

A Case Report of Obsessive-Compulsive Disorder Treated with Homoeopathy

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Abstract- *Obsessive compulsive disorder (OCD) is the most commonly diagnosed disorder among the neurotic stress related and somatoform disorders (ICD 10 - F 42). Among the worldwide statistics it is presented approximately 2% of population and the symptoms include obsessive thoughts of fear of contamination by germs or microbes and compulsive acts of repetitive cleaning, checking, and intrusive thoughts of obsessions and inordinate concern with orderliness and symmetry. A case of OCD treated initially with conventional medicine and later on with homoeopathy medications for a period of more than 2 years showed its efficacy in complete remission of the illness with gradual tapering and complete withdrawal of conventional medicines. The improvement of the case has been assessed through individual domains in Yale brown obsessive-compulsive scale on every visit and without any psychological therapies.*

Indexed Terms- *Obsessive Compulsive Disorder, Homoeopathy, Calc. Carb, Y-BOCS Scale.*

I. INTRODUCTION

Obsessive-compulsive disorder (OCD) is characterized by variety of Symptoms like intrusive thoughts, preoccupation, and compulsive acts. In most of the persons diagnosed with OCD ends up with significant disturbance in their normal routine, occupational output, and other social activities. The obsessive factor is characterized by intrusive thoughts, ideas or sensation and the compulsive factor includes the repetitive acts or behaviors like counting, washing and checking etc¹. The repetitive acts aims to reduce the anxiety or the discomfort in preventing the situations and the acts adapted are not connected in a

realistic way to overcome it and at sometimes it an excessive act or behavior.²

Among 50% of persons diagnosed with OCD the onset of symptoms was found to have origin during childhood and adolescence and very unusual to find OCD over the age of 40³. Anxiety disorder is the most commonly found Co morbid psychiatric conditions in 90% of the cases⁴. In India it is found that lifetime prevalence of OCD is 0.6% and only few studies available on it. The prevalence rate is comparatively low of nearly 2-3% in the European and North American studies³.

Around 45% to 65% of the persons with OCD were having genetic predisposition⁴. In a study the fear of contamination and compulsive cleaning were linked to mutations in the NMDA subunit “NR2”⁵Pauls *et al.* observed the OCD was found more among first degree relatives around 10% compared to the controls which is 2%.⁶In another study of early family history of OCD among relatives are found to be 4%–8% and of first-degree relatives are around 20%–40% had obsession traits.^{7, 8}

The common predisposing factors for OCD are observed to be poor coping mechanism with uncertainty, over responsibility, increased anticipation and magical thinking.⁹

The common neurotransmitters responsible in OCD conditions are serotonin, dopamine, and glutamate. The major brain areas involved in OCD features are orbit frontal cortex, anterior cingulate gyrus, and basal ganglia. There are certain drugs like antipsychotics and dopaminergic agents will cause OCD symptoms and also exacerbate OCD symptoms.¹⁰

According to DSM 5, the symptoms of Obsessive thoughts, Compulsive behavior or both constitute the varieties of OCD. The obsessions are characterized by recurrent & persistent thoughts, urges, images that are experienced as intrusive & unwanted which causes marked anxiety or distress. The person attempts to ignore or suppress such thoughts, urges or images to neutralize them with severe other thoughts or actions. Compulsions are noticed as repetitive behavior that the individual perform in response to an obsession. The repeated acts are aimed at preventing some dreaded situation or event. Both the obsessive thought & compulsive acts are time consuming experiences and clinically significant distress is observed in areas like impairment in social and occupational functioning. The symptoms must present on most of the days for at least 2 successive weeks and not because of any physiological effects of drugs & medications.¹¹

The widespread availability of computer-based cognitive behavioral therapy, as well as the body of research supporting it, marks a substantial growth in the treatment of OCD. The cognitive behavioral therapy with or without selective serotonin reuptake inhibitors is still the recommended first-line treatment. The recent research supports the safety and effectiveness of neuroleptics and neuromodulatory therapies in treatment-resistant cases and provides options for patients whose disorder does not lead to first-line treatments.

