



Obsessive Compulsive Disorder: An Ayurvedic Approach

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ABSTRACT

Obsessive-compulsive disorder (OCD) is an anxiety disorder that centers on repetitive, fearful thoughts, termed as obsession and the resultant ritualistic, compulsive action. The reported lifetime prevalence in India is 1%, affecting both children as well as adults. Once identified the condition goes on across the life span, resulting in decreased productivity, as well as quality of life. The available management includes – cognitive behavior therapy, drug therapy with selective serotonin reuptake inhibitors, or both. The outcome is not as expected, but resultant decrease in the symptoms are reported. The approach of the ancient medical system of Ayurveda towards the mind and its altered functions needs special mention, in this regard. Ayurveda is reported to have several combinations and approaches effective for the same. Also the counseling methods, Yoga and Pranayama can be incorporated. Here the primary approach of an Ayurvedic practitioner towards OCD is being discussed. With treatment and self-help strategies, one can break free of the unwanted thoughts and irrational urges and regain control of their life, among the affected ones. The development of strategies that work better and more rapidly, is a major goal of the ongoing research. The prime objective is to improve the quality of life of those affected with OCD.

Key words- Obsessive Compulsive disorder, Cognitive behavior therapy, Manas, Sodhana, Pranayama



INTRODUCTION

As per the mental health report by WHO, it was estimated that, OCD was among the top 20 causes of illness-related disability, worldwide, for individuals between 15 and 44 years of age¹. Moreover, many other reports cite OCD as the fourth most common mental illness after phobias, substance abuse, and major depression². The prevalence varies as per the countries, but the Indian scenario is upto 1-2 % of the population making it a chronic debilitating condition with substantial impact on the quality of life³.

Obsessive compulsive disorder is an anxiety disorder characterized by intrusive thoughts, feelings, ideas, sensations (obsessions), that produce uneasiness, apprehension, fear, or worry, by repetitive behaviors that make them feel driven to do something (compulsions)⁴. Persons who have this condition find themselves repeating certain behaviors or thoughts again and again, by knowing the repetition is unnecessary or irrational, but are

unable to restrict themselves. Two types of obsessions are reported in common i.e. autogenous and reactive⁵. Autogenous obsessions are experienced as involuntary, guilt-provoking thoughts without an identifiable trigger. Reactive obsessions are caused by external events and tend to be related to concerns about the contamination, accidents or a need for perfection.

The behavior provides with temporary relief for them but resisting the same, adds on to their anxiety. Unfortunately, these obsessive thoughts are often disturbing and distracting. The unrealistic repetitive behaviors are really time consuming and results in the subject attaining a condition of depression, affecting their normal functioning and daily life. The symptoms of OCD affect people regardless of their cultural background, occupation or socio-economic status⁶. One third of the patient shows partial response to conventional strategies and 20% shows no response at all.

SIGNS AND SYMPTOMS

Common obsessive thoughts in OCD include, excessive focus on religious or moral ideas, fear of causing harm to oneself or others, fear of losing or not having things you might need, superstitions, order and symmetry - the idea that everything must line up "just right", fear of being contaminated by germs or dirt etc.⁷ Common compulsive behaviors include repeatedly checking in on loved ones to make sure they're safe, spending a lot of time washing or cleaning, ordering or arranging things "just so, excessive double-checking of things, such as locks, appliances and switches, praying excessively or engaging in rituals triggered by religious fear, accumulating "junk" such as old newspapers or empty containers⁸.

CAUSATIVE FACTORS

The common presentations include washers and cleaners, checkers, orderers, hoarders, obsessionals etc as per the nature of obsessions and compulsions. Various causative factors have been there under discussion and consideration for the same⁹. Compulsive behavior has been there as a part of protective measure as an evolutionary advantage. The alteration in the neurotransmitter serotonin which regulates anxiety is also being reported. A mutation has been found in the human serotonin transporter gene, hSERT, in unrelated families with OCD¹⁰. Environmental factors also play a role in how these anxiety symptoms are expressed. Rapid onset of OCD in children and adolescents may be caused by a syndrome connected to Group A streptococcal infections (PANDAS) or caused by immunologic reactions to other pathogens¹¹.

Independent studies have consistently found unusual dopamine and serotonin activity in various regions of the brain in individuals with OCD. These can be defined as dopaminergic hyperfunction in the prefrontal cortex and serotonergic hypofunction in the basal ganglia¹².

CURRENT SCENARIO OF MANAGEMENT

To start with, either medication with SSRI in an appropriate dose for at least six weeks or CBT is advised. If there is no response, the unusual recommendation is to try another SSRI or with clomipramine¹³. If there is partial response to SSRIs, augmentation strategies can be attempted include buspirone, lithium, clonazepam or a novel neuroleptic. Treatment in a specialized program usually includes intensive behavior modifications administered in outpatient, partial hospital or inpatient units. Stimulants, tricyclics, MAOIs, or

ECT could be considered as the next step, but these strategies have reported low rate of response¹⁴. Non-pharmacological experimental strategies could be considered, such as Transcranial Magnetic Stimulation (TMS), Deep Brain Stimulation (DBS), or Vagus Nerve Stimulation (VNS). Electroconvulsive therapy (ECT) has been found effective in severe and refractory cases¹⁵. The assessment of the management is usually done with the help of Yale-Brown Obsessive Compulsive Scale and the Illness Intrusiveness ratings Scale.¹⁶ Cognitive-behavioral therapy for OCD is reported as the most effective among the therapies. Exposure and response prevention is the accepted among them which involves the repeated exposure to the source of one's obsession to make them to have a control among them¹⁷. A big part of the cognitive therapy for OCD is teaching the healthy and effective ways of responding to obsessive thoughts, without resorting to compulsive behavior. Relaxation techniques may include imagery, breathing skills, and muscle relaxation¹⁸.

