

## Review Article

## Severe Anorexia Nervosa: Etiology and Recovery

Xinghong Yang<sup>1\*</sup> <sup>1</sup>PhD, Independent Scientist, Florida, USA

## Article History

Received: 16.12.2025

Accepted: 12.02.2026

Published: 16.02.2026

## Journal homepage:

<https://www.easpublisher.com>

## Quick Response Code



**Abstract:** Anorexia nervosa (AN) is a severe psychiatric disorder characterized by profound metabolic, psychological, and social dysfunction, and current biomedical and psychotherapeutic interventions achieve long-term recovery in only a subset of patients. Despite advances in understanding its neurobiological and psychosocial mechanisms, a substantial proportion of patients develop chronic, treatment-resistant illness. Since conventional medical models may not fully account for the persistent refractoriness observed in severe cases, this suggests that additional explanatory frameworks may be required. Emerging interdisciplinary research and clinical observations indicate that spiritual and karmic factors, as described in Buddhist traditions, may play a contributory role in illness persistence and recovery. Therefore, this study integrates Buddhist worldviews with clinical case analysis to explore the karmic and spiritual dimensions of severe AN. We present a Dharma dialogue elucidating potential spiritual mechanisms and a detailed case of recovery following intensive Buddhist practices. The findings suggest that Buddhist interventions may serve as meaningful complementary strategies for refractory AN, supporting a more integrative biopsychosocial-spiritual model of care.

**Keywords:** Guan Yin Citta Dharma Door, Golden Buddhist Practices, Severe Anorexia Nervosa, Karma, Spirits, Recovery.

**Copyright © 2026 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## INTRODUCTION

Anorexia nervosa (AN) is defined by the restriction of nutrient intake relative to requirements, which leads to significantly low body weight. Patients with this eating disorder will have a fear of gaining weight and a distorted body image with the inability to comprehend the seriousness of their condition [1]. It is classified as a feeding and eating disorder in the Diagnostic and Statistical Manual of Mental Disorders and is associated with the highest mortality rate of all psychiatric illnesses [2].

From a medical perspective, AN is a complex biopsychosocial disease. Its development involves an interaction of genetic vulnerability, neurobiological dysregulation, psychological traits (perfectionism, anxiety, and obsessive-compulsive features, for example), and environmental or sociocultural stressors [3-6]. Neuroimaging and neuroendocrine studies have shown alterations in brain circuits related to reward processing, interoception, and cognitive control, as well as disruptions in hormones regulating appetite, stress, and metabolism [7, 8].

When it progresses to a severe stage, defined clinically by extremely low body mass index or rapid weight loss, the consequences can be catastrophic. Prolonged starvation affects nearly every organ system. Common complications include cardiovascular abnormalities, electrolyte imbalances, gastrointestinal dysfunction, endocrine suppression, impaired immune function, osteoporosis, and neurocognitive decline. In adolescents, severe AN can also arrest normal growth and pubertal development [9, 10].

Psychiatrically, severe AN is often accompanied by comorbid conditions such as major depressive disorder, anxiety disorders, obsessive-compulsive disorder, and an elevated risk of self-harm and suicide. Their cognitive rigidity, impaired insight into illness severity, and strong resistance to treatment are common, making early intervention particularly difficult [11, 12].

Effective treatment requires a multidisciplinary approach that integrates medical stabilization, nutritional rehabilitation, and evidence-based psychological therapies. In adolescents, family-based treatment is considered first-line, while adults may benefit from

\*Corresponding Author: Xinghong Yang

PhD, Independent Scientist, Florida, USA

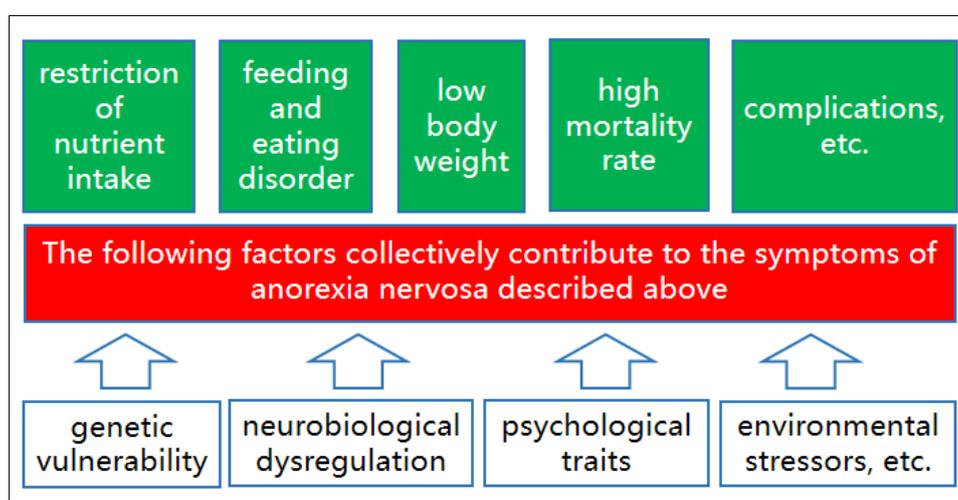
specialized psychotherapies such as cognitive behavioral therapy for eating disorders. Despite advances in understanding and treatment, recovery can be prolonged, and relapse rates remain significant, underscoring the need for early detection, sustained care, and continued research [13, 14].

Although AN is treatable and manageable, a substantial proportion of patients still progress to a chronic course. At a 22-year follow-up, 62.8% of individuals with AN achieved recovery [15], indicating that the remaining 37.2% developed a persistent and refractory illness. Our previous study suggests that diseases resistant to conventional medical treatment may possess a karmic or spiritual dimension, which may

require Buddhist practices for effective healing [16]. To examine whether AN carries such karmic or spiritual features, we present the spiritual insights of Dharma Master Jun Hong Lu regarding AN and analyze a case involving severe and refractory AN.

### Buddhist Worldviews, Mechanisms & Solutions

Severe AN is not a matter of willpower or lifestyle choice, but a serious medical and psychiatric disorder. In the Introduction, we have presented the scientific worldviews, symptoms, mechanisms, and treatment strategies for AN [Fig. 1]. In the following section, we introduce the Buddhist worldviews, mechanisms, and therapeutic approaches to AN.



