

Homoeopathy for obsessive-compulsive disorder: A case report

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Abstract

Introduction: Obsessive-compulsive disorder is one of the most common psychiatric disorders. It is characterised by unwanted and distressing thoughts, images, or urges (obsessions) and repetitive behaviours or mental acts that aim to decrease the resulting distress. **Case Summary:** A 26-year-old man presented with intrusive thoughts, ritualistic acts and compulsive actions. After case taking, *Calcarea carbonicum*, *Lycopodium*, *Sulphur* and *Tuberculinum bovinum* were prescribed as and when required based on symptom presentation during the course of homoeopathic treatment. Individualised homoeopathic medicines led to a remarkable improvement in the case by relieving him of his obsessive and compulsive thoughts and enabling him to engage in his social, occupational and familial life without adverse effects.

Keywords: Individualised Homoeopathy treatment, Obsessive-compulsive disorder, Yale–Brown Obsessive-Compulsive Scale

INTRODUCTION

Obsessive-compulsive disorder (OCD) is characterised by chronic and disruptive obsessions, compulsions and avoidant behaviours.^[1] Obsessions are intrusive, troubling thoughts that are typically perceived as irrational. People with OCD interpret their compulsions as more meaningful and distressing. Therefore, they habitually avoid situations or stimuli that might trigger the compulsions, or they perform obsessive-compulsive rituals to control the compulsions and the negative feelings that accompany them.^[1]

According to the World Health Organisation, OCD is the fifth among the most disabling burden of mental health conditions.^[2] A prevalence range of 0.7–2.7 has been established by subsequent epidemiological research in the public and the community. The lifetime prevalence of OCD is estimated to be between 1.9% and 3.3%.^[3,4] Due to such high rates, OCD is labelled as a ‘hidden epidemic’.^[5] It may be more common among males in childhood but is more common among females in adolescence and adulthood. Males tend to report an earlier age of onset than females.^[6] About 50–60% of OCD patients also experience two or more comorbid psychiatric conditions during their lifetime.^[7]

OCD is associated with substantial comorbidity, not only with anxiety and mood disorders but also with impulse control and substance use disorders^[8] and a high risk for suicidal behaviour.^[9] Available evidence indicates that OCD patients

report general impairment in their functioning and report poor quality of life (QOL).^[10,11] They also experience disability in several areas, particularly in marital, occupational, emotional and social functioning.^[12,13] There is evidence that even the treatment responders continue to experience poor QOL.^[14] The families of OCD patients report considerable burden due to illness and reduce their social activities, leading to an increase in their feeling of isolation and distress.^[15,16] They also report poor QOL in the domains of physical well-being, psychological well-being and social relationships.^[17]

The aetiology of OCD remains unknown, although it is thought to involve an interaction of genetic and environmental factors.^[18,19] There is considerable evidence that exposure to stressful and traumatic events constitutes a significant environmental risk factor in the aetiology and maintenance of symptoms in many patients with OCD.^[20] Functional imaging studies have reported with remarkable consistency hyperactivity in the orbitofrontal cortex (OFC), anterior cingulate cortex (ACC) and caudate nucleus of patients with OCD. These findings have often been interpreted as evidence that abnormalities in cortico-basal ganglia-thalamocortical loops involving the

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Received: 08 December 2021; **Accepted:** 06 June 2023

Access this article online

Quick Response Code:

Available in print version only

Website:
www.ijrh.org

DOI:
10.53945/2320-7094.1117

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How to cite this article: Moorthi K, Pertin S, Radhika P. Homoeopathy for obsessive-compulsive disorder: A case report. Indian J Res Homoeopathy 2023;17:56-62.

OFC and ACC are causally related to OCD. This interpretation remains controversial; however, because such hyperactivity may represent either a cause or a consequence of the symptoms.^[21] It has been seen that though symptom domains of OCD respond well to pharmacotherapy and psychotherapy, it tends to relapse in case of stress due to external or environmental cues.^[22]

Various research studies have brought forth the effectiveness of homoeopathy in the management as well as in reducing the intensity of troublesome symptoms of OCD.^[23-25]

The Yale–Brown Obsessive–Compulsive Scale (Y-BOCS)^[26] is the gold standard structured interview measure for assessing OCD. The Y-BOCS is a semi-structured interview and consists of a checklist of common obsessions and compulsions and a 10-item measure of symptom severity, which determines symptom severity. Total scores on the measurement range from 0 to 40, with a score of 0–7 indicating subclinical symptoms, 8–15 mild symptoms, 16–23 moderate symptoms, 24–31 severe symptoms and 32–40 extreme symptoms.^[27] The Modified Naranjo Criteria for Homoeopathy (MONARCH) was used for assessing the likelihood of a causal relationship between a homoeopathic intervention and clinical outcome.^[28]

With the aim to add more knowledge on homoeopathic management of OCD, this clinical case report is presented, which shows significant improvement in OCD symptoms, exclusively with homoeopathic treatment.

