do. Friendship alone should be enough for you to be able to overcome a fear of approach, but there are certain steps to take to ensure the point comes across clearly.

One of the most important points is not to talk about food or weight. This might seem like the issue, but the real issue is the health of the person you are approaching. Not talking about weight also includes avoiding comments about appearance. Never try to force them to eat because that is going to make them angry and avoidant of you.

Anger and denial are to be expected when you approach someone. Do not try to take control of the person and their eating habits unless they are dangerously underweight, or purging several times a day. Instead, the proper approach would be to bring up the subject, and kindly assure them that you will always be there for them, and they should come to you whenever they feel like they need to.

Listen to the person, and do not snap quickly with advice or opinions. Trust is built on your kindness, so your skills at listening will help you define that trust. Also, if you listen to them you might gain precious insights into their life and affliction. You can not blame the individual at anytime because this is only going to create stress and possibly anger towards you.

Unless you are actually a trained mental health professional, you should not try to be one. You should gently encourage them to seek help, but do not try to diagnose and treat them. You have

to know your limits, and for most people that is just lending a kind ear, and being there as emotional support.

Finally, before you even sit down and talk to someone about a possible eating disorder, make sure you have solid evidence behind your claim. Observe for a week at least and make sure that the signs are there so you don't get in an arguing match over facts. Signs to look for are skipping meals, obsessive exercise, purging after meals, difficulty concentrating, tiredness, depression and irritability. It might also be a good idea to check their medicine cabinet for laxatives and/or diet pills. If a number of these signs show up repeatedly throughout your observation, and you have the knowledge about the disorders, then it is time to lend your support to your friend or family member.

20. The Media Made Me Do It! Culture Influences on Eating Disorders

Eating disorders such as compulsive eating, anorexia, and bulimia, can be very dangerous for your body, possibly even resulting in death. There is no single cause for the development of an eating disorder. However, one of the most quickly and often cited reasons that eating disorders develop is the media. Culture influences—that is, how the body is portrayed in the media—can take a toll on impressionable minds, leading to eating disorders, especially among teens and young adults.

Television is one form of media that portrays a thin body as beautiful. A multitude of reality shows have been introduced to the circuit in the past decade, and many of these, such as “Extreme Makeover” and “Celebrity Fit Club” portray thin as the only acceptable form of beauty. Even though, in recent years, these shows have been advocating fitness over thinness, people are still seeing the message that to be thin is to be beautiful. Even outside of the makeover programming realm, television perpetuates the myth that you need to be thin—most female television personalities are petite in size when compared to the average woman and most male television personalities are more muscular and lean than the average male.

This concept is also true in the Hollywood world. Movie stars are typically slender, and some even have developed eating disorders of their own to stay thin. In magazine ads, models advertise alcohol and desserts, two very fattening items, yet they are very thin themselves, showing a distorted (if not downright confusing) view on body image. Designers target a thinner market in most cases, and even sports stars seem to be not only athletic, but also beautiful and thinner than the average regular athlete.

Unfortunately, this cultural influence cannot be stopped and often perpetuates in daily life. Children at school tease heavier children, so kids learn at a young age that being thin is more desirable than being heavy-set, no matter how healthy you may be. Many adults contribute to this as well, being overly concerned with weight and passing this on to their children. Eating disorders develop when diet and exercise do not work, as is the case for many people.

Bulimia, anorexia, and compulsive eating are all very dangerous diseases that can result in a number of health problems, as well as ultimately leading to death. Protect yourself and your loved ones by promoting good body image, healthy eating habits, and moderate amounts of exercise. Prevention is the first type of treatment for this dangerous situation, and although you may not be able to totally block out cultural influence, you can make a positive difference by teaching your children the difference between thin and healthy.

21. The First Treatment for Eating Disorders: Prevention

Eating disorders are extremely hard to cure for a variety of reasons, so the easier course of action is to try and prevent them. Knowledge is the most powerful weapon for fighting any battle, so it is beneficial to learn about all types of eating disorders. General awareness of eating disorders is the best first step toward prevention.

Scientists have been strongly linking genetics to a person's susceptibility to eating disorders. This is a strong change to the previously held beliefs about pressures of society. These pressures are now seen as triggers instead of direct causes. This means that when a trigger does happen and you feel that someone might be slipping toward an infliction, do not fall into the trap of denial and guilt. It is easy to question whether or not you could have done something different. This is a waste of time that can be used to help the person at risk.

