

ORIGINAL PAPER

The frequency of dietary references in homeopathic consultations

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A retrospective quantitative study on dietary references found in medical records of 2753 patients attending consultations from 10/1/1994 to 5/31/2007 was conducted. The symptoms found in the rubrics relating to food and drink aggravation and amelioration, aversion and craving of homeopathic repertories reflect diets at different places and times and do not correspond fully, to contemporary gastronomy. Desires for sweet and spicy foods were statistically more frequent, revealing the prevailing taste for such food among the studied population. Food cravings should be carefully analyzed before considering them as indications for choosing homeopathic therapy, they are less significant than aversions, aggravations and ameliorations. *Homeopathy* (2011) 100, 144–147.

Keywords: Homeopathy; Food; Drink; Craving; Aversion; Symptom; Food; Repertory

Introduction

Food and feeding has evolved over history to become part of each people's culture. It reflects the historical, geographical, meteorological, cultural, social, religious, economic and political aspects of a community. This can be analyzed from several perspectives, which are independent yet complementary:

The *economic perspective* in which the relationship between offer and demand, the supply, the food prices and the income of families are the main components.

The *nutritional perspective* focusing on nutrients essential to health and individual well-being (protein, lipid, carbohydrate, vitamin, mineral and fiber), on the deficiencies and on the relationship between diet and illness.

The *social perspective* aimed at associations between feeding and the social organization of work, the social differentiation in consumption, the life styles and dynamics.

The *cultural perspective* interested in tastes, habits, cooking traditions, representations, practices, preferences, repulsions, rites and taboos, i.e., the symbolic aspect of feeding.¹

During a patient's evaluation at a homeopathic consultation, his or her relationship with the appetite, food cravings and aversions, aggravations and improvements (amelioration) of health related to dietary intake are investigated.

An individual's interaction with food might represent a general symptom, which may be of high importance in choosing the homeopathic therapy, as a representation of his/her imagination or will. Kent² describes "*Love of things is not always all in the brain. Cravings for things for acids, for sweets, etc., are expressions of the patient's loves, but must be expressed through the stomach.*"

Most homeopathic pathogeneses were conducted in the 19th or early 20th and the symptoms related to food reflect the prevailing gastronomy at those times and places. Industrialization has provoked major changes in the forms in which foods are cultivated, stored and produced and interfering equally at the societal level. Mondini *et al.*³ and Monteiro *et al.*⁴ point out to the phenomenon of 'nutritional transition' in Brazil over the last 40 years. Can we accept the pathogenetic symptoms available in *Materia Medica* and *Repertories* as the accurate representation of contemporary patients' gastronomy? How do changes in what is eaten and drunk reflect on the emergence of symptoms that guide our choice to the homeopathic medication? The objective of the present study is to analyze statistically the onset of dietary references disclosed by patients living in São Paulo City in the homeopathic anamnesis conducted by the author, showing which symptoms are rare and peculiar, and what is usual in this population's eating habits.

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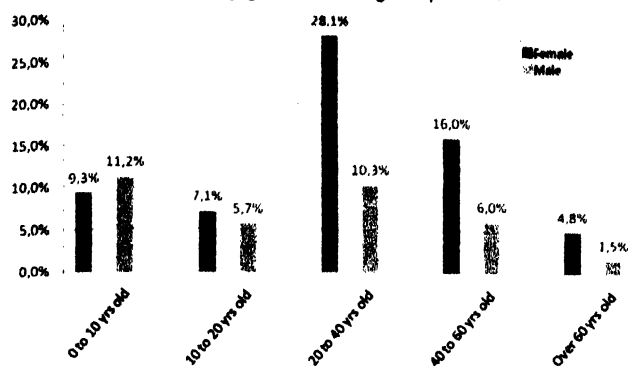
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Materials and methods

This study is based on retrospective quantitative analysis of 2753 computerized medical records followed-up

Table 1 Distribution by gender and age of patients.



