

## Case Report

# Management of Obsessive Compulsive Disorder (OSD) Through Ayurveda

Gaurav Sawarkar\*, Punam Sawarkar<sup>1</sup>

**Joinsysmed ID:** JID18057CR **Submitted Date:** 07-10-2018 **Approved Date:** 01-11-2018

\*Assistant Professor, Department of Rachana Sharira, <sup>1</sup>Assistant Professor, Department of Panchakarma, Mahatma Gandhi Ayurveda Medical College Hospital and Research Centre, Salod (H), Wardha.

**Email:** drsawarkar.gaurav@gmail.com

## Abstract

**Introduction:** Obsessive compulsive disorder (OCD) is a co-morbid condition of psychiatric disorders such as anxiety and depression. It is characterized by obsessions of contamination, followed by washing or accompanied by compulsive avoidance of the presumably contaminated object or Obsession of doubt, followed by a Compulsion of Checking and intrusive obsession of thoughts without a compulsion. There is a vast array of Ayurveda which can potentially add value in management of such type *Manas Vikara*. OCD can be compared to *Atattvabhinevesh* and various types of *Unmada* as described in Ayurveda texts. *Panchakarma* treatment is great boon to Ayurveda. By collaborative use of *Vamana*, *Shamana* treatment and *Sattvavajaya Chikitsa* showed encouraging results in case study of OCD. **Aim:** To study efficacy of *Panchakarma* treatment in the management of OCD.

**Material and method:** 26 years old female patient with history of recurrent washing and cleaning her hands, unexplained fear, insomnia and depression attended the OPD. *Vamana* with *Madanphala* decoction was administered, prior to that oleation with Cow ghee was given. After following diet regime, palliative treatment started with *Shirodhara* and *Nasya* treatment, Spiritual therapy like *Omkar* recitation by using basic principles to break pathophysiology of OCD.

**Observation and result:** The patient got relief in unexplained fear with appreciable recovery in Insomnia, decreased habit of recurrent washing hands and Depression.

**Conclusion:** Conservative management with Ayurveda principle provides significant relief in unexplained fear and anxiety, feeling of apprehension and fear, Insomnia, worry and. Feeling of uncertainty, anorexia, weight loss and improvement in quality of life of patient.

**Keywords:** Obsessive compulsive disorder, Anxiety disorders, *Atattvabhinevesh*, *Shodhana*, *Shamana*, *Sattvavajaya Chikitsa*

## Introduction:

Obsessive Compulsive Disorder (OCD) has two domains i.e. obsession (persistent thoughts) and Compulsion (seemingly purposeful behaviors) [1]. Such obsessions are usually repetitious thoughts of some sexual or aggressive act with need for symmetry or precision, which may leads to a Compulsion of Slowness.

OCD is a multi dimensional and etiologically heterogeneous condition. It occurs due to over interpretation of unwanted thoughts. OCD is influenced by motor activities [2]. The obsessions and/or compulsions cause marked distress, are time consuming, and interfere with a person's normal function.

The worldwide prevalence of obsessive compulsive disorder (OCD) is approximately 2% of the general population [3]. The World Health Organization has estimated that OCD is among the top 20 causes

of Illness related disability for people between the ages of 15 and 44. It usually begins in adolescence or in early adulthood [4].

OCD is one of the psychological problems which are rarely diagnosed because of the poor insight about the disease and due to strong social stigma attached with mental problem. Today a number of approaches work on this field both in physiological and psychological way but no one is certain about the root cause of disorder because many factors play a significant role on a person individually or collectively, Despite years of research, there is no single unifying theory to explain anxiety. In contemporary science it is generally treated by employing medication i.e. pharmacological management (antidepressant drugs-selective serotonin-reuptake inhibitors (such as Clomipramine and Fluoxetine)[5]. and psychotherapy (behavioral modification in the form of exposure and response prevention). Among them only potent serotonin reuptake inhibitors (SSRIs) are effective in some patients of obsessive-compulsive disorder which indicates that serotonin dysfunction is the underlying cause in OCD [6]. But only 30-40% patients felt symptomatic relief [7]. And some may come multiple side effects or very high (approximately 90 percent) relapse rate of symptoms after stopping of medicines[8]. Though, OCD is anxiety disorders, anti-anxiety treatment remains in

Quick Response Code



Access this article on  
[www.joinsysmed.net](http://www.joinsysmed.net)

effective. There is evidence that consumers are increasingly seeking treatment by Complementary and Alternative Medicine [9] which refers to modalities that differ from allopathy.

