



Hekalogia as a Cutting-Edge Model for Emotional Release in Obesity and Disordered Eating Behavior: A Systematic Review

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Abstract

Background: Disordered eating is a clinically relevant pattern in which food intake is a response to negative affective states, stress, sadness, anxiety, feelings of emptiness, guilt, or frustration. In overweight or obese adults, this response can compromise treatment adherence, promote post-intervention weight gain, and perpetuate psychological distress. Established psychological and behavioral approaches (cognitive-behavioral therapy, mindful eating, mindfulness-based interventions, acceptance and commitment therapy, behavioral weight management, and nutritional psychoeducation) offer structured methods aimed at self-monitoring, cognitive restructuring, and acceptance. Hekalogy, on the other hand, emerges as a model of psychic catharsis focused on processing psychic suffering, affective surrender, and body-emotion integration.

Objective: To compare the Hekalogy approach with established psychological and behavioral interventions for the treatment of disordered eating and obesity, determining its methodological viability as an alternative clinical model.

Methods: A systematic review was conducted following the PRISMA 2020 guidelines using searches in PubMed, Google Scholar, BASE, and preprint repositories, limiting the time frame to publications from the last 5 years in English and Spanish. From an initial total of 65 records identified, peer-independent eligibility criteria and automated screening tools were applied, ultimately including 34 original articles for qualitative synthesis. The documents were mapped according to intervention model, core mechanism, measured outcomes, methodological maturity, and relevance for future clinical trials.

Results: Traditional interventions showed greater methodological maturity, characterized by a larger volume of validated instruments and evidence based on randomized designs and previous reviews. Hekalogy demonstrated a different mechanism by placing the subjective affective core of food intake at the center of the therapeutic model, rather than prioritizing surface regulation, cognitive restructuring, or detached observation. This supports its consideration as a preferred candidate model when eating behavior functions as an avoidance strategy in the face of unprocessed psychological pain.

Conclusion: The efficacy of Hekalogy cannot be conclusively affirmed due to the current lack of direct comparative clinical trials. However, its mechanism of affective release offers a coherent and potentially advantageous explanatory and interventional approach, justifying its rigorous empirical evaluation against reference active comparators.

Keywords: Hekalogy; Disordered Eating; Obesity; Affective Release; Mindful Eating; Systematic Review

Introduction

Obesity is a chronic disease with a multifactorial etiology, the origin of which stems from a complex interaction of biological, metabolic, psychosocial, and environmental determinants. While body mass index (BMI) and absolute weight predominate as standards in research and clinical practice, these metrics have limited diagnostic sensitivity for comprehensively assessing the condition. These anthropometric indicators are insufficient to capture critical dimensions of the patient's experience, such as dysregulated eating behavior, emotional distress, social stigma, and impaired quality of life. Consequently, the heterogeneous nature of this disease demands the development of interdisciplinary approaches and psychoeducational strategies that transcend the traditional homeostatic approach and consider the individual's subjective experience in modifying health habits [1,2].

Emotion-induced impulsive eating represents a critical dimension in the etiopathogenesis of obesity, characterized by food consumption in response to non-homeostatic stimuli [1-3]. Current psychological and behavioral interventions operate through various therapeutic mechanisms. Cognitive-behavioral therapy (CBT) is based on self-monitoring, stimulus control, cognitive restructuring, and relapse prevention to modify an individual's maladaptive patterns [1,4].

In parallel, mindful eating and mindfulness-based approaches promote awareness of hunger and satiety cues, the identification of automatic behaviors, and non-reactivity to sensory experiences. Acceptance and commitment therapy (ACT), on the other hand, fosters psychological flexibility through cognitive defusion, acceptance of aversive internal states, and mobilization toward actions guided by personal values. Finally, behavioral weight management and psychoeducation prioritize habit formation, maintenance of energy balance, self-monitoring, and systematic physical activity as key elements to ensure treatment adherence [1].

