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Obsessive compulsive disorder symptom exacerbation during Covid-19 related lockdown managed with homoeopathy: A case report

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Abstract

Background: Obsessive compulsive disorder (OCD) is one of the most personally distressing, and disabling psychiatric condition. COVID 19 pandemic and country wide lockdown are likely to exacerbate the symptoms in diagnosed cases of OCD. Homoeopathy, an established system of medicine with potential relevance to mental health issues has a sparse literature in management of OCD.

Objectives: The primary purpose of this case report is to point out the usefulness of Individualized homoeopathic medicine in treatment of OCD. The secondary purpose is to highlight the utility of similimum in the management of exacerbation of psychiatric conditions due to stressful life situations.

Methods: A case of OCD reported in Psychiatry out Patient Unit treated by Classical Homoeopathy is presented in this case report. The case was assessed at baseline and follow up visits with Yale Brown Obsessive Compulsive Scale (Y-BOCS).

Results: Baseline Y-BOCS score of 24 (Severe OCD) turned gradually to subclinical range of seven within 6 months. Patient had excellent relief for next six months and was functionally well. A comparatively milder exacerbation of symptoms (Y-BOCS-17) during lockdown could be managed effectively with the repetition of similimum resulting in subclinical score of five quickly within a month.

Conclusion: Homoeopathic medicine is useful in the management of OCD and also symptom exacerbation due to stressful life events like lockdown.

Keywords: Obsessive compulsive disorder, Y-BOCS, individualized homoeopathy, *Causticum*, lockdown

1. Introduction

Obsessive compulsive disorder (OCD) is one of the most personally distressing, and disabling psychiatric condition that can persist throughout a person's life. It is characterized by unwanted and distressing thoughts, images or urges (obsessions) and repetitive behaviors or mental acts that aim to decrease the resulting distress or according to rigid rules. OCD affects up to 3.1% of the general population and is associated with substantial disability^[1]. According to WHO OCD ranks as one of the 10 most handicapping conditions which make decreased quality of life. OCD can be seen in all ages but most commonly seen in young people^[2]. It is equally common in men and women and there are prominent anankastic features in the underlying personality^[3].

As per ICD 10 classification of mental and behavioral disorders, OCD is described under Neurotic, Stress related and Somatoform disorders (F42). For definite diagnosis obsessional symptoms or compulsive acts, or both must be present on most days for at least 2 successive weeks and be a source of distress or interference with activities^[3]. According to the American Psychiatric Association (APA), the publisher of the DSM-5, the major change for obsessive-compulsive disorder (300.3) is that, it has been moved from anxiety disorder section to newly created section on Obsessive Compulsive and Related Disorders (OCDs), which include OCD, body dysmorphic disorder, trichotillomania, skin picking disorder, and the newly created "hoarding disorder"^[4].

The content of obsessions and compulsions varies among individuals. Commonly encountered are Contamination obsessions and Symmetry obsessions. Forbidden or taboo thoughts such as sexual and religious obsessions and Obsession of harm that includes fear of harm to oneself or others.^[5] Comorbid psychiatric conditions seen with OCD are depression, specific phobias, generalized anxiety disorders, Panic disorders, Eating disorders, Personality disorders.

OCD is different from Obsessive compulsive personality disorder which has an obsessive concern for details, perfectionism and other personality traits^[5].

There are some rating scales like Dimensional obsessional compulsive scale (DOCS), Obsessive compulsive inventory (OCI), but Yale–Brown Obsessive Compulsive Scale (Y-BOCS) is the most common measure of OCD symptom severity. The Y-BOCS interview is considered gold standard for assessing OCD severity^[6, 7, 8]. It is used clinically to monitor treatment response also^[6].

