

**AYURVEDIC MANAGEMENT OF OBSESSIVE-COMPULSIVE DISORDER: A CASE REPORT**Anjali A<sup>1</sup>, Satheesh K<sup>2</sup><sup>1</sup>MD Scholar, Manovigyan Avum Manasroga, Department of Kayachikitsa, VPSV Ayurveda College, Kottakkal<sup>1</sup><sup>2</sup>Associate Professor, Department of Kayachikitsa, VPSV Ayurveda College, Kottakkal<sup>2</sup>Corresponding Author: [rithooz@gmail.com](mailto:rithooz@gmail.com)<https://doi.org/10.46607/iamj4910092022>

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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 symptom of obsessive-compulsive disorder shows the characteristics of *Unmāda*.

A 24-year-old male presented with the OPD with a feeling of increased fear, uncontrollable thoughts regarding self, restlessness, anxiety, confusion, disturbed sleep, hot flushes in the body, and stomach ailments such as belching, flatulence, abdominal distension, constipation, and reduced appetite. On enquiring, he reported that he had developed these symptoms over the last 2 years. Further interrogation revealed that most of his symptoms started when he was in his 10<sup>th</sup> standard and then the other said symptoms developed gradually. On mental status examination, he was found to have an anxious and fearful mood and affect in addition to obsessions.

Internally, he was given medicines to manage his anxiety and stomach ailments. He was also advised procedures having calming properties such as *Kaṣāya* and *Takra Śirodhāra*. After that, *Takrapāna* followed by *Snehapāna* was done. *Virecana* was done as a *Śodhana* therapy following *Abhyanga* and *Ūṣma sweda*. Thereafter, *Vasti*, *Nasya* and *Śirodhāra*. During this time, he was also subjected to meditation and counselling techniques as well.

The patient responded well to the treatment and his symptoms improved significantly. The Y-BOCS scale score before treatment was 27 while it was reduced to 13 after treatment. His HAM-A score was reduced to 8 from 18 and his score of HAM D was reduced to 10 from 26. On discharge, he was advised to continue medicines and relaxation techniques. The Ayurveda protocol was found to be effective in managing OCD and highlighted the importance of Ayurveda psychiatric management in similar conditions.

**Keywords:** Obsessive-compulsive disorder, Ayurveda, Unmada, Sodhana,

## INTRODUCTION

*Obsessions* are repetitive and persistent thoughts (e.g., of contamination), images (e.g., of violent or horrific scenes), or urges (e.g., to stab someone). Importantly, obsessions are not pleasurable or experienced as voluntary: they are intrusive and unwanted and cause marked distress or anxiety in most individuals. The individual attempts to ignore or suppress these obsessions (e.g., avoiding triggers or using thought suppression) or to neutralise them with another thought or action (e.g., performing a compulsion). *Compulsions* (or rituals) are repetitive behaviours (e.g., washing, checking) or mental acts (e.g., counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.

While the specific content of obsessions and compulsions varies among individuals, certain symptom dimensions are common in OCD, including those of cleaning (contamination obsessions and cleaning compulsions); symmetry (symmetry obsessions and repeating, ordering, and counting compulsions); forbidden or taboo thoughts (e.g., aggressive, sexual, and religious obsessions and related compulsions); and harm (e.g., fears of harm to oneself or others and related checking compulsions).<sup>[1]</sup>

As per Ayurveda, Obsessive Compulsive Disorder shows symptoms as mentioned in *Unmāda*. In *Unmāda*, there is significant impairment in the domains of *Manas*, *Buddhi*, *Samjñājnāna*, *Smṛti*, *Bhakti*, *Śīla*, *Ceṣṭa*, as well as *Ācāra*,<sup>[2]</sup> Many of the *Nidāna* mentioned in *Unmāda* such as *Viruddha*, *Duṣṭa*, *Aśuci bhojana*, *Bhaya*, *Mano abhighāta*, *Viśama Ceṣṭa* can be identified as the triggering factors in Obsessive Compulsive

Disorder.<sup>[3]</sup> Also, symptoms as mentioned in the context of *Unmāda* like *Dhīvibhrama*, *Asthāne rodana*, *Ākrośa*, *Krodha*, *Abhidrava*, *Arośaka*, *Alpa āharavākyata*, *Raha prīti* are manifested here.<sup>[4]</sup> Hence, considering all these factors, the Ayurveda diagnosis can be made as *Unmāda*.

### 1. Presenting Complaints with History

A 24-year-old male hailing from Uttarakhand reported to the OPD saying that he had increased fear, uncontrollable thoughts, and stomach ailments for the past 2 years. According to his informant who was his friend, he suffered from similar complaints as stated by the patient. He also added that the patient is not ready to do any kind of job after his graduation in petroleum engineering. On taking the history, it was reported that the patient was born as the youngest son of non-consanguineous parents who belonged to a well-reputed family. He was hyperactive since childhood. He started to notice and compare his physique with others from 5<sup>th</sup> standard onwards as he was the tallest guy in his class, this created confusion in him and he reduced his food intake and also started vigorous exercises, including more than 100 pushups daily.

