



Case Report

Successfully treated male bigorexia with acupuncture combined with homotoxicological drugs: a case report

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Abstract

A combined treatment with specific acupoints and homotoxicological drugs was used to treat a 34-year-old male patient who had suffered from Bigorexia for several years.

The treatment was applied at a frequency of one session per week for a total of 12 sessions. At the end of the treatment, the patient's Bigorexia symptoms rate was visibly reduced, and by the end of a six-month follow-up, the score of the specific standardised tests had returned to the normal range. Further, there was no relapse of Bigorexia symptoms during the six-month follow-up.

Therefore, we hypothesised that this combined treatment induced a sort of desensitisation and reprocessing mechanism of the patient's psyche.

This case suggests that a combined treatment with acupuncture and unconventional drugs could be used as an effective complementary treatment for male Bigorexia, especially in cases where other treatments have failed. Further comparative studies are needed to corroborate the value and mechanisms of this therapy.

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1. INTRODUCTION

Bigorexia is a psychological disorder that arises from the distorted idea of seeing oneself as too thin and not very muscular (Faccio E., 2007) and, at the same time, is characterised by an exaggerated obsession with fitness and diet (Ferrari E. et al, 2012).

In recent decades, this disorder has increased and developed in the male and female population to the point that even the DSM 5 includes it among the various disorders (APA 2013). Epidemiological data report cases in both sexes and not only in the population of "bodybuilders", primarily more affected (Comte EJ. et al., 2015; Tod D, et al., 2016). The therapy includes a classical approach with antidepressants and individual and family psychotherapy, while unconventional approaches are not contemplated at all (Leone JE et al., 2005; Pope CG. et al, 2011). By defining it as a muscle dysmorphophobia (Kanayama et al, 2011; Tod D. et al., 2016; Amabili M., 2013), the focus is on the concern that one's body is not muscular enough (Ferrari et al., 2012; Scarinci and Lorenzini, 2015). Vigorexia typically has a multifactorial origin: very often, in fact, it depends on a combination of biological, psychological and social factors.

It generally affects young adults, belonging to the male gender, aged between 15 and 24, but there is also a growing segment of people over 40 (Ferrari E., Ruberto MG, 2012). The main and obsessive concern is that one's body is not sufficiently muscular, thin and athletic. Athletes and professional sportsmen tend to develop vigorexia more easily, as the high levels of competitiveness to which they are exposed tend to foster greater self-criticism (Devrin A. et al, 2018, Longobardi C., et al., 2017, Ayensa Baile JI, et al., 2011). In vigorexia, the diagnosis is particularly complicated and is substantially based on the observation of the individual and their habits (Garano C. et al, 2016; Salvini A et al., 2012).

This study has the aim to propose an experimental and unique protocol to treat Bigorexia. It was conducted in accordance with the principles of the Declaration of Helsinki and in compliance with the EU General Data Protection Regulation (GDPR). Before starting the study, informed consent for participation and publication was obtained and signed by the participant, in which the experimental protocol was explained in detail. Participants were administered *face-to-face* by some standardised tests and questionnaires to evaluate the clinical state and personal suffering (MDDI-ITA, QDC, EAI, SCL-90, PSS) before the start of the treatment (time 0). The experimental protocol included 12 acupuncture sessions on a weekly basis. In the week following the end of the sessions, the same test at time 0 was administered. A follow-up at 6 months was performed.

2. Case presentation and treatment prescribed

A 34-year-old male patient with a several-year history of

psychophysical stress, anxiety and obsessive thoughts regarding his physical appearance. He was referred by his GP to our ambulatory care for a diagnosis and treatment in February 2023. A diagnosis of Bigorexia was performed, and a combined treatment with acupuncture and unconventional drugs was prescribed. The patient reported that towards the age of 13-14, with the development of puberty, he began to experience dissatisfaction with his body and developed a tendency to isolate himself from others. During high school, he experienced perfectionism, feelings of inadequacy and excessive attention to appearances. After the university, he started suffering from anxiety disorder and gained weight, with repercussions on his physical health. He started losing weight, and in less than a year, he reached 84 kg (starting from 130). He also intensified his gym attendance and evening running (5 days of gym and 3 days of evening running of at least 1h30min). Recently, he also visited a plastic surgeon for an abdominal surgery intervention.

Treatment prescribed:

Homotoxicological products: Injeel f. tonic – 3 vials per week; Detox 17 (Guna) gtt – 15 gtt three times a day; Ignatia heel cp – 1 cp three times a day; Nux vomica homaccord drops – 10 drops three times a day; Valerianaheel gtt – 10 gtt three times a day.