The selective serotonin reuptake inhibitors (SSRIs) are the main stay of pharmacological treatment. These are typically used at higher doses and for longer periods than in depression. But there is a great chance for remission. Second-line treatments include the tricyclic clomipramine and the addition of low-dose neuroleptic medications. The combination of medication with psychotherapy is often used, though careful studies have not documented synergistic benefit in adult patients. OCD refractory to available treatments remains a profound clinical challenge.^[9] There are unacceptably high relapse rates across both populations when treated with pharmacological alone. Even in the cognitive-behavioral treatments, which show higher effect sizes and lower relapse rates than drug therapies, drop-out rates are at a quarter of those who begin treatment. This means a sizable portion of the OCD population who do obtain effective treatments are not effectively treated^[10].

Current pharmaceuticals used to treat OCD have unwanted adverse effects and because the clinical results are often unsatisfactory, many patients seek alternative therapies^[11]. Homoeopathy can be one alternative to conventional medicine for the treatment of Psychiatric patients and has a beneficial effect in improving the mental health of patients^[12]. Individualized homeopathic treatment was found to be effective in obsessive compulsive disorder^[11].

COVID-19 pandemic and country-wide lockdown are likely to increase the new onset of Illness Anxiety Disorder and to cause exacerbation of symptoms in diagnosed psychiatric cases. Obsessive Compulsive Disorder patients, especially who have checking, hoarding and washing compulsion, are at higher risk. Advice on improving personal hygiene measures might increase the contamination obsessions and washing compulsions. In the face of ongoing lockdown, patients are more likely to resort to panic buying and excessive hoarding of essential items, even though continuous supply of essential items is assured by the state.^[13] It is important to provide appropriate attention to specific psychiatric conditions that may be initiated or exacerbated by disaster. Perhaps no group of individuals with mental illness is as directly affected by the worsening outbreak of COVID-19 as people living with obsessive-compulsive disorder (OCD)^[14, 15]. It is important for mental health professionals to think about the potential impact of COVID-19 in their practice. In this regard, we believe that the implications of the COVID-19 for the field of OCD and related disorders to be particularly relevant^[13].

Case Report

Mr. VN, 23 years male patient, a B tech student visited Psychiatry OPD of National Homeopathy Research Institute in Mental Health (NHRIMH) on 30th May 2019 with disturbing repetitive thoughts of sexual matters on seeing or thinking about women even his mother and sister. These thoughts compelled him to indulge in compulsive, repetitive

masturbatory activity. He has strong impulse to snatch the ornaments of ladies when he was passing near to them while riding bike. He forcefully controls himself by riding the bike very fast. He thinks that he may utter obscene words while talking and blasphemy during religious rituals or prayers. On reading crime news in paper he keeps on thinking that he too may do like that. He is afraid that he may harm others. Onset was insidious from his higher secondary schooling but got increased and more distressing since 3 years. Due to these disturbing thoughts which made him guilty he failed in many exams in his graduation. He took conventional medicine for few days but discontinued it as he became aware of adverse effects of those medications.

Complaints started 7 years back while he was doing plus one. He was very lazy, irregular and had tendency to procrastinate. So he was sent out of school. He became sad about losing 1 year of education. On joining another school, he tried to study well and attained 70% marks. He wrote entrance examination and got selection for B tech. He had a history of appendicitis at the age of 14 years. His childhood was uneventful. His milestones were attained in proper time. No neurotic traits at childhood. He had occasional intake of cigarette and alcohol which he himself stopped as he was afraid that these thoughts are because of those substances. His Pre-morbid personality is very reserved, introverted, concerned about his image in the society, mistrustful, non-diligent, desires solitude.

He has hard stools and occasionally bleeding hemorrhoids with pain which gets worsened when thinking about it. Sleep reduced and he spends more time at night to watch videos. Desire for fish, meat and sweets. Thermally he is chilly.

Nothing abnormal was detected on General physical examination.

