

Homoeopathic Management of Obsessive-Compulsive Disorder-Case Reports

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ABSTRACT:

Obsessive-compulsive disorder (OCD) is represented by a diverse group of symptoms that include intrusive thoughts, rituals, preoccupations and compulsions. It reduces the quality of life of an individual and affects the patient's occupational, emotional, marital and social functioning. In this case report 2 cases of OCD, one with predominant obsessions and one with both obsessions and compulsions which were treated in psychiatry OPD of National Homoeopathy Research Institute in Mental Health, Kottayam are presented in this article. Both cases were analysed with Kent's approach and treated with *Argentum nitricum* and *Carcinosinum* respectively. The cases were assessed for severity at baseline and follow-up visits using Yales-Brown Obsessive Compulsive Scale (YBOCS). Baseline score 25 of case no.1 was reduced gradually to 0 by 11 months and baseline score 47 of case 2 turned to 0 by 9 months and maintained till the end of 2 years. There was no relapse in either case during the observation period. Causal attribution to changes after the intervention is discussed as per MONARCH criteria. Both cases have shown the positive role of individualised homoeopathy in reducing obsessions and compulsions in OCD. Controlled trials are necessary to establish evidence of effectiveness and efficacy.

KEYWORDS: *Argentum nitricum*, *Carcinosinum*, Compulsion, Individualised Homoeopathy, Obsession, Obsessive Compulsive Disorder (OCD).

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INTRODUCTION:

Obsessive-compulsive disorder (OCD) is characterized by a diverse group of symptoms which includes unwanted and distressing thoughts, images or urges (obsessions) and repetitive behaviours or mental acts (compulsions).^[1] The symptoms interfere significantly with the person's normal routine, occupational functioning, usual social activities, and interpersonal

relationships. A patient may have an obsession, a compulsion, or both together.^[2] OCD is one of the 10 most handicapping conditions,^[3] and a lifetime prevalence is about 2.5%-3%.^[4] The cause of OCD is uncertain. Behavioural, cognitive, genetic, and neurobiological factors have been implicated.^[5] The pathophysiology involves the orbitofrontal cortex, anterior cingulate gyrus and basal ganglia and the

neurotransmitters involved include serotonin, dopamine, and glutamate. [6]

There are mainly 4 clinical syndromes in OCD i.e Washers, Checkers, Pure Obsessions and Primary obsessive slowness. [7] ICD 10 classifies OCD under Neurotic stress-related and somatoform disorders [F42]. [8] OCD is considered a subtype of Obsessive-Compulsive and Related Disorders such as body dysmorphic disorder, hoarding disorder, trichotillomania, excoriation disorder etc. [9] In the present scenario of COVID 19 pandemic, fears regarding infection by virus, and the public health tips asking to do hand-washing is triggering factor. [10]

The mainstay of treatment is psychotherapy, especially cognitive behavioural therapy, and pharmacologic interventions with selective serotonin reuptake inhibitors (SSRIs). [11] The combination of medicine along with psychotherapy is mostly used, although careful studies have not documented synergistic benefits. [12] Unless diagnosed and treated in an effective manner, OCD has the risk of becoming resistant to treatment. [13] OCD results in reduced quality of life. [14] The homoeopathic system of medicine is based on the totality of symptoms and treatment is purely according to fixed principles. [15] The database on the studies of homoeopathy and psychiatry points out some benefits. [16] There are various works of literature available in homoeopathic materia medica and repertory for the usefulness of homoeopathy in psychiatry but evidence based clinical trials are limited. [17] There is a scarcity of literature on homoeopathy in OCD except for a few case reports. [18,19]

MATERIALS AND METHODS:

Two cases diagnosed as OCD, (F42 as per ICD 10) which were treated with individualized homoeopathic medicines in the outpatient department of National Homoeopathy

Research Institute in Mental Health (NHRIMH) are reported. Totality of symptoms were erected after analysis and evaluation as per the Kentian method and repertorized with RADAR software (Version 10.0). The severity assessment was done at the baseline and during the follow up visits using Yale Brown Obsessive Compulsive scale (YBOCS). The YBOCS assessment scale for OCD scores in the follow-up visits are given in Figure-.3.