He developed a pang of guilt and anxious feeling after watching porn videos in 10<sup>th</sup> standard. After this incident, he had increased sexual thoughts most of the time in the day, which created a demarcation in his studies and also disturbances in sleep, reduced appetite, and increased worries. To get rid of these thoughts, he started to lighten agarbatis in his home, but it wouldn't work. So, his parents took him to a psychiatrist and started psychotropic medication for a short period.

During his graduation from engineering, symptoms reoccurred, so he started regular medication along with multiple sessions of Cognitive Behavioural Therapy. Meanwhile, he developed stomach ailments such as belching, nausea, abdominal distension, constipation, and flatulence. Even though he took medications for this, no relief was obtained and did multiple consultations with different psychiatrists.

Whenever he woke up from bed, he would feel like garbage inside his stomach, so he used to take 500ml of lukewarm water every morning. In the evening hours to evacuate their bowel, he started to smoke. In 2021, he developed with increased sadness, loss of interest in daily activities, reduced socialisation, unable to face others, helplessness, hopelessness, easy fatigability, and disturbed sleep. Hence, he was diagnosed with major depressive disorder along with obsessive-compulsive disorder.

## 2. Clinical Examination

On assessing the mental status examination of the patient, he was well-dressed, co-operative towards the examiner, comprehended well, gait and posture were intact, motor activity was slightly decreased, social manner was maintained, and rapport was established. On assessing speech, rate and quantity were slightly increased, volume was decreased, and flow and rhythm were continuous. Mood and affect were 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 and illusions were reported. In cognition, the patient was found to be conscious and 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.

## 3. Ayurveda Clinical Examination

*Aṣṭa vibhrama* as mentioned in *Unmāda* was assessed. <sup>[2]</sup> *Vibhrama* in *Manas* was found to be present as there was impairment in *Manonigraha*, *Ūha*, and *Vičāra* as he was unable to resist his obsessive thoughts and compulsions. Impairment in *Buddhi* was also present as he felt the presence of garbage in his stomach. No impairment in *Samjñājnāna*, *Smṛti* was present. *Bhakti* showed slight impairment as his desire for food was very poor. *Śīla* was also impaired as he had reduced sleep. *Čeṣṭa* and *ācāra* were impaired as he had the habit of excessive cleanliness <sup>[5]</sup>. *Daśavidha parīkṣa* was also done <sup>[6]</sup>. *Dūṣya* was found to be as *Tridoṣa* and *Rasa dhātu*. He belonged to *Jāngalasādhāraṇa deśa* and *Deha deśa* was found to be *manas*. *Roga bala* was *pravara* while *Rogi bala* was *Madhyama*. *Kṣaṇādi kāla* was *Śīśira* while *Vyādhyavastha kāla* was *Purāṇa*. *Anala* was *manda*. *Deha prakṛti* was of *vāta-pitta* while *Mānasika prakṛti* was *Tamo-rajā*. *Vaya* was *Madhyama*. He was assessed to be of *Madhyama satva* and *Madhura rasa sātmya*. *Abhyavaharaṇa śakti* was *Avara* while *Jaraṇa śakti* was *Madhyama*.

## 4. Diagnosis And Assessments

The patient was diagnosed as having an obsessive compulsive disorder and major depressive disorder as per DSM-5 <sup>[1]</sup>. He was assessed with the Y-BOCS scale <sup>[7,8]</sup> (Yale-Brown Obsessive Compulsive Scale) HAM D <sup>[9]</sup> and HAM-A Scale <sup>[10]</sup>.

**Table 01: Procedure with Rationale**

Procedure	No: of days	Medicines	Rationale
<i>Śirodhāra</i>	3	<i>Daśamūlakāśīra</i> <sup>[11]</sup> + <i>Pančagandha Cūrṇa</i> <sup>[12]</sup>	<i>Doṣasāmana</i>
<i>Uttamamātra snehapāna</i>	2	<i>Mahat panchagavya ghrta</i> <sup>[13]</sup>	<i>Snehana</i>
<i>Abhyanga &amp; Ushmasweda</i>	2	<i>Dhānwantaram</i> <i>Taila</i> <sup>[14]</sup>	<i>Snehana &amp; svedana</i>

Virecana	1	Avipatti Cūrṇa <sup>[15]</sup>	Śodhana
Tala	10	Kachūrādi Cūrṇa <sup>[16]</sup> + kshīrabala taila <sup>[17]</sup>	Nidra janana
Nasya	5	Kṣīrabala 101 A (1ml,2ml,3ml,3ml,3ml)	Srotośodhana
Dhūpana	16	Jaṣāmānchi <sup>[18]</sup> , Kuṣṭha <sup>[19]</sup> , Vaća <sup>[20]</sup> , Haridra <sup>[21]</sup> , Dāruharida <sup>[22]</sup> , Hingu <sup>[23]</sup>	Srotośodhana
Mātrāvasti	5	Mahat panchagavya ghrta	Apunarbhava
Pratimarśa nasya	12	Purāṇaghrta (3drops/nostril) <sup>[24]</sup>	Doṣa śamana
Śirodhāra (Kaśāya)	3	Samjña sthāpana gaṇa <sup>[25]</sup> + Daśamūla	Doṣa śamana
Śirodhāra (Takra)	2	Samjña sthāpana gaṇa + Daśamūla	Doṣa śamana