Mental status examination

General appearance and behavior: patient is conscious cooperative with good personal care. Feels sleepy during interview, tired look, often closes his eyes with drooping of upper eye lids. There is sacred thread tied on hand and rings with birthstones. EEC (eye to eye contact): Poor. PMA (Psychomotor activity): Normal. IPR (Interpersonal relationship): Average. Speech: Relevant with normal volume, tone and reaction time. Mood: Anxious. Affect: Appropriate, Congruent, average range, stable. Thought: *Flow:* Normal; *Form:* NAD (flight of ideas, prolixity, circumstantiality, tangentiality, illogicality or irrationality not detected); *Content:* Obsessions that he may do harm to others, sexual thoughts about even mother and sister which compels him to indulge in repeated masturbatory activities. Intruding thoughts to snatch ornaments of others. He is afraid that he may tell obscene words. That he may do blasphemy. Patient feels guilty over his thoughts. No delusions/ suicidal ideation. *Possession of thought:* thought echo, thought broadcasting, thought insertion or thought withdrawal not detected. Perceptual disorders: No hallucinations or illusions. Orientation: To time, place and person is preserved. Memory: Immediate, recent and remote: Adequate. Attention & concentration: Sustained and maintained. General information & intelligence: Adequate as per age and education. Abstract thinking: Normally maintained. Judgment: Social judgment and test judgment: Adequate. Insight: Present (Grade 4)

Diagnosis and Assessment

Case was diagnosed as OCD mixed obsessional thoughts and acts (F42.2) as per ICD-10 by the Consultant Psychiatrist. Baseline assessment was done with Y-BOCS and during subsequent follow ups of 1, 3, 6, 9, 12 and 13 months.

Intervention

Totality was erected and subjected to Repertorisation in RADAR 10 (synthesis) repertory. Rubrics considered and the repertorial totality may be referred to in Figure no.1. Based on the totality of symptoms a single dose of

Causticum 200 was prescribed on the first visit followed by *Sac lac* for 1 month. The medicine which was procured from HOMCO (Kerala State Homoeopathic Pharmacy) was dispensed from the pharmacy of NHRIMH. In the following visits as the patient reported remarkable improvement in his mental distress, the remedy was allowed to continue its beneficial action and *Sac lac* was continued for the patient’s satisfaction. Patient didn’t receive any other medicine or any specific behavioral therapy except for a general counseling from the physician. Hence the results are attributable to the prescribed medicine.