Ayurveda (Indian system of traditional medicine) embraces aspects of well-being of living creatures, physical, mental and spiritual health. It systematizes and applies the knowledge to restore this health and to cure disease through means of *Shodhana* (Purification) and *Shamana* treatment. *Manasikarogas* are explained in the classics, where there is function of *Manas* (mind) deranged, including *Dhee* (improving intelligence) *Budhi* (cognition), and *Smriti* (memory). *Vayu* is the controller of the *Mana*. OCD is such disorder which can disturb all of these in considerable manner.

In Ayurveda classical texts, there is no direct or exact correlation of OCD in Ayurveda contexts. However, some references are present which mimic with the symptoms of OCD. One among them is *Atattvabhinivesha* where in the person sees predominantly the unreal as real and vice versa as

well as the unwholesome as wholesome and vice versa. This disease is said to be *Mahagada* which states the severity of the disease [10].

Ayurveda believes in treating patients to restore balance rather than treat symptoms or medical conditions. Comprehensive therapy including *Panchakarma* therapy, *Yoga-Nidra*, *Pranayama*, *Gayatri mantra* and herbal medicines are generally advised as holistic psychotherapeutic approach in Ayurveda because the researcher uses these techniques for the psychological benefit of patients. In present paper, a case study of OCD with the symptoms of obsessions of contamination associated with mild depression is discussed which was successfully treated with selective comprehensive Ayurveda therapy for about 3 months to resolve symptoms of disease effectively in short period of intervention.

**Aim & Objectives:** Explication of role of *Shodhana* & *Shamana* treatment in management of obsessive compulsive disorder

### Case history:

**Table No. 1- Demographic detail of the patient**

Name	:- A.B.C.	Occupation	:- Software Engineer
Sex	:-Female	Marital status	:- Unmarried
Age	:- 28 Years	Education	:- B.E.(I.T.)
Address	:-Amaravati	Socio economic status	:-Upper Middle Class
Phone no.	:- *****2060	O.P.D. No.	:- 1708040044

### History of present illness:

An unmarried female patient aged about 28 yrs with middle socioeconomic status background, who is software engineer approached to Panchkarma OPD of Mahatma Gandhi Ayurveda Medical College Hospital and Research Centre, Salod (H), Wardha (MH), before 4 months with the persisting complaints of unexplained fear and anxiety, feeling of apprehension and fear (which accompany physical symptoms such as increased heart rate, sweating and tension), Insomnia, fear, worry and a feeling of uncertainty; feeling of something is wrong continuously, not being sure that a task is done properly, fine tremors in the hands and reduced strength, Anorexia, weight loss, severe insomnia, feeling of loneliness, depressed mood, lack of interest, extreme slowness in every activity; since 4 months.

She was apparently normal before 4 months. Gradually she developed habit of recurrent washing and cleaning hands and having unexplained fear and anxiety, feeling of apprehension. She used to spend approximately 2-3 hours in total in a day on washing and cleaning the hands. The obsessions as well as the compulsions were causing her little distress as there was much resistance and control over the obsessions and compulsions. Because of the shyness of her behavior she was feeling difficult in mingling with the people and was keeping herself alone at her home and lacked interest in any activities. Along with these she also had the symptoms like worthlessness, hopelessness, reduced enthusiasm, reduced interest in day to day activities, getting irritated very easily even for silly aspects. After her examination following findings were noted.

**Table No. 2- History of the patient**

<b>Past medical history</b>	K/c/o allergic bronchitis and rhinitis & PCOD No H/o significant surgical illness Weight loss since 2-3 months
<b>Personal history</b>	Diet : Pure vegetarian, No addiction Menstrual history :Menses regular but interval of 2 months with dysmennorrhoea Sleep :Disturbed but not >1 hour at night Occupation : Job seeker
<b>Drug History</b>	Intake of Analgesic frequently (Tab Akpar SOS)
<b>Family history</b>	Father-K/c/o/IHD & Dyslipidaemia Mother:H/o/Gastric ulcer Siblings :Normal

**Table No. 3- Chief complaints of the patient**

SN	Complaints	Duration
1	Recurrent washing and cleaning her hands	since 4 months
2	Unexplained fear and anxiety	
3	Feeling of apprehension and fear (which accompanied physical symptoms such as increased heart rate, sweating and tension.	
4	Insomnia	
5	fear, worry and a feeling of uncertainty;	
6	feeling of something is wrong continuously	
7	not being sure that a task is done properly	
8	Anorexia	
9	weight loss	

**On examination:** Systemic examinations of Respiratory system, Cardiovascular and Central nervous systems observed no significant abnormality.