Acupuncture: Neiguan (PC 6), Daling (PC7), Shenmen (HT7), Hegu (LI4), Taixi (KI3), Sanyinjiao (SP6), (General and performance anxiety, toning, stress and depressive symptoms). Toning Technique: Tongli (HT5), Zusanli (ST36), Taichong (LR3), Fenglong (ST40), Yanglingquan (GB 34) (Obsessive Thoughts, Depressive Symptoms, Food Regulation). Dispersion Technique.

The goals of the treatments prescribed and carried out were the reduction of psychophysical stress, general and performance anxiety, obsessive thoughts and greater regulation of food intake. Where depressive symptoms were present, specific products and acupuncture points were treated.

3. Material used

MDDI-ITA (Muscle Dysmorphia Disorder Inventory – Italian version, Santarneckchi E., et al, 2012); BDQ (Body Dysmorphic Disorder Questionnaire, Cerea S., et al, 2017); EAI (Exercise Addiction Inventory, Griffiths MD, et al., 2005); SCL-90 (Symptoms Checklist-90, Derogatis LR, 1973 – Italian adaptation by Sarno I., et al., 2011); PSS (Perceived Stress Scale, Cohen S., et al., 1983 and 1988 – Italian translation by Andrea Fossati, Vita-Salute San Raffaele University of Milan, 2010).

4. Response to treatment

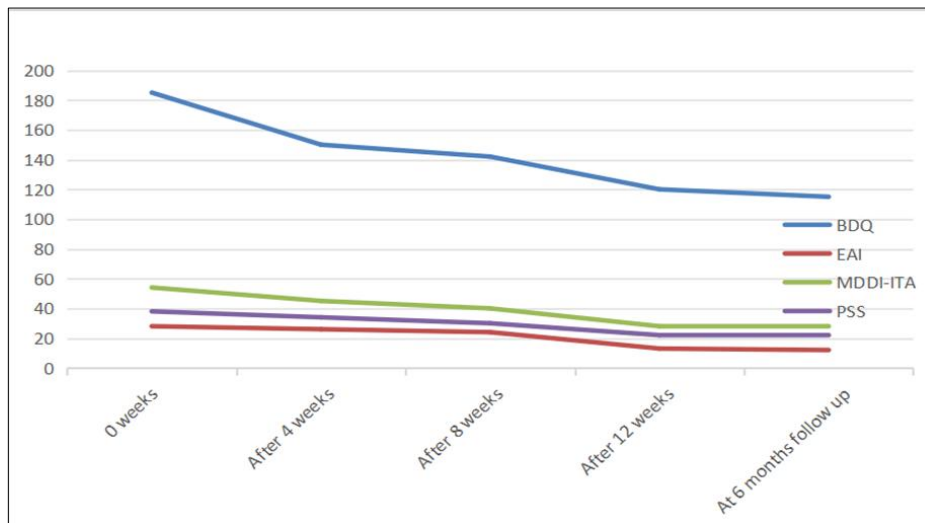
Table 1 shows the results obtained at 0, 4, 8, 12 weeks evaluations and at 6 months follow-up.

Table 1: Score at different times

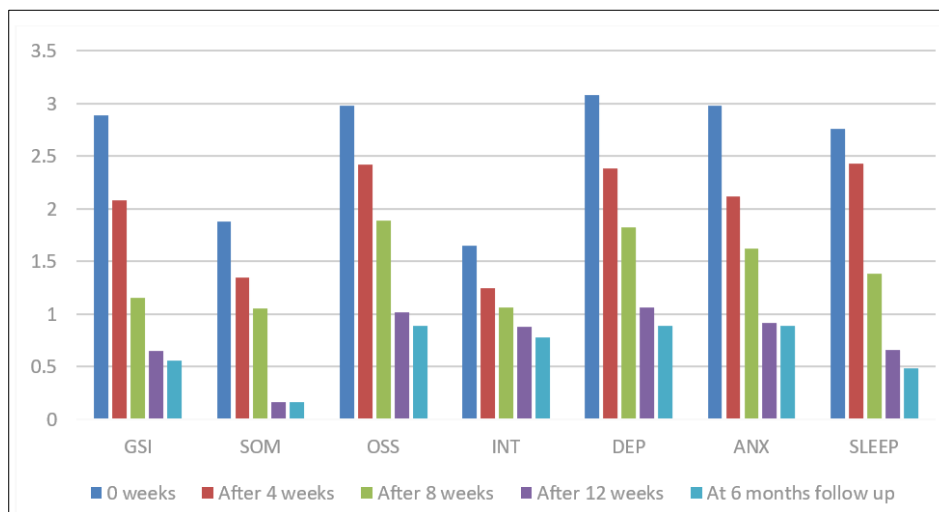
Parameters	0 weeks	After 4 weeks	After 8 weeks	After 12 weeks	At 6 months follow-up
BDQ	185	150	142	120	115
EAI	28	26	24	13	12
MDDI-ITA	54	45	40	28	28
PSS	38	34	30	22	22
SCL-90					
GSI	2,89	2,08	1,15	0,65	0,56
SOM	1,88	1,35	1,05	0,16	0,16
OSS	2,98	2,42	1,89	1,02	0,89
INT	1,65	1,25	1,06	0,88	0,78
DEP	3,08	2,38	1,82	1,06	0,89
ANX	2,98	2,12	1,62	0,92	0,89
SLEEP	2,76	2,43	1,38	0,66	0,48

