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Ayurvedic Management of Obsessive-Compulsive Disorder- A Case Report

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Abstract:
Obsessive compulsive disorder (OCD) is a type of anxiety disorder characterized by recurrent intrusive thoughts, idea, or sensation (obsessions) that lead to engage in repetitive behaviours (compulsions). The obsessions and compulsions are time-consuming, interfere significantly with the person's normal routine, social and occupational functioning, and finally results in severe distress to the affected person. OCD is similar to *Atattvabhinivesa* - a mental disorder explained in *Ayurveda*. A vast array of *Ayurvedic* treatment modalities can potentially add value in the management of such type of *manoroga*. In the present paper, a case of OCD diagnosed with DSM V criteria was successfully managed with selected Ayurveda protocol along with *satvavajaya chikitsa* for one and half months. The patient was assessed before and after management with CY-BOCS scale.

Key words: *Ayurveda*, *Atattvaabhinivesa*, Obsessive compulsive disorder.

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Introduction:

Obsessive compulsive disorder (OCD) is a debilitating neuropsychiatric disorder with a lifetime prevalence of 1% to 3 % and the fourth most common psychiatric diagnosis among adults. Among adolescents, boys are commonly affected compared to girls. Patients with OCD experience recurrent, intrusive ideas, images, impulses, and thoughts (obsessions) and repetitive patterns of behaviours or actions (compulsions) that cause marked distress to the patient and significantly interfere with the individual's daily functioning.

Common obsessions include fear of contamination with dirt, multiple doubts, intrusive violent images, and excessive concern about appearance. Compulsions are conscious, recurrent behaviours(washing, cleaning, checking, counting, rereading, rewriting etc.) often aimed to reduce or neutralize the distress arising out of obsessions.[1]Behaviour therapy is as effective as pharmacotherapy in OCD, and the management of OCD typically involves the use of medications in combination with cognitive behavioural therapy (CBT), exposure response prevention, desensitization, thought-stopping etc.[2]

Case History:

A 13-year old boy with h/o birth asphyxia, significant motor and language development delay and a past h/o ADHD presently studying in 8th grade, approached with his parents to the Sumana OPD, Department of Kayachikitsa at Govt. Ayurveda College, Tripunithura on 5th June 2020 (OP no.7648). According to his parents, the boy had complaints of repeated hand washing, reassurance seeking, vocal tics, repeated blinking eyes, poor scholastic performance, rereading and rewriting. Slowness of activities, lack of enthusiasm and difficulty in mingling with others was also present.

On interviewing, the patient was repeatedly asking everyone in the OP with the same question ‘are you angry with me’, and was unable to sit throughout the interview session. On detailed history taking, boy reported of intrusive and unpleasant feeling on seeing red lines on his book while writing and reading. At that time he feels distress and fearfulness simultaneously and stated that his mind is telling to rewrite the sentence again. Parents advised him to do chanting prayers but it did not provide any noticeable relief. The onset was gradual and he took modern medicines for the complaints.

On mental status examination, the child was restless, often fidgeting and staring always with increased psychomotor activities like grimacing, coughing, repeated throat clearing etc. In speech, patient was repeating the same question throughout the interview. Mood was anxious and gloomy and affect was congruent with mood. Perceptual disturbances like auditory hallucinations were also present. Obsessions of cleanliness were also observed in thought content. He was conscious and oriented to time, place and person. Memory was intact; information processing skills were poor with low level of intelligence. Reading and writing abnormalities noted. Insight and Judgement were intact.

In drug history patient reported taking of modern medicines like Clonazepam 0.2 mg (1-0-0), Sertraline 50mg (0-0-2), and Risperidone 1mg (1/2-0-1)for 5 years and

on intake of these medicines he showed marked increase in anger and irritation and parents gradually stopped two medicines since 6 months. At the time of admission patient was taking only Risperidone1mg (1/2-0-1). In family history his father had mild OCD symptoms. In school history he was an introvert and was unable to make relations with friends, and academic decline for last 7yrs. Patient had habits of watching Tamil films especially comedy movies, listening music (fast track songs).

In personal history, Appetite: Reduced, Bowel: Constipated, Micturition: Normal, Sleep: Sound, Pulse: 72/min, Heart rate:76/min and Respiratory rate:14/min, BP:120/70 mmHg.