For treatment-resistant OCD, new findings support the use of neuroleptics, deep-brain stimulation, and neurosurgical ablation as adjunctive treatments. Other agents (e.g., riluzole, ketamine, memantine, N-acetylcysteine, lamotrigine, celecoxib, ondansetron) may be safe in conjunction with selective serotonin reuptake inhibitors or as monotherapy in the treatment of OCD, according to preliminary evidence, but their efficacy has not yet been established.¹²

Homeopathic treatments are found effective in treating children with severe obsessive-compulsive disorder. A case series of three cases of OCD successfully treated with homeopathy were studied and two cases out of three were drug resistant. On longitudinal observation for about 20 years the case shows no relapse episodes.¹³ A case report of obsessive-compulsive disorder (OCD) conducted by

Gilla. D et al, shows positive role of homeopathy in management on ocd.¹⁴

II. CASE REPORT

A 32 years old female, along with her husband reported for consultation with complaints of repeated thoughts of cleanliness and compulsive acts like frequent washing hands, closing and opening bottles and refrigerators, rechecking things at kitchen with subjective distress and disturbed sleep and difficulty in doing daily activities since 4 years and all the complaints were increased since 3 to 4 months.

2.1 History of Present Illness:

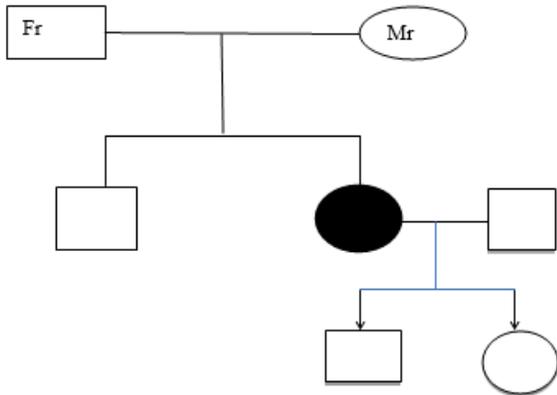
Patient was apparently alright before 4 years. Complaints started after receiving a phone call from relatives informing that her that one of her close relatives had died in an unexpected road traffic accident. Initially patient felt anxious and fearful to attend the death ceremony. Due to her husband compulsion patient attended the death ceremony and conducted the rituals. One month later she had felt discomfort over the chest and also developed unknown fear and showed restless walking and irrelevant suicidal talks she also reported that she could hear strange voices which compelled her commit suicide. Next day patient was taken to special prayers and faith healing. Patient was better for approximately 6 months. Later on she gradually developed repeated thoughts of cleanliness which made her to clean the kitchen utensils frequently and compulsive acts like frequent washing hands, closing and opening bottles and refrigerators, rechecking things at kitchen. Patient also felt anxious, irritability, disturbed sleep and agitation when things have not done according to her will. Later patient was taken to the psychiatrist and was prescribed (T. Flavoxate 200mg, T. Rivotril0.5mg, sizod on MD 0.5mg). patient was initially better with medications for nearly 6 months and the complaints were reappeared on the patients came for homeopathic consultation and admitted in the psychiatry ward for the further management.

2.2 Past History:

Psychiatric illness – Nil

Medical illness – H/o breathing difficult 7 to 8 years back. Took Homeopathic treatment complaints relieved.

2.3 Family History:



No relevant family history of any psychiatric illness or physical illness.

2.4 Physical Generals:

- Appetite – Good
- Perspiration – Normal
- Desires – Egg++, Sweet ++, Milk ++.
- Sleep – disturbed sleep due to frightful dreams
- Dreams – frightful dreams
- Menses – Regular cycles
- Thermal – doesn't want to fan, covering desire, drinks warm water, Intolerance to cold climate.

2.5 Personal History

- Birth History – Normal full term home delivery. No identifiable birth complications.
- Developmental milestones – Timely milestones.
- Behavior during childhood – Normal behavior pattern.
- School History – Average in studies, had few friends and poor interest in sports and cultural activities.
- Occupational History - Home maker
- Sexual History – Satisfactory, No extra marital affairs

2.6 Mental Status Examination

Appeared as well built and nourished, hygienic, well dressed and groomed, EEC maintained and rapport – established well. Relevant speech with adequate volume. Relevant and spontaneous answers. Anxious mood subjectively feels dull and objectively looks anxious stable affect with appropriateness. Thoughts-euthymic, stream - linear thoughts, content - obsessive ideas and compulsive acts. No perceptual deviance. Good Attention, Concentration and oriented about surroundings and questions. Memory and intellect is average. Social and personal judgment is good. Insight- grade 03.