MDDI-ITA (Muscle Dysmorphia Disorder Inventory – Italian version); BDQ (Body Dysmorphic Disorder Questionnaire); EAI (Exercise Addiction Inventory); PSS (Perceived Stress Scale); SCL-90 (Symptoms Checklist-90); GSI (Global Severity Index); SOM (Somatization); OSS (Obsessive-

Compulsivity); INT (Interpersonal Hypersensitivity); DEP (Depression); ANX (Anxiety); SLEEP (Sleep disturbances); Clinically significant cut-off values: QDC >130; EAI>24; MDDI-ITA>36; PSS>27; SCL-90>1



Graph 1: Scores of the tests at different times



Graph 2: SCL-90 parameters at different times and at 6 months follow-up

5. DISCUSSION

Table 1 shows that the scores obtained on the questionnaires and rating scales at time 0 (before treatments) are all above the “cut off”. At the end of the treatments, a considerable reduction in scores was recorded in different scales such as BDQ, EAI, MDDI-ITA, PSS (graph 1) and in all the parameters of SCL-90 (graph 2). It should also be noted that some subscales of the SCL-90 test, after 12 weeks of treatment and despite a strong reduction in values, remain slightly above the threshold value (>1). In particular, the Obsessive/Compulsive factor (OSS) and the Depression factor (DEP). These two factors return to normal at the six-month follow-up.

It is interesting to note that after 4 weeks from the start, all the scores have a considerable improvement, and this continues progressively in the following weeks. All the scores, a part OSS and DEP factors, turn to normal after 12 weeks.

These findings are consistent with the long-term clinical improvement and the decrease in the score of the questionnaires filled out by the patient. In this case, the unconventional therapeutic approach seems to be valid and effective for the treatment of Bigorexia or Muscle Dysmorphic Disorder.

However, some limitations must be considered. First of all, a larger sample size of a randomised controlled trial will still be needed to confirm our findings. Secondly, in this study, only six months had passed since the patient’s last visit, and a longer follow-up period may be necessary to confirm the persistence of treatment effects.

6. CONCLUSIONS

This experimental and unconventional protocol appears to be a valid alternative or a complementary approach to classical protocols for the treatment of Bigorexia.

This experiment can represent a starting point that should be developed with a larger case study and also extended to the female gender to propose the protocol of sessions carried out as a model of effective treatment for bigorexia or muscle dysmorphia.

Ethical approval: This study was approved before its start by the Authority Health of Azienda Sanitaria Universitaria Friuli Centrale of Udine (Italy) in accordance with the principles of the Declaration of Helsinki and conducted in accordance with the EU General Data Protection Regulation (GDPR).

Informed Consent Statement: An informed consent, in which the study was illustrated in detail, to participate and for publication (in print or online) was obtained and signed by the patient before the intervention.

Conflicts of interest statement: The authors declare that there are no conflicts of interest regarding the content and the publication of this article.

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Author Contributions: FB, MMB and designed the study and contributed to the acquisition of the data. FB and MMB

analysed the data. All authors interpreted the data. FB drafted the manuscript. FB and MMB performed the measurements. VL and DM critically revised the manuscript. FB and MMB had full access to all the data in the study and took responsibility for the integrity of the data and the accuracy of the data analyses. All authors have read the manuscript, approved the final draft of the paper and have agreed with its submission.

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