Because OCD often causes problems in family life and social adjustment, family therapy can often be beneficial. Family therapy promotes understanding of the disorder and can help reduce family conflicts. It can motivate family members and teach them how to help their loved one.

AYURVEDA AND OCD

In Ayurveda, the functional aspect of the mind is discussed rather than the structural ones, which were derived from the light of Ancient Indian philosophies like Saankhya and Vaiseshika¹⁹. Life is the resultant combination of the factors sareera, indriya, manas and atma which is having function, at their own levels in the living being. Manas is essential for the perception to occur. The presence and absence of jnaana is explained as the diagnostic point of the presence of manas²⁰. Manas at its normalcy is utmost, for any type of knowledge to perceive in a quite usual manner, in an individual.

The discrimination power of mind is well explained by Charaka²¹. The perceptions received by the indriyas are analyzed by the manas for its positive and negative side and the actions are based on the same and to be maintained for a better health. These functions are attributed to the vishayas of manas. Chintya is that by which manas analyses a thing, whether it is to be performed or not. Vicharya is the discrimination of its good or bad consequences. Sankalpa is the discriminative knowledge of guna or dosha. Other entities perceived by the mind includes sukha, dukha etc as

per the individual²². It is often difficult to divert the manas from undesirable objects without endurance. In condition like OCD, it can be explained that there is deviation of manas from its functions such as dheer, dhriti, smriti etc. to various extents. OCD comprises a wide range of presentations that represent various psychological domains such as perception, cognition, emotion and other motor behaviors. These are happening due to the derangement of manas along with its functions. The doshas corresponding to the body ie. Vatha, pitta kapha and the doshas of the psyche ie. rajasa and tamasa are the contributory causative factors for this derangement²³. The condition is occurring more in individuals with the heena or diminished bala of satva ie. the mind. Any unwholesome act, physical, mental or verbal termed as prajnaparadha is the causative here, in this regard²⁴. The resulting misinterpretation by the budhi will cause alteration in the proper understanding of things whether, they are rational or not. Following the vibramsa of budhi, one is not aware of his activities and its outcome and also he may repeat the same and the normal activities or routine gets impaired. By the derangement of manas, the chinta or faculty of judgment is affected. This may lead to irrational and intrusive obsessive thoughts. Vatha dosha is deranged resulting in the alteration of the functions of the manas²⁵. Along with this, the person may not be able to discriminate nitya or anitya and hita or ahita.. This situation will capture him to an anxiety condition by which he will be presenting with the symptoms of obsession and compulsion. Among the faculties contributing to condition of unmada, smriti (recollection), bhakti (desire), Sheela (habits), Chesta (activities) and achara (rituals) gets affected in a person with OCD at various levels. The altered Vatha leads to the derangement of the other doshas, leading to anxiety, depression or so. For eg. the altered Kapha leads him to a stage of depression.

AYURVEDIC MANAGEMENT

In Ayurveda, in the management of each and every condition, the somatic as well as psychic

approaches have been considered. The components include the three machinery of chikitsa such as yukti vyapasraya, daiva vyapasraya and satvavachaya chikitsa as per the demand from the condition²⁶. In the first entity, drug, diet as well as deeds are properly administered, as per the assessed dosha status, of the condition. Here we can opt either for the sodhana chikitsa or samana chikitsa. The status of the aggravation of the dosha as well as the bala of the affected individual decides whether the sodhana is necessary or not. If the dominant dosha is Vatha, snehapana is ideal with Mahat panchagavya gritha or Mahapaisachika gritha²⁷. Similarly snehana is followed by Vamana in Kaphaja variant and Virechana in Pittaja variant of the disease. This is followed by nasya, which is brimhana in nature. Rasayanas like sankupushpi, jadamanchi, jyotishmati etc. needs mention here in this regard.

In satvavachaya chikitsa, manas is controlled from its vishayas which are not hita or positive and is indulged in its arthas which are hita to the mind. It can be executed with the proper practice of jnana, vijnana, dheer, dhairya and Samadhi²⁸. These can be adopted in a clinical level with the support of later developed techniques, like CBT. Similarly, selected Yoga procedures, along with Pranayama is being incorporated²⁹. Familial counseling techniques are also arranged along with the protocol. The protocol has to be repeated in suitable time limits in severe cases.

CONCLUSION

OCD is causing significant decline in the quality of life of those affected, instead of the advancements in the modern psychiatry. Ayurveda has an answer to all the psychiatric affections to an extent, without the fear of adverse effect or dependence to the same. The diplomatic use of selected Ayurvedic drugs along with the psychotherapy and yoga is very much promising in the management of conditions like OCD and hence can contribute much towards the goal of a positive mental health.

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