III. DIAGNOSIS

Obsessive –Compulsive disorder (ICD 10 –F-42 / DSM V – 300.3)

Table – 01: Management and follow up details:

Date	Symptoms	Medicine	Remarks
20/04/18 to 04.05.18 Reported by Husband	<u>IPD Admission on 20.04.2018</u> Repeated washing hands /repeated actions. Obsessive thoughts. Anxious and distress. Disturbed sleep due to frightful dreams. Headache –frontal. <u>On Discharge</u> Washing hands reduced in frequent attempts. Thought intruding reduced. Anxious better Sleep improved Headache –nil	Calcarea Carbonica- 200/2d (One dose in 7 days)	T. Sizodon MD 0.5mg (0-0-1) T. Prodep 60mg (1-0-0) T.Clonazepam 0.5mg (0-0-1) 23/04/2018 T.sizodon MD 0.5mg. (0-0-1) T.Prodep 60mg (½-0-0) T.Clonazepam(0-0-1/2) (Alternative days) 28/04/18 T.sizodon MD 0.5mg. (0-0-1/2) T.Prodep 60mg (1-0-0)

			<p>T.Clonazepam (0-0-1/2)sos 01/05/18 T.sizodon MD 0.5mg.stopped. T.Prodep 60mg (1-0-0) T.Clonazepam stopped 04/05/18 Cal carb 200/2d sos</p>
<p><u>25/05/18</u> Reported by husband & Self</p>	<p>Sos take on 10th and 20th day. Staring at object increased. Washing hands repeatedly reduced Obsessive thoughts slightly persist Anxious better Headache –nil Sleep –good</p>	<p>Cal carb 200/2d (sos) X 1 month</p>	<p>T.Prodep 60mg (1-0-0)</p>
<p><u>29/06/18</u> Reported by husband & Self</p>	<p>Washing hands repeatedly frequency increased. Obsessive thought persist Staring at objects reduced Anxious better Headache –nil Sleep –good</p>	<p>Cal Carb 200/2d (1 dose in every fortnight) X 1 month</p>	<p>Cap.Prodep 60mg (1-0-0) Once in 2days</p>
<p><u>03/08/18</u> Reported by husband & Self</p>	<p>Washing hands repeatedly frequency decreased Obsessive thought reduced Anxious present Headache –frontal region Sleep –good</p>	<p>Cal carb 200/2d (1 dose in every fortnight) X 1 month</p>	<p>Cap.Prodep 60mg (1-0-0) Once in 2days</p>
<p><u>07/09/18</u> Reported by husband & Self</p>	<p>Repeatedly cleaning in plates and washing hands increased Not satisfied when others clean Obsessive thought increased Anxious better Headache-nil Sleep –good</p>	<p>Cal carb 200/2d (1 dose in every fortnight) X 1 month</p>	<p>Cap.Prodep 60mg (1-0-0) Once in 2days</p>
<p><u>12/10/18</u> Reported by husband & Self</p>	<p>Repeatedly cleaning plates and washing hands are frequency reduced. Agitation present Obsessive thought reduced Sleep –good</p>	<p>Cal carb 200/2d (1 dose in every fortnight) X 1 month</p>	<p>Cap.Prodep 60mg (1-0-0) Once in 2days</p>