CASE NO. 1

A 23year old male, a postgraduate student presented with symptoms of repetitive sexual thoughts all through the day, followed by guilty feelings which interfered with his daily activities and inability to concentrate on his studies over the past 3 years. Feels bursting pain in the head while resisting the intruding thoughts. Lack of interest in studies and poor academic performance with fear of examinations and presenting seminars. The patient was good at studies and secured a full A+ in the tenth standard. But he was tensed about exams in his +1 but managed to secure 85% marks. Since that time, he had increased sexual thoughts, which he was not able to control, especially on looking at females even his mother, which makes him feel guilty and depressed. Occasional masturbation after which his guilt is worsened. The intruding thoughts make him absent-minded and affect his studies as well as household work.

In past history, he had febrile seizures thrice before 4 years of age. Eczema on lower limbs at the age of 10 years, which was managed with conventional treatment and relieved after 2 years of treatment.

In family history, mother has Anxiety neurosis, Father and one elder brother are apparently healthy. Paternal grandparents had Hypertension.

In mental generals, he is an extroverted, cheerful, ambitious and hardworking

person. He has anxiety about trifles, especially anticipation. He is impatient, hurried in all activities and urges others to do things quickly. He is interested in playing cricket, but his parents restrict him to play and ask him to rather study. Superstitious beliefs about the evil eye and wearing sacred threads as necklaces and bracelets.

In physical generals, he has a moderate appetite, normal thirst, regular bowel movements and occasionally disturbed sleep due to obsessive thoughts. He has craving for meat, egg and sweets+++ . No specific aversions. Thermally: Hot.

Mental status examination:

The patient appeared conscious, help-seeking (during case-taking, he frequently asked “please help me out”) cooperative and well-dressed. **Thought:** Flow: Increased, Form: NAD. **Content:** Obsessional thoughts (repetitive sexual thoughts, followed by guilty feelings that his thoughts are not right). **Insight:** GRADE 5 (intellectual insight). Other parts of MSE- NAD

THERAPEUTIC INTERVENTION:

OCD Predominantly Obsessional Thoughts or Ruminations (F42.0),

YBOCS score at baseline: 25 (predominantly obsessions)

Based on totality of symptoms (Refer to repertory chart in Figure-1), the first prescription given was *Argentum nitricum* 30/1 Dose on 5th of May, 2018. Changes in YBOCS scores over a period of 1 year are shown in Figure-3. The follow up of case is given in Figure-4. Causal attribution to changes after intervention according to MONARCH criteria shows probable association-9. (Refer figure-.6)

CASE NO. 2:

A 32year old, married female patient presented with fear, anxiety with restlessness for simple matters and fear of

having some serious disease, fear of germs and increased cleanliness with repeated hand washing 20-25 times per day in the past 2 years. Anxiety with palpitation and suicidal thoughts due to severe distress from anxiety.

Complaints started 4 years back insidiously after being sexually abused by her uncle one day when nobody is at home. 2 years back when she got married, she was very afraid that husband may come to know about her abuse and symptoms got aggravated from then.

In physical generals, poor appetite, moderate thirst, regular bowel movements, occasional burning micturition. Perspiration only on exertion. She desires spicy, sour foods, milk and eggs+. Disturbed sleep with frequent dreams of elephants. Thermally: Hot. Menses: regular cycles with normal flow. Married life- 2 years, did not conceive a baby yet, but not evaluated for infertility.

In mental generals, she is a mild, yielding and introverted person. She was born and brought up in joint family, where her mother used to be dominated and tortured by relatives and her mother was afraid of the relatives. Patient developed fear of diseases after her grandfather died of cancer 3 years back. When she gets tensed easily, weeps a lot and share her troubles with her husband and desire consolation, which gives her relief. Earlier patient had fear of police, accidents, and anger from trifles. She loves listening to music and loves to travel.

Mental status examination:

Patient is mild, conscious, cooperative, introverted, with good personal care. EEC (eye-to-eye contact): Maintained; PMA (Psychomotor activity): increased (wash hands 20-25 times/day), IPR: Good **Mood:** anxious, fearful. **Affect:** Appropriate; **Thought:** Flow: Increased, Form: NAD (flight of ideas, prolixity, circumstantiality, tangentiality, illogicality or irrationality not

detected), Content: obsessions and compulsions (fear of germs, diseases along with compelled actions of washing her hands repeatedly for 20-25 times/day). **Insight:** GRADE 5 (Intellectual insight). Other domains of MSE- NAD.