from 1st October 1994 to 31st May 2007 based on which a tracking for texts was carried out in the search for symptoms in the rubrics 'Drinks' and 'Food' of the homeopathic Repertory.⁵ Citation of eating habits was given

by patients, without leading questions using forms or tables. Sihormax^{®6} (digital system for homeopathy) was used as a tool for entering medical records data, for repertorization and for this search. Patients were attended in two different settings, 166 (6%) at the *Centro Espírita Nosso Lar Casas André Luiz* – a not-for-profit institution in the city of Guarulhos (Great São Paulo) for mentally retarded patients; and 2587 (94%) in the author's private medical office in São Paulo City. The distribution by gender was 958 (34.8%) males and 1795 (65.2%) females. The 166 patients attending the center were children and young adults, not altering to general distribution of patients for age or gender. The distribution by gender and age is shown in Table 1.

Out of a total 2753 patients, 1927 presented symptoms of the rubric 'Food' accounting for 69.9% of total patients (TP). These symptoms were not necessarily considered part of the symptomatic characteristic totality, and were

Table 2 Group A: 1--5 patients (<0.18% TP or <0.26% PES)

Aggravation	Improvement/amelioration	Aversion	Craving
Water (5)	Water (4)	Beer (5)	Alcohol (3)
Beer (4)	Lemonade (1)	Cognac (1)	Beer, evening (1)
Whisky (2)	Hot beverages (3)	Wine (2)	Whisky (4)
Liqueur (3)	Coffee (4)	Coffee, smell (1)	Cognac (1)
Champagne (1)	Tea (1)	Yogurt (1)	Lemonade (1)
Wine (1)	Candy (1)	Cold milk (1)	Bitter beverages (1)
Hot beverages (2)	Hot foods (2)	Food (2)	Hot beverages (4)
Coffee (5)	Salt (1)	Food, see (4)	Cold milk (4)
Tea (2)		Potatoes (2)	Garlic (3)
Ice (1)		Chocolate (4)	Bitter foods (5)
Yoghurt (1)		Farinaceous (3)	Herring (1)
Sugar (1)		Flour (1)	Soil, clay (5)
Meat (4)		Beans, pea (2)	Smoked meat (1)
Raw (1)		Orange (1)	Charcoal (1)
Smoked (1)		Fluid, food (1)	Smoked (5)
Farinaceous(3)		Pasta, pastry (4)	Weird (4)
Flatulence ones (3)		Honey (2)	Flour (2)
Cold food (1)		Bread (3)	Cold, Food (5)
Fruits (3)		Ham (1)	Chicken (3)
Oranges (2)		Hot foods (2)	Undigested (4)
Honey (1)		Salad (2)	Orange (4)
Fish (5)		Sausage (1)	Fluid, food (1)
Salt (2)		Solid (1)	Butter (1)
Sausage (2)		Ice-cream (1)	Olive (1)
Soup (1)		Succulent (1)	Bread and butter (5)
Ice-cream (3)		Tomato (4)	Pickles (1)
Tomato (1)		Bacon (3)	Pork (3)
Vegetables (1)			Strong cheese (2)
Vinegar (3)			Hot foods (2)
Meat (4)			Sausage (4)
Raw (1)			Dry (4)
Smoked (1)			Bacon (3)
Farinaceous (3)			Vinegar (2)
Flatulent (3)			
Cold, food (1)			
Fruits (3)			
Orange (2)			
Honey (1)			
Fish (5)			
Salt (2)			
Sausage (2)			
Soup (1)			
Ice-cream (3)			
Tomato (1)			
Greens (1)			
Vinegar (3)			

Table 3 Group B: 6–20 patients (0.18–0.72% TP or 0.26–1.04% PES)

