

Obsessive-Compulsive Disorder (OCD) and its Homoeopathic Treatment: An Integrative Approach

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Abstract: Obsessive- Compulsive Disorder (OCD) is a Chronic Mental Health condition which is characterized by distressing and debilitating obsessional ruminations (recurrent thought intrusion) and compulsive rituals (repetitive unwanted actions), over which patient has no apparent control, though he regards them as absurd, unaccepted, and undesirable. It significantly affects daily functioning and quality of life. While conventional treatment involves primarily Cognitive- behavioral therapy (CBT) and Selective Serotonin Reuptake Inhibitors (SSRI'S & antipsychotics). Homoeopathy provides a Holistic and individualized approach to managing obsessive compulsive disorder (OCD) by addressing the root causes such as Past emotional influences, suppressed grief, Guilt and fear, Inherited tendencies and Personality traits and Miasmatic influences rather than just suppressing symptoms. This article examines the Complexities of OCD, Highlighting its Diagnosis, and management through Homoeopathy remedies. The top-ranked homoeopathic medicines to treat OCD include Arsenicum Album, Syphilinum, Carcinosis, Natrum Muriaticum, Argentum Nitricum, Calcarea Carb and Stramonium.

Keywords: Obsessive Compulsive Disorder, Homeopathy, Homeopathy Medicines, ICD-10, DSM-V.

Abbreviations: OCD: Obsessive Compulsive Disorder
CBT: Cognitive- behavioral therapy
SSRI'S: Selective Serotonin Reuptake Inhibitors
CSTC: CORTICO-STRIATO-THALAMO-CORTICAL Circuit
PET: Positron emission Tomography
ASD: Autism spectrum disorders

INTRODUCTION

Obsessive- Compulsive Disorder (OCD) is classified under Neurosis whose main symptoms include Obsessions and Compulsions, driving the person to engage in unwanted, often- times distress behaviors or thoughts. The obsessions are usually related to a sense of harm, risk, or injury. The common Obsessions include concerns about contamination, doubt, fear, or loss or letting go, fear of physically injuring someone. The prevalence of OCD globally ranges from 2-3% of the population, affecting both adults and children. Diagnosis is based on ICD-10 and DSM-V criteria, requiring persistent symptoms for at least two weeks. Homeopathy offers treatment that targets the core issue and brings harmony in the disturbed inner mechanism of the mind thus bringing remarkable recoveries. In homeopathy, OCD is treated as per the constitution of the person. It means homeopathic medicine is prescribed based on mental and physical traits of a person in addition to genetically inherited qualities, While Conventional Treatment for OCD

(i.e., SSRI'S and CBT) aim to reduce obsessive thoughts and compulsive behavior by altering brain chemistry and modifying behavioral patterns.

DEFINATION: Obsessive-Compulsive disorder (OCD) is a common, chronic, and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over.

OBSESSION: Obsessions are recurrent and persistent thoughts, impulses or images that cause distressing emotions such as anxiety or disgust. These intrusive thoughts cannot be settled by logic or reasoning. Typical obsessions include excessive concerns about contamination or harm, the need for symmetry or exactness, or forbidden sexual or religious thoughts.

COMPULSION: Compulsions are repetitive behaviors or mental acts that a person feels driven in response to an obsession. The behaviors are aimed at preventing or reducing distress or a feared situation. Although the compulsion may bring some relief to the worry, the obsession returns and the cycle repeats over and over. Some of the common compulsions include cleaning, repeating, checking, ordering, and arranging, mental compulsions etc.

EPIDEMIOLOGY

Obsessive-Compulsive disorder (OCD) affects 2-3% of the people in their lifetime. It is considered a common mental health disorder.

Prevalence

- OCD affects males and female equally
- Its most common in earlier in boys than in girls.
- OCD is often accompanied by Depression, Anxiety disorder and movement disorders
- it is more prevalent than schizophrenia.