PATIENT INFORMATION

A 26-year-old male came to the outpatient department of a tertiary hospital at Kottayam, Kerala, on 26 July, 2019, complaining of repeated thoughts about washing hands and closing the tap. He followed the same behaviours and compulsive actions, such as walking on specific-coloured tiles, repeatedly closing the tap and checking whether the door was closed. He had a great deal of discomfort when not pursuing his thoughts. Further, he was obliged to keep everything in order as he liked it. These complaints had been there for the past 12 years.

The complaints started when the patient was 14 years of age. On exploration, the patient reported that it began as repeated washing of hands. The patient felt dissatisfied after washing his hands and tried to wash his hands, and this would go on many times. Distress associated with dissatisfaction caused by washing hands and closing taps progressively increased over the years. A considerable amount of time was spent daily on repeated washing. It interfered with his daily activities since he could not resist his thoughts.

Whenever he walked on tiles, he had thoughts of walking on a specific coloured tile, or else he felt dissatisfied. He tried to control his thoughts initially. However, to avoid dissatisfaction, he was obliged to his obsessive thought. Gradually, the repeated thoughts of dissatisfaction, incompleteness, or ‘not right’ feeling ingrained in almost all activities he was doing, such as writing, typing, checking the doors, washing and keeping everything in order and interfered with his daily routines. He claimed to

be powerless in trying to stop these thoughts. The patient felt anxious and distressed if he could not completely act as per his thoughts. The patient wanted everything in order and in the same place. If something was misplaced, he felt irritated. All the symptoms had progressed significantly within 4 years. He had not been under any medication for these complaints.

Past history

The patient had suffered from recurrent episodes of allergic rhinitis and recurrent tonsillitis, for which he had taken homoeopathic treatment and got relief.

Family history

There was no history of lifestyle diseases, other medical diseases, substance abuse, suicide, epilepsy or psychiatric complaints in the family.

Personal history

The prenatal and postnatal history was uneventful. All the developmental milestones were achieved at an appropriate time. He had taken all the vaccinations taken at the appropriate time.

Life space investigation

He was the youngest child of his parents. His parents were very strict and overprotective and controlled him most of the time, ever since he was a child. His mother would often beat him over academic performance issues and constantly compared him with the other students in his class. He would feel angry over this, yet never expressed it. He was never allowed to play outside, nor was he allowed to have friends or read non-academic books. His parents coerced him to do everything they asked of him. He had never talked to anyone in his family about his problems because he thought his family would dismiss them as nothing. At school, he did average in his studies. He also struggled with stage fright. After graduating from high school, he enrolled for Chartered Accountancy but was overwhelmed by the academic tasks and dropped out of the course. He was dissatisfied with his work and felt that his life had become monotonous and boring. He said that he wanted to do something challenging and exciting at the same time. He liked to travel.

Physical generals

The patient had a craving for sweets and eggs. He had an aversion to meat. Thermally, he was a chilly person.

Clinical findings

The mental status examination was done during the first consultation and the patient was found to be well-orientated and aware of his surroundings. He established rapport with the physician and maintained his eye to eye contact. His interpersonal relationship appeared satisfactory. No abnormality was found in his psychomotor activity, speech and had an appropriate affect. His mood was anxious, and objectively also, anxiety was visible. He had obsessive and compulsive thoughts, without any other perceptual disorder. He had a good memory, for general information and appeared intelligent, with sound attention, concentration and abstract

thinking. He had good social judgement and test judgement and had a true emotional insight.

Diagnostic assessment

Considering all the presenting complaints had persisted for more than two weeks, the Consultant Psychiatrist of the institute diagnosed the case as OCD as per the International Classification of Diseases-10 Diagnostic guidelines.^[29] The psychiatrist confirmed that the presence of both obsessions and compulsions is time-consuming and causes significant distress in social, occupational and other important areas of functioning. The symptoms were not attributable to the physiological effect of a substance or another medical condition. Common psychiatric disorders such as generalised anxiety disorder, obsessive-compulsive personality disorder, tics and stereotyped movement disorder were excluded from the study.

