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# *AYURVEDA* APPROACH TO THE MANAGEMENT OF OBSESSIVE - COMPULSIVE DISORDER (*SHEELA VIBHRAMA*): A CASE REPORT

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## ABSTRACT

Obsessive-Compulsive Disorder (OCD), referred to as *Sheela Vibhrama* in *Ayurveda*, is a common psychiatric condition characterized by persistent intrusive thoughts and repetitive behaviours that cause significant distress and functional impairment. It is estimated that approximately 1-2% of the global population is affected by OCD, with a higher prevalence in individuals during early adulthood. This case report presents an *Ayurveda* approach to managing OCD, emphasizing the role of *Mano dosha* (Psychological imbalances) in its pathogenesis. A 30-year-old male with a two-year history of obsessional thoughts related to harming others, these symptoms severely impacted his daily life and social interactions was treated using *Shodhana Chikitsa*, focusing on *Virechana* as the primary therapeutic modality. The outcome demonstrated significant improvement in the patient's symptoms, highlighting the potential of *Ayurveda* in addressing the underlying causes of psychiatric disorders.

**KEYWORDS:** *Sheela Vibhrama*, Obsessive compulsive disorder, *Virechana.*

## INTRODUCTION

*Sheela Vibhrama*, is one of the types of *Astha Vibhrama* (Derangements) seen in *Unmada* (mental disorders). The term "*Sheela*" refers to one's inherent moral conduct, character, and ethical values, while "*Vibhrama*" denotes deviation or distortion. *"Sheelamanusheelanena"* refers to Habitual actions or behaviours formed through repeated practice. Thus, *Sheela*

*Vibhrama* signifies a disruption or abnormality in one's ethical and moral behaviour, leading to actions that are contrary to the individual's usual personality and social norms. These behaviours, though irrational, are persistently performed due to the mind's habitual patterns, thus disrupting mental well-being.[1] It reflects a deeper disturbance of the mind and intellect (*Manas* and *Buddhi*), which are central to decision-making and self-regulation. According to Ayurvedic philosophy, Unmada is caused by the vitiation of *Sharirika Doshas* (*Vata*, *Pitta*, and *Kapha*) and *Manasika Doshas* (*Rajas* and *Tamas*), resulting in deranged mental faculties such as *Dhee* (intellect), *Dhruti* (memory), and *Smriti* (recollection).[2] In the case of *Sheela Vibhrama*, the dominance of *Rajo Guna* causes impulsive, hyperactive, and irrational thoughts, while *Tamo Guna* clouds judgment, leading to inappropriate and erratic behaviour. This imbalance manifests as behavioural deviations that disturb not only the individual's mental harmony but also their social interactions and responsibilities. In the context of modern psychiatry, *Sheela Vibhrama* can be correlated with conditions involving behavioural abnormalities, obsessive-compulsive tendencies, and inappropriate conduct, such as obsessive-compulsive disorder (OCD).[3] The repetitive and compulsive actions observed in OCD—such as excessive cleaning, checking, or organizing—can be viewed as a deviation in moral and social behaviour when they interfere with daily life. These actions are often driven by irrational fears and an inability to suppress intrusive thoughts, which aligns with the *Ayurveda* understanding of *Sheela Vibhrama* as a disturbance of the mind's natural balance. The pathophysiology of *Sheela Vibhrama* highlights the role of *Vata Dosha*, which governs mental activities, becoming aggravated and erratic. This is further compounded by the hyperactivity of *Rajo* and the stagnation of *Tamas*, disrupting the normal functioning of the mind and intellect. Such imbalances result in actions and behaviours that are obsessive, repetitive, and socially inappropriate, ultimately affecting the individual's mental well-being and relationships.[4]

