

## CASE REPORT

# Ayurvedic Management of Drug Resistant Obsessive Compulsive Disorder

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### ABSTRACT

Obsessive compulsive disorder (OCD) is a debilitating neuropsychiatric disorder with a lifetime prevalence of 2 to 3 percent. Selective serotonin reuptake inhibitors (SSRIs) and Clomipramine are the established pharmacologic first-line treatments for OCD, and Exposure Response Prevention (ERP) is recommended as the first-line behavioral intervention, with Cognitive Behavioral Therapy (CBT) as an alternative. About 40-60% of patients show no or just partial symptom improvement from drug treatment, and long-term management results in significant adverse effects. Drug-resistant OCD is defined as individuals who have persisting symptoms after being exposed to at least two trials (6 months) of SSRIs. Psychiatric illness is dealt with as one of the 8 specialties of Ayurveda named *Bhutavidya*. According to the presentation and severity of symptoms, OCD can be diagnosed as *Unmada*. According to the evolved dosha status and severity of the symptoms, the management can be done with *sodhana*, *samana*, and *rasayana chikitsa*. Studies suggest that the add-on effect of Yoga can also be beneficial in OCD.

A 40-year-old female presented with recurrent, persistent thoughts about contamination followed by increased cleaning rituals such as excessive hand washing, increased time taken for bathing, and washing clothes. This condition was diagnosed as OCD, and she had been on SSRIs for more than 3 years, but no relief in symptoms was found. She underwent various treatments, and the total duration of intervention was 45 days. The Yale-Brown Obsessive Compulsive Disorder (Y-BOCS) score was 38 upon admission, which reduced to 19 after intervention.

## 1. INTRODUCTION

Obsessive-compulsive disorder (OCD) is a neuropsychiatric disorder widely recognized for its recurrent obsessions and compulsions, which cause severe impairment worldwide<sup>1</sup>, with a lifetime prevalence of 2.3%<sup>2</sup>. Obsessions are recurrent, intrusive, unwanted thoughts, images, or impulses, and

compulsions are the repetitive behaviors or mental acts that the individual feels compelled to perform.<sup>3</sup> OCD sufferers experience protracted symptoms that can be extremely upsetting or interfere with day-to-day activities. OCD is considered one of the ten most debilitating disorders by the World Health Organization (WHO), despite the fact that it can cause severe disability.<sup>4</sup>

In OCD, thinking, intellectual properties, behavior, and psychomotor activities are often disturbed. According to Ayurveda, the derangement in the mental faculties is considered from *ashtavibramas* to *unmada* based on the

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severity. In OCD, the recurrent thoughts and repeated behaviors result in *mana-buddhi-smriti-bhakti-sheela-cheshta-acara vibramas*<sup>6</sup>. But the intensity differs according to the presentation. In later stages, it manifests as *unmada*. Along with these presentations, the involvement of *shareerika doshas* also needs to be considered. The *vata* and *kapha doshas* are mainly involved in OCD manifestations; however, the *pitta dosha* also needs to be considered as per presentations. In *unmada chikitsa*, *sodhana chikitsa* has a prime role in attaining *buddhi prasada*<sup>7</sup>. *Sodhana* therapy like *vamana*, *virecana*, *vasti*, and *nasya* are options. *Samana chikitsa* is crucial to alleviate the *dosha* involved and to restore the effect of the therapies; *rasayana chikitsa* is indeed with *medhya* drugs such as *sankhapushpi*, *madukaparni*, etc

## 1.1 Patient information

A 40-year-old married housewife belonging to the Hindu religion was born into a lower socio-economic family. Currently, she has not been able to do her household activities for the past year due to the disease. The symptoms presented are increased frequency of hand washing, increased time taken for washing hands, utensils, clothes, and bathing. The repeated thoughts about cleanliness make her upset all the time, and now she can't touch any objects that others have used. Now she is unable to perform all the household activities.

She is the second child of non-consanguineous parents, born via full-term normal delivery. All the milestones were achieved on time. She was anxious and worried about minor matters. Until 2020, life was uneventful. One day, her younger son brought a dog into the house, which made her upset. The very next day, due to her pressure, her son returned the dog, but from that morning itself, she started to clean the floor and house because of the fear of contamination from the dog's hair in the house. From that day, she started to wash her hands multiple times and took more than one hour for a bath, feeling that it was not clean. Gradually, the symptoms worsened, and she consulted a psychiatrist and took medication for the past three years. No marked improvement was observed, and the symptoms have worsened over the past year. Thus, she consulted this hospital for better treatment.

## 2. MATERIALS AND METHODS

patient was admitted to V P S V Ayurveda College, Kottakkal, Kerala- 676501, India, on 29th March 2024 at 11 am.