ETIOLOGY OF OBSESSIVE-COMPULSIVE DISORDER: Causes of OCD is unknown (Idiopathic)

Predisposing causes:

- Familial predisposition
- Rigid routine made by parents for their children's.
- Biological Factor: People with a first degree (parent or sibling) with OCD have a 5 times greater risk of having the illness.
- Recurrent infections
- Stress
- Overwork
- Lack of sleep
- Head trauma
- Deficiency disorders
- Pregnancy, Marriages, and childbirth
- Loss of job & Prestige
- Endocrinal changes
- Idiopathic causes
- Physical defects e.g. scars
- Identical Twins have more chances of developing OCD as compared to Dizygotic twins.

Premorbid Personality:

- Anankastic (Obsessive)

Intelligence:

- Common in subjects with high I.Q.

Age of onset:

- Adolescence and early adulthood

Co-exist with:

- Anxiety disorders
- Depression
- Schizophrenia

Co-exist with:

- **Neuroanatomical Factors:** there is evidence of abnormal brain structure and activity in patients with OCD. These abnormalities are found in the pathway linking the lobes (responsible for judgement) with the basal ganglia (which are the part of the system frontal for planning behaviour)
- **Serotonin Deficiency-** OCD sufferers have too little serotonin for their nerve cells to communicate effectively.

PSYCHOANALYTICAL THEORY:

According to the FREUD'S Psychoanalytical theory OCD arises when unacceptable wishes and impulses from the id are only partially repressed. They cause anxiety. Ego defence mechanism are used to reduce the anxiety. These defence mechanisms are used unconsciously in the form of acts, such a hand washing. These acts are thought to be symbolically undo the unacceptable id impulses.

BEHAVIOUR THEORY:

This theory explains Obsessions as a conditioned stimulus to anxiety. Compulsions have been described as learned behaviour that decreases the anxiety associated with the obsessions. This decrease in anxiety positively reinforces the compulsive acts and they become stable learned behaviour.

PATHOPHYSIOLOGY OF OBSESSIVE-COMPULSIVE DISORDER:

OCD is a complex neuropsychiatric disorder involving dysfunction in the brain's circuitry, neurotransmitters imbalances and genetic influences. The pathophysiology of OCD can be understood through the following key mechanisms:

1. **NEUROTRANSMITTER DYSFUNCTIONING:** OCD primarily affects the CORTICO-STRIATO-THALAMO-CORTICAL (CSTC) CIRCUIT, which regulates thoughts, emotions, and behaviour. The major components of this circuit include-

- Orbitofrontal cortex
- Anterior Cingulate Cortex
- Basal Ganglia (caudate nucleus and putamen)
- Thalamus.

2. **NEUROTRANSMITTER IMBLANCE:** OCD is associated with dysregulations of SERATONIN (5-HT), DOPAMINE & GLUTAMATE AND GABA.

CLASSIFICATION OF OCD

ICD-10 classifies OCD into 3 clinical subtypes according to the symptoms:

1. Predominantly obsessive thought or rumination
2. Predominantly compulsive acts
3. Mixed obsessional thoughts and acts.

CLINICAL FEATURES OF OCD

I. Washer (Obsessional rituals)

This is the most common type. Here the obsession is of contamination with dirt, germs, body excretions and the like. The compulsion is washing of hands or the whole body, repeatedly many times a day. It usually spreads onto washing of clothes, bathroom, bedroom, door knobs and personal articles, gradually.

II. Checkers (obsessional doubt)

In this type the person has multiple doubts that the activities may not have been completed adequately. For example, the door has not been locked, kitchen gas has been left open, counting of money was not exact. Any attempt to stop the checking leads to mounting anxiety before one doubt has been cleared.

III. Pure Obsessions (intrusive thoughts)

This syndrome is characterized by repetitive intrusive thoughts, impulses or images which are not associated with compulsive acts. The distress associated with these obsessions is felt usually by counter thought do reg praying, undoing actions etc.