## CASE REPORT

A 35-year-old male patient presented with a primary complaint of persistent fear of harming others, which had been troubling him for the past three months. He also reported associated symptoms such as fluctuating sleep patterns, alternating between excessive sleep and sleeplessness. The patient described being pre-occupied with thoughts about his family, feeling that he had always been supportive of them but did not receive the same emotional or moral support in return. He expressed a sense of resentment and disappointment, believing that his efforts to help others had gone unacknowledged and that his needs were ignored. The

patient shared a significant history of emotional neglect from his mother during childhood, as she was often discouraging and unsupportive of his interests and initiatives. He also witnessed his father's death due to excessive alcohol consumption in a hospital, which instilled a fear of hospitals in him. The patient's intrusive thoughts of harming others intensified in social settings. For instance, when among a group of friends, he would fear that if someone went missing, he might have harmed them, even though no such incident occurred. To cope up with these fears, he began traveling in an attempt to distract himself. However, his symptoms worsened. When staying in hotels, he would fear that he had caused harm to someone in the room and repeatedly asked reception staff to recheck the premises for assurance. Additionally, the patient had a hobby of watching suspense, thriller type of series/ movies and often identified himself with the characters, particularly those he admired. Despite his intense fear of staying alone, being in a group did not alleviate his symptoms. Instead, his obsessive thoughts about potentially harming others persisted, causing significant distress and impairing his daily functioning. For these complains he visited our hospital and got admitted for further management.

**History of past illness:** No such history of medications, patient did attend online counselling sessions.

**Personal history:** The patient following mixed type of diet where *katu rasa* is taken more in quantity and irregular dietary habits. He takes 2 cups of tea as supplementary diet.

**Educational & Occupational history:** He is Graduated and working as a Software Engineer.

**Family history:** All other Family members are healthy, Father demise due to liver disorder (excessive intake of alcohol).

**EXAMINATION**

**General Examination**; Built – Normal, Appearance – Normal, Pallor- Absent, Icterus- Absent, Clubbing – Absent, Cyanosis-Absent, Lymphadenopathy- Absent, Oedema – absent.

**Systemic Examination**; Cardiovascular system – S1S2 Heard, no murmurs. Respiratory system – Air Entry Bilaterally Equal, Gastro-Intestinal System- P/A Soft, No Organomegaly felt. Central Nervous System – Conscious and Oriented, Cranial Nerves – within normal limits.

**Mental status examination**

- Appearance and Behaviour – the patient appeared well- groomed but displayed evident signs of anxiety. He maintained minimal eye contact and frequently fidgeted with his hands, suggesting underlying distress.
- Speech- speech was clear, coherent and goal directed, though somewhat hesitant when discussing his fears.
- Mood and Affect- The patient described his mood as "Fearful and uneasy". Affect was anxious and congruent with his mood.
- Thought process- Thought flow was logical but dominated by intrusive and obsessive preoccupations, particularly fears of causing harm to others.
- Thought content- Recurrent obsession thoughts of harming others, with no evidence of delusions or hallucinations. He repeatedly sought reassurance about these thoughts.
- Perception- No hallucinations or perceptual disturbances notes.
- Cognition- The patient was fully oriented to time, place and person. Attention and memory appeared intact.
- Insight- The patient recognized that his fears were irrational but felt powerless to control them.
- Judgement- Normal but impaired in relation to his obsessive behaviour.

**Treatment Protocol: Table no. 1.**

| SL. NO | TREATMENT | MEDICATIONS | DOSAGE | *ANUPANA* | Duration |
|---|---|---|---|---|---|
| 1. | *Deepana & Pachana* | *Chitrakadi Vati* | 3TID (B/F) | *Sukoshna jala* | 1 Day |
| 2. | *Snehapana* | *Kalyanaka Ghrita (Snehapana)* | 50,100,150,250,280ml | *Ushna jala* | 5 Days |
| 3. | *Bahya Snehana & Swedana* | *Sarvanga Abhyanga with Mahanarayana Taila followed by Bashpa sweda* | - | - | 4 Days |
| 4. | *Virechana karma* | *Trivrit lehya* | 50grams | *With milk* | 1 Day |
| 5. | *Samsarjana Krama* | - | - | - | 5 Days |

Assessment: Scales (Image-1 & 2)