In prenatal history, from 2nd week of gestation, mother had bleeding and was under complete bed rest for 5 months. During those days, they lived in Idukki and were afraid of natural calamities because of repeated flood occurring in Idukki. During 9th month of gestation mother had elevated uric acid level with mild fever and was managed with modern medications. The patient was born through Lower Segment Caesarean Section with birth weight of 1.950kg and was diagnosed with birth asphyxia.

Pathogenesis of *Atattvabhinivesa*

Disturbances (*vibhrama*) in thinking, intellectual properties, orientation, memory, preferences, habits, behaviour and psychomotor activities are the characteristic feature of psychiatric disorders in *Ayurveda*. [3] In OCD, thinking, intellectual properties, behaviour and psychomotor activities are often disturbed. *Atattvabhinivesa*, a disease described in *Ayurveda* is considered as *mahagada* i.e. difficult disease to treat is similar to OCD. [4] *Atattvabhinivesa* is a *Tridoshaja Vyadhi* in which *Tamodosha* causes *Aavarana* to *Buddhi* and *Manovaha srotas* leading to *vishamavastha* of *Buddhi* and *Mana*.[5]As a result, the person becomes unable to discriminate between *nitya*(existing) and anitya(non-existing) and recognizes *ahita* (unwholesome) as *hita* (wholesome). Thus the person becomes so much stressed and repeats the same activities to relieve stress. As the disease is *tridoshaja*, causing *mano-budhi vaishamya*, the *Shodhana* (Purificatory measures), *Medhya Rasayana* (nootropic drugs), and *Satvavajaya Chikitsa* (Counselling techniques) has a specific role in *Atattvabhinivesa*.[6]

Table 1: Treatment Protocol:

Treatment	Medicines	Dosage and Duration
Deepana pachana Vatanulomana	*Abhayarishtam*	20 ml twice daily after food-7 days
	Drakshadi kashayam	60mltwice daily before food -7 days
	Avipathy choorna	5gm with kashaya-7 days
Vicharana Snehapana	*Kalyanaka ghritha*	1 tsp with red rice gruel 2 times daily -7 days

Abyangam Ushmaswedam	*Satahwadi thailam*	9 am - 1 day
Sadhyo vamana	*Yashti kashayam*	For *akandapanam*
Samsarjjanakrama	5 days	
Sadyasneha	*Kalyanaka ghritha*	½ tsp - 3 days
Abyangam Ushmaswedam	*Satahwadi thailam*	9 am - 2 days
Virechana	*Avipathy choornam*	20 gm with warm water- 8 am
Samsarjjana krama	5 days	
Shiropichu	*Ksheerabala thailam*	7 days
14 days after *Virechana*		
Yogavasthi (*Maadhutailikam*)[7-8]	*Erandamoolakashayam,madhu, madhuyashtyaditailam,satapushpa kalka,saindhava Snehavasthi with panchagavyaghritam*	8 days
Nasya	*Anuthailam* [9] *Ingredients - Jeevanthi, jala, devadaru, jalada, twak,sevya,gopi,himam,darveetwak,madhuka,agaru, satavari,pundrahwa,vilwaka,utpalam,dhavani, surabhi, sthira, vidanga, patra, truti, renuka, kinjalkka, kamala, bala,* rain water, *ajaksheeram,thailam.*	6 drops - 7 days
Samana	1. *Aswagandha+kottam +sankhapushpi choornam*	1gm bd with 10gm ghrita 8.30 am
	2. *Kalyanaka ghritam*	
	3. *Dhoopanam with Nisa, Darvi, Vacha, Hingu, Jadamanchi*	15minutes 5.30pm
Yogasana	Simple loosening exercises, *vajrasana,chandranuloma pranayama*	20minutes-8am

Table 2: Obsessions

Symptoms	**Before treatment**	**After treatment**	**2months after treatment**
Repeated thoughts of contamination	100%	25%	0
Feeling of something is wrong continuously	100%	50%	25%
Excessive concern with illness	100%	50%	25%
Excessive concern with aspect of appearance	100%	25%	0

Fear of saying certain things	75%	50%	25%
Intrusive sounds(humming sounds)	100%	50%	25%