<u>16/11/18</u> Reported by husband & Self	Repeatedly cleaning plates and washing hands are frequency reduced. Agitation reduced Obsessive thought reduced Sleep –good	Cal carb 200/2d (1 Dose in a month) X 2 Months	Cap.Prodep 60mg (1-0-0) Once in 2days
<u>11/01/19</u> Reported by husband & Self	She repeatedly done something like lightening the bottles after filling them several times. Repeatedly hand washing reduced Obsessive thought persist Sleep –good	Cal carb 200/2d (1 Dose in a month) X 2 Months	Cap.Prodep 60mg (1-0-0) Once in 2days
<u>13/03/19</u> Reported by husband & Self	Repeatedly washing hands reduced Starting at one object present Obsessive thought persist Irritability present Sleep –disturbed	Cal carb 200/2d (1 Dose in a month) X 2 Months	Cap.Prodep 60mg (1-0-0) Once in a Week
<u>13/05/19</u> Reported by husband & Self	Repeatedly washing hands reduced Starting at one object present Obsessive thought persist Irritability present Sleep –disturbed	Cal carb 1M/1d(Stat) X 1 Month	Cap.Prodep 60mg (1-0-0) Once in a Week
<u>14/06/19</u> Reported by husband & Self	Repeatedly washing hands reduced Starting at one object present Obsessive thought persist Irritability slightly reduced Sleep –better	Cal Carb 1M/2d (1 dose in every fortnight) X 1 Month	Cap.Prodep 60mg (1-0-0) Once in a Week
<u>19/07/19</u> Reported by husband & Self	Tendency to certain activities repeatedly like arranging the cloths and washing hands reappeared. Starting at one object present Obsessive thought persist Over cleanliness present Sleep –good	Cal carb 1M/2d (1 Dose in a month) X 2 Months	Cap.Prodep 60mg (1-0-0) (SoS)

<p><u>20/09/19</u> Reported by husband & Self</p>	<p>Tendency to certain activities repeatedly like arranging the cloths and washing hands slightly reduced Starting at one object present Obsessive thought persist Over cleanliness frequency reduced. Irritability present. Sleep –good</p>	<p>Cal carb 1M/2d (1 Dose in a month) X 2 Months</p>	<p>Cap.Prodep 60mg (1-0-0) (SoS)</p>
<p><u>22/11/19</u> Reported by husband & Self</p>	<p>Repeatedly activities by arranging things and cleaning kitchen on and off. Disturbed thoughts on and off. Irritability reduced Starting at one object reduced Sleep –good.</p>	<p>Cal carb 1M/1d(stat) X 1 Month</p>	<p>Conventional Medicines were stopped.</p>
<p><u>20/12/19</u> Reported by husband & Self</p>	<p>Repeatedly] activities by arranging things and cleaning kitchen on and off. Disturbed thoughts on and off. Sleep –good.</p>	<p>Cal Carb 1M/2d (1 Dose in a month) X 2 Months</p>	<p>-</p>
<p><u>14/02/20</u> Reported by husband & Self</p>	<p>Repeatedly activities by arranging things and cleaning kitchen on and off. Disturbed thoughts on and off. Sleep –good</p>	<p>Cal Carb 1M/2d (1 Dose in a month) X 2 Months</p>	<p>-</p>
<p><u>03/04/20</u> Telephonic interview and medicine sent through relatives from the Institute.</p>	<p>Repeatedly activities by arranging things and cleaning kitchen average once in 10days. Disturbed thoughts very occasionally. Sleep –disturbed</p>	<p>Cal Carb 1M/2d (1 Dose in a month) X 2 Months</p>	<p>-</p>
<p><u>01/06/20</u> Telephonic interview and medicine sent through relatives from the Institute.</p>	<p>Complaints reduced No specific complaints Repeated actions nil Obsessive thought reduced. Sleep –good</p>	<p>Cal carb 1M/2d (1 Dose in a month) X 2 Months</p>	<p>-</p>
<p><u>21/08/20</u> Telephonic interview and medicine sent through relatives</p>	<p>Rearranging the objects in kitchen. Washing hands on and off. Obsessive thought reduced But generally feels better. Sleep –good</p>	<p>Cal carb 1M/2d (1 Dose in a month) X 2 Months</p>	<p>-</p>

from the Institute.			
22/10/20 Telephonic interview and medicine sent through courier from the Institute.	Complaints - Nil Repeated action reduced Washing hands on and off Obsessive thought reduced Sleep –good	Cal carb 1M/1d(SOS) X 2 Months	-

