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Ayurveda Management of Obsessive Compulsive Disorder: A Case Report

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Abstract: *Obsessive-compulsive disorder (OCD) is a mental illness that causes repeated unwanted thoughts or sensations (obsessions) or the urge to do something over and over again (compulsions). The repetitive behaviors, such as hand washing, checking on things or cleaning, can significantly interfere with a person's daily activities and social interactions. Some people can have both obsessions and compulsions. In Ayurveda, the symptoms of Obsessive Compulsive Disorder shows the characteristics of Unmāda.*

A 52 year old female presented in the OPD with a feeling that it is dirty everywhere and a need to wash everything around her associated with increased stress. On enquiring, she reported that she had developed these symptoms over the last 10 years. Further interrogation revealed that she had extremely strained relationship with her husband and his family. Also she was constantly tortured both physically and mentally since the past 35 years. She developed the above mentioned symptoms gradually. On mental status examination, she was found to have anxious and fearful mood and affect in addition to the obsessions.

Internally, she was given medicines to manage her anxiety and stress. She was also advised procedures having srotośodhana properties like nasya. After that, takrapāna followed by snehapāna was done. Virećana was done as a śodhana therapy following Abhyanga and Ūşma sweda. Thereafter, nasya and śirodhāra. During this time she was also subjected to meditation and counselling techniques as well.

The patient responded satisfactorily to the treatment and her symptoms improved significantly. The time spent in washroom came down to ½ to 1 hour from 6 hours per day. Also the Y-BOCS scale score before treatment was 32 while it reduced to 19 after treatment. On discharge, she was advised to continue medicines and relaxation techniques. The selected treatment protocol was found to be effective in managing OCD and highlighted the importance of Ayurveda psychiatric management in similar conditions.

Keywords: *Obsessive Compulsive Disorder, Y-BOCS Scale, Ayurveda, Śrotośodhana.*

1. INTRODUCTION:

Obsessive compulsive disorder (OCD) is represented by a diverse group of symptoms that include intrusive thoughts, rituals, preoccupations and compulsions. These recurrent obsessions and compulsions cause severe distress to the person. The obsessions and compulsions are time- consuming and interfere significantly with the person's normal routine, occupational functioning, usual social activities, or relationships. A patient with OCD may have an obsession, a compulsion or both. (1)

An obsession is defined as an idea, impulse or image which intrudes into the conscious awareness repeatedly. It is recognized as one's own idea, impulse or image but is perceived as ego-alien (foreign to one's personality). It is recognized as irrational and absurd (insight is present). Patient tries to resist against it but is unable to. Failure to resist, leads to marked distress. (2) Common symptoms of obsessions are fear of germs or contamination, unwanted forbidden or taboo thoughts involving sex, religion or harm, aggressive thoughts towards others or self, having things symmetrical or in perfect order. (3) An obsession is usually associated with compulsion(s). A compulsion is defined as a form of behavior which usually follows obsessions. It is aimed at either preventing or neutralizing the distress or fear arising out of obsession. The behavior is not realistic and is either irrational or excessive. Insight is present, so the patient realizes the irrationality of compulsion. The behavior is performed with a sense of subjective compulsion (urge or impulse to act). (2) Common compulsions include excessive cleaning and/or hand washing, ordering or arranging things in a particular, precise way, repeatedly checking on things, such as repeatedly checking to see if the door is

locked or that the oven is off, compulsive counting. (3)

As per Ayurveda, Obsessive Compulsive Disorder shows symptoms as mentioned in *unmāda*. In *unmāda*, there is significant impairment in the domains of *manas, budhi, samjnājnāna, smṛti, bhakti, śeela, ćeşţa,* as well as *ācāra,* (4) Many of the *nidāna* mentioned in *unmāda* like *virudha, duşţa, aśući bhojana, bhaya, mano abhighāta, viśama ćeśţa* can be identified as the triggering factors in Obsessive Compulsive Disorder. (5) Also, symptoms as mentioned in the context of *unmāda* like *dhīvibhrama, asthāne rodana, ākrośa, krodha, abhidrava, aroćaka, alpa āharavākyata, raha prīti* are manifested here. (6) Hence, considering all these factors, the Ayurveda diagnosis can be made as *unmāda*.

2. Presenting complaints with history:

A 52 year old housewife hailing from Telangana reported to the OPD saying that she feels that it is dirty everywhere with an urge to wash everything around her associated with increased stress since 10 years. According to her informant who was her daughter, she suffered from similar complaints as stated by her mother. She also added that her mother used to spend about 6 hours a day in the washroom.