## DISCUSSION

In clinical practice, it is observed that obsessive-compulsive disorders are very commonly associated with extreme anxiety followed by stress which indicates 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 *Buddhi*. Again, when these compulsive acts are carried out repeatedly, there occurs the *Vibhrama* of *Śīla*, *Ceṣṭa* as well as *Ācāra*. This again adds to the anxiety of the person. When the person is not able to resist the unwanted urges, he becomes irritated and 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, he developed symptoms of depression clearly indicating the presence of kapha as well. The *Vibhrama* of *Manas* and *Buddhi* 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 *Doṣa* was considered along with an implication for *Srotośodhana*<sup>[26]</sup>. Considering his severe anxiety, stress, and stomach ailments he was given the following internal medicines: -

1. Tab. *Drākṣadi Kwātham Tablet*<sup>[27]</sup> – 2-0-2, after food
2. *Chiruvilvādi Kwātham*<sup>[28]</sup> – 90ml, twice daily, before food
3. *Dādimāṣṭaka Cūrṇa*<sup>[29]</sup> – 5gms, 2 times with Chiruvilvādi Kwātham
4. Tab. Manomithram tab 1-0-1, after food

5. *Aśwagandha*<sup>[30]</sup> + *Kuṣṭha*<sup>[19]</sup> + *Śveta śankhupuṣpi cūrṇa*<sup>[31]</sup> – 3gms, twice daily after food with lukewarm water
6. Tab. Kamentose 2-0-2, after food

Initially, he was given *Kṣīradhāra* overhead which has a soothing as well as a calming effect over the *Indriya* and *Manas* in order to manage his severe anxiety. Thereafter, with a view to doing *Śodhana*, he underwent *Snehapāna* was done with *Mahat panchagavya Ghrta* in *Uttama matra* (30ml on the first day and 200ml on the 2<sup>nd</sup> day) which has a property of *Laghu*, *Ushṇa*, *Tikṣṇa*, and *Kaphahara*, shows its *Srotośodhaka* property, and also it has been used since many years, in which thought abnormalities are predominant<sup>[32]</sup>. *Abhyanga* and *Ūṣma sweda* were done followed by *Virecana* (4 vegas obtained). After this, he was subjected to *Marśa nasya* with *Kṣīrabala 101A Taila* which has the property of *Uttamāṅga śodhana*. He was also advised to undergo *Dhūpana* with drugs having *Srotośodhana* properties. During this time, he was also subjected to meditation and counselling techniques as well which helped to relax and calm him down enabling him to think logically and rationally. As a result of all these combined treatment modalities, after the initial *Śirodhāra* itself, he started responding satisfactorily and was able to partly resist his obsessive thoughts and compulsions. But a good amount of anxiety associated with this still persisted. He was able to gradually overcome this anxiety after the *Śirodhāra* and *Pratimarśa nasya*. Also, he showed a significant reduction in the Y BOCS Score to 13 from an initial 27, HAM-A score to 8 from 18, and HAM D score to 10 from 26. On discharge, he was advised to continue the medications along with the meditation and relaxation techniques that he was doing while under treatment.

## Discharge medicines

1. *Chiruvilvādi Kwātham* – 90ml, twice daily, before food
2. Tab. *Dhanwantaram*, 2-0-2 with *Ciruvilvādi Kwātham*
3. *Drākṣadi Kwātham* tablet, 2-0-2, after food
4. Tab. Kamentose 2-0-2, after food
5. *Aśwagandha* + *Yaṣṭi*<sup>[33]</sup> + *Śveta śankhupuṣpi cūrṇa* – 3gms, twice daily after food with lukewarm water
6. Tab. Tagara 0-0-1, after food

Symptoms such as anxiety associated with OCD can be considered aggravated *Prāṇa vāta*. *Prāṇa 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, therefore, involves curbing aggravated *Prāṇa vāta* and increasing *Satva guna* along with addressing other vitiated *Doṣa*, which envisages a stable and peaceful mind through self-realization and self-control, along with appropriate changes in diet and lifestyle<sup>[34]</sup>.

## CONCLUSION

In Ayurveda, the prime focus while treating any disease is to identify the impaired equilibrium of the *tridoṣa* and thereby incorporate treatment modalities that address the vitiated *doṣa* 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 have an important role to play in helping patients deal with their anxiety and stress. The Ayurveda treatment 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 documentation are required for the generalization of the observed results.

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