**Fig. 1: From a scientific perspective, the current model of AN focuses primarily on materialistic explanations of its etiology and pathophysiology.** However, this framework cannot adequately account for the persistence of chronic AN or provide effective therapies for long-term cases. Therefore, this model remains incomplete, indicating that key underlying mechanisms have yet to be fully elucidated.

From a Buddhist perspective, the understanding of life and illness extends beyond the physical body. Human existence does not end at death, because while the physical body perishes, the soul continues. After death, the soul may remain in underworld states, be reborn as a human or animal, ascend to higher realms such as that of the Asuras or heavenly beings if supported by merit and blessings, or attach to living individuals due to unresolved karmic debts [17].

Such spiritual attachments are believed to contribute to physical and psychological illnesses, including AN. The following Dharma dialogue presents an account in which Dharma Master Jun Hong Lu explains the karmic and spiritual mechanisms underlying a young woman’s severe AN and proposes corresponding Buddhist practices for healing and relief.

**Q&A 1: The Deceased Uncle, Who Died in a Plane Crash, is Attached to her; She Suffered from AN and Had Very Heavy Yin Energy [18]**

*(Dharma Conference at Sydney, Australia, on Jan. 26, 2019)*

**Inquirer:** Gratitude to Namo the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva, who relieves suffering and saves from calamities. Gratitude to our compassionate teacher and father, Master Jun Hong Lu. My karma I bear myself; I do not let the Master bear it for me. I was born in 1990, the Year of the Horse. I have suffered from AN for over eight years. I pray the Master to help take a look.

**Master:** You also have depression and autism.

**Inquirer:** Yes.

**Master:** When you were young, you experienced certain traumas.

**Inquirer:** Yes.

**Master:** Including family-related ones — your parents’ conflicts and negative matters also caused you significant harm. Do you understand?

**Inquirer:** Yes, I understand.

**Master:** You must pay attention. There are spirits in your home, and there is also a spirit attached to you.

**Inquirer:** Mm.

**Master:** Does your mother have a younger brother? Or an older brother? One who passed away. Is there such a person?

**Inquirer's mother:** There should be.  
**Master:** Do you know how he died?  
**Inquirer's mother:** I have two elder brothers, one is in China.  
**Master:** I am talking about the one who died.  
**Inquirer's mother:** Both have passed away.  
**Master:** Then I will tell you which one. This person had very distinctive cheekbones, a square face, slightly upturned eyes, a fairly large nose, and thick eyebrows.  
**Inquirer's Mother:** I do not remember clearly, because one brother was in China, and the other left home very early.  
**Master:** I am telling you — one of them died very tragically.  
**Inquirer's Mother:** I heard it might have been a plane crash. Is that correct?  
**Master:** Mm. Because I now see his entire face deformed. In a plane crash, the person was burned to death.  
**Inquirer's mother:** Because we were never able to find him.  
**Master:** His entire face is deformed, completely blackened. Now, he is attached to her. Are you willing to let your daughter get better?  
**Inquirer's Mother:** Yes.  
**Master:** Do you recite Buddhist scriptures?  
**Inquirer's Mother:** Yes.  
**Master:** Quickly recite more.  
**Inquirer:** I have been reciting scriptures for over four years, have recited about 3,000 Little Houses, and released more than 8,000 fish.  
**Master:** Oh, that is much better than before.  
**Inquirer:** Thank you, Master.  
**Master:** Don't you feel it yourself?  
**Inquirer:** Yes, but it keeps recurring.  
**Master:** Exactly — recurring. Life releasing is still not enough.  
**Inquirer:** How many more fish should I release? And what about the quality of the Little Houses?  
**Master:** You still need to release another 8,000 fish, gradually over time.  
**Inquirer:** Okay.  
**Master:** You do not have any major problems. I do not know what kind of karmic relationship you had with this uncle in your previous life, but he is extremely attached to you. He is attached to an inappropriate part of your body, so you often have gynecological problems.  
**Inquirer:** Yes.  
**Master:** And you often lose hair.  
**Inquirer:** Yes.  
**Master:** He pulls your hair very forcefully. Do you understand?  
**Inquirer:** Yes.  
**Master:** You know what else? He pinches your cheeks. I do not know if it is affection or dislike, but he pinches your cheeks, and you often drool.  
**Inquirer:** Sometimes.  
**Inquirer's Mother:** Master, she has never even met her uncle (my brother).

**Master:** How can you be so ignorant? He is a ghost. How could you see him?  
**Inquirer's Mother:** Oh, I understand now.  
**Master:** Whoever a ghost attaches to..... When someone walks near a grave and glances around, a spirit may attach to them, even if they do not know that person. Why would you need to have met him?  
**Inquirer's Mother:** Understood.  
**Master:** He says he will remain attached to her for at least another 3.5 years. He dislikes your mother. Be honest: he says your mother is very stingy, unwilling to spend money, a real penny-pincher. Do you hear that? Be honest.  
**Inquirer's Mother:** Yes.  
**Master:** Quickly recite Little House to ascend him. If you do not, he will come after your mother next, one by one. Will you recite?  
**Inquirer:** Yes.  
**Master:** Alright. Any other questions?  
**Inquirer:** How many more Little Houses do I need to recite?  
**Master:** 640.  
**Inquirer:** Okay.  
**Master:** The more you recite, the better it gets. Have faith. I just saw the totem. Your daughter was originally quite pretty, but now she has been tormented by him so much that even her facial structure has changed. The ghost's face now looks very similar to your daughter's, except half of it is completely black, like it were burned. Listen carefully! There are many invisible things in this world that are extremely mysterious. Many people do not understand and do not believe, but disbelief is useless. People in the past did not believe in science either. When scientists said airplanes could fly, many did not believe it. In 2,500 years ago, the Buddha already said humans would one day fly through the sky and travel east and west. Who would have believed it back then?  
**Inquirer:** Mm. Is this related to my previous work? I used to be a social worker and really wanted to help vulnerable groups.  
**Master:** Yes, it is related. Let me look again... You once helped an elderly man for a long time. His legs were ulcerated, and he had difficulty walking.  
**Inquirer:** That seems right.  
**Master:** Chubby, and he has passed away. He does not come often, but occasionally attaches to you. So even if your uncle leaves, when this old man comes occasionally, your illness will relapse. You really must diligently recite Buddhist scriptures. Your face has already changed. It already looks like that of a spirit.  
**Inquirer:** What kind of work should I do now?  
**Master:** I think you should change jobs. If your family is not poor, I suggest you temporarily not do this kind of work.  
**Inquirer:** I am currently not working.  
**Master:** Your entire body is filled with *yin* energy now. It is quite frightening, understand? Your waist is also in bad shape, badly tormented by him.  
**Inquirer:** Understood.