THERAPEUTIC INTERVENTION:

OCD with Mixed Obsessional Thoughts and Acts (F42.2)

YBOCS score at baseline: 47 (mixed obsessions and compulsions)

Based on the totality of symptoms (refer to Figure-2) the first prescription given was *Carcinosinum 200/1*dose, on 3rd December 2019. The follow up of case and prescription in the follow up visits are given in Figure-5. Causal attribution to changes after intervention according to MONARCH criteria shows a score of 9, presented in Figure-.7

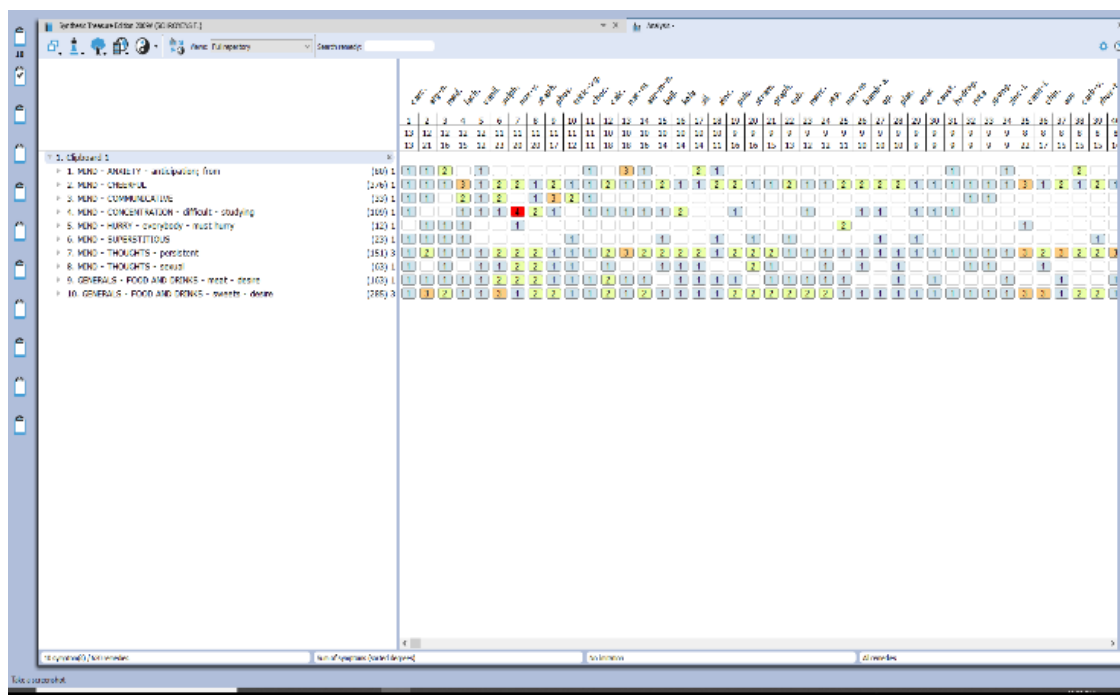


Figure-1: Repertorial totality of Case no.1

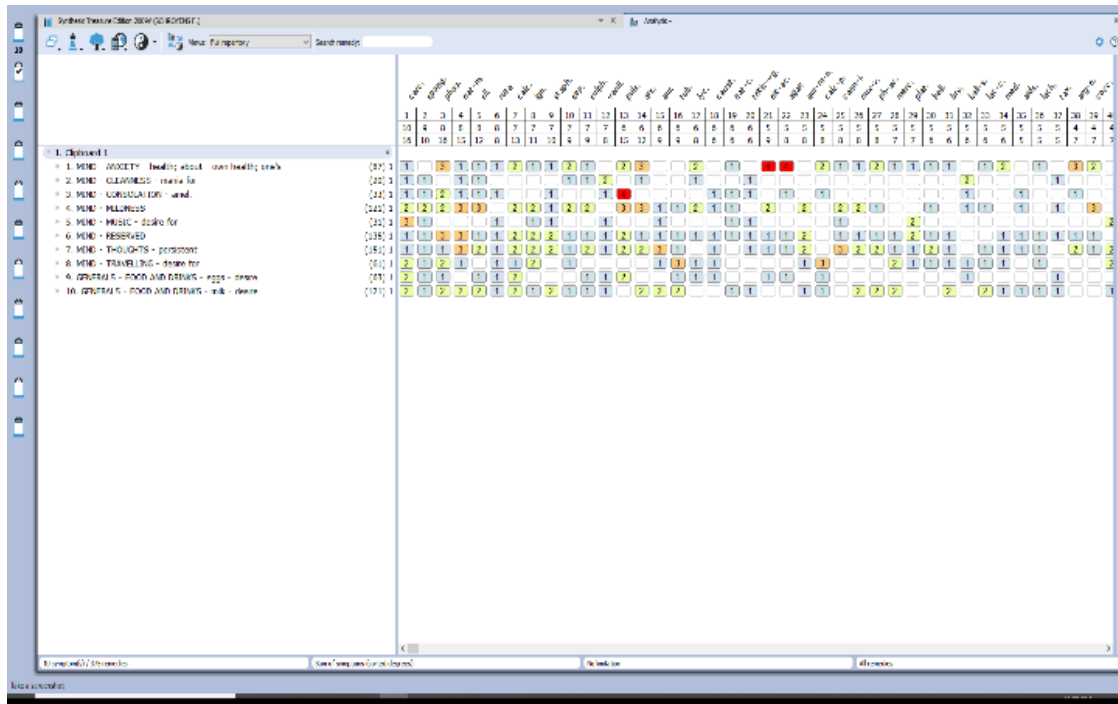


Figure- 2: Repertorial totality of Case no.2

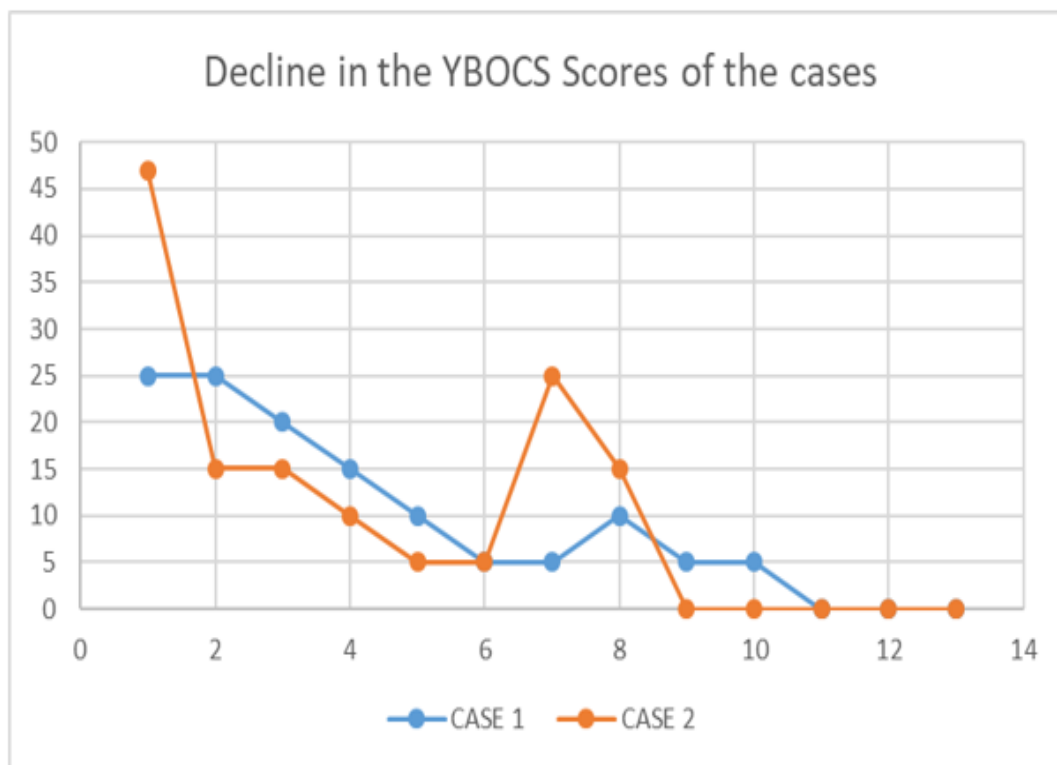


Figure- 3: Changes in YBOCS score for 12 months.