NAME: _____ DATE: _____
PATIENT ID#: _____ MD: _____

**BRIEF PSYCHIATRIC RATING SCALE (BPRS)**

Please enter the score for the term which best describes the patient's condition.
0 = not assessed, 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately severe, 6 = severe, 7 = extremely severe

| | | | |
|---|---|---|---|
| 1. SOMATIC CONCERN<br>Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not. | SCORE | 10. HOSTILITY<br>Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (*Rate attitude toward interviewer under "uncooperativeness"*). | SCORE |
| 2. ANXIETY<br>Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms. | SCORE | 11. SUSPICIOUSNESS<br>Brief *(delusional or otherwise)* that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances. | SCORE |
| 3. EMOTIONAL WITHDRAWAL<br>Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation. | SCORE | 12. HALLUCINATORY BEHAVIOR<br>Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people. | SCORE |
| 4. CONCEPTUAL DISORGANIZATION<br>Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning. | SCORE | 13. MOTOR RETARDATION<br>Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level. | SCORE |
| 5. GUILT FEELINGS<br>Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses. | SCORE | 14. UNCOOPERATIVENESS<br>Evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation. | SCORE |
| 6. TENSION<br>Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient. | SCORE | 15. UNUSUAL THOUGHT CONTENT<br>Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes. | SCORE |
| 7. MANNERISMS AND POSTURING<br>Unusual and unnatural motor benavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here. | SCORE | 16. BLUNTED AFFECT<br>Reduced emotional tone, apparent lack of normal feeling or involvement. | SCORE |
| 8. GRANDIOSITY<br>Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation. | SCORE | 17. EXCITEMENT<br>Heightened emotional tone, agitation, increased reactivity. | SCORE |
| 9. DEPRESSIVE MOOD<br>Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints. | SCORE | 18. DISORIENTATION<br>Confusion or lack of proper association for person, place or time. | SCORE |

**Table no: 2.**

| SCALE | BT SCORE | AT SCORE |
|---|---|---|
| Brief psychiatry rating scale (BPRS) | 76 | 21 |
| The Depression, Anxiety and Stress scale (DASS) | 36 | 6 |

**Follow up –** After 1 month.

## DISCUSSION

The treatment approach for *Sheela Vibhrama* (OCD) through *Virechana* is based on the principle of eliminating accumulated *Doshas*, primarily *Pitta* and *Tamas*, which contribute to obsessive thoughts and emotional disturbances.[5]

**The probable mode of action**

*Deepana -Pachana - Chitrakadi Vati* which enhances *Agni*, correcting metabolic imbalances and reducing *Ama*, which plays a role in mental clouding and obsessive ideation.[6]

*Snehapana - Kalyanaka Ghrita*, acts a *Medhya Rasayana* that pacifies *Vata* and *Pitta*, enhances neuroprotection, and stabilizes emotional processing by nourishing *Sadhaka Pitta* and *Manovaha Srotas*.[7]

*Abhyanga* & Bashpa sweda (External therapies)- alleviates stress-induced muscle tension, enhances circulation, and calms the Vata dominance that triggers repetitive intrusive thoughts.[8]

*Virechana -Trivrt Lehya* as the main drug expels aggravated *Pitta* and *Kapha*, detoxifies the gut-brain axis, and helps regulate neurotransmitter imbalances associated with OCD-like symptoms.[9]

*Samsarjana Krama- Samsarjana Krama* is an essential post-therapy regimen following *Virechana* to restore the digestive fire (*Agni*) and stabilize the body's functions & this gradual process helps in the smooth reintroduction of food and improves the digestion that might be disturbed by the purgation therapy. It facilitates the proper absorption of nutrients, prevents any adverse effects like weakness or depletion, and supports the body in regaining its balance. By following this stepwise approach, the body can effectively recover from the *Virechana Karma*, ensuring the *Doshas* are balanced and the mind remains stable.[10]

