International Journal of Science and Research (IJSR) ISSN: 2319-7064 SJIF (2020): 7.803

Obsessive Compulsive Disorder (OCD) and its Homoeopathic Management

Nitesh Verma

MD (Repertory) Hom. (Student) Sri Guru Nanak Dev Homoeopathic Medical college and Hospital Ludhiana, Punjab niteshsoni15[at]gmail.com

Abstract: Obsessive compulsive disorder and its homoeopathic management. This article is about the awareness towards the anxiety disorders that should be taken care at time when diagnosed as it hampers patient's quality of life. Homoeopathy treatment helps a lot in dealing with OCD and can be treated or managed by homeopathy along with some lifestyle changes.

Keywords: obsessive compulsive disorder, homoeopathic management

1. Introduction

OCD simply means having tendency towards excessive orderliness, perfectionism and great attention to detail. It is an anxiety disorder which is characterized by recurrent, uncontrollable, thoughts usually anxiety provoking (obsessions) and repetitive behaviours to relieve this anxiety and distress (compulsions). Obsessions can vary; some people are obsessed with cleanliness and may worry that their hands are germ - infested even if they washed them less than a minute ago so counting, checking, or cleaning are often performed with hope of preventing these obsessive thoughts however these compulsions offer temporary relief to people suffering from OCD and not performing them markedly increases anxiety. In severe cases, the urge to perform such actions repeatedly can severely hamper a person's daily life activities. When this cyclical occurrence of obsessions followed by the compulsive behaviour begins to hamper a person's ability to cope with daily life, it may be a case of OCD.

2. Causes of OCD

Genetic factors: OCD can sometimes be inherited from the parent.

Biological/neurological factors: Some research links the development of OCD to a chemical imbalance of serotonin in the brain. This problem seems to involve the pathways of the brain that link the area of the brain that deals with judgment and planning, and the area of the brain that filters messages involving body movements. In addition, people with obsessive - compulsive disorder who take medications that enhance the action of serotonin (selective serotonin reuptake inhibitors - SSRI often have fewer OCD symptoms.

Behavioural factors: People who are extremely organized, neat, meticulous and those who like to be in charge from a young age and practice this for long years, sometimes run the risk of developing OCD. According to psychological school – obsessions are considered anxiogenic. OCD patients cannot escape this anxiety & therefore develop compulsion in an attempt to reduce or prevent the feared consequences. Reduction of anxiety reinforces the compulsive behaviour.

Trauma: A person who has experienced severe trauma in their life is likely to be affected with OCD. For example contracting a severe rash after a touching some dirt leading to OCD behaviour. **Environmental Factors:** Abuse, Changes in living situation, Illness, death of a loved one, Relationship concerns, Work or school related changes or problem.

3. Symptoms of OCD

The symptoms of OCD, which are the obsessions and compulsions, Fear of dirt or contamination by germsFear of thinking evil or sinful thoughts. Need for order, symmetry, or exactness. Excessive doubt and the need for constant reassurance. Repeatedly bathing, showering, or washing hands. Refusing to shake hands or touch doorknobs. Repeatedly checking things, such as locks or stoves. Constantly arranging things in a certain way, being stuck on words, images or thoughts, usually disturbing, that won't go away and can interfere with sleep. With obsessive compulsive disorder (OCD), patient may develop disturbing, obsessive thoughts that cause fear or anxiety. In order to rid of these thoughts and relieve the fear, patients perform rituals, such as repeated hand - washing or checking that something has been done. Unfortunately, the relief is only temporary. The thoughts return and repeat the rituals. The rituals or behaviour's become time - consuming and have a significant impact on patients daily life. If patient particular fear involves unfamiliar situations, it is possible for patient to become so obsessed by the fears that they stop going outside of their home. Quality of life can be substantially lowered by OCD since it can greatly affect their ability to work and have relationships.

4. Diagnosis

A diagnosis of obsessive - compulsive disorder (OCD) is based on patients symptoms, medical history, and a physical examination. Doctor may also want a mental health assessment, which is an evaluation of patients emotional functioning and their ability to think, reason, and remember (cognitive functioning). A mental health assessment may include an examination of your nervous system, written or verbal tests, and laboratory tests (such as blood and urine tests) as well as a review of patient's appearance, mood, behaviour, thinking, reasoning, memory, and ability to

Volume 10 Issue 10, October 2021 <u>www.ijsr.net</u> Licensed Under Creative Commons Attribution CC BY express them self. Many people with OCD live with the condition for years before being diagnosed, or they go without treatment because they are afraid or embarrassed to talk about their symptoms. Answers to three initial questions may help your health professional diagnose whether patients have OCD:

- Patients have repeated thoughts that cause anxiety and from that they cannot get rid of no matter how hard they try?
- Do they wash their hands frequently or keep things extremely clean and neat?
- Do they have excessively check things? If doctor suspects they have OCD, he or she will look for a full range of symptoms that will confirm the diagnosis.