Once you have learned about eating disorders and the triggers, you can now recognize when someone might be slipping toward an infliction. This is when you should have a consultation with a trained professional. Any doctor will be able to help diagnose an eating disorder. If one is diagnosed, the doctor will probably also insist on a mental health professional stepping in to help. This is a good idea because there are usually very deep mental causes that can be the root of the problem.

Family and friends should try and model ideal behavior. Do not place unrealistic goals on your own appearance. On the other hand, if you are a father or a man in general you have to avoid criticizing the appearance of others. Even phrases that are said in a joking manner that are not directed at anyone in your close family or friends are dangerous. Any teasing about body type or body shape should be stopped immediately. Step in and stop this behavior. Even if it is playful teasing, taunts about these subjects can easily breed negative thinking.

Emphasize fitness over thinness. Explain to people that living fit is more important than how you look. This also includes avoiding dieting. Dieting does not work. It is a temporary solution, but as soon as the diet stops all the weight is regained. Usually more weight is regained. It is more effective and healthier to change eating habits permanently. By doing this and following these other tips, you can help prevent eating disorders from occurring.

22. The Opposite of Anorexia: Another Kind of Eating Disorder

Anorexia occurs when a person refuses to eat or eats a very small and restricted diet. This can be dangerous, as the body does not receive all of the nutrients it needs to function. However, the opposite of this condition, eating too much, is also a very serious kind of eating disorder. Called binge-eating, overeating can cause a myriad of health problems now and in later years of life. If you or someone you know is battling a binge-eating disorder, seek help from a medical professional immediately.

Binge-eating is different from bulimia because the person does not purge the food after eating it. With bulimia, a person usually excessively eats and then purges (vomits or abuses laxatives) to remove the food from the body. Binge-eaters do not purge, so they are less at a risk for

stomach ulcers, tooth decay, and throat problems. However, because they binge-eat several thousands of calories at a time, binge-eaters are usually overweight, sometimes grossly overweight and other times just moderately overweight.

Binge-eaters are overly concerned with food and their bodies in most cases. They use food as comfort and usually have specific food on which they binge. Sometimes, in a single sitting, binge-eaters can consume over 20,000 calories. The foods binged on are often junk foods that have little nutritional value, so binge-eaters may also suffer from nutrient deficiencies.

Binge-eating leads to being overweight, which causes a number of health problems. Heart disease is the most commonly associated problem with being overweight, and high blood pressure and cholesterol can also occur. All of these can lead to both stroke and heart attack, which many times result in death. Binge-eaters also suffer from mental diseases as well, such as depression and anxiety. For these reasons, binge eating can be very dangerous.

Help is available for those who want it. Steps include medication to lower cholesterol and blood pressure, operations such as gastric bypass surgery to stop feelings of hunger, and counseling to help people with depressive tendencies. Education about the food pyramid and how to plan healthy meals is also important.

Binge-eating is just as serious as anorexia and bulimia, although it is a problem that is less portrayed in the media. Males are especially prone to binge-eating, more than other eating disorders, and this is an eating disorder that can begin at an early stage of life. Be healthy and get help if you find yourself binge eating.

23. The Other Eating Disorder: Bulimia

When someone mentions the words “eating disorder,” the first thing that pops into most people’s minds is anorexia. While anorexia is, in fact, a very serious eating disorder that needs much attention to overcome, other eating disorders should not be overlooked as less serious. One other type of eating disorder is bulimia nervosa, simply called bulimia for short.

Bulimic individuals often have as distorted views about food as anorexics have. However, bulimia is characterized by the inability to resist food. Bulimics, instead of starving themselves, binge eat (or eat excessive amounts) and then “purge”—relieve the body of the food it has consumed through induced vomiting or laxative abuse. This can be very dangerous to a body for many reasons—not only are bulimics depriving their bodies of nutrients, but they are also harming their digestive tract. Vomiting excessively, for example, can damage the throat and cause stomach ulcers. It can also lead to dehydration, because most of the weight you get rid of is from water.

You should be suspicious of bulimia if a person eats excessively and then excuses him or herself to the restroom after every single meal. Bulimic can have weight problems as well, but normal body weight is common. However, like anorexics, they have poor body image and may seem overly concerned or even obsessed with their own body and the bodies of others. Crash diets and sudden bouts of intense exercising are common.

There is no one cause for bulimia, but instead many factors can play a role in this dangerous disease. Often, bulimics are overweight in earlier years and have been teased. They may also be concerned with looks due to influences in the media or in social situations. Some try anorexia, and when resisting food is too difficult, they become bulimic. Bulimics are most commonly female, but males are not immune to this deadly disease, since the perfect male image portrayed in the media is

one which is lean and muscular.

