



**ORIGINAL RESEARCH PAPER**

**Ayurveda**

**OBSESSIVE COMPULSIVE DISORDER AND ITS AYURVEDIC PERSPECTIVES**

**KEY WORDS:**

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**ABSTRACT**

Obsessive compulsive disorder is a heterogeneous and multidimensional psychiatric disorder. It is characterized mainly by obsessive thoughts and / or compulsive actions. Obsessions are recurrent and intrusive thoughts, feelings and ideas or sensations. Compulsions are conscious repetitive behaviors or actions such as checking, counting or avoiding. In the view Aayurvedic literatures, OCD can be considered as various stages *mano vaishamy*, *mano vibhrama* and *budhi vibhrama*. Almost all the factors described in the context of *unmaada* are deranged in the case of OCD. Although there are many effective treatments for OCD, up to a third of patients have treatment resistant OCD in modern concern. In ayurvedic view by drug therapy and ayurvedic psychotherapy yields good results in OCD.

**INTRODUCTION**

obsessive compulsive disorders (OCD) are a group of disorders characterized by repetitive thoughts and behaviours that are believed to share similarities in aetiology and key clinical features. International classification of diseases (ICD) 10 included them under anxiety disorders. The unique feature of the condition includes obsessive thoughts and compulsive actions, such as cleaning, checking, counting, hoarding etc. It's disabling as it is time consuming and interfering with normal routine life, occupational functioning, social activities and relationship with friends and family members.

**Epidemiology**

OCD affects up to 3% of general population. It is the fourth common psychiatric disorder after major depression, substance use disorders and phobias. Mean age of onset is 20 years. In India, OCD is more common in unmarried males, while in other countries, no gender differences are reported. Depression and social phobia are often co morbid diagnosis to OCD.

**Aetiology**

Psychodynamic theory - It recommends that regression from oedipal phase to anal phase with its characteristic ambivalence leads to defence mechanisms which become represented as isolation, undoing and reaction formation.

Behavioural - In this theory, obsessions are regarded as conditioned stimuli to anxiety and compulsions as learned behaviour which is performed to decrease the anxiety. According to learning theorists, a relatively neutral stimulus becomes associated with fear or anxiety through a process of respondent conditioning by being paired with events that are anxiety producing. Thus, previously neutral objects and thoughts become conditioned stimuli capable of provoking anxiety or discomfort.

Genetics - Family studies have consistently demonstrated more people with OCD among the first-degree relatives of patients with childhood onset OCD than among the first-degree relatives of patients with later onset OCD.

Biological - Research suggests that OCD involves problems in communication between the front part of the brain and deeper structures. These brain structures communicate the messages through neurotransmitters like serotonin. It is assumed that the serotonin receptors of OCD sufferers may be relatively under stimulated.

**Clinical features**

Most patients with OCD have obsessions and compulsions. Both obsessions and compulsions are ego dystonic (thoughts, impulses, and behaviours that are felt to be repugnant,

distressing, unacceptable or inconsistent with one's self-concept). The characteristic feature of a compulsion is that it reduces the anxiety build up due to obsessions. Typically, four symptom patterns are seen in the order of frequency, contamination + washing, pathological doubt + checking, intrusive thoughts usually alone, and symmetry + slowness.

**Diagnostic criteria**

Diagnosis of OCD is explained in ICD 10 next to anxiety disorders. It is included in F 42.0 to F 42.9. The obsessional symptoms should have the following characteristics:

- a) They must be recognised as the individuals own thoughts or impulses;
- b) There must be at least one thought or act that is still resisted unsuccessfully, even though others may be present which the sufferer no longer resists;
- c) The thought of carrying out the act must not in itself be pleasurable (simple relief of tension or anxiety is not regarded as pleasurable in this sense);
- d) The thoughts, images or impulses must be unpleasantly repetitive.

**Ayurvedic perspective**

There is no corresponding term in Ayurveda which gives the meaning of OCD. But the signs and symptoms can be correlated with peculiar dysfunctions of mind. The discrimination power of mind is well explained by Caraka. The *indriyaarthas* perceived by *indriyas* with the help of *manas* is analysed by the *manas* itself for its *guna* and *dosha*. It is attributed to the *nis'cayaatmika buddhi* of *manas*.

