

A Case Study on Ayurvedic Treatment of Obsessive Compulsive Disorder (OCD) by *Shamana Sneha* of *Panchgavyaghrita*

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Abstract

Obsessive-compulsive disorder (OCD) is a type of anxiety disorder in which a person has unreasonable thoughts and fears (obsessions) that lead him to engage in repetitive behaviors (compulsions). A person affected with OCD may realize that his obsessions are not reasonable and may try to ignore or stop them, but he is driven to perform compulsive acts in an effort to ease his distress. OCD usually centers on themes which lead to ritualistic behavior that ultimately affects the person's life. Here in the case of OCD, *Vata* is the main vitiated *Dosha* among the three basic *Doshas*. So, management should be directed to balance all three *Doshas*, with special focus on pacification of *Vata*. *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 Sneha Panchgavyaghrita* was selected as a *Samanasneha* described in *CharakaSamhita* for *Apasmara Chikitsa*. Overall effect of therapy was assessed by Yale Brown Obsessive Compulsive Scale (Y-BOCS), noticeable improvement was obtained.

Keywords

Obsessions, Compulsions, *Shamana Sneha*, *Panchgavyaghrita*



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INTRODUCTION

Human beings are promoters of perfectionism in their day to day activities. Perhaps it depends upon their social standards, religious beliefs, customs and manners and the way they are born and brought up. Such a mentality is essential for the well-being of a person and also of the society. But when the need of perfection exceeds the physiological limits, then it affects the daily activities of individual. It leads to a diagnosis of disease like obsessive compulsive disorder. Obsessive compulsive disorder is a heterogeneous and a multidimensional psychiatric disorder¹. It is characterized mainly by obsessive thoughts and/or compulsive actions. Obsessions are recurrent and intrusive thoughts, feelings, ideas or sensations. Compulsions are conscious repetitive behaviors and actions such as checking, counting, avoiding etc². The obsession leads to compulsive acts and if the person tries to resist this, it may lead to anxiety or similar episodes³.

Manasikarogas are explained in the classics, where there is function of *Manas* (mind) deranged, including *Dhee* (improving intelligence) *Budhhi* (cognition), and *Smriti* (memory). *Vayu* is the controller of the *Mana*⁴. Obsessive compulsive disorder can

disturb one considerable manner and to the extent that affects their day to day life. *Panchgavyadhrita* is explained by *AcharyaCharaka* in *Apasmarachikitsa*,⁵ having *Vata* pacifying and *Medhya* effect; hence it is selected for the management of OCD.

Epidemiology

OCD affects 2% to 3% of the population and it is estimated that OCD is the fourth most common mental illness. There is an equal prevalence among males and females. Although the mean age of onset is between 22 and 36 years, it can occur in any age group and males tend to develop the disorder earlier than females. The disorder appears with similar prevalence rates and symptom. However, there can be some cultural specificity to the content of obsessions. OCD has a significant impact on quality of life and can greatly impair one's level of functioning. 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 to 44⁶.

Classification and Symptoms

ICD-10 classifies OCD into three clinic subtypes on the basis of its symptoms:

1. Predominantly obsessive thoughts or ruminations
2. Predominantly compulsive acts
3. Mixed

OCD has four major symptom patterns⁷.

Washers

The most common pattern is an Obsessions of Contamination, followed by Washing or accompanied by compulsive avoidance of the presumably contaminated object. The feared object is often hard to avoid (for example, faeces, urine, dust or germs). Patients may literally rub the skin off their hands by excessive hand washing. Patients with contamination obsessions usually believe that the contamination is spread from object to object or person to person by the slightest contact.

Checkers

The second most common pattern is an Obsession of doubt, followed by a Compulsion of Checking. The Obsession often implies some danger of violence (such as forgetting to turn off the stove or not locking a door). The checking may involve multiple trips back in to the house to check the stove, for example. The patients have an Obsession self doubt, as they always feel guilty for having forgotten or committed something

Pure obsessions

The third most common pattern is one with merely intrusive obsession thoughts without a Compulsion. Such obsessions are usually repetitious thoughts of some Sexual or Aggressive act that is reprehensible to the patient

Primary obsessive lowness

The fourth most common pattern is the Need for Symmetry or Precision, which can lead to a Compulsion of Slowness. Patients can literally take hours to eat a meal or to shave their faces.