### 2.1 Intervention

The intervention started with *rukshana* with *takra* and *vaiswanara churna*, followed by 7 days of *snehapana*. *Abhyanga ushmasweda* for 2 days with *dhanwanthara*

*taila*, followed by *virecana* with *avipathi churna*. After *virecana*, *pratimarsa nasya* with *ksheerabala taila* for 7 *avarthi*, *samana oushadha* with *aparajitha*, *vaca*, and *kushta churna*, and a yoga protocol for 45 minutes daily.

## 3. RESULTS

### 3.1 Clinical findings

Detailed examinations were done, including *dasavidha pareeksha* and a mental status examination of the patient before intervention (table 1) (table 2). The diagnosis was made on the basis of DSM-V criteria. The assessment was done using the Y-BOCS Scale, which showed a total score of 38 before intervention and reduced to 19 (table 3).

## 4. DISCUSSION

Psychiatric disorders (*manasika rogas*) in Ayurveda are characterized by derangement in *Mana*, *Buddhi*, *Sangya gyana*, *Smriti*, *Bhakti*, *Sheela*, *Chesta* and *Aachara* either individually or as a whole<sup>14</sup>. Ayurveda has described various *maanasa rogas* in different contexts. *Unmada* is an entity where there is a derangement of *Mana*, *Buddhi*, *Sangya gyana*, *Smriti*, *Bhakti*, *Sheela*, *Chesta*, *Aachara*, etc<sup>15</sup>, either individually or as a whole. The Ayurvedic understanding of obsessive-compulsive disorder (OCD) is not directly correlated with any specific disease or syndrome mentioned in Ayurveda. Nevertheless, OCD could be plausibly associated with pathological deviations of the *manasika bhāvas*, with the *prajña* (intellect) being the most affected.

In this case, the *avara satwata* can be the cause of *mano abhigata*, which leads to the derangement of *ashtavibramas*, especially *manas*, *buddhi*, *bhakti*, *seela* and *acara*. As *vata kapha* is predominant and comprehension is impaired, *rukshana* with *takra* and *vaishwanara churna* is done. As *takra* is *laghu*, *kasaaya* and *amla*, *deepana*, *vaatakaphahara*, *srotośodhana*, and *Vaiśvanara cūrna*- *Vaatahara* and *Agni deepana*, *Snehapana* with *mahat panchagavya ghrita* is opted. *Ghrita* preparation crosses the Blood-Brain Barrier and is easily transported into the brain due to its lipophilic action<sup>16</sup>. *Abhyanga* with *Dhanwanthara taila* and *ushmasweda* is given. *Abhyanga* and *sveda* help *dosa vilayana* and lead to *koshta*<sup>17</sup>. *Virechana* with *avipathi churna* is given to reduce the anxiety arising out of obsessions. After *virechana*, *pratimarsa nasya* with *kshirabala taila* is given, which is *Brimhana nasya* that alleviates vitiated *vaata*. *Samana oushadha* with *kushta*, *vaca* and *aparajitha*, which have action in serotonin and acetylcholine, act on repeated thoughts. An existing yoga module is also administered in the meantime, which is

also beneficial for OCD. According to S. Khalsa et al., after 12 months of practicing Kundalini Yoga, participants showed a 55.6% improvement and a reduction in the Yale-Brown Obsessive-Compulsive scale.

## 5. CONCLUSION

OCD is a serious mental illness that is associated with considerable disability. This case report highlights the complexities and challenges associated with treating drug-resistant OCD. This patient presented with severe OCD symptoms that affected her personal and social aspects and quality of life. Through the comprehensive treatment approach, incorporating sodhana, samana, and yoga, we observed a significant reduction in symptom severity and improvement in functional capacity. The scope of the Ayurveda protocol for better management and improving quality of life should be further considered for future research.

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## 7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

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## 9. ETHICAL APPROVALS

Ethical approval is not required for this study,

## 10. CONFLICTS OF INTEREST

Nil

## 11. DATA AVAILABILITY

This is an original manuscript, and all data are available for review purposes only from principal investigators.