DISCUSSION

32 years old female came with the complaints of repeated thoughts of cleanliness and compulsive acts like frequent washing hands, closing and opening bottle top and refrigerator door, rechecking things at kitchen with subjective distress, disturbed sleep and difficulty in doing daily activities. Patient was under the treatment of conventional medication (T. Flavoxate 200mg, T. Rivotril0.5mg, sizon MD 0.5mg) since 4 years. The patient was not improved with conventional medicines and the complaints were increased since 3 to 4 months. Patient was diagnosed as an obsessive-compulsive disorder (300.3) by

consultant psychiatrist of the Institute. The patient was admitted in psychiatry ward for detailed case taking and observation. On admission the patient was anxious, restlessness and the sleep was reduced. The conventional medicines have been continued as per psychiatrist guidance. The complete case has been taken using standard case recording format followed by analysis and evaluation of the symptoms. Framing up the symptom totality, repertorization has been done (Fig - 1). With final consultation of Materia medica, an individualized Homoeopathic medicine was prescribed based on the standard homeopathic guidelines.

The screenshot shows the RADAR 10.5.003 software interface. The main window displays a list of symptoms on the left and a corresponding repertorisation table on the right. The symptoms listed are:

- 1. MIND - ALLMENTS FROM - bad news (61) 1
- 2. MIND - DULLNESS (496) 1
- 3. MIND - THOUGHTS - persistent (147) 1
- 4. DREAMS - FRIGHTFUL (245) 1
- 5. MIND - DELUSIONS - voices - hearing (59) 1
- 6. GENERALS - FOOD and DRINKS - eggs - desire (52) 1
- 7. GENERALS - FOOD and DRINKS - sweets - desire (271) 1
- 8. GENERALS - FOOD and DRINKS - milk - desire (104) 1
- 9. GENERALS - OBESITY (184) 1
- 10. GENERALS - COLD - agg. (293) 1
- 11. RESPIRATION - ASTHMATIC - recurrent (20) 1

The repertorisation table below shows the frequency of each symptom across various remedies. The columns represent remedies: calc, sulph, phosph, sil, ars, lach, nat-m, nux-v, graph, Mal-inc, I/c, Puls, aur, bry, carb-v, flus-to, calc-p, sep, zinc, arnic, cortc, caust, ign, med, stram, agrip, chin, bulb.

	calc	sulph	phosph	sil	ars	lach	nat-m	nux-v	graph	Mal-inc	I/c	Puls	aur	bry	carb-v	flus-to	calc-p	sep	zinc	arnic	cortc	caust	ign	med	stram	agrip	chin	bulb
1	3	2	1	2	1	1	2	2	-	1	1	1	1	2	-	-	1	1	1	-	-	-	2	2	1	-	1	-
2	3	3	3	3	1	3	3	2	3	3	3	3	1	3	3	2	3	3	3	2	1	2	1	1	2	2	2	3
3	2	2	1	2	2	1	3	2	2	1	-	2	3	1	2	2	-	1	1	1	1	1	2	1	2	1	2	2
4	3	2	2	3	3	1	3	2	3	3	3	3	3	3	2	3	1	2	1	2	2	2	1	1	2	1	1	2
5	1	2	2	-	1	1	1	1	-	-	-	-	-	1	1	-	-	2	1	-	-	-	-	1	1	1	1	-
6	2	1	1	1	-	-	-	-	-	-	-	2	-	-	-	-	-	1	-	-	-	2	1	-	-	-	1	-
7	2	3	2	1	1	1	1	1	2	2	3	2	1	2	2	2	1	2	1	1	1	1	1	2	2	1	3	1
8	2	1	2	2	2	1	2	2	1	-	-	-	2	2	-	3	1	-	-	-	-	-	-	-	-	-	-	-
9	3	2	2	1	2	1	3	1	3	2	2	2	2	1	1	1	2	1	-	3	1	1	1	1	1	1	1	2
10	3	2	3	3	3	1	2	3	3	3	3	2	2	2	2	3	3	3	2	1	1	3	2	1	1	2	3	2
11	3	2	1	1	2	1	-	2	1	3	1	-	-	-	1	-	-	1	1	-	-	1	-	-	-	-	-	-