Hekalogy posits an epistemological break with conventional clinical approaches. Unlike cognitive restructuring, behavioral control, or mindfulness-based monitoring, this model places psychic pain and the release of internal blocks at the core of its therapeutic hypothesis. Under this paradigm, compulsive eating can operate as a substitute for affective contact, functioning as an avoidance mechanism or a strategy to attenuate the intensity of somatized distress. The focus of the intervention transcends the mere regu-

lation or management of affect; the proposed approach demands complete surrender to bodily experience, allowing the burden to be processed, mobilized, and integrated through the unified intelligence that constitutes the body-consciousness relationship [5,6].

This manuscript presents a systematic review and positions Hekalogy as a preferred candidate model for a specific subgroup: individuals whose disordered eating behavior is maintained primarily by unprocessed psychic pain and avoidance of feeling. This does not constitute a claim of established clinical efficacy, but a hypothesis aimed at demonstrating a therapeutic advantage that requires evaluation through direct clinical trials with active controls. Likewise, the objective of this systematic review was to compare the Hekalogy proposal with established psychological and behavioral interventions for the treatment of disordered eating and obesity, determining its methodological viability as an alternative clinical model.

Materials and Methods

This research is a literature review conducted following the guidelines of the 2020 PRISMA statement (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). The study is descriptive and retrospective, aiming to compare the Hekalogía approach with established psychological and behavioral interventions for the treatment of disordered eating and obesity.

Search strategy and information sources

The search for evidence was carried out in the scientific databases PubMed (n=36), Google Scholar (n=17), Base (n=9), and preprints (n=3), identifying an initial total of 65 records. The observation window was limited to records no older than 5 years, including studies in English and Spanish.

Eligibility criteria

To ensure the relevance of the findings, the selection was governed by hierarchical criteria of methodological rigor:

- **Inclusion:** (1) Studies published or developed within the last 5 years; (2) Documents written and available in both English and Spanish; (3) Published scientific articles, preprints, undergraduate theses, and academic materials indexed or validated by reference authors; (4) Research on disordered eating, obesity, depression, and their treatment using Hekalogía compared to standard psychological-behav-

ioral interventions (CBT, Mindfulness, ACTH, weight management, and psychoeducation), records with anthropometric (weight, BMI), biophysical (EEG, electromagnetic fields, bioresonance, environmental monitoring), and physiological biomarker (cortisol, catecholamines, ACTH, and Holter) assessments.

- **Exclusion:** Exclusion was prioritized according to the following parameters: (1) Studies older than 5 years, unless they constituted foundational and irreplaceable grey literature for the conceptual description of the models; (2) Studies that addressed obesity solely from a purely surgical (bariatrics) or pharmacological perspective, without a psychological, behavioral, or emotional regulation intervention component; (3) Duplicate records or those that did not provide analytical information within the established study categories; and (6) Editorial opinion documents, letters to the editor, book reviews, or non-academic publications that lacked mappable methodological or conceptual data.

Study selection and data extraction

The selection process was carried out in the following phases:

- **Organization and Automation:** Records were exported to the Rayyan platform. Of the 65 records, 20 were discarded using automation tools (Mendeley) for not meeting the basic entry criteria (study type and year).
- **Initial Screening:** 45 titles and abstracts were reviewed, and all were found to align with the research objectives.
- **Retrieval:** 11 reports were searched for, but none could be retrieved because they were not freely accessible.
- **Inclusion:** Finally, 34 original articles met the rigor criteria and were included for the qualitative synthesis.

Risk of bias assessment

To ensure consistency of results and minimize selection bias, the data selection and extraction process was performed independently by two reviewers. Any discrepancies in study selection were resolved by consensus under the supervision and validation of the co-author team. This cross-validation and third-party peer review ensured the methodological integrity and objectivity of the selected evidence. Furthermore, the overall methodological quality and structural rigor of the review protocol were systematically aligned with and evaluated against the AMSTAR 2 critical appraisal

tool criteria, undergoing a rigorous internal peer-review process by an independent academic panel prior to execution. Additionally, the readability and linguistic accessibility of the final text were automatically audited and validated using the specialized platform Readable. This formal protocol was officially registered and established under version 1.0, published on July 20, 2026, at 20:35 UTC.