02-06-2018	Anxious about his disease. Headache persist occasionally. Sexual thoughts persist the same. mild improvement in confidence and energy levels.	ARG NIT 30/ 1D
07-07-2018	Anxiety reduced. Repeated sexual thoughts reduced. Guilty feeling persists. Itching eruption on buttocks. (old symptoms reappeared)	SAC LAC- 1 month
04-08-2018	Patient feeling better. Anxiety and repeated sexual thoughts reduced. Itching eruption on back persists.	ARG NIT 30/ 1D
06-10-2018	Anxiety and sexual thoughts reduced. No attack of headache. Itching eruption on back- left buttocks; watery discharge from affected part. < on getting wet	ARG NIT 200/ 1D
03-11-2018	Mentally better. Itching and Eruption relieved.	SAC LAC- 1 month
01-12-2018	Anxiety and repeated sexual thoughts reduced. Itching in buttocks reduced.	SAC LAC- 1 month
15-01-2019	Repeated sexual thoughts increased since last week. Increased fear of exams and lack of confidence.	ARG NIT 200/1D
16-02-2019	Fear of failure in exams reduced. He could write exams well. Repeated sexual thoughts reduced.	SAC LAC- 1 month
23-03-2019	Interest in studies improved. Fear of exams reduced Repeated sexual thoughts reduced considerably.	SAC LAC- 1 month
20-04-2019	Anxiety slightly increased for the past 3 days; sexual thoughts increased; confidence improved; headache	ARG NIT 200/1D
18-05-2019	Anxiety about disease reduced; confidence improved; repetitive sexual thoughts reduced.	SAC LAC- 1 month
15-06-2019	Better in general. Anxiety and obsession reduced remarkably. Generals-good	SAC LAC- 1 month
27-07-2019	Anxiety reduced repeated sexual thoughts reduced. Feeling confident to give presentations.	SAC LAC- 1 month
21-09-2019	Better in general.	SAC LAC- 1 month
19-10-2019	sexual thoughts occasionally but not disturbing his studies. Headache with giddiness.	ARG NIT 1M/1D
29-11-2019 to 15-09-2020	Better in general, no complaints	SAC LAC
24-01-2021	Better in general	Telephonic interview

Figure-4: Follow up of Case no.1

Date	Observation during follow-up	Prescription
19-12-2019	The patient is feeling better. Generals; improved. Washing tendency is reduced 10-15 times /day. Anxiety reduced; palpitation reduced; weakness of memory persists along with suicidal thoughts.	SAC LAC- 1 month
31-12-2019	Anxiety persists, but reduced than previous visit; palpitation reduced; suicidal thoughts reduced; fearful dreams; thirst increased.	CARCINOSINUM (CARC) 200/1 D
28-01-2020	Fear about diseases reduced; fearful dreams occasionally; anxiety about health reduced; suicidal thoughts reduced.	SAC LAC- 1 month
18-02-2020	Fear about diseases reduced; fearful dreams only occasionally. Menses delayed for 3 weeks. (old symptom)	CARC 200/1D
21-03-2020	feeling better. Washing and cleaning- much reduced. No fearful dreams; anxiety only occasionally; fear reduced; no suicidal tendency; weakness persists. Menses- appeared	SAC LAC- 1 month
06-05-2020	Fear and anxiety: nil; Drowsiness in daytime. menses: regular.	SAC LAC- 1 month
18-08-2020	Fearful dreams (of being raped); Anxiety increased during the lockdown. Anxiety+++ , > by consolation; delusions that she is pregnant.	CARC 200/1 D
15-09-2020	Feeling better than last visit. frequently washing clothes repeatedly. no fearful dreams. Anxiety+	SAC LAC- 1 month
06-10-2020	Fastidiousness; frequent washing clothes reduced; fear reduced; anxiety- nil. Complaints- relieved.	SAC LAC- 1 month
13-11-2020	Afraid when alone; fastidious+; repeated washing clothes-nil; no fearful dreams. Regular menses	SAC LAC- 1 month
15-12-2020	Fear persists; repeated washing clothes-nil; anxiety	SAC LAC- 1 month
12-01-2021	Fear reduced; fear of pregnancy, anxiety reduced	CARC 200/1D
16-02-2021	Patient feeling better. Anxiety reduced. No fear of pregnancy; repeated washing; nil	SAC LAC- 1 month
30-03-2021	Patient feeling better. Anxiety-nil. No fear of pregnancy; no fear of disease. repeated washing; nil	SAC LAC- 1 month
07-05-2021	Better in general	SAC LAC- 2 months
08-07-2021	Better in general	Telephonic interview
09-09-2021	Better in general	Telephonic interview
21-11-2021	Better in general	Telephonic interview

