

Ayurveda and Yoga Management in Obsessive Compulsive Disorder (OCD)-A Case Report

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Abstract:

Obsessive compulsive disorder (OCD) is a type of anxiety disorder characterized by recurrent intrusive thoughts, ideas, or sensations (obsessions) which leads the subject to engage in repetitive compulsions. Obsessions and compulsions are time-consuming; interfere significantly with the person's normal routine, social and occupational functioning. OCD is caused by low serotonin activity. It is similar to *Atattvabhinivesa* - a mental disorder explained in Ayurveda. A 23 year old male patient came with complaints of repetitive and negative thoughts throughout the day, by which he couldn't concentrate on his work. An integrative intervention; which included *Sroto Shodhan* (channel cleansing) therapies, *Marsha Nasya* (nasal administration of medication) with *Purana ghrita* (old ghee) for seven days, thereafter *Saraswatharishtam* and *mansasamithravati* was prescribed for one month and *Pranayama* were incorporated. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS) before treatment was 14 and after treatment was reduced to 7.

Keywords: *Atattvabhinivesha*, *Purana Ghrita Nasya*, Obsessive Compulsive Disorder, *Yoga*.

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Introduction:

Atattvabhinivesha is a thought disorder due to *Buddhi Vaishamya* (impaired judgment) along with the impairment in functioning of *Mana* (mind), *Smriti* (memory) and *Chesta* (psychomotor activities).^[1] It is depicted as *Mahagada* (great ailment) due its poor prognosis and distress to the patient himself and to the family.^[2] Obsessive Compulsive Disorder (OCD) is caused by low serotonin activity. The line of treatment that can be

adopted is *Nasya karma* which is basically used for the *Sodhana* (cleansing) of *Urdhwanga*.^[3] The use of *Ghrita* on a daily basis has its benefits on all systems of the body. *Ghrita* alleviates *Vata* and *Pitta*, without increasing *Kapha* much. It enhances digestive fire, memory, intelligence, eyesight and vitalizes the body. Traditionally prepared *Goghrita* (cow ghee) has higher levels of docosahexaenoic acid. The reference of *Purana ghrita* (old ghee) is available in the *Samhita*.^[4] In latest studies

found *Ghrita* has the presence of tryptophan which is a precursor of serotonin. ^[5-6]

Case Report:

According to the twenty-three years old male patient and his father, he was apparently healthy 3 years back. He had to work in the premises of a temple as a part of his occupation. Since then he noticed an increasing urge to disrespect god through socially unacceptable behaviors like spitting and destroying godly characters. These urges aggravated over time. Meanwhile he noticed repetitive and negative thoughts which disturbed his daily activities throughout the day. He was admitted in different hospitals over the past three years; but found little relief only. Because of these complaints he had to resign from his job. Hence, he approached *Manovigyan Avum Manasaroga* OPD of SDM College of Ayurveda and Hospital, Hassan, seeking relief. There was no relevant family history, medical history or past interventional history (Table-1). Allergic reaction over face, weight gain subsequent to treatments - details not known. Not a known case of Diabetes Mellitus and hypertension. The patient was of medium physical status, moderate in *Satyabala* (mental strength), and moderate in *Rogibala* (physical strength). *Shareerika Doshakopa* (Dosha vitiation in body) was of *Vata* and *Pitta*, *Manasika doshakopa* (dosha vitiation in mind) was of *Rajas* (activity), *Dhatu* (tissue/stratum) involved was *Rasa* (lymph), *Agni* (digestive strength) was found to be *Sama* (equilibrium),

Koshta (digestive tract) was found to be of *Madhyama* (moderate) type, *Shareerika prakruti* (body constitution) was *Vata-Kapha* and the *Srotas* (channels) involved were *Rasavaha* (lymphatic channels), *Manovaha* (mental channels) and *Buddhivaha* (intellectual channels).

Patient was found to be well groomed, well dressed, and cooperative; appropriately behaved and could build a good rapport. His speech was found to be normal and was in an anxious mood. The higher mental functions, insight and judgment were intact. There were repetitive intrusive thoughts regarding aversive feelings towards godly images. Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was used as an assessment tool. ^[7]

Therapeutic interventions:

1. *Sarvanga udwarthanam* (powder massage) followed by *Parisheka* with *Dashamoola Kashaya* mixed with *Dhanyamla* for 3 days.
2. *Takradhara* (pouring medicated buttermilk on forehead in a stream) for 3 days
3. *Pradhana Karma: Marsha nasya* with *Purana githa* for 7 days.

As *Poorvakarma* to *Marsha Nasya*, *Mridu Abhyanga* with *Eladi Taila* followed by *Nadi Swedana* was performed. Then, *Nasyakarma* was done according to standard Operative procedures.^[8] *Paschat Karma* (post procedure) included *Dhoomapana* (herbal smoking), *Gandusha* (oral retention) and *Kavala Graha* (lukewarm gargling) with *Saindhava Jala*.