Therapeutic intervention

The symptoms narrated by the patient as well as those observed by the physician were considered and analysed for totality of the case to find the most suitable remedy through repertorization. An individualised homoeopathic medicine was administered to the patient. Based on excessive parental protection, which was the main ‘ailments from’, and the desire for eggs, aversion to meat, recurrent tonsillitis and thermally chilly, *Calcarea carbonicum* 200C, 1M was prescribed. *Lycopodium* 200C was prescribed subsequently for right-sided acute throat pain, stitching pain worse by swallowing and relieved by warm drinks. The complaint started after he took cold drinks, and *Lycopodium* was the first medicine in the repertorial totality. Later, *Sulphur* 200C was prescribed for eruptions on the abdomen and legs, with itching aggravated more at night and associated with burning pain, cramps of the legs at night, and *Tuberculinum bovinum* 1M was prescribed for recurrent respiratory tract infection and tonsillitis; and his characteristics, such as a dislike for monotonous activity and desire to do something challenging. *Tuberculinum* is well known for dissatisfaction, desire for travelling and aversion to meat, as seen in this patient. Hence, it was prescribed as an intercurrent remedy. The repertorial chart is shown in Figure 1.

Follow-up and outcomes

A follow-up of the case and assessment of the scale was carried out every month for 2 years and 3 months. The follow-up of the case is depicted in Table 1. Significant improvement in the symptoms was observed, exclusively with homoeopathic medicines. The causal attribution determined using the MONARCH gave a score of 8, as indicated in Table 2.

DISCUSSION

The present case report has been presented as per the HOM-CASE guidelines.^[30] To find OCD’s causality, as for most psychosomatic diseases, one should concentrate on the psychological traumas leading to fixed ideas of the patient more than on anything else. One will agree that most fixed ideas come from fixed emotions. Recurrent or long-lasting unresolved emotions are apt to create a pattern in our brain, a memory that will be triggered by the slightest, even innocent, insinuation. Eventually, we carry over these particular emotions: anger that flares up easily, involuntary weeping, a sense of anguish and foreboding, obsessive-compulsive behaviour, etc., because we have become addicted to them, and they have become part of our personality.^[31]

The most significant challenge in treating OCD is the difficulty in providing solace to the intruding thoughts, ritualistic acts and tormented feelings accompanying it. Moreover, the condition becomes difficult and distraught if they suffer from comorbidities along with OCD. Homoeopathy follows the law of individualisation, which means that every individual is different from another individual in mental state, physical symptoms, behaviour, personal habits, hobbies, sleep patterns, occupation, etc. These characteristics define the overall make-up or temperament of the person and become the quintessential constituents of homoeopathic prescription. In this case, the causative factors and the premorbid personality that the patient specified have given ample assistance in arriving at the most similar medicine. The patient was regular with the monthly follow-up visits and hence helped monitor his condition and prescribe medication, per se.

Lycopodium was selected as the first medicine in the repertorial totality. However, the patient had been treated with *Calc*, an individualised homoeopathic medicine based on his emotional cause, premorbid characteristics, symptoms