**Inquirer's Mother:** How many Little Houses should we recite for that old man?

**Master:** The old man is not a major issue. Just include him in the total number (640) — set aside 49 for him.

**Inquirer:** Okay, understood. Thank you, Master.

**Master:** Be good and obedient.

From this conversation, we learn that spiritual influence is considered the cause of AN. Healing requires Buddhist practices to help ascend the attached spirits.

## RESULTS

The following is a presentation by a practitioner of the Guan Yin Citta Dharma Door.

### Case 1: A Mother's Testimony: My Son's Recovery from Severe AN

The Guan Yin Citta Dharma Door is extraordinarily efficacious, true and real. The power of Dharma is boundless and inconceivable.

I came into contact with the Guan Yin Citta Dharma Door in October 2018 and set up a Buddhist altar at home in March 2019. During that time, I was not diligent in my Buddhist practice. I felt that my family was well-off: my husband was capable and handsome, my son outstanding, tall, and good-looking, and I myself was a full-time homemaker living a comfortable, smooth, and enviable life. Back then, I was arrogant and conceited, full of greed, hatred, delusion, arrogance, and doubt—the Five Poisons taught in Buddhism.

Unexpectedly, Disaster Struck.

My son first began reciting daily Buddhist scriptures in July 2019, because he suddenly developed severe acne that could not be cured. His originally handsome face was gradually ruined by acne, and he became insecure, withdrawn, depressed, and irritable. One morning during the summer holiday, in utter despair, he prayed on the balcony, begging Guan Yin Bodhisattva to save him. At that moment, a powerful echo resounded in his ears, and he knew his plea had reached the heavens. Guan Yin Bodhisattva had heard him. He believed his face would surely be saved.

After offering morning incense, a thought arose for me to search "Taobao" (an online trading platform), where I found a set of acne-treatment products at a very low price. I placed the order without hesitation. After using the products, the effect was remarkable: the acne disappeared within one month, and within two months his face returned to normal, with acne marks gradually fading. He persisted in reciting his daily Buddhist scriptures, and I helped him offer 21 Little Houses to his karmic creditors. Before school started in September, his appearance had fully recovered.

Two weeks before the midterm exams, he recited Little Houses daily for his own karmic creditors. He achieved the second-highest GPA rank in his grade, the best result in his academic history, astonishing teachers and classmates alike. Many mothers came to ask for advice. I shared Buddhist scriptures with them and encouraged them to recite the *Heart Sutra* for their children to develop wisdom so they could study well and succeed academically.

Just when everything seemed perfectly satisfactory, a great calamity was quietly approaching.

At the end of October, my son suddenly stopped eating eggs, milk, fruit, and soy products. He would eat only cabbage, lettuce, asparagus, and kelp, and when hungry, he drank large amounts of water. At that time, his weight was 78 kg; by the end of November, it had dropped to 55 kg.

After researching online, all signs pointed to AN, a psychological illness that is difficult to treat and is dangerous. We took him twice to see psychiatrists, who prescribed medication for anxiety and obsessive-compulsive disorder. After two weeks, there was no improvement at all. We then saw nutritionists four times, with no improvement either.

Master Lu has enlightened us that mental illness is an illness caused by spirits. In late December, my son and I made vows before the Buddhist altar:

1. We both adopt a fully vegetarian diet.
2. I release 10,000 fish within one year for my son.
3. Recite 800 Little Houses for his karmic creditors.

By January, his weight had dropped to 45 kg. He could no longer attend physical education classes, struggled to walk to school, and spoke in a barely audible voice. We watched helplessly as a vibrant life faded away day by day. My son looked at me with helpless, painful eyes and said that a voice constantly told him that death would bring relief. I desperately recited mantras and sutras and prayed to Guan Yin Bodhisattva.

Fellow Dharma practitioners helped me release large numbers of lives for my son. By mid-March, the 10,000 fish had all been released, and more than 100 Little Houses had been recited for his karmic creditors. I also recited 50 Little Houses for my aborted children.

I then made further vows:

1. Release 100,000 fish for my son within five years;
2. Spend 20,000 CNY each year printing Buddhist scriptures;
3. Release 108 soft-shelled turtles for my son within one year.

One day, my son suddenly developed severe diarrhea, and his lower limbs became badly swollen. For someone already at death's door, this was like adding frost to snow. His life was in imminent danger. We went to the hospital repeatedly and checked every department, but no cause for the edema could be found. Lying in bed, my son weighed less than 40 kg. We prepared ourselves for him to suspend schooling for a year and give up the high school entrance examination scheduled for July.

I wrote several emails to the secretariat of 2OR Australia Oriental Radio, begging them to save my son. At 6:00 p.m. on April 1, a fellow practitioner from the Oriental Radio called me. She questioned me in detail about my son's situation and pointed out my own problems. She told me not to rely on Little Houses recited by others, but to personally complete all the Little Houses I had vowed to recite. She said that my son had to endure his current suffering and would not recover immediately. It would be a process, as suffering helps eliminate karmic obstacles. She told me to remain calm, accept the situation, and diligently do meritorious deeds, as this was an opportunity for spiritual growth. She firmly insisted that I must have faith: Guan Yin Bodhisattva had given assurance that my son would be fine. She taught me how to accumulate more merits and virtues. For example, reading two chapters of *Buddhism in Plain Terms* every day, performing online Dharma sharing (1,000 posts per year), guiding several people each year, and sharing chanting machines, recordings of Master's Dharma talks, Buddhist scriptures, and *Buddhism in Plain Terms* with others. Half of the merits and virtues would be dedicated to my son.