**Table No. 4: Ashtavidha Pariksha**

1	Nadi (Pulse)	84/min	5	Shabda (Speech)	Spashta (Clear)
2	Mala (Stool)	satisfactory (Regular)	6	Sparsha (Touch)	Ushna (Normal)
3	Mutra (Urine)	4-5/day, 2-3time/night)	7	Druka (Vision)	Good
4	Jivha (Tongue)	Nirama	8	Akruti (Posture)	Madhyama

**Investigations:** Hematological investigations were within normal levels.

**Diagnosis:**

The diagnosis was made as per diagnostic criteria for OCD. Obsessive Compulsive Disorder (obsession of contamination) along with mild depression (Attatvabhinevesh/bhutnomada/Nijonmada).

**Intervention:**

The main line of treatment in OCD as in Ayurveda is spiritual therapy (Daiva vyapashraya

/Sattvavajaya) along with Yukti vyapashraya treatment. If the OCD patient shows Doshaja symptoms Bhutonmada with Nija Unmada, then in this case Yukti vyapashraya treatment is important [11]. So, management was directed to balance all three Doshas. Kapha is also predominant in this case so with special focus on evacuation of Kapha Dosha and then pacification of Vata. So, Yukti Vyapashraya treatment was adopted here which is composed of Shodhana (Vamana) as well as Shamana (Palliative).

**Table No. 5: Details of the purification treatment**

	Shodhana Chikitsa		Drug	Anupana	Duration
1	Vamana	Dipana Pachana	Trikatu choorna 3gms BID before each meal	Luke warm water	3 days
		Arohi Snehapana	Plain cow ghee	Luke warm water	Consecutive 7 days(4 <sup>th</sup> -10 <sup>th</sup> day)
		Bahya Snehana and Dashmool Qwath Nadi Swedana	Sahachara Oil +Ksheerbala Oil	-	11 <sup>th</sup> -13 <sup>th</sup> day
		Vamana	Yastimadhu Phant + Saindhava Jala	Luke warm water	On 14 <sup>th</sup> day
		Sansarjana Karma	Peayadi krama	-	7 days
	<b>Bahya Chikitsa</b>	Drugs	Duration		
1	Karna Poorana	Bilvadi taila	For 7 days		
2	Shirodhara	Bramhi oil + sesame oil			

**Table No. 6: Details of the internal medication**

	Internal medication	Dose	Duration	Anupana	Time of administration
1	Tab Sumenta	250 mg 2tab BD BID	2 Months	Luke warm water	After each meal
2	<i>Panchgavya ghrta</i>	10 gm BID	2 Months	With lukewarm water	1 hour before each food
3	<i>Saraswatarishta</i>	15 ml	2 Months	With 15 ml lukewarm milk	After each meal

**Spiritual therapy**

Apart from the oral medication, Meditation such as *Omkar* recitation with *Anuloma* and *Viloma* & *Bhramari Pranayam* were advised to do regularly for half hour (each for 10 min) early in the morning.

**Follow up-**

During the 1st assessment after 21 days there was mild improvement seen. After one and half month, the time spent on obsessions and compulsions was reduced from 2-3hrs/day to 0-1hr/day. Interference to daily activities was reduced from moderate to mild and control over obsession and compulsions were also improved. After 3 months of treatment complete reduction in the symptoms of OCD was seen. Even the mild depression symptoms were also reduced markedly.

**Observation & Result:**

As patient restored physical & mental balance, she reported freedom from symptoms of anxiety after completion of whole treatment. The present case study revealed that, rational use of basic principle of *Shodhana* and *Shamana* treatment reduced stress, attenuated anxiety, negated depression, enhanced adjustment and attention in patient without any side effects.

The scores of each criterion of obsession (table no.8) and compulsion (table no.9) before the treatment and day wise assessment during the therapy as mentioned below.

**Assessment**

Therapeutic response is assessed on the basis of the following parameters

**Table No. 7: Clinical assessment of the symptoms**

SN	Symptoms	Before <i>Shodhana</i>	After <i>Shodhana</i> (After 21 days )	After one and half month	After 3 months
1	Unexplained fear and anxiety	100%	75%	25%	0
2	feeling of apprehension and fear	100%	75%	25%	0
3	Insomnia	100%	75%	50%	0
4	fear, worry and a feeling of uncertainty	100%	75%	50%	0
5	feeling of something is wrong continuously	100%	75%	25%	25%
6	not being sure that a task is done properly	100%	75%	25%	25%
7	Anorexia	100%	50%	25%	0
8	weight loss	100%	50%	0	0
Duration		Improvement			
After 21 days		Mild improvement seen in symptoms			
After 45 days		The time spent on obsessions and compulsions was reduced from 2-3hrs/day to 0-1hr/day Interference to daily activities was reduced from moderate to mild and control over obsession and compulsions were also improved			
After the 90 Days		Complete reduction in the symptoms of OCD was seen			

- Psychological assessment**

Overall effect of therapy was assessed by Yale Brown Obsessive Compulsive Scale rating (Y-BOCS) [12]. It is a 5 point scale which is an indicative of degree of severity of obsessions and compulsions before and

after treatment. Before treatment this score was 82.50% which was decreased after treatment up to 20% which was great achievement.