Aggravation	Aversion	Craving
Alcohol (9)	Alcohol (7)	Wine (19)
Acids (6)	Cold beverages (7)	Tea (17)
Onions (6)	Hot beverages (12)	Acids (18)
Chocolate (12)	Tea (19)	Sugar (6)
Candy (13)	Mother milk (8)	Hot foods (6)
Beans, peas (14)	Acids (15)	Bananas (8)
Acid fruits (10)	Hot foods (8)	Potatoes (10)
Pasta, pastry (7)	Bananas (9)	Raw onions (6)
Oysters (8)	Candy (12)	Raw food (6)
Eggs (10)	Cold, food (9)	Acid fruits (20)
Pepper (6)	Fruits (15)	Tidbits (19)
Pork (17)	Chicken (7)	Lemons (10)
Cheese (6)	Indistinct, capricious (9)	Oysters (8)
Spicy (11)	Butter (7)	Fish (20)
	Eggs (16)	Pepper (10)
	Piquant (7)	Salad (17)
	Pork (13)	Soup (9)
	Cheese (6)	Succulent (13)
	Salt (7)	Tomato (14)
	Soup (9)	Greens (14)
	Spicy (13)	
	Greens (20)	

not necessarily used in repertorization. In these 1927 patients, 2996 symptoms were found with an average of 1.5 symptoms per patient.

Results

Out of the total 2996 food symptoms, 312 (10.5%) were aggravation symptoms, 17 (0.01%) were ameliorations, 770 (25.7%) were aversions and 1897 (63.3%) were food cravings. The symptoms were separated into four groups according to frequency (depicted in Tables 2–5):

- **Group A** showed 1–5 patients corresponding to <0.18% of total patients (TP) or <0.26% of patients with eating symptoms (PES);
- **Group B** in 6–20 patients (0.18–0.72% TP or 0.26–1.04% PES);
- **Group C** in 21–50 patients (0.72–1.8% TP or 1.04–2.6% PES); and
- **Group D** in more than 51 patients (>1.8% TP or >2.6% PES).

Tables 2–5 show the absolute number of homeopathic symptom citations (in brackets) by food or beverage.

Discussion

It is traditionally taught that food aversions are rarer than cravings. This is confirmed by the results, 25.7% and 63.3%.

Table 4 Group C: 21–50 patients (0.72–1.8% TP or 1.04–2.6% PES)

Aggravation	Aversion	Craving
Milk (34)	Water (22)	Beer (26)
Fat (25)	Coffee (44)	Cold beverages (30)
	Meat (29)	Fat (29)
	Onions (26)	Eggs (28)
	Oysters (31)	Cheese (27)
		Ice-cream (30)

Table 5 Group D: more than 51 patients (>1.8% TP or >2.6% PES)

Aggravation	Aversion	Craving
Cold beverages (56)	Milk (188)	Coffee (106)
	Fat (88)	Milk (91)
	Fish (51)	Meat (90)
		Chocolate (108)
		Candy (439)
		Farinaceous (61)
		Fruits (70)
		Pasta, pastry (79)
		Bread (58)
		Piquant (94)
		Salt (102)
		Spicy (81)

of the total eating symptoms found, respectively. Aggravations are rarer (10.5%) and ameliorations much rarer (0.015%). Some frequent symptoms for a specific food like candy craving, for instance, and its opposite, aversion to candy (0.4% TP or 0.6% PES) are rare. The symptoms of the groups A and B, in the Tables 2 and 3 respectively, we can consider as characteristic symptoms or rare by the low frequency of appearance in this population.

When generally assessing flavors, a preference for sweet and spicy foods among this population is observed. Food craving for candy was the most reported one (15.9% TP or 22.8% PES) and, surely, the number of patients with such a preference has been greater, since in the past 3–4 years, being already empirically aware of this preference, the author became more careful to consider this as a symptom. The second greater percentage on general eating symptoms was the food craving for chocolate (3.4% TP or 5.6% PES). In total the number of patients with food cravings for candy, chocolate, ice-cream, sugar and tidbits is 602 patients (21.9% TP or 31.2% PES). Regarding spice cravings, the following was found: salt (3.7% TP or 5.3% PES), spicy (2.9% TP or 4.2% PES), piquant (3.4% TP or 4.9% PES) and pepper (0.3% TP or 0.5% PES), in total 287 patients (10.4% TP or 14.9% PES). In Brazil it is frequent to eat barbecue, the preferred food on weekends and in celebration parties. Meat craving is also well represented (3.2% TP or 4.7% PES) reflecting our country's habit. The same can be noted with coffee craving (3.8% TP or 5.5% PES), as a consequence of its major consumption in a coffee-producer country like Brazil.