That evening, when I offered incense to Bodhisattvas, both my son and I smelled a fragrant, otherworldly scent—the fragrance of heavenly mandala flowers. We knew that Guan Yin Bodhisattva was compassionately blessing my son and that he would surely recover. We were both moved to tears, deeply grateful for Bodhisattva's compassion. After offering incense, a thought arose for me to immediately contact a rehabilitation center.

The next afternoon, we went to that rehabilitation center. The coach there treated my son with great patience and care. Incredibly, near the center, there was a vegetarian buffet restaurant. I would never forget that meal for the rest of my life. My son devoured two servings of rice, two dishes, and a bowl of millet porridge. It was the first time since November of the previous year that he ate freely, and the first time he resumed eating staple foods. We knew this was Guan Yin Bodhisattva's arrangement, helping my son find an excellent rehabilitation coach and placing a vegetarian buffet right nearby. Guan Yin Bodhisattva had been compassionately blessing him all along.

From then on, my son's three daily meals returned to normal. Within just twenty days, he gained

over 15 kg, increasing from 40 kg to more than 55 kg. Our whole family cried tears of joy.

My husband also began offering incense in gratitude to Guan Yin Bodhisattva and started reciting daily Buddhist scriptures. He now shares Buddhist scriptures and chanting machines with his friends, spreading the Dharma and helping others. Our household atmosphere has become harmonious, with a very positive energy field, often filled with the fragrance of flowers and sandalwood, and with laughter.

During my son's illness, he displayed many strange symptoms. He suddenly developed severe dandruff and hair loss. After washing his hair with Great Compassion Water and drinking it, the dandruff disappeared completely at once, and the hair loss stopped. In March, when his condition was at its worst, his limbs were icy cold, with extremely heavy *yin* energy; the tip of his nose was red from the cold, as if it were mid-winter. Yet, it was already spring in Guangdong Province, China. I had to use an electric heater to blow warm air onto his back from morning till night to increase his *yang* energy. At night, he stopped sleeping and wandered around the house like a ghost. His mental state deteriorated further. His once handsome, familiar face became strange, cold, and frightening, with dark energy all over and empty eyes. I realized that his soul was not intact, so I urgently began calling his soul back every morning at 8 a.m. in front of the Buddhist altar, reciting the *Heart Sutra*, the *Mantra to Untie Karmic Knots*, and the *Guan Yin Ling Gan Zhen Yan* for him. At night, he slept with the lights on; I changed the bedroom lights to warm tones and played recordings of Master's Dharma talks 24 hours a day. Before sleep, I recited the *Great Compassion Mantra* 7 times for him. We read *Buddhism in Plain Terms* together in group chats, and the living room continuously played the "Hundred-Person Choir of the *Great Compassion Mantra*." Every evening, I offered incense and prayed to Guan Yin Bodhisattva and all Buddhas and Bodhisattvas to bless my son with good sleep. Gradually, he was able to sleep soundly until morning. The soul-calling continued until April.

After his diet returned to normal, warmth slowly returned to his limbs. His sleep improved, his complexion became rosy and fuller, and he regained the handsome, sunny, familiar appearance he had a year earlier. My son resolved to document his recovery journey from AN in a video, so that others suffering from the same condition could see it. He wanted to let everyone know that it was Guan Yin Bodhisattva who saved him, so that many people could embark on the Buddhist path and follow the Master in spreading the Dharma and helping others.

I remember that when our family suddenly fell from happiness into the abyss of suffering, my husband blamed everything on my setting up the Buddhist altar.

He beat and scolded me at home, threatened divorce, accused me of ruining our child and him, and forced me to abandon the Guan Yin Citta Dharma Door. Time and again, I knelt for long periods before the altar, tears streaming down, sincerely begging Guan Yin Bodhisattva to save my child. Every day, I recited the *Heart Sutra* and the *Mantra to Untie Karmic Knots* for my husband, to increase his wisdom and resolve our karmic conflicts. The incense ash in the four burners on the altar often formed all kinds of beautiful, inconceivable curls. I firmly believed that Guan Yin Bodhisattva would definitely save my son.

During the six months of my son's illness, the pain penetrated my very bones and heart. It also led me to deeply repent every major and minor wrongdoing I had committed since childhood. I felt remorse for having mocked or looked down on other children and parents, and I repented one by one, seeking their forgiveness, reciting the *Mantra to Untie Karmic Knots*, and reflecting and repenting painfully every day. Suffering made me realize my former arrogance, conceit, vanity, and pride. I had made many mistakes and needed to view the world and others with compassion, caution, and humility. This suffering was a test from the Bodhisattva for both my child and me; it strengthened our faith and ultimately guided my husband onto the path as well.

I am deeply grateful to all the fellow practitioners who selflessly helped me along the way. When I was at my lowest point, they extended a helping hand without hesitation. My family and I will never forget this kindness. I am grateful to all sentient beings with whom I have affinities, and to all suffering.

I am also deeply grateful to our compassionate Master, who tirelessly spreads the Guan Yin Citta Dharma Door around the world. The Guan Yin Citta Dharma Door is true and real, inconceivable, and extraordinarily efficacious.

**Shared by:** N186

**Online Feedback:** 2020-09-19

## DISCUSSION

This study presents an interdisciplinary exploration of severe AN by integrating conventional biomedical understanding with Buddhist spiritual interpretations. While modern medicine conceptualizes AN as a multifactorial biopsychosocial disorder involving genetic vulnerability, neurobiological dysregulation, psychological traits, and environmental stressors, a significant proportion of patients remain refractory to standard treatments. Long-term follow-up studies indicate that approximately one-third of patients develop a chronic course, characterized by persistent symptoms, repeated relapse, and substantial functional impairment [15] (Q&A 1). These observations suggest that current medical frameworks may not fully capture the complexity of the disorder, particularly in severe and

treatment-resistant cases.

From the Buddhist worldview, illness is not solely a physiological or psychological phenomenon but may also reflect karmic causation and spiritual factors. According to Master Lu's teachings, unresolved karmic debts and spiritual attachments can manifest as physical or psychiatric disorders [16, 17]. In this context, severe AN is understood not merely as a disorder of eating behavior or body image but as a condition influenced by disturbances at the spiritual level. The Dharma dialogue presented in this study provides a detailed account of how karmic creditors and spiritual attachments contribute to disease manifestation, relapse, and chronicity (Q&A 1). Such explanations offer an alternative interpretative framework that may resonate with individuals who experience limited benefit from conventional interventions.

