

ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)

An International Scholarly Open Access, Peer-reviewed, Refereed Journal

A CASE REPORT OF OBSESSIVE-COMPULSIVE DISORDER TREATED WITH INDIVIDUALIZED HOMOEOPATHIC MEDICINE

Dr. Arpana Sandeep Pareek, Dr. Sandeep N. Pareek

Professor, Associate Professor Department of Repertory Smt. K. B. Abad Homoeopathic Medical College, Chandwad, Dist. Nashik, India

ABSTRACT:

Background: Obsessive-compulsive disorder (OCD) is a long-lasting disorder in which a person experiences uncontrollable and recurring thoughts (obsessions), engages in repetitive behaviors (compulsions), or both. People with OCD have time-consuming symptoms that can cause significant distress or interfere with daily life. These types of diseases are treated with antidepressants in conventional medicine, which suppresses the condition and invites other troublesome diseases. We are treating very successfully this kind of patients through individualized homoeopathic medicine following the law and principles of homoeopathy. The following case report is one of them.

Materials and Methods: This case report describes a 15-year-old male who suffered with OCD and came for homoeopathic treatment. In this case, we adopted Dr. Kent's approach for repertorization as the patient presented lots of characteristic mental as well as physical general symptoms. Through proper case taking we analyzed and evaluated the case and selected the medicine Calcarea Carb 200 with the help of Complete Repertory.

Results: After taking medicine the patient gradually improved and after three months of treatment the patient's all OCD symptom relieved and felt mentally and physically very healthy.

Conclusion: This case report showing the importance of analysis and evaluation as an integral step after case taking and repertorization for administration of medicine. It also emphasizes the role of cardinal principles of homoeopathy are the only way to cure the patients' sufferings. It also highlights the role of homeopathy in psychiatric cases without making any drug dependency and any adverse effect.

Keywords: Obsessive Compulsive Disorder, Homoeopathy, Calcarea Carb

Abbreviations: OCD=Obsessive Compulsive Disorder

INTRODUCTION: A mental health disorder characterized by persistently uncontrollable and recurring thoughts or loss of interest in activities, causing significant impairment in daily life. Possible causes include a combination of biological, psychological and social sources of distress. Increasingly, research suggests that these factors may cause changes in brain function, including altered activity of certain neural circuits in the brain.

The persistent unwanted thoughts and loss of interest that characterizes major depression can lead to a range of behavioral and physical symptoms. These may include changes in sleep, appetite, energy level, concentration, daily behavior or self-esteem. It can also be associated with thoughts of suicide.

The mainstay of treatment is usually medication, talk therapy or a combination of the two. Increasingly, research suggests that these treatments may normalize brain changes associated with depression.

This condition affects the quality of life of patient and thus requires appropriate intervention and management. The following case report is regarding a patient who was suffering from Obsessive Compulsive Disorder for 6 months. In spite of taking allopathic treatment for five months, there was no marked improvement. After taking homoeopathic treatment, patient's condition was improved significantly with no recurrence till date. This shows the efficiency of homoeopathic medicines in cases of OCDs.^[1]

CASE STUDY:

A 15-year-old male patient studying in class 10th came to the clinic with complaints of continuous unwanted thoughts about cleanliness with confusion and brooding since 4-5 months. He thinks he has AIDS with continuous negative thoughts in the mind. He washes his hands 4-5 times before eating. His complaints aggravated by reprimanded and ailments from anxiety associated with mild headache. The patient is a stocky person. He lost 2 Kg in 2 months. Perspiration in general is profuse, on palms and offensive. He doesn't feel hungry when tensed. Thirstless. Craving for egg, cold drinks, eats chalk and mud, used to lick the walls. Aversion to Sweets.

LIFE SPACE:

A 15-year-old boy from Chinchban, studying in 10th standard. Has father, mother and one younger brother in the family. He is eldest son in the family. Parents used to pamper younger child a lot so, patient often had feeling of being neglected by his parents; much to his dislike his father is strict and abusing. Father very religious and want him to visit the temples regularly.

When in 5th std his aunty had scolded him for not keeping his handkerchief properly; since then tries to be perfect in all things. He dislikes fights and quarrels. Afraid of his father creating a scene and disturbing everybody; avoid expressing himself. Due to this family members feel that he is of a quiet disposition. Feels bad when compared to his younger brother who is very sharp and mixes with everyone very easily. Doesn't like mother's constant taunting. Developed fear of AIDS since his teacher had scared him that he will get AIDS just by cutting tomatoes. Feels that he has contacted HIV. Had done blood tests, which are negative, but he is still not assured. His mother says he will go insane.

Has marked anxiety and anticipation for his loved ones and doesn't want to hurt them in anyway. As a teenager got involved in wrong company that lured him into leaking exam papers and selling it for money. Felt he was mesmerized and confused by his friends when they talked about big things in life. While in NCC was abused sexually on 4-5 occasions. During this phase got involved into homosexuality and actually started liking homosexuality. Afraid of exams, had inferiority complex lack of concentration and slow in understanding which used to reflect in his studies, that he started getting lower and lower rank in the class. Very shy in nature; can't mix with people easily. Occasionally is scolded by parents for his sluggishness, as he takes longer time to do any simple work, even the memory of patient is weak so he cannot remember where he has kept his things.