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**Table 1. Dasavidha pareeksha**

<i>Dosha</i>	<i>Vata kapha</i>
<i>Dhatu</i>	<i>Rasa, rakta</i>
<i>Bhoomi desa</i>	<i>Sadarana</i>
<i>Deha desa</i>	<i>Sarvasareera, manas</i>
<i>Rogabala</i>	<i>Pravara</i>
<i>Rogibala</i>	<i>Madhyama</i>
<i>Kalam : kshanadi</i>	<i>Greeshma</i>
<i>Vyadhyavastha</i>	<i>Purana</i>
<i>Anala</i>	<i>Vishama</i>
<i>Prakruthi</i>	<i>Vata kapha</i>
<i>Dosha prakruti</i>	<i>Rajasa tamasa</i>
<i>Manasa prakruti</i>	
<i>Vaya</i>	<i>Vardhakya</i>
<i>Satwa</i>	<i>Avara</i>
<i>Satmya</i>	<i>Sarvarasa satmya</i>
<i>Abhyavaharana sakti</i>	<i>Madhyama</i>
<i>Jarana sakti</i>	<i>Madhyama</i>

**Table 2- mental status examination**

General appearance and behavior	Moderate built, not well groomed
Grooming and dressing	
Facial expression	Sad
Eye contact	Maintained
Attitude towards examiner	Co-operative
Comprehension	Impaired
Gait and posture	Normal
Motor activity	Reduced
Social manner	Appropriate behavior
Rapport	Established
Mannerisms	Nil
Speech	Less
Rate and quantity :	reduced pitch
Volume and tone :	Decreased
Reaction time :	Increased
Flow and rhythm :	
Mood	Sad
Affect	Sad
Thought	Interrupted
Form and Stream	Normal
Content	Obsessions
Perception	Normal
Cognition	
Consciousness	Conscious
Orientation Time, Place & Person	Intact
Attention & Concentration	Intact
Memory Immediate	intact
Recent	intact
Remote	intact
Intelligence	Intact

Abstract thinking	Intact
Reading and writing	Normal
Visuo -spatial ability	Intact
Insight	grade 5
Judgment	intact
Impulsivity	absent

## Therapeutic intervention

**Table 3- Therapeutic intervention**

S.No.	Procedure	Medicine	Dose	Duration
1	<i>Rūksana</i>	<i>Takra<sup>8</sup> and vaiśvanara cūrna<sup>9</sup></i>	1.5L <i>Takra</i> + 10gm <i>Vaiśvanara cūrna</i>	1 day
2	<i>Sneha pana</i>	<i>mahat pañjagavya grita<sup>10</sup></i> <i>Anupana: Usna Jala</i> (Luke warm water)	<i>Arohana mātra</i> as per <i>Agni</i> and <i>Kostha</i> (starting dose 30 ml) Time of intake: 6:00 am	7 days
3	<i>Abhyanga &amp; Ushmasweda</i>	<i>Dhānwantharam taila<sup>11</sup></i>		2 days for 20 minutes
4	<i>Virechana</i>	<i>Avipathi cūrna</i> <i>Anupana: Usna Jala</i> (Luke warm water)	25 gm Time: between 7:00- 8:00 am	1 day
7	<i>Prati Marśa nasya</i>	<i>kshirabala taila</i> (7) <sup>12</sup>	5 drops each nostril Time: 4 pm - 5 pm	From the next day of <i>virechana</i> and up to 45th day
8	Yoga	NIMHANS yogaprotocol <sup>13</sup>	45 minutes on morning;	From the next day after <i>virechana</i> and homely practice up to 45th day
9	<i>Samanaushadha</i>	<i>Aparajitha, vaca, kushtha cūrna</i>	<i>Aparajitha, Vaca, kushtha</i> - 3g twice daily after food (1:1:1)	From the next day after <i>virechana</i> and up to 45th day

## Yoga module

**Table 4- yoga module**

Loosening exercises	Breath awareness Hand stretch breathing Hand In & Out breathing Ankle Stretch breathing	5 minutes
Asanas	<i>Sūrya Namaskāra, Ardhakati chakrasana, Padahastāsana</i> <i>Vajrāsana, Ustrasana, Vakrasana, vyaghrasana, Bhujangāsana, Uttana padāsana, Pavanamuktāsana Sethubandasana</i>	25 min
Pranayama and relaxation	<i>Nadishuddhi Pranayāma, Sheetali, Bhramari, DRT</i>	15 min

**Table 5- Y-BOCS scale**

<b>Obsession</b>	<b>BT 29/3/24</b>	<b>AT1 10/4/24</b>	<b>AT2 28/4/24</b>	<b>AT3 13/5/24</b>
Time spent in obsession	4	3	1	2
Interference from obsession	4	3	2	1
Distress from obsession	4	4	2	2
Resistance to obsession	4	4	2	1
Control over obsession	3	3	3	3
<b>Compulsion</b>	<b>BT</b>	<b>AT1</b>	<b>AT2</b>	<b>AT3</b>
Time spent in compulsion	4	3	2	2
Interference from compulsion	4	3	2	2
Distress from compulsion	4	4	2	2
Resistance to compulsion	4	4	2	1
Control over compulsion	3	3	2	3
<b>Total score</b>	<b>38</b>	<b>34</b>	<b>20</b>	<b>19</b>