Figure 01 – Repertorisation Table

The impact of ocd symptoms was assessed by Yale Brown Obsessive Compulsive Scale (Y-BOCS) at baseline and on every visit. (Table 2)

Table 2-Yale Brown Obsessive Compulsive Scale (Y-BOCS)

S · N	Date	Domains										Total
		Time occupied by obsessive thoughts	Interference due to obsessive thoughts	Distress associated with obsessive thoughts	Resistance against obsessions	Degree of control over obsessive thoughts	Time spent performing compulsive behavior	Interference due to compulsive behavior	Distress associated with compulsive behavior	Resistance against compulsions	Degree of control over compulsive behavior	
01	24/4/18	4	4	4	4	4	3	4	3	3	3	36
02	4/5/18	2	3	2	2	2	2	2	2	2	2	21
03	25/5/18	2	2	2	2	2	2	2	2	1	2	19
04	29/6/18	3	3	3	3	2	2	2	2	3	2	25
05	3/8/18	3	2	2	2	2	2	1	2	1	1	18
06	7/9/18	3	3	2	3	3	2	2	1	2	1	21
07	12/10/18	2	2	2	2	1	1	1	1	1	1	14
08	16/11/18	1	1	0	1	1	1	1	1	0	1	8
09	11/1/19	2	2	3	3	2	3	2	2	2	2	23
10	13/3/19	2	2	2	2	3	2	2	2	2	2	21
11	13/5/19	2	2	2	2	2	2	1	2	1	2	18
12	14/6/19	2	2	2	2	2	2	2	2	1	2	19
13	19/7/19	3	2	3	3	3	3	2	3	3	3	28
14	20/9/19	3	2	3	3	3	3	2	3	3	3	28
15	22/11/19	2	2	2	2	2	2	1	2	1	1	17

16	22/12/19	2	2	2	2	2	2	2	2	2	1	19
17	14/2/20	2	2	2	2	2	2	2	2	2	1	19
18	3/4/20	1	1	2	2	1	1	1	2	1	1	13
19	1/6/20	0	0	0	0	0	0	0	0	0	0	0
20	21/8/20	1	1	0	0	0	1	1	0	0	1	5
21	22/10/20	0	0	0	0	0	0	0	0	0	0	0

The individualized homoeopathic medicine - Calcarea carb has been selected based on the symptoms- ailments after bad news, dull and sluggish nature of the patient, frightful dreams, obese physical constitution, general cold aggravation, persistent thoughts, craving-egg, sweet, milk, hearing voices and tendency to get recurrent asthmatic attacks.(Figure 1 repertory chart) Calcarea carb has been prescribed in 200 potency after admission. During the hospital stay for around three weeks the dosage of conventional medicine has been reduced with psychiatrist consultation. On discharge the symptoms of washing hands in frequent attempts has been reduced, thoughts intruding and anxiety was reduced, sleep was improved and no complaints of headache. The patient was continued the treatment for more than two and half years. Studies show that OCD is a long-term exhausting disorder and treated effectively with Serotonin Reuptake Inhibitors for more than 02 years and may be lifelong for patients having recurrent relapse and persistent symptoms. In the same study the combination of Cognitive behavior therapy is adapted wherever applicable¹⁵. It is recommended in a research study and literature search to continue the treatment for long term in OCD cases where there is high relapse rate when discontinuing the treatment in acute phase ¹⁶.

During the course of treatment Calcarea carb has been continued till significant recovery observed. The dosage of conventional medication has been gradually tapered and completely stopped from 22/11/19 with psychiatrist consultation. The potency and repetition of calcarea carb was decided based on the symptoms score obtained in Y. BOCS and considering the general condition of the patient.

CONCLUSION

OCD is one of the commonly diagnosed condition under neurotic and stress related disorder. It is most prevalent among young and adolescent age group which needs prolonged medication and has frequent relapse episodes. It also ends in serious disability in daily activities and personal distress in normal living. Studies show that OCD is chronic debilitating conditions which need prolonged or lifelong medications with adverse drug reactions. The above case report shows homoeopathy the personalized medicine with minimal dose is capable to manage such conditions effectively with a single relapse of less intensity in a treatment period of more than two years. A randomized study with large sample size is recommended to explore the results.

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