Summary of results

A qualitative synthesis of the collected evidence was performed. The data were analyzed in terms of their capacity as established psychological and behavioral interventions for the treatment of disordered eating and obesity, determining their methodological viability as an alternative clinical model in hekalogia.

Results and Discussion

preprints, and Base databases yielded a total of 65 records. After exporting to the Rayyan platform, automated exclusion tools were applied to 20 records that did not meet the criteria for time window or study type. Forty-five titles and abstracts underwent initial screening, of which 34 advanced to full-text evaluation after successful retrieval, while 11 reports were classified as “unretrievable” due to economic or institutional access barriers.

Finally, after confirming that 100% of the recovered sample met the eligibility criteria, a final sample of 34 units of analysis was consolidated for qualitative synthesis. This process is detailed in the PRISMA flow diagram (Figure 1).

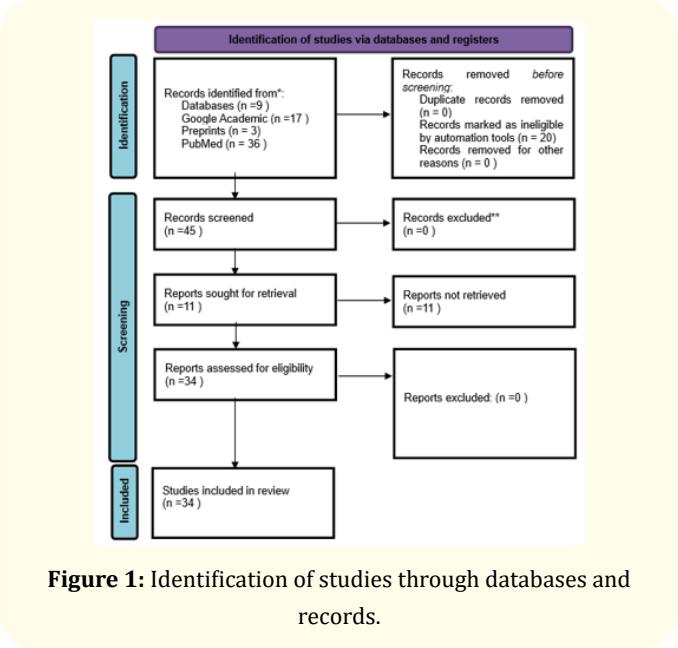


Figure 1: Identification of studies through databases and records.

Documentary corpus

The comparative analysis revealed a consolidated indexed literature regarding disordered eating behavior, obesity, and mindfulness. Eating disorders, acceptance and commitment therapy (ACT), cognitive behavioral therapy (CBT), and traditional behavioral interventions were included in the study. The methodological spectrum of these registries included randomized controlled trials, systematic reviews, qualitative research, clinical protocols, and ob-

servational designs. In contrast, the corpus associated with Hekalogy was identified in an emerging stage and is smaller in volume, characterized by the exploration of multiple psychophysiological dimensions and the inclusion of registries linked to body weight and body mass index (BMI). This methodological asymmetry establishes that traditional models possess a higher level of evidence maturity, while Hekalogy proposes a design centered on affective release and psychophysiology.

Corpus	Main content	Methodological characterization
Comparative Psychological/ Behavioral	28 records on eating due to anxiety, overweight/ obesity, mindfulness eating, CBT-based interventions, ACT, post-intervention weight gain, dietary patterns, experiential avoidance, depression, and binge eating episodes.	Established methodological tradition; greater availability of validated scales, randomized trials, systematic reviews and standardized intervention protocols.
Hekalogía	6 records on affective self-regulation, body weight, BMI, electroencephalography (EEG), electromagnetic fields, bioresonance indices, environmental monitoring, cortisol, catecholamines, ACTH and Holter monitoring.	Emerging evidence with a multidimensional psychophysiological approach; oriented towards the formulation of clinical hypotheses, dependent on independent replication and active controlled trials.

Table 1: Classification and characteristics of the analyzed documentary corpus.