**Table No. 8: Effect of therapy on Obsessions [Yale Brown Obsessive Compulsive Scale rating (Y-BOCS)]**

Time spent on obsession	Before Shodhana	After Shodhana (After 21 days )	After one and half month	After 3 months
Interference from obsession	50%	25%	25%	0
Distress from obsession	50%	25%	0	0
Resistance to obsession	25%	25%	0	0
Control over obsession	25%	25%	0	0

**Table No. 9: Effect of Therapy on Compulsions**

Symptoms	Before Shodhana	After Shodhana (After 21 days )	After one and half month	After 3 months
Time spent on compulsion	50%	25%	0	0
Interference from compulsion	50%	25%	0	0
Distress from compulsion	50%	25%	0	0
Resistance to compulsion	25%	25%	0	0
Control over compulsion	50%	25%	0	0

**Discussion:**

As OCD is psychological and anxiety related disorder where body and mind role is very important. According to Ayurveda patho physiology, obsessions and repetitive compulsive acts are believed to be due to a disturbed or increased *Vata Dosha*. In this subject, as the *Kapha Dosha* was also involved *Vata Kaphahara* regimes with same medicines were administered with the better expectation of the results. Patient was treated with *Panchakarma* (therapeutic cleansing process-*Vamana*) and subtle therapies such as *Shirodhara*, *Karnapoorana* *Shamana* medicines, Spiritual therapy.

**Shodhana****Vamana**

*Vamana* (therapeutic emesis) is the procedure of eliminating *Kapha Dosha* from the body through the upper passages by vomiting. *Vamana* eradicates *Tridosha* in general and particularly *Kapha Dosha*[13]. *Vata* controls and regulates *Mana*[14] optimum psychosomatic state is responsible for proper sleep pattern and its physiology. *Samshodhana* has its beneficial psychosomatic effect therefore, it can be said that *Vamana* would be an excellent treatment in depressive illness being predominantly a *Kaphaja* disorder. *Vamana* eradicates *Vata* due to its quality of pacification of *Tridosha*. Lack of confidence and unexplained fear are very much related to mental status; it is the feature of *Hina Satva*.

In this case study, impaired concentration and forgetfulness has thereby shown significant improvement, it may be due to improvement of mental functioning by *Vamana*[15]. Loss of appetite, disturbed sleep, lack of interest in activities is also due to excess of *Kapha*. All of these symptoms occur in OCD. All of these were reduced due to *Kapha* pacification property of *Vamana*.

Adaptogenic property due to its *Strotovisdhodhana* and *Rasayana* properties, so enables the organism to counteract and adapt to various stressors that can adversely affect the physiological system [16, 17].

**Shirodhara**

*Dhāra* (pouring of medicinal liquid in a particular fashion) is very effective in inducing tranquilizing effect and help and reduce neuropsychological problems specially anxiety neurosis, induces sleep and thus it decreases irritability (*Anvashthit-cittata*)[18]. This procedure stimulates pituitary glands and gives relaxed expression of awareness which results in dynamic psychosomatic balance. According to this study, the gentle pressure of the oil pouring on the forehead may also play a role in stimulating rest. In the procedure of *Shirodhara*, different pressure and vibration are created over the forehead. The vibration is magnified by the hollow sinus present in the frontal bone. The vibration is then transferred inwards through the liquid medium of Cerebro-spinal fluid (CSF). This vibration along with less temperature may trigger the functions of the thalamus and the basal forebrain, which then carries the amount of serotonin and catecholamine to the normal stage stimulates the sleep. Stress, according to Ayurveda, is a state of unbalance of *Prana Vayu*, *Sadhaka Pitta*, and *Tarpaka Kapha*. *Shirodhara* regenerates the functional integrity between these three *Doshic* subtypes and thus helps to relieve stress.

*Bramhi* oil has antianxiotic & antidepressant effect as well as it reduces mental fatigue and improves memory [19] Singh (1980) studied the effect of *Brahmi* on anxiety neurosis. This process stimulates third eye or pituitary gland which awakens your intuitive knowledge. *Brahmi* significantly improved concentration ability, memory span and over all mental performance with mild and moderate mental deficiency. There was no adverse side effect [20].