- Obsessional thoughts (violent, sexual, sinful objects)
- Obsessional images
- Obsessional impulses (kleptomania, mutilomania, pyromania, dipsomania)
- Obsessional ruminations (religious, fear of illness)
- Obsessional Phobias (claustrophobia, acrophobia)

IV. Primary obsessive slowing (symmetry)

It is characterized by several obsessive ideas and extensive compulsive rituals, in the relative absence of manifested anxiety. This leads to marked slowness in daily activity. They will continue ordering, arranging, balancing, and straightening until “just right” or perfect in their eyes.

PREDOMINANT MIASM

Syphilis

RUBRICS

MURPHY'S REPERTORY

- Mind- fear- contamination, germs of
- Mind- fear- dirt of
- Mind- washing, cleanliness, mania for

KENT'S REPERTORY:

- Mind – delusions – everything is, that
- Mind- fastidious
- Mind- perfectionist
- Mind- anxiety- conscience, of (as if guilty of a crime)
- Mind- anxiety- thoughts from

SYNTHESIS REPERTORY:

- Mind- fastidious- order, of
- Mind- fastidious- personal appearance, about
- Mind- fastidious- possessions about his
- Mind- washing- amel
- Mind- washing- desire to wash
- Mind-washing- desire to wash- bathing, mania for
- Mind-fastidious

BBCR REPERTORY

- Mind- fastidious
- Mind- careful

DIAGNOSIS:

- Suggested by demonstration of realistic behaviour that is irrational or excessive.
- MRI and CT SHOWS- enlarges basal ganglia in some patients
- PET (Positron emission Tomography) shows increased in glucose metabolism in part of the basal ganglia.
- ICD-10 criteria

DIAGNOSIS ACCORDING TO ICD-10

- F42.0 predominantly obsessive thoughts or ruminations
- F42.1 predominantly compulsive acts (obsessional rituals)
- F42.2 mixed obsessional thoughts and acts
- F42.8 other obsessive-compulsive disorders
- F42.9 obsessive- compulsive disorder, unspecified.

DIAGNOSIS ACCORDING TO DSM-V

OBSESSEIVE- COMPULSIVE AND RELATED DISORDERS

- 300.3 – obsessive- compulsive disorder
- 300.7 – body dysmorphic disorder
- 300.3 – hoarding disorder
- 312.39 – trichotillomania (hair pulling disorder)
- 698.4 – excoriation (skin- picking) disorder, substance/ medication induced obsessive compulsive and related disorder
- 294.8 – obsessive- compulsive and related disorder due to another medical condition.
- 300.3 – other specified obsessive- compulsive and related disorder
- 300.3 – unspecified obsessive- compulsive and related disorder

DIFFERENTIAL DIAGNOSIS:

Differential diagnoses for obsessive-compulsive disorder (OCD) include other anxiety disorders, depressive disorders, and other conditions.

- **Generalized anxiety disorder:** Involves general worries, unlike OCD's irrational obsessions
- **Panic disorder:** Can co-occur with OCD
- **Social anxiety disorder:** Involves fears related to social interactions
- **Major depressive disorder:** Involves mood-congruent ruminative thoughts, unlike OCD's intrusive obsessions
- **Other conditions**
- **Hoarding disorder:** Involves difficulty discarding possessions
- **Trichotillomania:** Involves compulsive hair-pulling, without obsessions
- **Body dysmorphic disorder:** Involves obsessions and compulsions related to physical appearance
- **Autism spectrum disorders (ASD):** Patients may show mannerisms and stereotypies similar to OCD compulsions
- **Gilles de la Tourette's syndrome:** May co-occur with OCD

GENERAL MANAGEMENT SUPPORTIVE PSYCHOTHERAPY:

Provide continuity hope to

- Maintain his defences and strengths
- Promote his adaptation to everyday living
- Maintain his functional capacity.
- Keeping patient engage at work

BEHAVIOUR THERAPY:

Exposure to the rituals evoking stimuli

- Systemic desensitization
- Flooding
- Response prevention
- Modelling
- Thoughts stopping

HOMOEOPATHIC MANAGEMENT

Homeopathy is a widely acclaimed natural healing science that can help to treat numerous psychological complaints including obsessive compulsive disorder. It offers a very safe, natural, and effective treatment for OCD. Homeopathic remedies strike at the root of the problem of OCD to bring symptomatic relief followed by complete recovery in most of the cases having mild to moderate intensity. Homeopathy offers this kind of treatment that targets the core issue and brings harmony in the disturbed inner mechanism of the mind thus bringing remarkable recoveries.

The top-ranked homeopathic medicines to treat OCD include:

1. **Arsenicum Album** – For OCD With Fear of Germs and Catching Infection.

Compulsive actions: need for symmetry. Person who needs this medicine are tormented by the thoughts that they are surely going to catch an infection as if everything is contaminated with germs. Extreme restlessness, where patient jumps out of the bed and moves here and there with anxiety. Arsenic is also recommended for those who are very fastidious and conscious about the order of things and cannot rest if the things are not in their proper place.

2. **Syphilinum** – Where There Is Compulsion to Wash Hands.

Repressed fear of diseases and contamination: frequent hand washing. Such patients feel that germs are present on each and every object and get into the habit of washing hands at very short intervals.

3. **Carcinosin** – For OCD With Fastidiousness for Order and Cleanliness.

Person has an intense desire to have everything in order. They want a specific pattern to be followed not only in placing things but also in their dressing style. For example-they always like color matching while dressing up and when decorating the room.

4. **Natrum Muriaticum** – For Intense Compulsion to Check Locked Doors Repeatedly Due to Fear of Thieves.

Person who are obsessed with the idea that thieves may strike and repeatedly check the locks of door. Obsession is so persistent that patient even has dreams of thieves in the house and wake up to check the door again and again.

5. **Calcarea Carbonica** – For Persistent Thought of Going Mad or Insane

The thoughts of going mad prevails in the patients mind day and night and he or she is unable to put it aside even during sleep. This fear of going mad leads to great distress and to overcome it, patient leaves all pending work aside and keeps himself busy in activities, like breaking sticks or bending pins.

6. **Stramonium** -With Persistent Religious Thoughts Obsessive compulsive disorder where the patient constantly thinks about the religion, read holy books all the time, and is almost always praying.

7. **Sulphur**- Obsessional thoughts Frequently checks that doors are properly closed. Religious and philosophical obsessional ruminations.

8. **Lac caninum**- Obsessional ruminations & compulsive actions Nothing worth living, Diseases is incurable. Wash hands frequently.

9. **Argentum Nitricum**: For Impulsive Thoughts

Patients is having persistent impulsive thoughts like while travelling in a train, impulse is to jump out of the window; while crossing a bridge over a river, constant thought is to jump into the river or when standing on high buildings, there is the horrific thoughts of jumping down. Patient is very anxious and restless.

10. **Lachesis**- Obsessive doubts Religious and philosophical obsessional ruminations.

CONCLUSION

In Homoeopathy treating OCD require a multi-dimensional approach that integrates Constitutional remedies, Miasmatic assessment, psychological counselling, and lifestyle changes. Homoeopathy addresses the root causes, leading to long-term improvement and mental stability. Remedies such as

Arsenicum Album, Syphilinum, Natrum Muriaticum and Calcarea Carbonica have shown promising results in OCD cases when prescribed based on the totality of symptoms. Furthermore, Homoeopathy's holistic nature allows it to work Synergistically with Psychotherapy, Counselling, and Lifestyle modifications, providing long-term relief and reducing the chances of relapse.

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