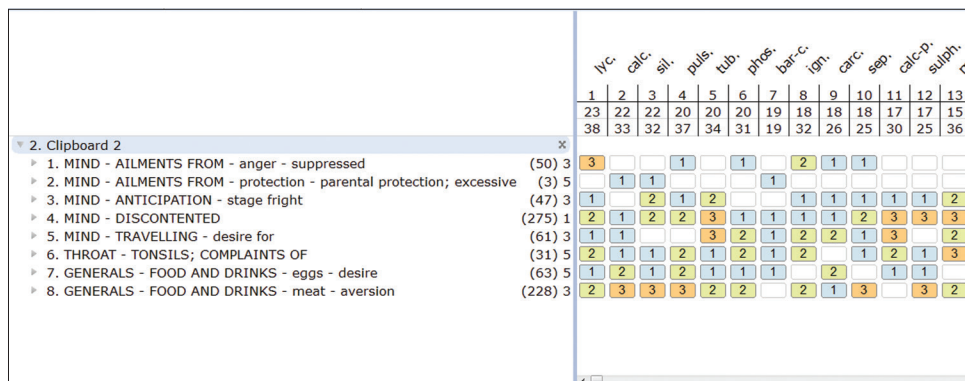


Figure 1: Repertorial chart

Table 1: Follow-up

Follow-up date	Symptoms	Prescription	Y-BOCS score
26 July 2019	Disruptive, disturbing intrusive thoughts. Compulsive acts such as repeatedly closing tap, re-writing, re-typing and checking his work. Preoccupied with order; kept things the way he liked. Ritualistic behaviours like walking on specific coloured tiles. Discomfort and dissatisfaction when not pursuing his thoughts.	<i>Calc. carb.</i> 200C/4D, weekly once; advised to keep it as SOS, once he feels better.	30
29 August 2019	Washing of hands and closing taps mildly reduced. Walking on specific-coloured tiles: reduced mildly. Obligated to keep things in order: reduced mildly. Also, the patient informed that his discomfort for not acting as per thoughts also started getting reduced mildly.	<i>Calc carb</i> 200C/2D, Every 15 days once along with Placebo for a month.	19
31 October 2019	Washing of hands and closing taps, walking on specific coloured tiles, Obligated to keep things in order: reduced moderately	<i>Calc carb</i> 200C/1D and Placebo/10D for a month.	16
28 November 2019	Washing of hands and closing taps, walking on specific coloured tiles, Obligated to keep things in order: reduced moderately	<i>Calc carb</i> 200C/1D and Placebo/10D for a month.	16
05 December 2019	Washing of hands and closing taps, walking on specific coloured tiles, Obligated to keep things in order: reduced much.	<i>Calc carb</i> 200C/1D and Placebo/10D for a month.	13
25 January 2020	Washing of hands and closing taps, walking on specific coloured tiles, Obligated to keep things in order: much reduced. Throat pain-right side, stitching pain < swallowing > warm drinks. The complaint started after he took cold drinks.	<i>Lycopodium</i> 200C/4D, BD daily given as the acute prescription. If complaints started to reduce, advised him to stop the medication and to continue Sac Lac.	13
27 February 2020	His throat pain vanished after 2 doses, so the remaining 2 doses were not taken. All the complaints had reduced, but no progress afterward. So, the potency had to be raised.	<i>Calc carb</i> 1M/1D and Placebo/10D for a month were prescribed.	13
21 May 2020	Since there were not much changes after <i>Calc c</i> 1M, the same was repeated for a month.	<i>Calc carb</i> 1M/1D and Placebo/10D for a month were prescribed.	13
25 June 2020	Obsessive thoughts-reduced well, anxiety about health and thoughts about washing and closing tap was reduced well.	<i>Calc carb</i> 1M/1D and Placebo/10D for a month were prescribed.	12
21 July 2020	Washing of hands and closing taps: Markedly reduced. Walking on specific-coloured tiles: Markedly reduced. Obligated to keep things in order: Markedly reduced	Placebo/10D. <i>Calc carb</i> 1M/1D kept as S.O.S	10
08 October 2020	Eruptions on the abdomen and legs with itching aggravated more at night associated with burning pain. Cramps of legs at night.	<i>Sulphur</i> 200/4D. Weekly once, advised him to stop the medication once he feels better but he took all the doses to get rid of itching.	10
15 December 2020	No itching and eruptions. Obsessive thoughts: markedly reduced. Compulsive acts: markedly reduced.	Placebo was prescribed for a month.	6
04 March 2021	Obsessive thoughts-marked reduced. Compulsive acts-markedly reduced. Complaints occur occasionally only.	Placebo was prescribed for a month.	6
03 June 2021	Throat pain-right side, stitching pain < swallowing, > warm drinks. Sneezing, running nose, enlarged right-sided tonsils. Complaints started after taking cold drinks. <i>Tuberculinum</i> was prescribed for recurrent respiratory tract infection and tonsillitis. Furthermore, his characteristics include a dislike for monotonous activities and a desire to do something challenging. <i>Tuberculinum</i> is well known for dissatisfaction, travelling desire and aversion to meat, as seen in this patient. Hence, it was prescribed as an intercurrent remedy.	<i>Tuberculinum</i> 1M/1D along with placebo for a month	6
03 August 2021	Washing of hands and closing taps: Nil Walking on specific-coloured tiles: Nil Obligated to keep things in order: Nil. No sneezing, throat pain and coryza.	Placebo 10D for a month	0
23 September 2021	Washing of hands and closing taps: Nil Walking on specific-coloured tiles: Nil Obligated to keep things in order: Nil	Placebo 10D for a month	0
28 October 2021	Washing of hands and closing taps: Nil Walking on specific-coloured tiles: Nil Obligated to keep things in order: Nil	Placebo 10D for a month	0

D: doses; Y_BOCS: Yale -Brown Obsessive Compulsive Scale; <: aggravation.; >amelioration. The patient has been continuing the follow-up regularly and is free from symptoms as reported last on 03 August 2021.