Complications

Suicidal thoughts and behavior, depression, alcohol or substance abuse, eating disorders. Contact dermatitis from frequent hand washing, Inability to attend work or school, troubled relationships.

5. Treatment

Conventional treatment

OCD will not go away by itself, so it is important to seek treatment different kind of treatment available for that like **Counselling** for the disorder includes a type of cognitive - behavioural therapy called exposure and response prevention. The goal of cognitive - behaviour therapy is to teach people with OCD to confront their fears and reduce anxiety without performing the ritual behaviors, **Medication therapy** in which allopathic medication is used to decrease the activity or anxiety of patient But these medicines produce lots of side effects and unwanted symptoms, **Electroconvulsive therapy** (ECT) or psychosurgery in which series of electric shocks given to patient in order to control ocd, **Surgery** in some cases surgery is also used to treat the ocd cases.

Homoeopathic Treatment

Homoeopathy treats the person as a whole. It means that homoeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full individualizing examination and case - analysis, which includes the medical history of the patient, physical and mental constitution etc. A miasmatic tendency (predisposition/susceptibility) is also often taken into account for the treatment of chronic conditions. The medicines given below indicate the therapeutic affinity but this is not a complete and definite guide to the treatment of this condition. The symptoms listed against each medicine may not be directly related to this disease because in homoeopathy general symptoms and constitutional indications are also taken into account for selecting a remedy.

Dr Hahnemann advised in Aph 218, 219, 220 Regarding treatment for mental disease like how to construct the totality of the symptoms in such cases and treated with highly potentized medicine in minute doses, having similar pathogenesis.

Repertorial Approach:

- 1) MIND Thoughts persistent
- 2) MIND Thoughts compelling
- 3) FEARS, PHOBIAS, GENERAL: Contamination, germs, of
- 4) HOUSEKEEPING, GENERAL: Obsessed, with house cleaning

Other rubrics Confusion, periodical, Delirium foolish, silly, Deliriumfrightful,

Fancies periodically return, Fastidious, Thoughts, persistent, Biting, nails

Counting constantly, Cursing, Restless, rapid walking, Washing, always hands

Repeats the same things etc

Homoeopathic Medicines:

- 1) **Arsenicum Album**: This helps deal with thoughts of death in OCD patients. No longer does the patient have to worry about jumping out of bed and moving here and there with anxiety.
- 2) **Argentum Nitricum:** This natural medicine treats OCD patients who have persistent impulsive thoughts. These impulsive thoughts manifest in different ways and makes the patient very restless and anxious.
- 3) **Nux Vomica**: This homeopathic remedy is ideal for people who want to compulsively put everything in order. Nux vomica is used to treat patients who are angry and oversensitive.
- 4) **Natrum Muriaticum**: A natural remedy for treating OCD patients obsessed with the idea that thieves may break in and repeatedly check doors.
- 5) **Silicea**: Silicea is the best course of treatment for OCD patients who have persistent thoughts of pins and being scared of pins, counting, collecting pins.
- 6) **Calcarea Carbonica**: OCD patients who persistently think they are going insane or mad can take this homeopathic remedy to prevent mental exhaustion
- 7) **Carcinosinum**: Natural Homeopathic remedy for Obsessive Compulsive Disorder patients who are very concerned about cleanliness and want a specific pattern to be followed not only in placing things, but also in their dressing style.
- 8) Other remedies for ocd are Lachesis, Rhus tox, Pulstilla, Medorrhinum, Staphysagria, Sulphur, Veratrum Album, Thuja, Syphilinumetc

References

- Arden JB. Obsessive Compulsive Disorder. In: Brain2Brain. Hoboken, NJ, USA: John Wiley & Sons, Inc.; 2015. p. 183–99.
- [2] Macari S, Eren R, Spear Swerling L, Danial JT, Scahill LD, Volkmar FR, et al. Obsessive - Compulsive Disorder (OCD). In: Encyclopedia of Autism Spectrum Disorders. New York, NY: Springer New York; 2013. p.2071–3.
- [3] Ross RW, Simpson BH, Fallon BA. What is obsessive compulsive disorder? J Psychiatr Pract.2000; 6 (2): 109–10.
- [4] Robinson D. OCD: Symptoms, signs, and risk factors [Internet]. Healthline. com.2020 [cited 2021 Oct 20].

Volume 10 Issue 10, October 2021

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

Available from: https: //www.healthline. com/health/ocd/social - signs

[5] Boericke William; Boericke's New Manual of Homoeopathic Materia Medica with Repertory; 9th edition; 2011; B. Jain Publishers; New Delhi.

Volume 10 Issue 10, October 2021 www.ijsr.net Licensed Under Creative Commons Attribution CC BY