If you suspect someone you know of being bulimic, or if you are struggling with this disease yourself, seek help immediately. A medical professional can show you the first steps to getting healthy once again or give you tips on how to help a friend. Support groups and national organizations are available to help you through this difficult time. Every year, many people die as a result of bulimia, so don't wait to get the help you need for yourself or those you love.

24. Water Weight and the Dangers of Laxative Abuse

A common way to lose weight when inflicted with an eating disorder is through the abuse of laxatives. Laxative abuse is the frequent and repeated misuse of laxatives to rid ones self of calories, or to become thinner. The main misconception behind laxative abuse is that laxatives can be used to hurry the journey of food through the body. People mistakenly believe that food can be hurried through the bowels before it can be absorbed by the body, and ones weight can be controlled by doing this. This doesn't happen, and can have dangerous side effects.

Laxatives work by making the large intestine empty its contents. The problem with the belief that laxatives hurry food through is that all the absorption is already completed before the laxative takes affect. Since a majority of food is absorbed in the small intestine and laxatives primarily affect the large intestine, the induced bowel movement caused by the laxatives contains little to no actual food.

Laxative abuse causes the body to lose precious electrolytes, water, and minerals. The weight loss associated with laxative abuse usually results from water weight loss. In other words, dehydration is the reason for weight loss. This weight is gained back when the person drinks water. Dehydration has extremely dangerous side effects. Most notably, chronic dehydration can cause organ failure, which can cause death.

To stop the destructive cycle of laxative abuse you should consult a medical health professional. A doctor can advise you on the best course of action for stopping. A sudden stop of use or a slow regression of use both might be recommended by the doctor. A high fiber diet and a long walk in the morning before breakfast can get things moving in your GI Tract. Also, a cup of warm water with some lemon juice in it also will stimulate that area. Make sure to eat breakfast, because ingestion of food after you wake up also stimulates the nerve endings in the GI Tract that are responsible for bowel movements.

Laxative abuse can become a dependency, so it is very important to have a mental health expert to consult with. A mental health professional can help overcome any mental barriers associated with the stop of use, but more importantly the professional can analyze your progression toward an eating disorder and work to correct dangerous lifestyle patterns. Laxative abuse is commonly used in conjunction with dieting and exercise, which puts a dangerous toll on the body.

25. “Un-Support” Groups: Anorexic Clubs

Surprisingly studies have found that anorexics, as well as people with some other eating disorders, often band together in secretive clubs or cults. These cults are surprisingly structured, and are a way for people to relate to others like them. A sense of belonging is another main reason anorexics turn to these groups. Cults or clubs, whatever you call them, can be very dangerous when unhealthy activity is promoted as acceptable or even encouraged.

When suffering from an eating disorder, young adults often feel very alone. Their eating problems alienate them from friends and family, feeding into the problem. Many people with eating disorder have or develop depression or anxiety. Cults that promote eating disorders give these people a sense that they are not alone. This can be a good thing, but the message from the cult is that the eating disorder can continue as a productive part of a person's life. Eating disorders are very dangerous, resulting many times in death, so these cults should be shut down as often as possible

Eating disorder cults have migrated to the online realm. Mostly teenage girls go onto blogs and email others for this sense of belonging. Sharing tips on how to shed pounds, and ridiculing those who don't lose weight are also common activities for those who have connected through their eating disorders.

There is a movement called the "pro-Ana" movement, where Ana represents anorexia. People in the movement take an almost political like stand against those who do not accept their ways. Ana is seen as a higher power that dictates when an anorexic can eat. Ana also rewards a person when they lose weight and mocks them when they fail to meet their dangerous goals.

On some web sites anorexia is even beginning to develop as a religion. Prayers, psalms, moonlight rituals, and pro-anorexia commandments have all begun to appear and spread throughout the eating disorder underground. Red string bracelets are even sold online now to promote anorexia kinship.

Everyone from doctors to webmasters are now beginning to show their concerns about the dangerous atmosphere these sites promote. Unfortunately, there is not a lot the law can do to stop these groups, because it is difficult to prove their exact influences on others. After all, no one is making anyone else do anything; it is simply a negative support system. Like websites that promote suicide and drug use, anorexia cults on the Internet and otherwise can be very harmful, so watch closely over teens and others susceptible to being influenced by these cults.

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