Convergence between Hekalogy and established approaches

The main point of convergence identified is the formal recognition of the direct influence of affective states on eating behavior. CBT, ACT, mindfulness -based interventions, and mindful Eating and Hekalogy agree that anxiety, stress, depression, frustration, shame, and decreased subjective well-being modulate dietary choices, cravings, impulsivity, binge eating episodes, therapeutic adherence, and relapses. Likewise, the models concur that sustainable behavioral change requires interdisciplinary approaches that go beyond mere nutritional psychoeducation.

A second point of convergence lies in the clinical need to move from an automatic reaction to a conscious response to affective stimuli. Mindfulness Eating trains the interoceptive perception of hunger, satiety, and urges; ACT promotes value-oriented actions despite discomfort; CBT structures the recognition of triggers and the development of substitute behaviors; while Hekalogy directs attention toward the psychic pain or internal tension that triggers the need to eat. Although the frameworks differ in terminology and technical applications, they all share the goal of interrupting the automatic cycle between psychological distress and eating.

Differential Mechanism of Hekalogy

The fundamental divergence lies in the clinical meaning assigned to the affective phenomenon. In traditional approaches, emotion is treated as a triggering factor that must be regulated, observed, accepted, restructured, or managed behaviorally. In the Hekalogy model, the affective state is conceptualized as an internal experience with psychophysiological dynamism that requires being experienced, processed, and released. Consequently, the Hekalogy approach is not limited to modifying eating behavior in the face of a crisis, but rather to identifying the unresolved affective processes that the individual attempts to alleviate through food.

This conceptual distinction underpins the hypothesis of therapeutic advantage. If affect-induced eating is perpetuated primarily by unprocessed psychological distress, interventions focused on behavioral control, cognitive restructuring, or detached observation are valuable but potentially limited for this phenotype. Hekalogy is proposed as an alternative model for this subgroup by directing intervention toward the underlying affective core and not solely toward the symptomatic manifestation of the behavior.

Dimension	Established approaches	Hekalogia	Clinical advantage hypothesis
Main objective	Cognition, habits, attentional processes, acceptance, impulse control, and adherence.	Psychological suffering, affective processing, catharsis, and body-emotion integration.	Potential advantage in cases where intake operates as an affective substitution mechanism.
Role of food	Behavior linked to environmental/internal triggers, reward signals, avoidance, or dysregulation.	A means of escape, self-anesthesia, or substitution of an unprocessed affective state.	Contribution of a deep explanatory dimension for selected subgroups.
Therapeutic movement	Regulate, observe, accept, restructure, monitor, or replace behaviors.	To allow, channel, express, release and integrate the affective experience.	Mechanism of action focused on deep processing rather than surface modulation.
Measurement gap	Validated scales and extensive support in clinical trials.	Emerging indicators, psychophysiological records, and the need for psychometric validation.	Scientific feasibility requires validation through standardized instruments and active controlled designs.

Table 2: Dimensional comparison between established approaches and Hekalogia.

Comparative methodological maturity

Current evidence significantly favors established interventions in terms of methodological robustness. Mindful Eating disorders, CBT, and ACT have a larger body of randomized clinical trials, systematic reviews, meta-analyses, protocolized intervention manuals, and validated psychometric instruments. In contrast, Hekalogia relies on a limited corpus of preliminary, exploratory, and internally generated data. This limitation restricts subsequent scientific steps: the hypothesis of therapeutic advantage must be subjected to direct empirical testing and not assumed a priori.

The characterization of the findings is dual in nature. Methodologically, traditional therapies currently have the highest level of validation. Mechanistically, Hekalogia proposes a direct and potentially preferential explanatory model for disordered eating behavior

when it serves to avoid psychological suffering.

Hierarchy of outcomes for future clinical trials

The mapping findings suggest that future experimental designs with active control should not use body weight as the primary outcome variable. Altered eating behavior should be established as the primary outcome because it is the construct directly linked to the postulated mechanism of action. Variables such as weight, BMI, waist circumference, indicators of depression, anxiety, and stress, quality of life, body image, experiential avoidance, and perceived emotional release should be used as secondary or exploratory outcomes. This methodological hierarchy avoids the bias of evaluating the intervention’s effectiveness based solely on short-term weight fluctuations, allowing for the direct measurement of the affective process.