Figure-5: Follow up of case no.2

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CRITERIA	YES	NO	NOT SURE or N/A	JUSTIFICATION
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	✓ +2	-1	0	Patient took Homoeopathic medicine for obsessive thoughts and there was marked improvement in the symptoms.
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	✓ +1	-2	0	The complaint was persisting for 3 years, but after medication, it resolved within 18 months.
3. Was there an aggravation of symptoms? (need to define in glossary)	+1	✓ 0	0	No aggravation
4. Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	✓ +1	0	0	Patient also had itching in the gluteal region, which was reduced after the treatment with homoeopathic medicine.
5. Did overall wellbeing improve? (suggest using validated scale)	✓ +1	0	0	Overall wellbeing of patient improved.
6. (A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	✓ 0	0	Not observed
6. (B) Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms	✓ +1	0	0	Not observed
7. Did "old symptoms" (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	✓ +1	0	0	Yes, itching in the gluteal region appeared during the treatment.
8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	✓ +1	0	No
9. Was the health improvement confirmed by any objective data? (E.g. lab test, clinical observation, etc.)	+2	✓ 0	0	Not observed
10. Did repeat dosing, if conducted, create similar clinical improvement?	✓ +1	0	0	Yes.

Figure-6: MONARCH criteria of case no.1

CRITERIA	YES	NO	NOT SURE or N/A	JUSTIFICATION
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	✓ +2	-1	0	Patient took medicine for obsessive thoughts and compulsive acts, and there was marked improvement in the symptom.
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	✓ +1	-2	0	The complaints were persisting for 2years, and resolved within 1 year after Homoeopathic medicine.
3. Was there an aggravation of symptoms? (need to define in glossary)	+1	✓ 0	0	No aggravation of symptoms.
4. Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	✓ +1	0	0	Patient also presented with irregular menses, which was corrected during the treatment.
5. Did overall wellbeing improve? (suggest using validated scale)	✓ +1	0	0	Overall well being of the patient improved.
6. (A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	
6. (B) Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms	✓ +1	0	0	
7. Did "old symptoms" (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	✓ +1	0	0	Menstrual irregularities reappeared and also relieved during the course of treatment
8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	✓ +1	0	No
9. Was the health improvement confirmed by any objective data? (E.g. lab test, clinical observation, etc.)	+2	✓ 0	0	Not observed
10. Did repeat dosing, if conducted, create similar clinical improvement?	✓ +1	0	0	Yes

Figure-.7: MONARCH criteria of Case no.2
DISCUSSION:

Individualization is the foundational pillar of homoeopathic prescription. Every case of a psychiatric illness must be approached individually irrespective of the nosological diagnosis. Yet, related Clinical rubrics may be useful in the final differentiation of remedies, rather than being an eliminative rubric. First-grade remedies that are listed in Murphy's Clinical Repertory under OCD are *Arsenicum album*, *Carcinosinum*, *Hyoscyamus*, *Medorrhinum*, *Nux vomica*, and *Pulsatilla*. Total 24 remedies are mentioned (including *Carcinosinum* and *Argentum nitricum* given in current cases), [2-3] but any remedy that covers the totality of symptoms may be indicated, as homoeopathy treats the patient, not the disease. In the first case although *Carcinosinum* ranked high in the numerical totality, the patient is ambitious,

hardworking, obstinate metallic constitution, (strong willed, haughty, ambitious, industrious, thick hair and rigid musculature) unlike *Carcinosinum* who is sensitive, artistic and malleable. Hence *Argentum nitricum* was prescribed. Hahnemannian classification of mental diseases can be applied to individual cases of psychiatry but cannot be generalized to a definite diagnostic terminology as it entirely depends on etiology, onset and course of illness. In the current cases, the probable cause of illness is anticipatory anxiety and sexual abuse, which were considered while erecting the totality. About 50% of patients with OCD, present with symptoms of depressive disorders. [3] Current cases showed depressive features which were also reduced simultaneously after homoeopathic intervention. A case of OCD with compulsive

masturbation is reported to show remarkable improvement with *Causticum*.^[12] Another case report that has been treated with conventional medicine initially and later on with *Calcarea Carb 1M* for 2 years led to complete remission of illness and also withdrawal of allopathic drugs.^[20]

CONCLUSION

Individualised Homoeopathic medicines are found effective in the management of OCD, hence can be an alternative, safer, cost-effective and easily available treatment regimen for OCD. Authors feel the necessity to take up controlled trials on management of OCD with individualized Homoeopathic medicines.

LIMITATIONS OF THE STUDY:

Limited number of cases (2) is the chief limitation and need to be studied in more number of cases.

ETHICAL CONSIDERATIONS:

Written informed consent was obtained from both patients for publication of case report. The identity of the patient has not been disclosed in any form.

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