CASE DETAILS

A male patient aged about 60 years, who is a retired school teacher with middle socio-economic status came to our OPD (OPD No. 34086) on 5th June 2015 with the persisting complaints of repeatedly washing the hands, feeling that his hands are dirty, excessive anger outbursts, fear of leaving his vehicle's key in vehicle and repeated check of that since 4 months. The onset was gradual. The subject was apparently normal 4 months back and was completely unaware of the reason for the change in his behavior. The diagnosis was made as per DSM-IV TR diagnostic criteria for OCD. The details of the obsessions and compulsions are as

follows – He used to spend approximately 2-3 hours in total in a day on washing and cleaning the hands and 2-3 times in a day check his vehicle's key. The thought of dirty hands was interfering with his day-to-day routine activities but still it was manageable. The obsessions as well as the compulsions were causing him little distressed as there was much resistance and control over the obsessions and compulsions. Because of the shyness of his behavior he was feeling difficult in mingling with the people and was keeping himself alone in his home and not interested in any social or other kind of activities. And along with these he also had the symptoms like worthlessness, hopelessness, reduced enthusiasm, reduced interest in day to day activities, getting irritated very easily even for silly aspects. On examination, no abnormalities were detected in Respiratory, Cardiovascular and Central nervous systems. On taking detailed history and clinical examination (including the mental status examination), the case was diagnosed as having Obsessive Compulsive Disorder (obsession of contamination) along with mild depression. The routine hematological investigations were observed within normal levels. The subject was nonalcoholic, nonsmoker, non-hypertensive

and non-diabetic. His marital history, family history and occupational history were founded satisfactory. *Vata-Kapha* symptoms were seen predominantly in the case. Hence, *Samshamana* line of treatment was adopted as a *Yuktivyapashrayachikitsa* of the disease OCD.

TREATMENT

*Panchgavyaghrita*⁸

(*CharakaSamhitaApasmarachikitsa*) of GMP certified company

Dose: 25 ml before meals (*Annaprakanshe*)

Anupana: Sukhoshnajala

Duration intervention: 2 months

Follow up: 1 month

Panchgavyaghrita:

The combination contains five ingredients taken in equal proportions.

1. *Gosakrit* (cow dung)
2. *Godadhi*(curd)
3. *Goksheera*(Milk)
4. *Gomootra* (Cow's urine)
5. *Goghrita*(Ghee)

ASSESSMENT CRITERIA

Assessment was done on the basis of Yale Brown Obsessive Compulsive Scale (Y-BOCS), a 5 point scale which is an indicative of degree of severity of

obsessions and compulsions. Assessment was done before treatment and every 15th day of the treatment schedule. Apart from the oral medication simple counseling was given in the form of reassurance on every week.

RESULTS

After the two months of medication, following observations were recorded. These are the scores of each criterion of obsession (Table 1) and compulsion (Table 2) before the treatment and day wise assessment during the therapy.

During the 1st assessment after 15 days there was no improvement seen. After one 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 the 2 months of treatment complete reduction in the symptoms of OCD was seen. Even the mild depression symptoms were also reduced markedly.

Table 1 Effect of therapy on Obsessions

Obsession	B.T.	A.T. (day wise)			
		15 th	30 th	45 th	60 th
Time spent on obsession	2	2	1	1	0

Interference from obsession	2	2	1	1	0
Distress from obsession	1	1	1	1	0
Resistance to obsession	1	1	1	0	0
Control over obsession	1	1	1	0	0

Table 2 Effect of therapy on Compulsion

Compulsion	B.T.	A.T. (day wise)			
		15 th	30 th	45 th	60 th
Time spent on Compulsions	2	2	1	1	0
Interference from Compulsions	2	2	1	1	0
Distress from Compulsions	1	1	1	0	0
Resistance to Compulsions	1	1	0	0	0
Control over Compulsions	1	1	0	0	0

DISCUSSION

It is often difficult to divert the *Manas* from undesirable objects without endurance. In such condition like OCD, there is deviation of *Manas* from its functions. The *Sharirika* and *Manasikadoshas* are the causative factor for this derangement. This disease happens more in individuals with the *Heena* or *Alpabala* of *Satva*. By the derangement of *Manas*, the *Chinta* or faulty thinking is affected. This may lead to irritational and intrusive obsessive thoughts. *Vatadosha* is also deranged resulting in the alteration of the functions of the *Manas*.

Probable mode of action of *Panchgavyaghrita*

The drug *Panchgavyaghrita* has *Tridoshasamana* property and is predominantly for pacifying *Vata*. It also enhances the *Agni* and provides *Srotoshuddhi* effect⁹. The drug as a whole is *Medhya*, enhances *Ojas* and its *Rasayana*. Considering all these properties, the drug act on mind. The abnormalities like obsession are greatly *Vata* predominant and it is cured by *VataSamana* action of drug. The *Srotoshodhana* action of drug helps to act deeply on the mind destructing the *Aavarana* of *Tama* and provide clarity to mind. *Grita* is also having properties of potentiating *Dhee*, *Dhriti* and *Smriti* and gets deranged in clinical condition like OCD^{10,11}.

CONCLUSION

This single case study shows that *Panchgavyaghrita* is effective in the management of OCD. The encouraging results of the case study inspire to conduct the study with same subject on large sample size. *Ayurveda* can contribute a lot to the management of condition like OCD and to improve the quality of life.

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