Table- 3: Compulsions:

Symptoms	**Before treatment**	**After treatment**	**2 months after treatment**
Hand washing, excessive bathing,cleaning of items	100%	25%	0
Re-reading, Rewriting ,repetition of sentences	100%	50%	50%
Staring and blinking eyes repeatedly	100%	25%	0
Vocal tics	100%	25%	0

Result and Discussion:

Therapeutic response is assessed on the basis of parameters mentioned in table-2 and table-3. Management was started with *Abhayarishtam*, *Drakshadi kashayam*, and *Avipathichoornam* for getting *vatanulomana* and *agnideepti* in the initial phase before *snehapana* (as *vicharana*) which helped to reduce the restless nature and irritability of the patient to some extent and he became calm and comfortable. *Kalyanaka ghritha* was selected for *vicharana snehapana* due to its *vatapittahara* property and *medhyaguna*. As the patient is in *balya avastha*, and *kaphaja* symptoms like slowness of activities, lack of enthusiasm and difficulty in mingling with others was observed, *Sadyavamana* was planned and done with *yashti kashaya* after proper application of *snehasweda*. *Madhyamasudhi* was attained by *sadyavamana* and was instructed to follow *peyadikrama* for 5 days.

After *Snehapana* for 3 days and *abhyanga* and *ushmasweda* for 2 days, Virechana was administered with *avipathichurnam.* Samsarjjanakrama was followed for 5 days. Thereafter *Shiropichu* was applied with *Ksheerabala thailam* for 7 days. *Yogavasthi* was administered for 8 days-3 *Kashayavasthi* and 5 *sneha vasthi*. *Sneha vasthi* in between *kashayavasthi* was done with *panchagavyaghritam(60ml).*Finally, *Marsa nasya* was done with *Anuthila* to achieve *indriyaprasada*, in order to attain good perception, and learning.

Meanwhile simple counselling was given and learning skill evaluation of the patient was done through book reading, writing, content evaluation etc. Gradually writing improved to some extent with proper spacing in between words. He began to mingle with the inpatients of the hospital and helped them in simple jobs too. *Madhutailikavasthi* was selected as it can be practiced even in children and is devoid of any complications. *Madhutailikavasthi*

relieves the impurities in the entire *koshta* and and *nasya* is *urdhanga sodhana*, *srotosodhana* and hence *vathakaphasamana* is the ultimate effect. After *sodhana*, a combination of 3 drugs, i.e. *aswagandha*, *swetasankhapushpi*, and *kushta choorna* were given with *kalyanaka ghrita* to impart *sesha dosha samana*. He was also instructed to follow simple exercises, *Yogasana (vajrasana)* and *chandranulomana pranayama* to improve cognition and memory.[10]

After 2 months follow up patient was observed that the previous disturbances like repeated hand washing, reassurance seeking nature and mannerisms were markedly reduced. Concentration in studies improved and he was able to explain meaning of some stories in his book but irritability persisted to a lesser extent.

On discharge, he was advised to include fresh fruits and vegetables like *draksha*, *amalaki*, *dadima*, *patola*, *shigru*, *kooshmanda* in his diet as it improves cognitive functions, memory, creativity etc. He was instructed to continue the practice of simple exercises, *Yogasanas* and *chandranulomana pranayama*. Patient was also advised to take *Sarasvata choornam*, *Mahakalyanaka ghritam* and to do *abhyangam* with *lakshadi thailam*. He was also educated to avoid deep fried foods, baked items, spicy foods and pickles, refrigerated food, and improper sleep pattern as well.

Conclusion:

A single case is well managed with Ayurvedic Protocol and further studies are needed for scientific validation. As this case had mild degree of OCD symptoms IP management along with the simple counselling in the form of reassurance helped him in his improvement. If not treated at this level it might turn to moderate to severe degree of OCD wherein without specific psychotherapy like Behaviour therapy, Exposure response prevention, Cognitive behaviour therapy etc, it becomes highly difficult to manage this highly distressing disease.

Limitation of study:

As the present study is a single case study, further clinical studies on large samples and comparative clinical trials are needed for proper generalization of the results and scientific validation.

Patient consent:

Details about interventions and duration of the treatment were explained to the parents and written consent was obtained.

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