Case 1 illustrates a striking temporal association between intensive Buddhist practice and dramatic symptom improvement. Following a period of rapid deterioration despite psychiatric medication and nutritional counseling, the patient exhibited substantial recovery after implementing a comprehensive regimen of Buddhist practices, including making vows, scripture recitation, life liberation, repentance, vegetarianism, and moral self-cultivation. Within a short time frame, the patient achieved rapid weight restoration, normalization of eating behavior, improvement in mood, and restoration of functional capacity. While spontaneous remission cannot be entirely excluded, the temporal proximity between the spiritual intervention and clinical recovery suggests a potentially meaningful relationship.

The mother's history of abortion appears to be closely associated with the development of her son's AN. This case further supports our previous reports that maternal abortion may adversely affect offspring health and contribute to the development of various diseases, such as glutaric aciduria type I [19], severe depression [20], oppositional defiant disorder [21], parapsychoarchia [22], autism [23], Prader-Willi syndrome [24], Down syndrome [25], epilepsy [26], facial paralysis [27], sclerosis [28], attention deficit hyperactivity disorder (ADHD) [29], and bipolar disorder [30]. The suffering experienced by the child may represent an indirect mechanism through which unresolved karmic grievances of the aborted spirit are directed toward the mother. Although the involvement of additional spiritual entities cannot be entirely excluded, the patient's complete recovery strongly suggests that the primary karmic obstacle, i.e., the aborted spirit, was successfully resolved through ascension practices. Master Lu consistently emphasizes the importance of refraining from abortion and, in cases where abortion has occurred, the necessity of conducting appropriate ascension rituals. The favorable outcome observed in this case provides further support for this principle.

In the two cases presented (Case 1 and Q&A 1), neither patient exhibited a desire to maintain a slim figure, nor did they express any intention to restrict food intake. Both patients clearly recognized that their anorexic symptoms were unwanted and distressing. They did not consciously choose dietary restriction; rather, they experienced an inability to eat despite physiological hunger. In Case 1, for example, the patient almost completely avoided protein-containing foods, not by deliberate choice, but due to an overwhelming internal compulsion. These observations challenge conventional interpretations that primarily attribute anorexic behavior to a pursuit of thinness or distorted body image. Although such motivations are commonly emphasized in clinical definitions of AN, they may not adequately explain all clinical presentations.

From the perspective of the Guan Yin Citta Dharma Door, these phenomena are readily explicable. Spirit entities may attach to individuals and influence their thoughts and behaviors, thereby disrupting normal physiological functioning that would otherwise be governed by the individual's own consciousness. The resulting inability to eat does not stem from the person's own volition, but rather from external spiritual interference, which overrides innate survival instincts and basic physiological needs.

An analogy may be drawn with schizophrenia, in which patients, during acute episodes, experience intrusive commands, hallucinations, and loss of volitional control [22]. These symptoms are likewise attributed to spiritual disturbance. In these states, the physical body functions merely as a vessel, while normal consciousness is suppressed, but external forces dominate cognition and behavior. The ultimate purpose of such interference is understood as the resolution of karmic debts [16, 17].

Recognizing this conceptual model may provide new therapeutic directions for refractory AN. Buddhist practices aimed at karmic resolution and spiritual purification may represent valuable complementary interventions, particularly for patients who show minimal response to conventional medical and psychological therapies.

In Case 1, after the mother received the right guidance of practising Buddhism to save her son, and she determined to personally perform meritorious deeds and sincerely recite the Little Houses to repay the karmic debts, the spirit(s) affecting her son immediately released their hold on him the following day, allowing him to resume eating. In fact, her son frequently reported hearing a voice urging him to die; this voice represented the spiritual entity that had been exerting harmful control over him. Therefore, the evidence strongly supports that the son's illness was spiritual in nature, with a clear causal pathway and coherent internal logic. Such a condition cannot be effectively resolved through

repeated consultations with psychiatrists or nutritionists alone.

Importantly, this study does not propose replacing medical treatment with Dharma practice. Instead, it suggests that Buddhist interventions may serve as complementary therapies, particularly in refractory cases where conventional approaches have limited efficacy. Integrative care models that respect patients' cultural, spiritual, and existential beliefs may enhance treatment engagement, adherence, and resilience. For individuals who accept Buddhist teachings, Dharma practices may provide psychological comfort, moral direction, and existential meaning, thereby strengthening recovery motivation.

Nevertheless, from scientific perspective, this work may have several limitations. First, the study relies primarily on qualitative data and testimonial evidence, which are subject to recall bias, expectancy effects, and reporting bias. Second, the absence of standardized psychiatric assessments and objective biomarkers limits the ability to quantify clinical changes. Third, causality cannot be definitively established due to the observational nature and the invisibility of the spirits of the case. Controlled clinical studies incorporating standardized outcome measures, neurobiological indices, and longitudinal follow-up are needed to rigorously evaluate the efficacy and mechanisms of Buddhist interventions in AN.

If there is any philosophy in this world that most people are willing to believe in and apply in practice, it is undoubtedly science. Therefore, science deserves our respect. Medicine, in particular, saves lives and thus merits even greater respect. However, medicine also has its own limitations, often very substantial ones. For example, in the case of systemic sclerosis [28] and late-stage cancers [31-33], physicians may exhaust all available treatments and yet remain powerless, ultimately sending patients home. Similarly, there are more than 6,000 rare and intractable diseases for which modern medicine is largely helpless [16, 17].

The reason medicine reaches a dead end when confronted with such conditions is that physicians, being human, possess inherently limited perceptual capacities. They are unable to observe the spiritual realm and therefore tend to deny its existence. Yet it is precisely disturbances originating from the spiritual realm that give rise to many of these intractable diseases.

However, the situation has now changed. Master Lu has directly identified the root causes of these difficult illnesses and publicly revealed methods for eliminating them. Through the application of His teachings, countless patients have recovered. In this context, what further need is there for standardized psychiatric assessments, objective biomarkers, or neurobiological indices? No! These scientific

methodologies are designed to yield objective and impartial conclusions and to uncover the true etiology of disease. Since the root cause has already been clearly elucidated (Q&A 1), what necessity remains for feigned ignorance or the establishment of control groups? Just as modern society universally recognizes the truth that the Earth revolves around the Sun, what need is there to repeatedly prove it?