Bacoside A and Bacoside P in *Bramhi* and its mechanism of action is : Metal chelation/ $\beta$ -amyloid protection- Cholinesterase inhibition -5HT<sub>2c</sub> modulation - Antioxidant effects Antidepressant effects in forced swim and learned helplessness animal models [21, 22, 23]. It acts at promoting stability in neurological stability. Sesame is heated and useful in *Vata Dosha*[24].



**Karnapoorana**

The *Karnapoorana* act on cerebrum and psyche to pacifying *Vata* in ear cavity and ossicles which empower nerve endings that transmit signs to the mind to be deciphered. It helps in cerebral pain and headache that are related with body adjust issues. *Bilvadi oil* [25] reduces dryness and work as antitoxin for vitiated *Vata* due to insomnia. It also helps in strengthening the nervous system by pacifying *Vata* in that region, induces *Snehana*. *Karnapoorana* creates feeling of deep restfulness. *Bilva taila* is best for pacification of *Vata* in nature.

**Shamana****Tab. Sumenta:**

It is a herbomineral product having the neuro protective properties and having tranquilizer properties which helps in the correction of cognitive deficits. All drugs in Tab. Sumenta influence various neurotransmitter systems including serotonergic system. When we look into the qualities of all the drugs used in this combination of formulations most of the drugs are antistress, antianxiety, tranquilizer, brain tonic, immune stimulant. Hence, these drugs in combination were helpful in reducing the anxiety level and depression in the case of OCD.

All medicines potentiate the effects of modern antianxiotic drugs and reduce neuropsychological problems specially anxiety neurosis [26]. *Jatamansi* is cooling, nervine tonic, and intellect promoting [27]. *Ashwagandha* having GABA-mimetic activity which induces anxiolytic effect comparable to that produced by lorazepam in animal models (elevated plus maze, social interaction and feeding latency in an unfamiliar environment tests) [28, 29]

**Saraswatarishta**

Good nervine tonic on insomnia and nervous system and acts as a antidepressant [30]. It promotes intelligence and cognition enhancer. Its ingredients are combination of anti oxidant, immune stimulant and anti inflammatory that help in memory enhancing process [31].

**Panchgavya Ghrita**

*Snehapana* is one of the important remedy for the treatment of disturbed *Vata*. As *Mana* is also affected in the pathophysiology of the disease, *Medhya Snehapanchgavya ghrita* [32] which is advised as a *Shamana Snehapana* in Charaka Samhita for *Apasmara Chikitsa* after *Shodhana* is prescribed.

**Table No. 10: Detail properties of Panchgavya Ghrita**

	<i>Rasa</i>	<i>Guna</i>	<i>Veerya</i>	<i>Vipaka</i>	<i>Doshaghnata</i>	<i>Karma</i> [33]
<i>Goksheera</i> (cow's milk)	<i>Madhura</i>	<i>Guru, Snigdha, Prasanna</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>VataPittahara</i>	<i>Medhya jeevaneeya</i>
<i>Godadhi</i> (cow's curd)	<i>Amla, Kashaya</i>	<i>Guru, Snigdha</i>	<i>Ushna</i>	<i>Amla (Charaka, Vagbhata), Madhura (Sushruta)</i>	<i>Vatahara</i>	<i>Balya, Indriya bodhaka, Hridya,</i>
<i>Gomootra</i> (cow's urine)	<i>Katu, Lavana, Kshara</i>	<i>Laghu, Ruksha, Teekshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatahara</i>	<i>Deepaka, Pachaka, Srothovivarana Medhya</i>
<i>Gomaya</i> (cowdung)	<i>Katu, Lavana</i>	<i>Laghu, Ruksha, Teekshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Pittahara</i>	<i>Deepaka Pachaka, Doshavilayana</i>
<i>Goghrita</i> (cow's ghee)	<i>Madhura</i>	<i>Guru, Snigdha, Picchila</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>VataPittahara</i>	<i>Deepana, Medhya, Vayasthapaka</i>

The drug *Panchgavyaghrita* has *Tridoshasamana* property predominantly *Vata* pacifying and *Medhya* effect. It enhances the *Agni, Ojas* and provides *Srotoshuddhi* effect [34]. The *Srotoshodhana* action of drug helps to act deeply on the mind destructing the *Aavarana* of *Tama* and provides clarity to mind. *Ghrita* is also having properties of potentiating *Dhee, Dhriti* and *Smriti* and gets deranged in clinical condition like OCD [35,36]. The abnormalities like

obsession are greatly *Vata* predominant and it is cured by *Vata Shamana* action of drug.