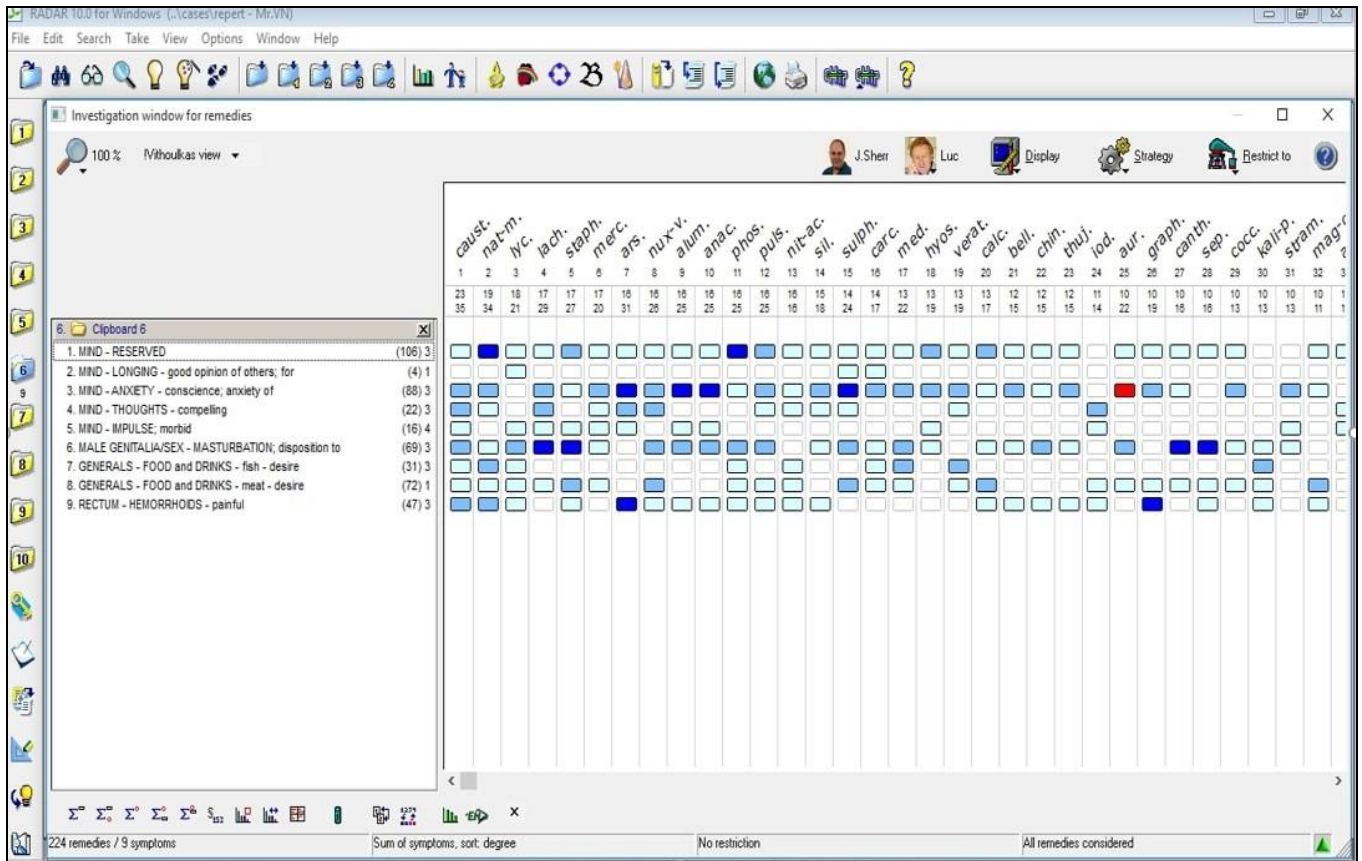


Fig 1: Repertorial Chart

Results

No homoeopathic aggravation was observed in this case after the administration of medicine. There was consistent reduction in Y-BOCS score along with general improvement of the patient in the consecutive follow up visits. Pictorial representation of the Y-BOCS scores in the follow-ups is shown in Graph no. 1.0). The observations during follow up and the corresponding prescriptions are

shown in Table no.1.0. For one year after Homoeopathic treatment, there was general improvement and he became functionally well. But because of being idle during Covid-19 related lockdown period and anxiety related to the pandemic, he had exacerbation of his symptoms, which was comparatively milder (Y-BOCS=17), which could be managed effectively with the similimum, *Causticum 200C* resulting in subclinical score of 5.