Table 2: MONARCH score

S. No.	Criteria	Yes	No	Not sure
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0
3	Was there a homoeopathic aggravation of symptoms?	+1	0	0
4	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed?	+1	0	0
5	Did overall wellbeing improve?	+1	0	0
6	(A) <i>Direction of cure:</i> Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6	(B) <i>Direction of cure:</i> Did at least one of the following aspects apply to the order of improvement of symptoms: • From organs of more importance to those of less importance • From deeper to more superficial aspects of the individual • From the top downward	+1	0	0
7	Did 'old symptoms' (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-3	+1	0
8	Are there alternative causes (other than the medicine) that – with a high probability – could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	+2	0	0
9	Was the health improvement confirmed by any objective data?	+2	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
Total Score: +8				

*The numbers in bold font represent the option selected

Table 3: Assessment of Y-BOCS

S. No.	Domains	1 st visit	6 th visit	12 th visit	18 th visit	25 th visit	Last visit (27 November 2021)
1.	Time occupied by obsessive thoughts	4	2	2	1	0	0
2.	Interference due to obsessive thoughts	4	1	1	0	0	0
3.	Distress associated with obsessive thoughts	4	2	1	0	0	0
4.	Resistance against obsessions	3	1	1	1	0	0
5.	Degree of control over obsessive thoughts	3	1	1	1	0	0
6.	Time spent performing compulsive behaviours	4	2	1	1	0	0
7.	Interference due to compulsive behaviours	3	1	1	0	0	0
8.	Distress associated with compulsive behaviour	3	1	1	0	0	0
9.	Resistance against compulsion	3	1	1	1	0	0
10.	Degree of control over compulsive behaviour	3	1	1	1	0	0
Total (YBCOS) score		30	13	11	6	0	0

Y-BOCS: Yale–Brown Obsessive-Compulsive Scale

and physical generals. The case was also treated with *Lycopodium* for his throat complaints and with *Sulphur* for skin complaints; furthermore, *Lycopodium* is complementary to *Calc* and acts with unique benefits after *Calc* and *Sulphur*.^[32] *Tuberculinum* was prescribed for recurrent respiratory tract infection, tonsillitis; and his characteristics, such as a dislike for monotonous activity and desire to do something that is challenging. *Tuberculinum* is well known for the rubrics dissatisfaction, travelling desire and aversion to meat, as seen in this patient. Hence, it was prescribed as an intercurrent remedy.

The strength of this case report is the confirmatory diagnosis done by a qualified psychiatrist and severity assessment with Y-BOCS, a universally accepted rating scale. The limitation

of this case report is the lack of objective evidence, which is challenging to get in psychiatric cases. The improvement of the intensity of symptoms in this case was assessed with Y-BOCS, which showed a marked reduction from 30 to 0 (Table 3).

This evidence-based case report displays the effectiveness of individualised homoeopathic medicine in managing a disruptive symptom complex of OCD. The patient also reported improvement in all other aspects; functional, social and interpersonal relationships.

CONCLUSION

In this case, homoeopathic remedies facilitated a better QOL for an OCD patient, by helping him overcome his

psychological trauma, which had eventually led to fixed ideas that dominated his life.

ACKNOWLEDGEMENTS

The authors are thankful to Dr. B. S. J. Raja Kumar, Officer-In Charge, Dr. K. C. Muraleedharan, Medical Superintendent and Dr. N. D. Mohan, H.O.D. Department of Psychiatry, National Homoeopathy Research Institute in Mental Health, Kerala. They are also obliged to the participant and the caregivers for their valuable inputs.

Declaration of patient consent

We confirm that the patient has given his written informed consent to publish his anonymised case.

Financial support and sponsorship

Nil.

Conflicts of interest

None declared.

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L'homéopathie pour le trouble obsessionnel compulsif: un rapport de cas

L'Introduction: Le trouble obsessionnel-compulsif (TOC) est l'un des troubles psychiatriques les plus courants. Elle se caractérise par des pensées, des images ou des pulsions (obsessions) indésirables et pénibles et des comportements répétitifs ou des actes mentaux qui visent à diminuer la détresse qui en résulte.