By analyzing the properties it is evident that *Panchagavya Ghrita* has its action on *Buddhi, Manas, Indriya* and corrects the *Manovaha Srotodusti*. It purifies *Rajas* and *Tamas*. It acts on the *Sadhaka pitta*, which is responsible for *Dhee, Dhriti* and *Smriti* by improving the nutrition to the brain cells. Thus it acts as a *Medhya Rasayana* which helps in promotion of

nutritional status of nervous tissue thereby improving its function. A clinical study has shown that the effect of *Panchagavya Ghrita* is highly significant on the *Medhya Guna*. By analyzing the chemical constituents also, milk and its products contain tryptophan-amino acid, which is responsible for serotonin production. Tryptophan is an important precursor of serotonin in the serotonergic neurons and may be enhancing the biosynthesis of serotonin to facilitate the anti-compulsive effect [37]. Vitamin E which is present in ghee reduces the oxidative stress produced in OCD. Thus it combats the pathogenesis of OCD.

Following *Satvaavajaya Chikitsa* promotes *Satva* nature in person thereby control mind and body.

#### **Anuloma and Viloma Pranayama and Bhramari Pranayama:**

*Pranayama* means controlling technique of breath; by controlling of breath one can also control his mind. It appears to be superior to no treatment and progressive relaxation and reduction in symptoms for both depression and anxiety [38, 39, 40, 41]

It shows good safety and tolerability in short-term treatment [42]. Rodenback, (1999) and Miyard, (2002) conclude that *Bhramri pranayam* significantly reduce stress and anxiety after one month practice.

#### **Meditation:**

The *Omkar* recitation helps in relaxing both body and mind and minimize the tension and stress. Bahrke, 1997 concluded that due to the practice of *Pranayama* and *Omkara* recitation, relaxation was found to reduce tension effectively and improve the psychological well being of sufferers from anxiety. Specifically, it induces alpha dominance in the brain, which was characterized by mental relaxation and calms mental noise, washes off karmic impurities purify the ego and illuminates our inner body. Physiological effects of mantras on mind and body effects on Nervous system and reduce stress [43, 44, 45]. Combined action of therapy can be performing under following heads: Increasing brain serotonin activity; it may also produce more activity in the orbital region and caudate nuclei [46] may affect inhibition the neurotransmitter serotonin reuptake, it may alleviates anxiety by modulation of neuronal communication such as GABA neurotransmission via alteration of neurotransmitter synthesis stimulating or sedating CNS activity, and regulating or supporting the healthy function of the endocrine system [47, 48] also works as 'adaptogenic' and 'tonic' actions, which are posited to provide increased adaptation to exogenous stressors via complex effects on neurochemistry and the endocrine system [49]

#### **Conclusion:**

Case with mild degree of OCD symptoms, restore to health by medicated body purification (*Shodhana*) and palliative (*Shamana*) treatment along with

spiritual therapy (*Satavavajaya Chikitsa*) helped the patient improve. This treatment help the patient to actualize her inner potential. Case study shows that comprehensive use of medicated purification and palliative treatment with spiritual therapy by using Ayurveda principles is effective in the management of OCD. Ayurveda treatment may be offered as a option in specifically anxiety related diseases. There is further scope of study in large sample size for the holistic approach of alternative medicines in stress related clinical disorders.

#### **References :**

- 1] Rasmussen SA, Eisen JL. The epidemiology and clinical features of obsessive compulsive disorder. *Psychiatr Clin North Am.*1992 Dec;15(4),p.743-58
- 2] Dean McKay, A critical evaluation of obsessive-compulsive disorder subtypes: Symptoms versus mechanisms, *Clinical Psychology Review* 24 (2004) 283–313
- 3] Singh Deepak, Department of Psychology Dev Sanskriti Vishwavidyalaya Shantikunj, Haridwar (Uttaranchal), A Holistic Psychotherapeutic Approach For The Management Of Obsessive Compulsive Disorder, 2005, p. 1-9.
- 4] Rasmussen, S. A., & Eisen, J. L. (1990). Epidemiology of obsessive compulsive disorder, *The Journal of Clinical Psychiatry*, 51(2, Suppl), p. 10-13.
- 5] Gorman JM, Kent JM, Neuroanatomical hypothesis of panic disorder, revised. *American Journal of Psychiatry* 157(4), p. 493-505
- 6] Bartz J.A., Hollander E, Is obsessive-compulsive disorder an anxiety disorder?, *Prog Neuropsychopharmacol Biol Psychiatry*, 2006 May;30(3), p. 338-52.
- 7] De Veugh Geiss et al., Clomipramine Hydrochloride in Childhood and Adolescent Obsessive-Compulsive Disorder—a Multicenter Trial, *Journal of the American Academy of Child & Adolescent Psychiatry*, February 1992, 31(1), p. 45-49.
- 8] Maina G, Albert U, Bogetto F, Relapses after discontinuation of drug associated with increased resistance to treatment in obsessive-compulsive disorder, *Int Clin Psychopharmacol*, 2001 Jan;16(1), p.33-8.
- 9] Eisenberg et al, Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey, *JAMA*, 1998 Nov 11;280(18), p.1569-75.
- 10] Agnivesha, Charaka, Dridhabala; Charaka Samhita with Ayurveda Dipika commentary, Chikitsa Sthana, Apasmara Chikitsadhyaya 10/60; In: Vd. Jadavaji Trikamji Acharya, editor; 4<sup>th</sup> edition, Chaukhambha Sanskrit