This holistic purification addresses the deep-seated fear of harming others by correcting *Manasika Doshas* and strengthening cognitive and emotional resilience. The therapy also improves sleep disturbances by restoring *Tamas-Vata* balance and enhancing *Ojas*, which is essential for emotional stability.[11] *Virechana Karma* plays a crucial role in the management of mental disorders by eliminating *Pitta* and *Kapha Doshas*, which are deeply involved in emotional regulation and cognitive processing.[12] The gut-brain axis (*Pakvashaya-Manovaha Srotas*) serves as a major site for *Pitta* accumulation, and *Virechana* helps in its controlled elimination, reducing mental agitation, obsessive thoughts, and emotional instability.[13] By clearing obstructed *Srotas*, it enhances the flow of *Prana Vayu* and balances *Sadhaka Pitta* and *Tarpaka Kapha*, leading to improved neurotransmitter regulation. In this patient, *Virechana* significantly reduced the fear of harming others by pacifying *Rajas* and *Tamas*,

which fuel obsessive thoughts and anxiety.[14] Additionally, the removal of excessive *Pitta* helped restore normal sleep patterns and emotional stability. The patient experienced notable relief post-*Virechana*, highlighting its efficacy in cleansing both physical and mental pathways, thus supporting long-term cognitive and emotional resilience.[15]

## CONCLUSION

Obsessive-Compulsive Disorder (OCD), which can be correlated with *Sheela Vibhrama* in *Ayurveda*, is primarily a disorder of *Manovaha Srotas* involving an imbalance of Rajas and Tamas, along with Vata-Pitta aggravation. This case study highlights the effectiveness of *Virechana* as one of the *Shodhana* therapy in managing *Sheela Vibhrama*, demonstrating significant improvement in symptoms. The combination of *Deepana-Pachana*, *Snehapana*, *Abhyanga-Swedana*, and *Virechana* worked synergistically to eliminate aggravated *Doshas*, restore *Manasika* and *Sharirika Doshas* equilibrium, and reduce intrusive thoughts, fear, and sleep disturbances. The success of this treatment reinforces the relevance of *Shodhana Chikitsa* in psychiatric disorders, offering a holistic approach to OCD by addressing both physiological and psychological aspects.

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## REFERENCES

1. Charaka, R. Charaka Samhita. Vol. 1. Sutrasthana; 27/106-107. Varanasi: Chaukhambha Orientalia; 2018.
2. Charaka, R. Charaka Samhita. Vol. 2. Vimana Sthana; 8/11. Varanasi: Chaukhambha Orientalia; 2018.
3. Charaka, R. Charaka Samhita. Vol. 1. Sutrasthana; 25/20. Varanasi: Chaukhambha Orientalia; 2018.
4. Sushruta, S. Sushruta Samhita. Sutrasthana; 16/23. Varanasi: Chaukhambha Orientalia; 2015.
5. Bhavaprakasha, B. Bhavaprakasha Nighantu. Vol. 2. Chikitsa Sthana; 13/9. Varanasi: Chaukhambha Orientalia; 2014.

6. Kaviraj, B. Ayurvedic Psychiatry. In: Manual of Ayurveda Psychiatry. Varanasi: Chaukhambha Sanskrita Sansthan; 2004.
7. Gangadhar B. The Pathophysiology of Mental Disorders: An Ayurvedic Perspective. J Ayurveda Integr Med., 2017; 8(4): 237-42.
8. Reddy P, Current Management of Obsessive-Compulsive Disorder: A Review of Evidence. Indian J Psychiatry, 2018; 60(4): 395-401.
9. Shanmugam, S. Virechana in Modern Psychiatry: Relevance and Clinical Impact. J Psychiatr Clin Neurosci., 2020; 58(2): 88-92.
10. Johnson, C. Obsessive-Compulsive Disorder: Review and Management. Curr Psychiatry Rep., 2019; 21(4): 36.
11. Fyer, A. Obsessive-Compulsive Disorder: The Ayurvedic Approach. Int J Ayurvedic Med., 2021; 12(3): 110-15.
12. Tandon, S. The Role of Shodhana in Mental Health. Ayurvedic J., 2016; 13(2): 56-60.
13. Pal, A. Understanding the Link between Gut Health and Mental Well-Being in Ayurveda. J Integr Med., 2017; 15(2): 75-80.
14. Sharma, H. Charaka Samhita on Virechana Karma in Psychiatric Conditions. In: Textbook of Ayurvedic Medicine, Vol. 1. Varanasi: Chaukhambha, 2015; 370-375.
15. Gupta, V. Modern Applications of Ayurveda: A Study on Virechana and Its Therapeutic Value. J Psychosom Res., 2019; 11(3): 122-6.