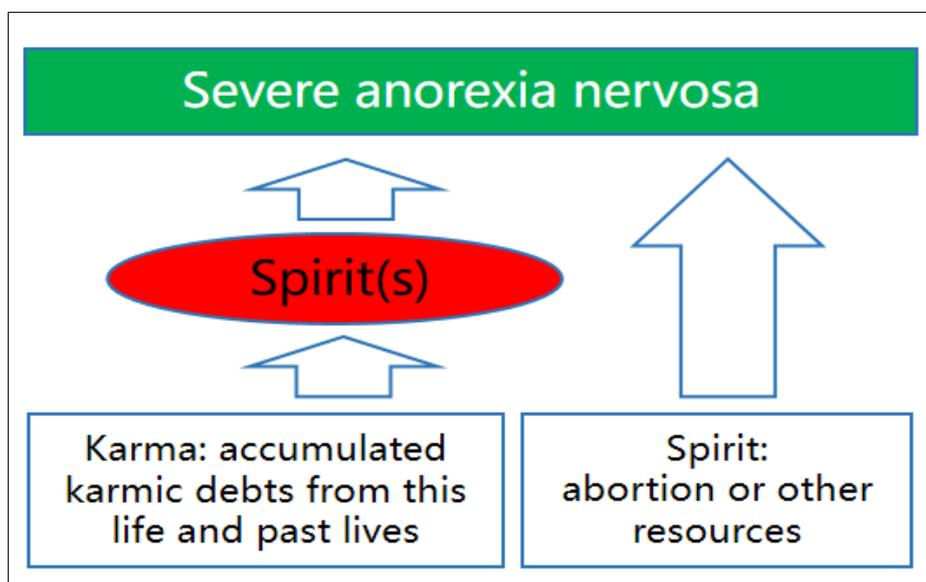
That said, Buddhism welcomes scientific validation. Guan Yin Citta Dharma Door represents an iterative process that moves from theory to practice and from practice back to theory, enabling individuals to gain a deeper mastery of Buddhist principles and thereby transform their destiny. This is particularly important for conditions such as ADHD [29] and AN, where spontaneous remission can occur, and thus methodological rigor is even more essential.

The present findings highlight the importance of adopting a broader epistemological framework when addressing severe and chronic psychiatric illness. Integrating spiritual perspectives may expand therapeutic horizons and offer new insights into disease etiology, progression, and recovery. Future research should systematically investigate the role of spiritual practice in eating disorder treatment, explore psychoneuroimmunological mechanisms, and examine how spiritual belief systems interact with psychological resilience and biological regulation.

To prevent AN and other intractable diseases, individuals should observe the Five Precepts, eliminate the Five Poisons, and practice the Ten Wholesome Actions [16]. Among all Buddhist precepts, the karma of killing is of paramount importance for sentient beings in the Age of Dharma Decline, and abortion constitutes a particularly serious form of killing [Fig. 2].

In contemporary society, people have little awareness of the karmic consequences of abortion, yet the severity of its retribution is profound. For example, in addition to the harm inflicted upon the children [19-30], abortion also causes significant physical and psychological damage to the mother, such as amyotrophic lateral sclerosis, insomnia, lung cancer, lumbar disc herniation [17], asthma [34], chronic idiopathic constipation [35], myasthenia gravis [36], syringomyelia [37], rheumatoid arthritis [38], and liver cancer [39]. Therefore, it is essential to study the Dharma in order to understand causality and karmic retribution.

In conclusion, this study suggests that severe AN may, in certain cases, involve dimensions that transcend conventional biomedical models. Buddhist worldviews and practices may provide complementary explanatory frameworks and therapeutic tools. An integrative approach that respects both scientific rigor and spiritual meaning may represent a promising direction for advancing the understanding and treatment of refractory AN.



**Fig. 2: From a Dharma perspective, severe AN is primarily attributed to non-materialistic etiologies, namely karma and spiritual influences.** Following the eruption of karmic conditions, spirit entities may attach to an individual, thereby contributing to the development of AN. For aborted fetus spirits, they can bypass the karmic phase and attach directly to a living individual. Additionally, spirit attachment may occur due to karmic affinity established in past lives. Once such an attachment occurs, illnesses, including AN, may manifest. This framework provides an explanatory basis for cases of AN that resolve through non-medical interventions and remain refractory to conventional medical treatment.

Accordingly, this represents a fundamentally new model that offers a non-materialistic explanation for why approximately one-third of AN cases are resistant to standard therapies, thereby offering renewed hope for these patients.

## CONCLUSION

Why does a plane fail to stop for fuel when passing an airport, even though it has insufficient fuel to reach the nearest airport? The reason is that it has been hijacked. The aircraft is no longer controlled by the pilot but by the hijackers.

This scenario can serve as an analogy: the pilot represents the soul, the plane represents the body, and the hijacker represents the spirit. In patients with AN, although the body is hungry, the soul no longer directs the person to seek food. Instead, behavior is dictated by the spirit, which commands the patient not to eat. As a result, the patient is unable to eat despite physiological hunger.

This illustrates the true mechanism underlying severe AN [Fig. 2]. Regardless of the initial motivation, whether or not there was a desire to lose weight, the final condition reflects a state in which the body is no longer under the individual's conscious control. In severe AN, the patient's eating behavior is dominated by these overpowering external forces, leading to persistent self-starvation.

From the scientific perspective, severe AN is classified by psychiatry as a chronic, potentially fatal disorder with a 37% refractory rate and no reliably curative therapy. The adolescent boy who experienced 48.7% (38/78) body weight loss achieved complete, sustained remission after application of the Five Golden Buddhist Practices of Guan Yin Citta Dharma Door. Temporal contingency was precise: symptom resolution tracked batch completion of Little Houses, mass life-release and formal Buddhist vows, not pharmacological or nutritional intervention. The rapidity of recovery exceeds the natural history of even optimally managed AN and satisfies Hill's criteria for causality despite the spiritual substrate.