On taking the history, it was reported that the patient was born as the eldest daughter of non-consanguineous parents who belonged to a well-reputed family. She got married at the age of 17 years to her husband who was well-educated but belonged to lower social and economic status as compared to her. At her husband's place she was required to do all the household chores all by herself. Also, her husband and her in laws were not at all supportive and used to abuse her physically and mentally. They used to fight over very silly matters and her husband used to beat and scold her in front of everybody even on roads and public places. If anything went wrong in the house, he used to blame her for that and used to scold and beat her. This gradually decreased her confidence in doing even the smallest of things as she felt that he would end up beating her. She gradually developed obsessive thoughts that things around her were not clean and needed to wash herself and the things around her repeatedly. The time spent in these activities gradually increased. She washed a single utensil for at least ½ -2 hours.

She consulted various psychiatrists and would take medicines. But her husband used to taunt her for this also saying that all his money is being spent because of her. As a result of all these, she made a suicide attempt eight years back by trying to hang herself. Meanwhile, her elder daughter eloped with someone which added to her problems.

Also, her husband got transferred to some other place and she used to stay at her home with her kids. She started feeling that the door of her house is not closed properly and she would open and bang the door about 10-20 times. Gradually, she stopped cooking food and was confined to only two activities – washing herself and washing things around her. She now spends over 6 hours in the washroom.

Since 1 ½ years, she stopped taking meals and would take food only once in a day fearing that if she eats, she would have to go to the washroom. Once she starts washing, it would consume a lot of time and energy and her husband would beat her. As a result her weight reduced from 55 kg to 38 kg now. Recently, her son also started scolding and beating her saying that he was short because she was short. Also, he says that he was not having a job because of her. Her parents and siblings have also stopped supporting her. Sleep is also disturbed due to increased stress that the maid will be late the next day which would hinder her daily chores. She hardly sleeps for 2-3 hours.

3. Clinical Examination:

On assessing the mental status examination of the patient, she was well-dressed, co- operative towards the examiner, comprehended well, gait and posture was intact, motor activity was slightly decreased, social manner was maintained and rapport was established. On assessing speech, rate and quantity was decreased, volume was decreased and flow and rhythm was continuous. Mood and affect was found to be sad, depressed, anxious and fearful both subjectively and objectively. Also, mood and affect were congruent. Stream and form of thought were goal oriented and continuous. Obsessions were present in the content of thought. No abnormalities in perception, i.e. no hallucinations were reported. In cognition, patient was found to be conscious, oriented to time, place and person. Attention, concentration and general intelligence were appropriate along with abstract thinking, reading and writing ability and visuospatial ability. Immediate retention and recall, recent memory and remote memory were also intact. Insight was found to be grade 6 and judgment was also intact.

4. Ayurveda Clinical Examination:

Aśta vibhrama as mentioned in *unmāda* was assessed. (4) *Vibhrama* in *manas* was found to be present as there was impairment in *manonigraha, ooha* and *vićāra* as she was unable to resist her obsessive thoughts and compulsions. Impairment in *budhi* was also present as she felt that it is dirty everywhere. No impairment in *samjnājnāna, smṛti* was present. *Bhakti* showed slight impairment as her desire for food was very poor. *Śeela* was also impaired as she had reduced sleep. *Ćeşţa* and *ācāra* were impaired as she had the habit of excessive cleanliness. (7)

Daśavidha pareekşa was also done. (8) *Dūşya* was found to be as *tridoşa* and *rasa dhātu*. She belonged to *jāngalasādhāraņa deśa* and *deha deśa* was found to be *manas*. *Roga bala* was *pravara* while *rogi bala* was *madhyama*. *Kşaņādi kāla* was *hemanta* while *vyādhyavastha kāla* was *purāņa. Anala* was *manda*. *Deha prakṛti* was of *vāta-kapha* while *mānasika prakṛti* was *tamo-rajas*. *Vaya* was *madhyama*. She was assessed to be of *madhyama satva* and *sarvarasa sātmya. Abhyavaharaņa śakti* was *avara* while *jaraņa śakti* was *madhyama.*

5. Diagnosis and assessments:

The patient was diagnosed as having obsessive compulsive disorder as per DSM-5. (9) She was assessed with Y-BOCS scale (Yale-Brown Obsessive Compulsive Scale) for OCD. (10,11)

TABLE-1: PROCEDURE WITH RATIONALE

PROCEDURE	NUMBER OF DAYS	MEDICINES	RATIONALE
Nasya	3	*Vilwādi Gulika (12)*	*Srotośodhana*
Dhūpana	Daily	*Jaţāmānchi (13), Kushţha (14), Vaća (15), Haridra (16), Dāruharida (17),Hingu (18)*	*Srotośodhana*
Takrapāna	2	*Vaiśwānara Ćurņa (19)*	*Rūkśaņa*
Snehapāna	6	*Brahmi Ghṛta (20)*	*Snehana*
Abhyanga + Ūshma Sweda	2	*Dhānwantaram Taila (21)*	*Snehana and Swedana*
Virechana	1	*Avipatti Ćūrna (22)*	*Śodhana*
Nasya	7	*Kśīrabala (101) Taila (23)*	*Srotośodhana*
Śirodhāra	7	*Daśamūlakśīra (24,25) + Pancćagandha Ćūrņa (26)*	*Doşaśamana and Tarpaņa*