The *vishayas* of *manas* are *cintya*, *vicaarya*, *oohya*, *san'kalpa*, *dhyeya* and anything which can be perceived by mind. *Cintya* is that by which *manas* analyses a thing whether it is to be done or not. *Vicaarya* is the discrimination on its good or bad consequences. *Oohya* is the guesswork on an event of how it will happen. *Dhyeya* is *bhaavana jn'aanavishaya*. *San'kalpa* is the discriminative knowledge of *guna* and *dosha*. Other entities perceived by mind includes *sukha*, *dukha* etc.

In the case of obsessive compulsive disorder, thoughts and actions of the person are disturbed. So, it can be presumed that *manas* of the person is vitiated. *Indriyaabhigraha* (control of senses), *swasya nigraha* (self-restraint), *vicaarya* (consideration) and *oohya* (cognition) gets impaired. Derangement of *dhee*, *dhr'ti* and *smr'ti* also will be happened there.

Lack of control of *indriyas* may result in excessive and unwanted thoughts and actions. This may be presented as obsessive thoughts and compulsive actions. Lack of self-restraint also leads to excess thoughts and actions and will lead to undesirable emotions like fear, anxiety etc.

Lack of consideration leads to the impairment of proper applicability in particular instances. Karma vaishmya of manas along with buddhi vaishmya result in repeating the actions. Lack of proper smrti can be correlated to memory impairment as ascribed in the pathology of OCD.

Caraka explains the saamaanya lakshana of unmaada as vibhrama of manas, buddhi, samjn'a jn'aana, smrti, bhakti, s'eela, ceshta and aacaara. In OCD, some of these symptoms can be ascertained. Due to manovibhrama, one cannot think properly as seen in obsessive thoughts. By the vibhrama of buddhi, he is unable to discriminate good or bad and facts and myths. Smrti vibhrama will cause loss of proper smrti. Compulsive acts can be correlated to ceshta vibhrama. Vibhrama of bhakti, aacaara etc. also can be seen in some cases. Lack of dhr'ti will lead to incapability of mind to act according to the self will of the person. Even though he is aware that his thoughts and actions are irrational, he cannot control his actions.

### Cikitsa

Cikitsa of maanasika rogas can be classified broadly into three types i.e., yukti vyapaas'raya, daiva vyapaas'raya and satvaavajaya. In yukitvyapaas'raya cikitsa, aahaara, vihaara etc. are properly directed according to the condition of the roga and rogi so as to facilitate relief of the disease. Here in the case of OCD, vaata is the main dosha vitiated and the treatment should be directed to pacify tridoshas especially vaata. Snehana internally and externally is indicated followed by swedana and s'odhana. Oordhva and adho s'odhana are indicated according to the condition. Vasti being best for vaata can be done after proper s'odhana.

In satvaavajaya cikitsa, manas is controlled from its ahita vishayas and is allowed to indulge in hita arthas. It can be executed by proper practice of jn'aana, vijnaana, dheer, dhairya and Samaadhi. Caraka indicated to be in company with good friends, and to follow the words of aapta. Daiva vyapaas'raya cikitsa is also indicated in the form of mantra, oushadhi, mani etc.

S'amana cikitsa can be planned to alleviate doshas and thereby reduce the symptoms. Snehapaana is an important one among them. Out of sneha dravyas, ghr'ta is best to increase dheer, dhr'ti, medha etc. In the case of cintaa vaishmya, manovaha srotas will be clouded with aavarana. To cleanse the channel the drug of choice should be planned as teekshna and having the property of srotos'odhana.

Modern treatments for OCD have radically changed how the disorder is viewed. While in the past OCD was regarded as chronic and untreatable, a diagnosis of OCD may now be regarded with hope. Cognitive and behaviour therapy and antidepressant medications are currently used to treat the disorder.

### CONCLUSION

OCD presents with obsessive thoughts and / or compulsive actions. The disease was earlier considered as a variant of insanity and now it is included in psychological field. In OCD vibhramas of different mental faculties are seen. Assessing the particular vibhrama and going through the three modalities of treatments especially satwavajaya yields good results.

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