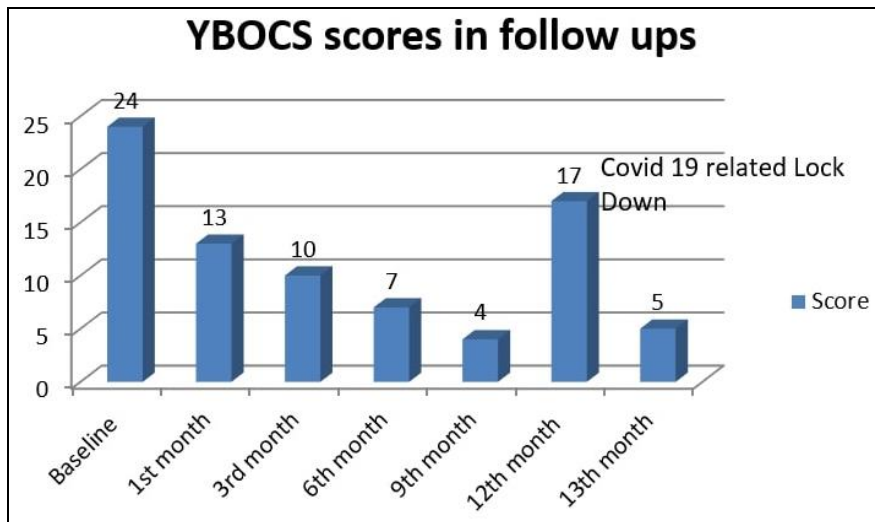


Fig 2: Y-BOCS scores in the follow-up visits

Table 1.0: Follow up of the case

Date	Observation	Score	Treatment
30/05/2019 (Baseline)	Repetitive thoughts of sexual matters, hindering work. Compulsion to masturbate frequently (6-8 times per day) Impulse to harm others, Sleeplessness, Dull and drowsy feeling always, Hard stools with pain defecation.	24	<i>Causticum</i> 200 /1dose
13/06/2019	Obsessive thoughts present but he could manage to do work. Not so distressing. Sexual thoughts present yet reduced Anger increased, sleep-late to get asleep Drowsiness reduced, Bowels: regular, no pain.	13	Sac lac -1 month
13/08/2019	General improvement. Obsessive thoughts reduced Sexual thoughts reduced Masturbatory activity reduced (2-3 times per week).	10	Sac lac -1 month
19/11/2019	General Amelioration, obsessions and compulsions reduced considerably. Could concentrate in studies. Doing well with academic works. sleep improved	7	Sac lac -1 month
24/02/2020	General improvement, obsessions and compulsions reduced remarkably. Able to concentrate in studies. Doing well with academic works. sleep improved	4	Sac lac -1 month
30/05/2020	Patient came home during Lock-down. Felt bored and anxious about pandemic and being lockdown. All Symptoms reappeared but less intensely. Obsessive thoughts < since 1 month Lack of concentration, repeated masturbatory activity, Anger outbursts, reduced sleep, painful hard stools	17	<i>Causticum</i> 200/1dose Sac lac -1 month
25/06/2020	Obsessive thoughts reduced considerably, masturbatory activities reduced remarkably, drowsiness reduced. Refreshed sleep. Regular bowels, normal stool. General improvement.	5	Sac lac -1 month

Discussion

As per literature on effect of lockdown over psychiatric population, OCD patients especially who have checking or hoarding and washing compulsion are at higher risk [2] but it is observed from this case that patients with other types of obsessions and compulsions are also affected by lockdown. Studies found Individualized Homoeopathic medicines to be useful in reducing psychiatric symptoms. [11],[12] In this case it is observed that individualized homoeopathic medicine can not only manage psychiatric disorders effectively but also work as a handy aid during exacerbations or relapses during stressful life events.

As per literature in OCD there is chance for relapses and exacerbations in those under treatment [10]. In this case also there occurred an exacerbation after one year yet with milder intensity. Homoeopathic treatment could provide the patient a better quality of life and the comparatively milder degree of relapse could be managed effectively with

Individualized Homoeopathic medicine.

Usually it is understood that *Causticum* personalities are sympathetic and anarchists [16]. From this case it is found that it is useful in other types of personalities too. *Causticum*, although not been mentioned in literature on OCD has been found to be effective in the management of OCD symptoms. This emphasizes the need for individualization in each and every case of disease, irrespective of nosological diagnosis.

Physical concomitants are important in prescribing for so called mental diseases [17]. In this case, it is convinced that medicine which covers the characteristic particulars will do wonders as *Causticum* has Hemorrhoids getting worsened when thinking about it [18].

YBOCS checklist is found as useful tool for assessing what all symptoms relieved, what are symptoms persisting and any new symptoms developed during relapse. It is found to be a useful tool to assess the effectiveness of treatment in

OCD as mentioned in the literature^[6].

A review on Psychological implications during the outbreak of COVID-19 and its homoeopathic management, it is concluded that Homoeopathy can offer help to those suffering from the psychological effects of COVID-19^[19]. From this case it is understood that homoeopathy is also useful for exacerbation of mental illness during this epidemic.

There is an ample scope for utility of Homoeopathic medicines in Psychiatric disorders. Till date, very limited research has been published regarding the management of OCD with Homoeopathic medicine; future studies are suggestible with appropriate study designs. The future of homeopathy in psychiatry is hoped to be as brighter than it has been for the past two centuries^[20].

Conclusion

This case brings about a preliminary evidence for beneficial effect of Individualized Homoeopathic medicine in management of OCD symptoms as well as exacerbation due to unprecedented stressful life situations like lockdown, epidemics etc. Well planned future research studies with suitable study designs and calculated sample size are necessary to prove the effectiveness of the Homoeopathy in OCD.