From the Dharma perspective, AN is not a biopsychosocial deadlock but a karmic-occupancy state: intrusive spirits (deceased relatives, aborted children, or wandering entities) attach to the patient, distort interoceptive and reward circuits, and perpetuate the refusal to nourish the body. Making vows, reciting Buddhist scriptures, life-release, reading *Buddhism in Plain Terms*, and repenting of wrongdoings and refraining from doing them, settles the outstanding debt, the spirit departs, the soul resumes control of the body, and the biological drive to eat resumes. The case therefore, establishes proof-of-principle that at least a subset of "treatment-resistant" AN is reversible when the root creditor is addressed.

We do not propose that all patients with eating disorders abandon medicine-based care; rather, we invite the scientific community to test the karmic model under controlled conditions, quantifying pre- and post-

intervention body weight change and food intake, serum ghrelin/leptin profiles, and inflammatory markers while documenting spirit-ascension events. Should the data replicate the present findings, the implication is paradigmatic: a major share of refractory AN may be spiritual rather than materialistic in origin, curable through a zero-cost, side-effect-free protocol that can be delivered by family members in any cultural setting.

## ACKNOWLEDGMENTS

Dharma practitioners Shangen and Rachel assisted in the manuscript preparation process. Their work is greatly appreciated.

On Master Jun Hong Lu's blog, numerous healing experiences are documented. For the Chinese website, please refer to (<http://www.lujunhong2or.com>). For the English website, please refer to (<https://guanyincitta.com>). Without exception, these cases bear witness to the truth of the Dharma.

**Conflict of Interest:** No.

**Financial Support:** None.

### Ethical Statement

The author did not take part in any part of the experimental design, experimental treatments and result analysis of the patients. All the experimental procedures and practices by the presenters were done by themselves independently.

### Statement by Translator and Writer

The 1 Q&As and 1 case presentations in the text were translated from Chinese to English based on their intended meaning rather than a word-for-word approach. The remaining portions of the paper were written based on my limited understanding of Guan Yin Citta Dharma Door. If there are any inaccuracies or deviations from the true meaning of the Chinese version, or if the content does not accurately reflect Master Lu's teachings, I sincerely seek forgiveness from the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva, all Buddhas and Bodhisattvas, Dharma Protectors, and Master Jun Hong Lu.

### Disclaimer of Liability

The contents of the presentation, comments, and discussion, including text, images, and other information obtained from Dharma practitioners, are provided strictly for reference purposes. Due to the unique nature of individual karma, results similar to those experienced by the practitioner may not be replicated. The experiences and advice shared should not be construed as medical advice or a diagnosis.

In the event of an emergency, it is crucial to promptly contact your doctor or emergency services by dialing 911. Relying on any information found in this paper is done solely at your own risk. The author bears

no responsibility for the consequences. By using or misusing the contents, you accept liability for any personal injury, including death. It is imperative to exercise caution and seek professional medical guidance for health-related concerns.

## REFERENCES

- Moore CA, Bokor BR. Anorexia Nervosa. [Updated 2023 Aug 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: [https://www.ncbi.nlm.nih.gov/books/NBK459148/?utm\\_source=chatgpt.com](https://www.ncbi.nlm.nih.gov/books/NBK459148/?utm_source=chatgpt.com)
- Substance Abuse and Mental Health Services Administration. DSM-5 Changes: Implications for Child Serious Emotional Disturbance [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2016 Jun. Table 19, DSM-IV to DSM-5 Anorexia Nervosa Comparison. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK519712/able/ch3.t15/>
- Paolacci S, Kiani AK, Manara E, Beccari T, Ceccarini MR, Stuppia L, Chiurazzi P, Dalla Ragione L, Bertelli M (2020) Genetic contributions to the etiology of anorexia nervosa: New perspectives in molecular diagnosis and treatment. *Mol Genet Genomic Med.* 8(7):e1244. doi: 10.1002/mgg3.1244.
- Phillipou A, Musić S, Rossell SL (2019) A biopsychosocial proposal to progress the field in anorexia nervosa. *Australian and New Zealand Journal of Psychiatry.* 53(12):1170–1183.
- Nagy H, Paul T, Jain E, Loh H, Kazmi SH, Dua R, Rodriguez R, Naqvi SAA, U MC, Bidika E (2022) A Clinical Overview of Anorexia Nervosa and Overcoming Treatment Resistance. *Avicenna J Med.* 13(1):3-14. doi: 10.1055/s-0042-1758859.
- Capuano EI, Ruocco A, Scazzocchio B, Zanchi G, Lombardo C, Silenzi A, Ortona E, Vari R (2025) Gender differences in eating disorders. *Front Nutr.* 12:1583672. doi: 10.3389/fnut.2025.1583672.
- Panarello E, Monaco F, Vignapiano A, Di Gruttola B, Landi S, Ferrara E, Malvone R, Palermo S, Di Stefano V, D'Angelo M, Corrivetti G, Steardo L Jr (2025) Beyond behavior: neural and cognitive alterations in eating disorders-a systematic review. *Psychiatry Res Neuroimaging.* 357:112132. doi: 10.1016/j.psychresns.2025.112132.
- Berner LA, Brown TA, Lavender JM, Lopez E, Wierenga CE, Kaye WH (2019) Neuroendocrinology of reward in anorexia nervosa and bulimia nervosa: Beyond leptin and ghrelin. *Mol Cell Endocrinol.* 497:110320. doi: 10.1016/j.mce.2018.10.018.
- Trapani S, Rubino C (2025) Medical Complications of Anorexia Nervosa. *Pediatrics.* 156(2):e2024070304. doi: 10.1542/peds.2024-070304.
- Misra M, Aggarwal A, Miller KK, Almazan C, Worley M, Soyka LA, Herzog DB, Klibanski A (2004) Effects of anorexia nervosa on clinical, hematologic, biochemical, and bone density parameters in community-dwelling adolescent girls. *Pediatrics.* 114(6):1574-83. doi: 10.1542/peds.2004-0540.
- Marucci S, Ragione LD, De Iaco G, Mococchi T, Vicini M, Guastamacchia E, Triggiani V (2018) Anorexia Nervosa and Comorbid Psychopathology. *Endocr Metab Immune Disord Drug Targets.* 18(4):316-324. doi: 10.2174/1871530318666180213111637.
- Stender EM, Freichel R, Doose A, Hellerhoff I, Breier CM, Lewitzka U, Schacht K, Geisler D, King JA, Rössner V, Ehrlich S (2025) The association of eating disorder specific and unspecific symptoms with suicidal ideation in patients with anorexia nervosa. *Int J Clin Health Psychol.* 25(4):100633. doi: 10.1016/j.ijchp.2025.100633.
- Nagy H, Paul T, Jain E, Loh H, Kazmi SH, Dua R, Rodriguez R, Naqvi SAA, U MC, Bidika E (2022) A Clinical Overview of Anorexia Nervosa and Overcoming Treatment Resistance. *Avicenna J Med.* 13(1):3-14. doi: 10.1055/s-0042-1758859.
- Goldstein M, Murray SB, Griffiths S, Rayner K, Podkowska J, Bateman JE, Wallis A, Thornton CE (2016) The effectiveness of family-based treatment for full and partial adolescent anorexia nervosa in an independent private practice setting: Clinical outcomes. *Int J Eat Disord.* 49(11):1023-1026. doi: 10.1002/eat.22568.
- Eddy KT, Tabri N, Thomas JJ, Murray HB, Keshaviah A, Hastings E, Edkins K, Krishna M, Herzog DB, Keel PK, Franko DL (2017) Recovery From Anorexia Nervosa and Bulimia Nervosa at 22-Year Follow-Up. *J Clin Psychiatry.* 78(2):184-189. doi: 10.4088/JCP.15m10393.
- Yang X (2026) Life is Composed of Soul and Body. *Haya Saudi J Life Sci,* 11(1):59-87. doi: 10.36348/sjls.2026.v11i01.006
- Yang X (2024) Treating Rare and Intractable Diseases via Guan Yin Citta Dharma Door. *Health Sci J.* 18(5):1137.
- Lu JH (2019). The deceased uncle, who died in a plane crash, is attached to her; she suffered from AN and had very heavy *yin* energy. Dharma Conference at Sydney, Australia, Totem Reading on Jan. 26, 2019.
- Yang X (2024) Etiology and Treatment of Glutaric Aciduria Type I. *J Clin Med Img.* 8(3): 1-13.
- Yang X (2024) Severe Depression: Etiology, Recovery, and Prevention. *Haya Saudi J Life Sci.* 9(11): 427-446. <https://doi.org/10.36348/sjls.2024.v09i11.004>.
- Yang X (2025) Oppositional Defiant Disorder: Underlying Mechanism and Solutions. *WebLog J Fam Med.* wjfm.2025.a1502. <https://doi.org/10.5281/zenodo.15873702>
- Yang X (2025) Schizophrenia: Etiology, Recovery, and Prevention. *Journal of Neurology and*