- Sansthan, Varanasi, 1994, p. 477 . 1st edition, Chaukhambha Sanskrit Sansthan, Varanasi, 1994, p.470
- 11] Shukla Vidyadhara, Charaka Samhita commentary vaidya manorama, I part, Sutrasthana, 1/58, Chaukhamba Sanskrita Pratisthana Delhi, reprint edition, 2005, p.34
- 12] Goodman WK, Price LH, Rasmussen SA, et al. The Yale-Brown Obsessive Compulsive Scale. Development, use and reliability. Arch Gen Psychiatry. 1986; 46: 1006-1011
- 13] Shukla Vidyadhara, Charaka Samhita commentary Vaidya Manorama, first part, Sutrasthana, Chapter 15, verse 22, Chaukhamba Sanskrita Pratisthana Delhi, reprint edition, 2005, p.247
- 14] Shukla Vidyadhara, Charaka Samhita commentary Vaidya Manorama, first part, Sutrasthana, Chapter 12, verse 4, Chaukhamba Sanskrita Pratisthana Delhi, reprint edition, 2005, p.186
- 15] Shukla Vidyadhara, Charaka Samhita commentary Vaidya Manorama, Volume II, Chikitsa sthana, Chapter 9, verse 28, Chaukhamba Sanskrita Pratisthana Delhi, reprint edition, 2004, p.239
- 16] Bhattacharyya D, Sur TK, Jana U, Debnath PK. Controlled programmed trial of *Ocimum sanctum* leaf on generalized anxiety disorders. Nepal Med Coll J 2008; 10: 176-9.
- 17] Seely D, Singh R. Adaptogenic potential of a polyherbal natural health product: report on a longitudinal clinical trial. Evid Based Compl Alter Med 2007; 4: 375-80.
- 18] Shukla Vidyadhara, Charaka Samhita commentary Vaidya Manorama, first part, Sutrasthana, chapter 20, verse 11, Chaukhamba Sanskrita Pratisthana Delhi, reprint edition, 2005, p.293
- 19] Singh, Dhawan, Neuropsychopharmacological effects of the Ayurvedic nootropic *Bacopa monniera* Linn. (Brahmi), 1997, Volume: 29, Issue: 5, p. 359-365
- 20] Sarkar Sukanto, Add-on effect of Brahmi in the management of schizophrenia, J Ayurveda Integr Med. 2012 Oct-Dec; 3(4), p. 223-225
- 21] Krishnakumar et. al., Upregulation of 5-HT<sub>2C</sub> receptors in hippocampus of pilocarpine-induced epileptic rats: Antagonism by *Bacopa monnieri*, Epilepsy & Behavior, 2009; 16(2): 225-230.
- 22] Limpeanchob et al., Neuroprotective effect of *Bacopa monnieri* beta-amyloid-induced cell death in primary cortical culture, Journal of Ethnopharmacology, 2008; 120(1):112-117
- 23] Sairam et al. Differential response of wheat genotypes to long term salinity stress in relation to oxidative stress, antioxidant activity and osmolyte concentration, J Plant Science 2002; 163:1037-1046
- 24] Shukla Vidyadhara, Charaka Samhita commentary Vaidya Manorama, first part, Sutrasthana, Chapter 13, verse 15, Chaukhamba Sanskrita Pratisthana Delhi, reprint edition, 2005, p.199
- 25] Sen Govindas, Editor bhaishajyaratnavali with sidhhiprada hindi commentary, Karnarogadhikara 62 verse 29, reprint edition 2007, p.970
- 26] Ibid 19
- 27] Warriar, Nambiar, Ramankutty, "Indian Medical Plants," Orient Longman Ltd., Hyderabad, 1996, vol. IV, p. 104-107
- 28] Bhattacharya et al., Anxiolytic-antidepressant activity of *Withania somnifera* glycowithanolides: an experimental study, Phytomedicine. 2000; 7(6):463-9
- 29] Bhattacharya and Muruganandam, Adaptogenic activity of *Withania somnifera*: an experimental study using a rat model of chronic stress, Pharmacol Biochem Behav, 2003; 75(3):547-55.
- 30] Parekar Reshma R., Effect of *Saraswatarishta* in animal models of behavior despair, J Ayurveda Integr Med. 2014; 5(3):141-147
- 31] Kulkarni Omkar et. al, Effect of pre-sterilization on physicochemical parameters and in vitro free radical scavenging potential of *Saraswatarishta*, Journal of Pharmacy Research 2012; 5(5):2657-2663
- 32] Agnivesa, Charaksamhita-commentary of Chakrapanidatta, Choukhamba Sanskrit Pratisthana, Ed. 2009, Varanasi, Chikitsasthana, 10/16-17, p.475
- 33] Yadavji Trikamji Acharya. editor. Dantidravantikalpa. Chapter 12, Verse 104. New Delhi: Rashtriya Sanskrit Samsthana; 2006. Charaka Samhita of Agnivesha, Kalpa Sthana; p. 676.
- 34] Vaghbhatta, Astanghritya, Sarvangsundra commentary of Arundatta, Choukhamba Sanskrit Pratisthana, Varanasi Uttarsthana verse 7/18:2007.p.475
- 35] Vaghbhatta, Astanghritya, Sarvangsundra commentary of Arundatta, Choukhamba Sanskrit Pratisthana, Varanasi, Sutrasthana verse 5/37-40:2007.p.73
- 36] WHO Geneva. The ICD classification of mental and behavioural disorders. Clinical description and diagnostic guidelines. AITBS publishers and distributors, New Delhi; 2005.p.125-126
- 37] Shikha girdhar, Evaluation of anti-compulsive effect of methanolic extract of *Benincasa hispida* Cogn. fruit in mice, [Acta Pol Pharm](#). 2010 Jul-Aug; 67(4):417-21.
- 38] Khalsa DS et. al, Clinical case report: efficacy of yogic techniques in the treatment of