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References

- Fontenelle LF, Miguel EC. The impact of COVID-19 in the diagnosis and treatment of obsessive-compulsive disorder. *Depression and Anxiety*, 2020.
- Veale D, Roberts A. Obsessive-compulsive disorder. *Bmj*. 2014; 348:g2183.
- World Health Organization. The ICD Classification of Mental and Behavioral Disorders (10th ed) Delhi, A.I.T.B.S. Publishers & Distributors, 2007.
- Balachander S, Arumugham SS, Srinivas D. Ablative neurosurgery and deep brain stimulation for obsessive-compulsive disorder. *Indian Journal of Psychiatry*. 2019; 61(1):S77.
- American Psychiatric Association. Diagnostic and statistical manual of Mental Disorders (5th ed.) (DSM-V Arlington, V.A, APA, 2013.
- Sadock BJ, Sadock VA, Ruiz P, Kaplan HI. Kaplan & Sadocks synopsis of psychiatry: Behavioral sciences, clinical psychiatry (11th ed.). Philadelphia, 2015, 418-420.
- Hauschildt M, Dar R, Schröder J, Moritz S. Congruence and discrepancy between self-rated and clinician-rated symptom severity on the Yale–Brown Obsessive-Compulsive Scale (Y-BOCS) before and after a low-intensity intervention. *Psychiatry Research*. 2019; 273:595-602.
- Goodman W, Rasmussen S, Mazure C, Fleischmann H. C, Heniger, G, Charney, D. The Yale-Brown obsessive compulsive scale: I. Development, use, and reliability. *Arch Gen Psychiatry*. 1989; 46:1006-11.
- Pittenger C, Bloch MH. Pharmacological treatment of obsessive-compulsive disorder. *Psychiatric Clinics*. 2014; 37(3):375-391.
- Lack CW. Obsessive-compulsive disorder: evidence-based treatments and future directions for research. *World Journal of Psychiatry*. 2012; 2(6):86.
- Saltzman S. Three Cases of Severe Obsessive Compulsive Disorder In Children: A Homeopathic Medicine Case Series Report. *American Journal of Homeopathic Medicine*. 2018; 111(1).
- Tiwari P, Tyagi E. Mental health in homoeopathy: A systematic review. *International Journal for Homoeopathic Sciences*. 2019; 3(3):09-12.
- Chatterjee SS, Malathesh Barikar C, Mukherjee A. Impact of COVID-19 pandemic on pre-existing mental health problems. *Asian Journal of Psychiatry*. 2020; 51:102071.
- Banerjee D. The other side of COVID-19: Impact on obsessive compulsive disorder (OCD) and hoarding. *Psychiatry research*, 2020.
- Fineberg NA, Van Ameringen M, Drummond L, Hollander E, Stein DJ, Geller D *et al*. How to manage obsessive-compulsive disorder (OCD) under COVID-19: A clinician's guide from the International College of Obsessive Compulsive Spectrum Disorders (ICOCS) and the Obsessive-Compulsive Research Network (OCRN) of the European College of Neuropsychopharmacology. *Comprehensive Psychiatry*, 2020.
- Vithoulkas G. *Essence of Materia Medica*. 2nd Edn. New Delhi: B.Jain Publishers, 2002. ISBN: 81-7021-138-7
- Boeninghaussen CV. *The Lesser Writings*. New Delhi: Jain Publishers. 2005; 81-7021-350-9.
- Clarke JH. *A Dictionary of Practical Materia Medica*. New Delhi: Indian Books & Periodicals Publishers, 2006, 1. ISBN:81-7467-184-6
- Moorthi SK, Radhika P, Muraleedharan KC. Psychological implications during the outbreak of COVID-19 and its homoeopathic management. *Indian J Res Homoeopathy [serial online]* 2020; 14:136-42. Available from: <http://www.ijrh.org/text.asp?2020/14/2/136/285285>
- Hoover TA. What future for Hahnemann's therapeutic system? *Homeopathy*, 2020; 109(02):107-112.