Table-1: Timeline of events:

Date	Relevant past Medical History and Interventions		
	A 23 years old male patient, presenting with repetitive and negative thoughts, fearfulness and disrespect to godly images and temples. These urges aggravated over time. Meanwhile he noticed which disturbed his daily activities throughout the day since 3 years.		
	Summaries from initial, intermediate and final assessments	Diagnostic test	Interventions

5/07/2021 to 7/07/2021	Excessive negative thoughts, poor concentration Fearfulness, reduced sleep	Blood routine examination, urine routine examination, ECG, USG done on 5/07/2021	<i>Takradhara</i> , (pouring medicated buttermilk on forehead in a stream) <i>sarvanga Udwarthanam</i> (powder massage) followed by <i>parisheka</i> (pouring the stream of medicated decoction) with <i>Dashamoola Qwatha</i> and <i>Dhanyamla Yoga</i> and <i>Pranayama</i> For 3 days
8/07/2021 to 13/07/2021	Negative thoughts, Fearfulness,	Nil	<i>Mukha abhyanga</i> (facial massage) with <i>eladi taila</i> and <i>marsha nasya</i> with <i>purana ghrita</i> 8 drops each nostril <i>Samsarjana karma</i> (restorative diet regimen) for 7 days
14/07/2021	YBOCS scale score was 12		<i>Saraswatarishta</i> and <i>manasamitra vati</i> on discharge

Table-2: Internal medications at the time of discharge:

Name of medicine	Dose	Duration	Rationale
<i>Manasamitra Vati</i> tablet ^[9]	1-0-2 after food	For 15 days	<i>Manodoshahara</i> (pacifies <i>doshas</i> of mind), promotes <i>medha</i> (intellect)
<i>Saraswatharishtam</i> ^[10]	30 ml twice daily after food	For 15 days	<i>Smriti</i> (retention of memory) and <i>medha</i> promoting, <i>rajodoshahara</i> (pacifies <i>rajas</i>)

Table-3: Y-BOCS Assessment Tools:

Parameter	Before Treatment 5/7/2021	After Treatment 14/7/2021
Time occupied by obsessive thought	3	1
Interference due to obsessive thoughts	3	2
Distress associated with obsessive thoughts	3	1
Resistance against obsession	2	1
Degree of control over obsessive thoughts	3	2
Time spent performing compulsive behavior	0	0
Interference due to compulsive behavior	0	0
Distress associated with compulsive behavior	0	0
Resistance against compulsions	0	0
Degree of control over compulsive behavior	0	0
Total Score	14	07

Result and Discussion:

Atattvabhinivesha is a thought disorder which includes excessive repetitive thoughts. In this study, *Nasyakarma* with *Purana ghrita* was chosen to treat *Atattvabhinivesha*. ^[11]

Parameters associated with obsessive thoughts showed improvement over the period of study (two months). Total Score in the Y-BOCS Assessment Tool reduced from 14 (Before Treatment) to 7 (After Treatment).

Initially, *Sroto Shodhan* was achieved by *Sarvanga Udwarthanam*, *Parisheka* with *Dashamoola Kashaya* mixed with *Dhanyamla* and *takradhara*. These helped in alleviating *vata* aggravated at *Sarva Shareera* and *Shiras*. Patient had complaints of negative thoughts and fear. These can be attributed to cognition inflexibility, repetitive thoughts and actions observed in OCD. OCD is found in association with many brain lesions of basal ganglia, hypothalamus and third ventricle. [12] *Nasya* is *Urdhwanga Sodhana*, *Sroto Shodhan* and *Vathakaphasamana*. Nostrils are considered the “doorway” to the cranial cavity. [13]

Purana ghrta is *Katu* and *Tikta* in *Rasa*; *Katu* in *Vipaka* and *Tridosha Shamak*. [14] High saponification value of *Purana ghrta* is due to presence of short chain fatty acids. Shorter the fatty acid chain, the easier it is to get absorbed into the brain. Unsaturated fatty acids have the capability to transcend the blood brain barrier due to its lipophilic nature. [15]

Nasal mucosa is lipophilic in nature. This enables easy transportation of *ghrita* towards the brain. Blood brain barrier (BBB) also has a lipophilic molecular structure. This makes the lipids and lipid soluble drugs pass easily through BBB. [15] So the drugs which are given in the form of ghee (lipids), are rapidly absorbed in the target areas of the central nervous system. The mechanism of *Purana ghrta nasya karma* in *Atattvabhinivesha* is recognized by these factors.

The control over breathing during *Pranayama* helps in controlling the mind and its activities. This ultimately leads to control over thoughts and behaviors. Intrusive thoughts get significantly reduced. A research on holistic approach in OCD found the positive effect of breathing exercise on the level of OCD. [16]

Conclusion:

Obsessions are repetitive thoughts which hamper the patient’s quality of life. The present case report highlights the importance of *Nasya*

Karma with *Purana Ghrta* along with regular practice of *Bhramari Pranayama*, in the case of *Atattvabhinivesha*. *Pranayama* helps the patient to control over the breath which leads him to control over the negative and repetitive thoughts. Various parameters related with obsessive thoughts showed improvement over the period of intervention.

Limitation of study:

As this is a single case report, further studies over larger sample sizes are necessary to shed light upon this disorder.

Patients consent:

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

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