- Neurosurgery 1(1): 1-22. <https://doi.org/10.61615/JNN/2025/FEB027140215>
23. Yang X (2024) Autism Spectrum Disorder: Etiology, Recovery, and Prevention. *J Medical and Clinical Case Reports*. 1(13). <https://doi.org/10.61615/JMCCR/2024/DEC027141221>
24. Yang X (2025) Etiology and Treatment of Prader-Willi Syndrome. *EAS J Biotechnol Genet*. 7(1):13-18. <https://doi.org/10.36349/easjbg.2025.v07i01.002>
25. Yang X (2025) Down Syndrome: Root Causes and Pathways to Recovery. *Advances in Neurology and Neuroscience*. 8(1):01-14.
26. Yang X (2025) Epilepsy: Etiology, Pathogenesis, and Cure. *Neurosurgery and Neurology Research*, 2(2):1-17. DOI: 10.61148/2836-2829/NNR/053
27. Yang X (2025) Facial Paralysis: Karmic Cause and Resolution. *J Clin Psychol Neurol*. 3(2): 1-5. DOI: 10.61440/JCPN.2025.v3.47
28. Yang X (2026) Systemic Sclerosis is Reversible. *Journal of Immunology Research & Reports*. 6(1):1-6. doi: 10.47363/JIRR/2026(6)146
29. Yang X (2026) Attention Deficit Hyperactivity Disorder: Etiology and Recovery. *J Integrated Health* 5(1):1-9. doi: 10.51219/JIH/xinghong-yang/70
30. Yang X (2026) Bipolar Disorder: Spirit Roots and Pathways to Healing. *J. of Psy Ins Review* 2(1):1-16. doi: 10.63721/26JPIR0127
31. Yang X (2024) Surviving Late-Stage Cancers by Practicing Guan Yin Citta Dharma Door. *Health Sci J*. 18(7):1155.
32. Yang X (2025) Breast Cancer: True Causes and A Natural Path to Healing. *Journal of Cancer and Oncology Care* 1(1):1-10. <https://doi.org/10.61615/JCOC/2025/SEPT027140904>
33. Yang X (2026) Surviving Metastatic Liver Cancer. *J Chem Can Res*. 4(1):1-10. doi: 10.61440/JCCR.2026.v4.37
34. Yang X (2024) Asthma Is Curable via Guan Yin Citta Dharma Door. *Health Sci J*. 18(8): 1165. DOI: 10.36648/1791-809X.18.8.1165.
35. Yang X (2025) Chronic Idiopathic Constipation: Etiology and Recovery. *Biomed J Sci & Tech Res* 61(2):53413-24. DOI: 10.26717/BJSTR.2025.61.009571
36. Yang X (2024) Myasthenia Gravis Is Curable via Guan Yin Citta Dharma Door. *Health Sci J*. 18(9):1175. DOI: 10.36648/1791-809X.18.9.1175.
37. Yang X (2025) Recovering from Syringomyelia through Guan Yin Citta Dharma Door. *SAR J Psychiatry Neurosci*. (1):12-19. <https://doi.org/10.36346/sarjpn.2025.v06i01.003>
38. Yang X (2025) Rheumatoid Arthritis: Etiology and Cure. *Int Clin Med Case Rep Jour*. 2025;4(7):1-24.
39. Yang X (2026) Surviving Metastatic Liver Cancer. *J Chem Can Res*. 4(1):1-10. doi: 10.61440/JCCR.2026.v4.37.

---

**Cite This Article:** Xinghong Yang (2026). Severe Anorexia Nervosa: Etiology and Recovery. *EAS J Psychol Behav Sci*, 8(1), 42-52.

---