Within the region patients were attended there is a major colonization by people coming from Mediterranean countries, especially from Italy that has strongly influenced the local cooking. This can be indirectly verified by the farinaceous cravings (2.2% TP or 3.2% PES), pasta/pastry cravings (2.8% TP or 4.1% PES) and bread cravings (2.1% TP or 3.0% PES) totalizing 198 patients (7.1% TP or 10.3% PES). Some of these data are corroborated by Mondini⁴ who observed that sugar accounts for approximately ¼ of total carbohydrates ingested by the urban population in Brazil and that there has been an increase in meat consumption since the 70s. Fonseca *et al.*⁷ in a study evaluating the eating habits of 1183 employees of a Brazilian state bank by applying a questionnaire observed that 17.0%

had always, or almost always, the habit of adding salt to the already prepared foods.

The two most common aggravations were cold beverages (2.0% TP or 2.9% PES) and milk (1.2% TP or 1.8% PES). The first one was most frequent because many patients referred to oropharyngeal disorders due to the intake of cold liquids. For milk I disregarded digestive disorders reported from milk consumption in patients from African or Asian origin as homeopathic symptom, due to the high lactose intolerance index found and consequently, an ethnic physiopathologic disorder, and not an individual one. Lactose intolerance occurs in a small percentage in Caucasian European population, who were the subjects of most early pathogeneses.⁸

We may infer that the repertory food rubrics that derive from pathogeneses, and clinical experience mostly in Europe in the 19th century, represent the eating habits of the times and places where they were collected. Searching, for instance for sauerkraut in the Repertory,⁵ 15 medications are mentioned under aggravation; 2 in aversion and 5 in craving. In the present study no patient cited this food as a dietary reference. It is quite natural that this had occurred once sauerkraut is a common food in Germany. How could sauerkraut be referred to if for most of the studied population had never eaten this food? On the other hand, the most found aversions among patients were *Solanum gilo* (Scarlet eggplant) with 353 references (12.7% TP) and, in third place of total aversions, Okra with 176 (6.3%), neither of these appear in the Repertory. Likewise, craving for beans is not found in Repertory because it was not, and still is not a food widely consumed in Europe, in contrast to Brazil where it is a very frequently eaten food.

One's dietary consumption is determined by economic, social, nutritional and cultural factors. Food cravings are more frequent because they seem to be modulated by food stimulus and offer to which the individual is exposed during lifetime through social and family habits, cooking traditions or socioeconomic status. The food industry has, in recent decades been an additional factor in patterns of food consumption. Almeida *et al.*⁹ analyzed the quantity and quality of food products advertised on the three main Brazilian TV networks. Of 1395 food products advertised on TV, 57.8% are represented in the 'Food Pyramid' as fats, oils, sugars and candy. The second major group was represented by bread, cereals, rice and pasta (21.2%), followed by the dairy products: milk, cheese and yogurt (11.7%) and the group of meat, eggs and legumes (9.3%). There was total absence of fruits and vegetables in this advertising.

Conclusion

Food cravings should be considered carefully for the choice of homeopathic medication when establishing the totality of symptomatic characteristics, especially those mostly consumed within the patient's community. Besides

being much more common than the other types of symptoms in the 'Food' rubric of the Homeopathic Repertory, food craving might represent an incorporation of gastronomic stimuli the patient has been receiving during lifetime.

The food references found in the Tables 2 and 3, where the number of patients with the same food symptom is very low, can be considered rare. Dietary aversions, aggravations and improvement/amelioration are, with a few exceptions, much more representative of patient's individuality, and when appearing in an undoubted and intense form, they might be considered as rare and peculiar symptoms to guide the choice of homeopathic medication to be prescribed.

The influence of advertising on the value of our symptoms should be further investigated. This study reflects the eating habits of the inhabitants of São Paulo and neighboring cities. More papers in other countries and places could be made to compare the dietary references of different population with the people studied here.

Conflicts of interest

None declared.

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