Variable/Outcome	Recommended methodological role	Scientific justification
Altered eating behavior	Primary Outcome	It directly assesses the disruption of the automated cycle between affect and intake.
Stress, anxiety, and depression	Secondary Outcomes	They quantify the overall psychological distress comorbid with eating disorders.
Weight, BMI and abdominal circumference	Secondary Outcomes	Clinically relevant indicators, but slow to change and dependent on multiple confounding variables.
Experiential avoidance/Suppression	Mechanistic Outcomes	They quantitatively evaluate the decrease in affect avoidance strategies.
Perceived emotional release	Exploratory Outcome	It captures the differential process of the model; it requires the development and validation of specific instruments.
Adverse emotional reactions	Security Outcome	Essential ethical requirement for interventions that involve the mobilization of intense emotions.

Table 3: Proposed hierarchy of variables for experimental designs.

Hekalogy is proposed as a promising hypothesis for addressing disordered eating behavior, focusing on a specific clinical phenotype: individuals with high levels of experiential avoidance or unprocessed psychic pain [3,7]. Unlike the cognitive restructuring of CBT or the non-judgmental observation of Mindfulness and ME, Hekalogy proposes a “psychic catharsis” or affective release through surrender to deep feeling [4,6].

This integrative review posits that Hekalogy could represent a paradigm shift in the approach to disordered eating behavior, considering it not simply as a dysregulated response, but as a somatic signal of unprocessed psychic pain. This approach assigns Hekalogy a distinctive role for a specific clinical phenotype: individuals with high experiential avoidance and affect-induced eating patterns linked to obesity.

Mechanistic level, Hekalogy differs from current reference interventions. While Cognitive Behavioral Therapy (CBT) is based on cognitive restructuring and Acceptance and Commitment Therapy (ACT) seeks psychological flexibility through acceptance and defusion, Hekalogy proposes affective release or psychic catharsis through “surrender” to deep feeling [5,7-9]. Neuroendocrine studies suggest that affect-induced eating is mediated by dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis and elevated cortisol levels, lending biological plausibility to the premise that deep stress release impacts body weight [8,10,11].

However, strict critical rigor must be maintained. Unlike ACT and Mindful While studies with robust methodological maturity and meta-analyses support their effectiveness in reducing dysfunctional eating behaviors, preliminary findings of Hekalogy (reporting anthropometric reductions in short periods of 2 to 15 days) lack randomized controlled trials (RCTs) with active control and long-term follow-up [12,13].

Therefore, Hekalogy should currently be defined as an emerging tool and a hypothesis of mechanistic superiority subject to rigorous experimental validation to demonstrate whether its capacity for emotional resolution surpasses the clinical impact of attentive observation or cognitive change [4,14,15].

Implications for inclusive psychoeducation

This manuscript is relevant to inclusive psychoeducation because programs focused exclusively on volitional control or calorie

deficit often exacerbate weight stigma and experiential avoidance. Recent meta-analyses (2023) confirm that interventions such as ACT are effective in reducing self-stigma and improving psychological flexibility. In this context, Hekalogy is proposed as an emerging hypothesis that redefines affect-induced eating not as a lack of willpower, but as a somatic signal of unprocessed psychic pain [2,10].

Mechanistic level, while Mindful Eating, which focuses on the non-judgmental observation of satiety signals, proposes an “affective release” for subgroups with high emotional suppression. This non-stigmatizing approach to emotional literacy is especially valuable in health education settings with diverse learning needs [16,17]. However, its integration should be cautious: Hekalogy should be understood as a candidate tool that requires validation through randomized controlled trials (RCTs) to demonstrate whether its capacity for emotional resolution offers superior clinical benefits compared to established acceptance and behavioral change [6,18].