Résumé de cas: Un homme de 26 ans a présenté des pensées intrusives, des actes rituels et des actions compulsives. Après la prise de cas, *Calcarea carbonicum*, *Lycopodium*, *Sulphur* et *Tuberculinum bovinum* ont été prescrits au besoin en fonction de la présentation des symptômes pendant le traitement homéopathique. Les médicaments homéopathiques individualisés ont mené à une amélioration remarquable dans le cas en le soulageant de ses pensées obsessionnelles et compulsives et en lui permettant de s'engager dans sa vie sociale, professionnelle et familiale sans effets indésirables.

Homöopathie bei Zwangsneurosen: Ein Fallbericht

Einleitung: Die Zwangsstörung (OCD) ist eine der häufigsten psychiatrischen Störungen. Sie ist gekennzeichnet durch unerwünschte und belastende Gedanken, Bilder oder Triebe (Obsessionen) und sich wiederholende Verhaltensweisen oder mentale Handlungen, die darauf abzielen, die daraus resultierende Belastung zu verringern.

Zusammenfassung des Falls: Ein 26-jähriger Mann stellte sich mit aufdringlichen Gedanken, rituellen Handlungen und Zwangshandlungen vor. Nach der Fallaufnahme wurden *Calcarea carbonicum*, *Lycopodium*, *Sulphur* und *Tuberculinum bovinum* je nach Bedarf und Symptomen im Verlauf der homöopathischen Behandlung verordnet. Die individuell abgestimmten homöopathischen Arzneimittel führten zu einer bemerkenswerten Verbesserung des Falles, indem sie ihn von seinen Zwangsgedanken befreiten und es ihm ermöglichten, ohne Beeinträchtigungen an seinem sozialen, beruflichen und familiären Leben teilzunehmen.

मनोग्रसित बाध्यता विकार के लिए होम्योपैथी: केस रिपोर्ट

परिचय: मनोग्रसित-बाध्यता विकार (OCD) सबसे सामान्य मानसिक विकारों में से एक है। अनचाहे और कष्ट देने वाले विचार, तस्वीरें या तीव्र इच्छाएं (जूनून) या बार-बार किए जाने वाले व्यवहार या मानसिक क्रियाएँ, जिनसे पारिणामिक कष्ट कम हो, इसकी विशेषताएँ हैं।

केस का सारांश: एक 26 वर्षीय व्यक्ति ने अवांछनीय विचार, संस्कारिक कार्य और बाध्यकारी कार्यवाहियों के लक्षण प्रस्तुत किए। रोगी का विवरण लेने के बाद, होम्योपैथिक उपचार के दौरान लक्षणों के आधार पर *कैल्केरिया कार्बोनिक्म*, *लाइकोपोडियम*, *सल्फर* और *ट्यूबरकुलिनम बोविनम* लेने की सलाह दी गई। व्यक्तिगत होम्योपैथिक दवाओं के द्वारा केस में उत्कृष्ट सुधार हुआ, और बाध्यकारी विचारों से राहत मिली और वह बिना किसी दुष्प्रभावों के अपने सामाजिक, व्यावसायिक और पारिवारिक जीवन में जुड़ सका।

Homeopatía para el trastorno obsesivo compulsivo: Un informe de caso

Introducción: El trastorno obsesivo-compulsivo (TOC) es uno de los trastornos psiquiátricos más comunes. Se caracteriza por pensamientos, imágenes o impulsos no deseados y angustiantes (obsesiones) y comportamientos repetitivos o actos mentales que tienen como objetivo disminuir la angustia resultante.

Resumen del caso: Un hombre de 26 años presentado con pensamientos intrusivos, actos rituales y acciones compulsivas. Después de la toma de casos, *Calcarea carbonicum*, *Lycopodium*, *Sulphur* y *Tuberculinum bovinum* se prescribieron cuando fue necesario en función de la presentación de los síntomas durante el curso del tratamiento homeopático. Los medicamentos homeopáticos individualizados condujeron a una mejora notable en el caso al aliviarlo de sus pensamientos obsesivos y compulsivos y permitirle participar en su vida social, ocupacional y familiar sin efectos adversos.

强迫症 势 法: 一例报告

引言: 强迫症是最常 的精神疾病之一。它的特点是不想要的和令人痛苦的想法、 像或冲动 (痴迷), 以及旨在减少由此 生的痛苦的重复行 或心理行 。

病例摘要: 一名26 男子表 出侵入性思 、 式性行 和强迫性行 。在服用病例后, 根据 势 法治 过程中的症状表 , 根据需 具碳酸 、石松、硫磺和牛 核杆菌的处方。个性化的 势 法 物 解了他的强迫症思 , 使他能够在没有不良影响的情况下参与社会、 和家庭生活, 从而 著改善了病情。