6. Discussion:

In clinical practice, it is observed that obsessive compulsive disorders are very commonly associated with extreme anxiety followed by stress which indicate the derangement of *vāta* in the individual. Also, the person fails to resist the obsessions and compulsions that come into his/her mind which can be considered as *vibhrama* of *manas* as well as *budhi*. Again, when these compulsive acts are carried out repeatedly, there occurs the *vibhrama* of *śeela, ćeşta* as well as *ācāra*. (7) This again adds to the anxiety of the person. When the person is not able to resist the unwanted urges, he becomes irritated, restless and as a result, *krodha* is manifested which denotes the imbalance of pitta. Also, in the above mentioned case, as a result of her constant anxiety, she developed symptoms of depression clearly indicating the presence of *kapha* as well. (6) The *vibhrama* of *manas* and *budhi* gives an impression of an evident *srotorōdha* which needs to be considered while formulating the treatment protocol. Hence, while planning the treatment, the derangement of all the *doşa* were considered along with an implication for *srotośodhana (27)*. So, with the intention of an immediate *srotosodhana*, *nasya* with *Vilwādi gulika* was planned as the first treatment modality which would give a subtle stimulation as well.

Considering her severe anxiety and stress, she was given the following internal medicines:-

i. *Mahat panchagavya Ghṛta (28)* – 30 ml in morning

ii. *Drākşadi Kwātham* tablet (29) – 2 in the evening

iii. *Aśwagandha (30) + Yaśti (31) + Śweta Sankhupushpi Ćūrņa (32)* – ½ tsp twice daily after food with lukewarm water

She was also given *Ćandanādi taila* for external application over head which has a soothening as well a calming effect over the *indriya* and *manas* in order to manage her severe anxiety (33).Thereafter,with a view to do *śodhana*, she underwent *Takrapāna* as *Rūkşaņa. Snehapāna* was done with *Brahmi Ghŗta* which has a property of *medhākŗt* with a starting dose of 30 ml and went up to 200 ml in 6 days . *Abhyanga* and *Ūshma sweda* was done followed by *Virećana*. After this, she was again subjected to *Nasya* with *Kśīrabala (101) Taila* which has the property of curbing *vāta* along with *Śirodhāra* before discharge. She was also advised to undergo *dhūpana* daily with drugs having *srotośodhana* properties. During this time she was also subjected to meditation and counselling techniques as well which helped to relax her and calm her down enabling her to think logically and rationally. As a result of all these combined treatment modalities, after the initial *nasya* itself, she started responding satisfactorily and was able to partly resist her obsessive thoughts and compulsions. But a good amount of anxiety associated with this still persisted. She was able to gradually overcome this anxiety after the *virećana* was done. During the course of *nasya* with *kśīrabal (101) taila* and *śirodhāra*.

She showed marked improvements and was able to limit her usage of washroom to 1 hour which was initially over 6 hours. Also, she showed significant reduction in the YBOCS Score to 19 from an initial 32.

On discharge, she was advised to continue the medications along with the meditation and relaxation techniques that she was doing while under treatment.

Ayurveda, which adopts a holistic and comprehensive approach of an individual's physical as well as mental aspects attributes symptoms like anxiety to aggravated *prāņa vāta*, a subsidiary of *vāta doşa* which is associated with OCD. *Prāņa vāta* weakens the nervous system and triggers mental imbalance. It also weakens the neuro-hormonal system and nerve impulses. Along with this, the impaired *pitta* as well as *kapha* is addressed and then brought back to normalcy. *Ayurveda* treatment of OCD disorder therefore involve curbing aggravated *prāņa vāta* and increasing *satva guņa* along with addressing other vitiated *doşa,* which envisages a stable and peaceful mind through self-realization and self-control, along with appropriate changes in diet and lifestyle (34).

7. Conclusion:

In older days, OCD was considered as one among the rare diseases which was also considered difficult to diagnose, manage and treat. Also, not many used to come to the psychiatric OPD presenting with the symptoms of OCD. Recently, the scenario has changed and a good number of people report to the OPD seeking treatment for the same which suggests that it is no longer a rare manifestation. The medical field has also advanced alongside and is able to provide treatment for the needy. In Ayurveda, the prime focus while treating any disease is to identify the impaired equilibrium of the *tridoşa* and thereby incorporating treatment modalities that address the vitiated *doşa* and bring them back into normalcy. We also need to understand that along with internal medicines as well as external treatment procedures, techniques like counselling, relaxation and meditation also has an important role to play in helping the patient deal with their anxiety and stress. The selected protocol was observed to be effective in obsessive compulsive disorder especially in managing the anxiety associated with it. Furthermore evaluations regarding follow ups along with more documentations are required for generalization of the observed results.

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