This manuscript is strengthened by contrasting different mechanisms in the approach to affect-induced eating, avoiding simplistic comparisons of results. While CBT uses cognitive restructuring and ACT promotes psychological flexibility in the face of impulses, Hekalogy postulates an affective release or catharsis through surrender to deep feeling [3,15,19].

It is imperative to distinguish between this hypothesis of mechanistic superiority and demonstrated clinical superiority. Methodologically mature interventions such as Mindful Therapy Eating and ACT have recent meta-analyses (2023-2024) that support their effectiveness in regulating disordered eating behavior. In contrast, the preliminary findings of Hekalogy, although reporting significant anthropometric reductions in short periods, should be considered as emerging evidence that requires validation through active-controlled randomized controlled trials (RCTs) to confirm its neurophysiological impact against current reference standards [4,20,21].

Limitations

Although this review strictly adhered to the PRISMA 2020 protocol, critical limitations must be acknowledged. First, the loss of 11 reports classified as “unretrievable” introduces a risk of retrieval bias, which could omit relevant data on the effectiveness of interventions. Second, an asymmetry in methodological maturity

persists: while the Mindful Eating and ACT have recent meta-analyses (2023-2024) that support their impact on disordered eating behavior, the evidence base of Hekalogy is incipient and lacks independent replications [20-23].

Third, at a mechanistic level, affect-induced eating is linked to cortisol dysregulation, a marker validated in mindfulness studies, but which in Hekalogy is still based on bioresonance “release” indices without external neuroendocrine validation. Fourth, the absence of head-to-head randomized controlled trials (RCTs) prevents us from determining whether the affective catharsis of Hekalogy offers real clinical advantages over the psychological flexibility of ACT or the cognitive restructuring of CBT. Finally, given that obesity is a chronic pathology of multifactorial etiology involving genetic and metabolic factors, the approach to unprocessed psychic pain should be considered exclusively as a complementary hypothesis and not as a sole determinant of body weight [1,24-26].

Future research

Advancing this line of research requires a feasibility randomized controlled trial (RCT) comparing Hekalogy against interventions with established methodological maturity, such as Acceptance and Commitment Therapy (ACT) and Mindful Therapy. Eating or emotion-focused CBT. Eligible participants must present a clinical phenotype of obesity with elevated levels of affect-induced eating [11,27,28].

The study design must explicitly contrast the mechanisms of action: the affective release or catharsis of Hekalogía versus psychological flexibility (ACT), cognitive restructuring (CBT), and non-judgmental observation (Mindfulness). It is critical to establish a longitudinal follow-up of 6 to 12 months to determine whether the resolution of unprocessed psychic pain produces sustainable anthropometric changes, going beyond the current evidence limited to immediate effects.

Altered eating behavior is proposed as the primary outcome (using the DEBQ or TFEQ-R21). The DASS-21 and AAQ-II will be used as mechanistic variables to measure experiential avoidance [29,30]. Integrating neuroendocrine biomarkers, such as cortisol levels or heart rate variability (HRV), is essential to validate the Hekalogía hypothesis of nervous system self-regulation against current scientific standards. Finally, safety protocols must include

rigorous restraint criteria to prevent the induction of profound affective stressors.

Conclusion

Hekalogy offers a distinctive framework of psychic catharsis for understanding and addressing disordered eating behavior in the context of overweight and obesity. While established interventions currently possess greater methodological maturity and should continue to serve as benchmarks, this new model provides a coherent hypothesis for therapeutic advantage. For individuals whose affect-driven eating is perpetuated by unprocessed pain and avoidance of feeling, an approach focused on affective release could activate a deeper mechanism of action than approaches primarily focused on regulation, observation, cognition, or habit modification. Therefore, the relevant scientific conclusion does not dictate proven efficacy, but rather positions this proposal as a promising candidate scheme requiring rigorous empirical evaluation through active controlled trials.

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Conflict of Interest

The authors are affiliated with or academically linked to Hekalogia. This relationship must be transparently declared during editorial submission. The manuscript differentiates between preliminary evidence and established clinical efficacy.

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