Sleep disturbed, duration 10.30 pm to 6 am. Dreams are unexplained and weird. In Sun, eyes feel heavy, likes Winter. Thermal reaction C3 H2

PAST HISTORY:

Chicken pox, Malaria 2 times

MILESTONES

Birth wt. 8 pounds, Walking -1yr +, Talking - 1yr

PHYSICAL EXAMINATION:

B.P. 120/80 mm of Conjunctiva & Nails: N Tongue: N Lymph nodes: Ab Air entry: AEBE breath sounds: N Adventitious sounds: Absent Tender/ Pain: Abdomen **CVS** Heart sound: S1S2: N Murmur: Ab **CNS** Sensation: N, Reflexes: N,

Neck – Para spinal tenderness, ROM full, extension

PROBABLE DIAGNOSIS: Obsessive-Compulsive Disorder

APPROACH TO CASE:

As the case has lots of qualified mental, Kent's approach will be most suitable here.

REPORTORIAL TOTALITY^[3]

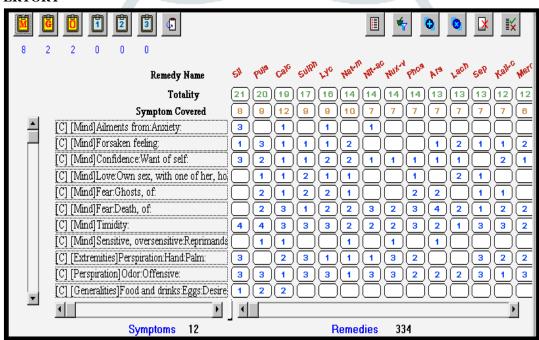
- 1) Ailments from anxiety
- 2) Forsaken feeling
- 3) Confidence, want of self
- 4) Homosexual
- 5) Fear of ghost
- 6) Fear of death
- 7) Mania to wash hands
- 8) Timidity
- 9) Sensitive to reprimand
- 10) Desire eggs
- 11) Desire indigestible things

ANALYSIS OF SYMPTOMS

Symptoms	Analysis
Ailments from anxiety	Emotional Causative Modality
Feels as if deserted	Qualified Mental Emotional General
Sensitive to reprimand	Qualified Mental Emotional General
Love with one of her own sex	Qualified Mental Emotional General
Fear of ghost	Qualified Mental Emotional General
Fear of death	Qualified Mental Emotional General
Timidity	Mental Emotional General Disposition
Confidence want of self	Mental Intellectual General
Desire eggs	Physical General
Desire indigestible things	Physical General
Perspiration profuse	Physical General
Perspiration offensive	Physical General
Perspiration Especially palms	Physical General

REPERTORIZATION TABLE:

COMPLETE REPERTORY^[2]



<u>REMEDY DIFFERENTIATION</u>:

The group of remedy that has come up was 1) Silicea 2) Calcarea 3) Phosphorous 4) Sepia 5) Kali carb 6) Aurum.

Though Silicea ranks high in the table; Calcarea covers almost all the rubrics Even the dispositional qualities like sluggishness, poor confidence, and poor memory are also covered by calc carb. So, the final choice made was calc carb, whereas Silicea fails to cover the fear aspect of patient, as fear are specifically about ghost, death. Intellectually also Silicea cannot fit patient's symptoms. Sulphur Lycopodium, Natrum mur being hot remedy are ruled out in thermal filter.

REMEDY SELECTED:

Calcarea carb 200 single dose was given

Summary of follow-ups

With calc carb 200 there was initial gradual improvement in patient as anxiety was reduced 25 % patient 's performance in the school improved but this improvement was followed by a stand still phase, which was later steadily improved by calc carb 1m. Within 3 months there was 70% improvement in patient's mental achievement.

DISCUSSION:

OCD is now a common disorder now a days. Being a mental disease, it is very easy to treat as Homoeopathic prescription is mostly based on the mind of the patient. This patient has more mental symptoms as compared to physical. In this case the patient was having the characteristics of Calcarea Carb as already mentioned, after subsequent 2 follow up of administering the Simillimum, the patient got cured.

CONCLUSION:

Patient's thinking that he has contracted AIDS and will get easily infected made patient to live anxious life of obsession to wash hands continuously and despaired of life. This mentality even affected patient's academic achievements. When totality taken and repertorised both from Kent's as well as complete repertory, showed same result. Here anxiety leads to fear and lack of confidence, which is explored by both repertories in form of Simillimum.

REFERENCES

- [1] Bakshi J.P.S. Manual of Psychiatry, First Edition, Cosmic Healers Pvt. Ltd. New Delhi
- [2] Complete Repertory (RADAR 9.1)
- [3] Kent J. T. Repertory of Homeopathic Materia Medica. Enriched Indian Edition. Reprinted from Sixth American Edition, B. Jain Publishers (P) Ltd, New Delhi.