- obsessive compulsive disorders, *Int J Neurosci.* Mar 1996;85(1-2), p.1-17.
- 39] Khalsa, Beckett. Shannahoff-Khalsa DS, Clinical Case Report: Efficacy of Yogic Techniques in the Treatment of Obsessive Compulsive Disorders, *International Journal of Neuroscience*, March 1996;85(1-2):1-17.
- 40] Arndt Büsing et.al, Effects of Yoga on Mental and Physical Health: A Short Summary of Reviews, *Evid Based Complement Alternat Med*, 2012; 165:410
- 41] G Kirkwood, Yoga for anxiety: a systematic review of the research evidence, *Br J Sports Med.* 2005;39:884–89
- 42] Silva Da et al, Yoga in the treatment of mood and anxiety disorders: A review, *Asian J Psychiatry*, 2009 Mar; 2 (1), p. 6-16
- 43] Soumya Mishra, et. al, Beneficial Effects Of Om Chanting On Perceived Stress, Auditory And Visual Reaction Time In Private School Teachers, *Int. J. Res. Ayurveda Pharm.* 8 (2), 2017, p.79-81
- 44] Bangalore G Kalyani et. al, Neurohemodynamic correlates of 'OM' chanting: A pilot functional magnetic resonance imaging study, *International Journal of Yoga.* Jan-Jun 2011; 4(1), p. 3–6.
- 45] Karnick C. R., Effect of Mantras on Human Beings And Plants, *Anc Sci Life.* 1983 Jan-Mar; 2(3), p.141–147.
- 46] Pittenger Christopher, et. al, Clinical Treatment of Obsessive Compulsive Disorder, *Psychiatry (Edgmont).* 2005 Nov; 2(11), p.34–43.
- 47] Pittenger Christopher, et. al, Pharmacological treatment of obsessive-compulsive disorder, *Psychiatr Clin North Am.* 2014 Sep; 37(3), p. 375–391
- 48] Sarris J, Herbal medicines in the treatment of psychiatric disorders: a systematic review. *Phytother Res.* 2007 Aug;21(8), p.703-16.
- 49] Panossian et.al, Evidence-Based Efficacy of Adaptogens in Fatigue, and Molecular Mechanisms Related to their Stress-Protective Activity, *Current Clinical Pharmacology*, Volume 4, Number 3, September 2009, pp. 198-219

**Conflict of Interest:** NIL

**Source of Support:** NA

**Ethical Clearance:** NA

**Registered to:** NA

**Acknowledgment:** NIL

**How to cite this article:** Gaurav Sawarkar, Punam Sawarkar. Management of obsessive compulsive disorder (OSD) through Ayurveda. *J. Ind. Sys. Med.* 2018;6(3):157-165