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COMPREHENSIVE TREATMENT PROTOCOL IN THE MANAGEMENT OF OBSESSIVE-COMPULSIVE DISORDER: A CASE-REPORT

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ABSTRACT

Background: Obsessive-compulsive disorder (OCD) is a chronic and often debilitating mental health condition characterised by persistent intrusive thoughts (obsessions) and repetitive behaviours (compulsions). Conventional pharmacological treatments usually come with limitations, including partial remission, side effects, and recurrence. In Ayurveda, OCD can be correlated with *Atattvabhinivesha*, a condition attributed to dysfunction of *Mana*, *Buddhi*, and *Smriti*, and involving *Vata* and *Pitta* doshas. This case report highlights the role of an integrative Ayurvedic protocol, combined with modern psychotherapeutic techniques, in the successful management of OCD. **Case Presentation:** A 21-year-old male presented with compulsive handwashing (10–15 times/day), excessive bathing, restlessness, and anger outbursts for over two years. A thorough Ayurvedic and psychological assessment was done. The patient's *Prakriti* was *Vata-Pitta*, and he exhibited *Avara Satva*. His Yale-Brown Obsessive Compulsive Scale (Y-BOCS) score was 29, indicating severe OCD. **Intervention and Outcome:** The treatment included *Yukti Vyapashraya Chikitsa* (*Triphala, Panchakola Phanta*, *Moorchita Ghrita* Snehapana, *Virechana* with *Trivrit Leha*, followed by *Panchagavya Ghrita*), along with *Sattvavajaya Chikitsa* (CBT, ERP, Pranayama, and Jacobson's relaxation). Post-intervention, the Y-BOCS score dropped significantly from 29 to 6. The patient reported a drastic reduction in compulsions, improved emotional stability, enhanced appetite, and renewed academic interest. **Conclusion:** This case demonstrates the effectiveness of a comprehensive Ayurvedic protocol, complemented by cognitive-behavioural techniques, in managing OCD. The integrative approach not only improved symptom severity but also enhanced overall quality of life. Further clinical studies are warranted to validate these findings on a larger scale.

KEYWORDS: Obsessive-Compulsive Disorder, *Atattvabhinivesha, Ayurveda, Panchakarma, Sattvavajaya Chikitsa*, CBT, Integrative Psychiatry.

INTRODUCTION

Anxiety disorders are the most common health problems in the present world due to stress, lifestyle, sedentary habits, excessive worry and fear. In today's fast-growing society, anxiety disorders are increasing day by day. Obsessive-compulsive disorder (OCD) is one of the anxiety disorders. As per the mental health report by WHO, it was estimated that OCD was among the top 20 causes of illness-related disability, worldwide, for individuals between 15 and 44 years of age. Moreover, many other reports cite OCD as the fourth most common mental illness after phobias, substance abuse, and major depression. According to a national survey of psychiatric morbidity conducted in Britain, the prevalence of OCD was about 1%. In India, the prevalence rate of OCD is 0.9% among psychiatric disorders. It often begins during

childhood, adolescence, or early adulthood, though it can develop at any age.

The essential features of OCD identified in DSM-5 are "recurrent obsessions or compulsions that are severe enough to be time-consuming (i.e., they take more than 1 h a day) or cause marked distress or significant impairment". Obsessions are intrusive, persistent, unwanted thoughts, impulses, or images that give rise to marked anxiety or distress. Compulsions are physical or mental acts that the patient feels driven to perform to magically prevent some feared event, undo some thought, or reduce anxiety or distress. Compulsive acts, also known as rituals, are carried out repetitively, excessively, and usually according to rules or in a rigid manner. Compulsions are distinguished from repetitive behaviours motivated by pleasure or gratification. The most common obsessional themes are fears of being contaminated or spreading contamination, accidentally or purposely harming others, etc. The possible cause of OCD is the abnormally low levels of serotonin. The other likely cause is genetic inheritance. It sometimes runs in families and may be passed on.

Psychiatric disorders in Ayurveda are characterised by derangement in *Mana, Buddhi, Sangya, Gyana, Smriti, Bhakti, Sheela, Chesta* and *Aachara* either individually or whole. The conceptual study shows that *Atattvabhinivesha* could be better studied in terms of anxiety disorders in Ayurvedic parlance. *Atattvabhinivesha* is a thought disorder due to *Buddhi Vaishamya* (impaired judgement) along with the impairment in functioning of *Mana* (mind), *Smriti* (memory) and *Chesta* (psychomotor activities). *Atattvabhinivesha* is one of the psychiatric diseases that have been depicted as *Eko Mahagada* due to its poor prognosis and distress to the patient himself and the family. In Treatment of *Atatvabhinivesha Kramavat Shodana* is advised, including *Snehana, Swedana, Vamana, Virechana, Basti, Nasya*.[1] Person attains clarity in the mind and thereby regains memory and orientation. After purificatory procedures, *Medhya aushadhi* like *Brahmi swarasa* with *Panchagavya Gritha*, and *Shankapushpi* are administered.[2] This case is unique because it demonstrates the successful integration of Ayurvedic Panchakarma and Medhya Rasayana therapies with modern psychotherapeutic techniques like CBT and ERP in the management of severe OCD—a condition that is typically difficult to treat with conventional medicine alone. Unlike standard approaches that focus primarily on symptom suppression, this case followed a holistic, individualized treatment protocol based on Ayurvedic principles, addressing not only the doshic imbalance (*Vata-Pitta*) and *Manovaha srotas dushti*, but also enhancing the patient's mental resilience (*Sattva*).

PATIENT INFORMATION

A 21-year-old male from a middle socio-economic background presented to the OPD with the chief complaints of a compulsive tendency to wash his hands 10-15 times a day, along with episodes of anger outbursts and restlessness, persisting for the past two years. According to his mother, the patient has also developed an increasing preoccupation with self-hygiene, spending an excessive amount of time bathing, sometimes for over an hour. Upon further discussion with his mother, it was revealed that the patient had been in good health until two years ago. The patient is the second child of his parents, and although he struggled academically, he managed to pass his grades. During his school years, he was subjected to peer bullying, particularly due to wearing spectacles and his physical appearance, which led to feelings of anxiety and social withdrawal. Around this time, his father lost his job, which caused financial difficulties in the family.

Following these events, the patient became increasingly anxious and stopped attending his classes, preferring to stay at home. It was during this period that he developed a compulsive habit of repeated handwashing due to a fear of contamination, along with an obsession with maintaining personal hygiene. His daily routine became dominated by lengthy bathing and cleaning rituals. At the same time, the patient began experiencing anger outbursts, restlessness, a loss of appetite, and noticeable weight loss. By this point, he had lost interest in academic activities entirely and spent most of his time isolated at home.

CLINICAL FINDINGS

His general physical examination revealed a pulse rate of 72/min, heart rate of 70 beats/min, blood pressure of 110/80 mmHg, respiratory rate of 18/min, and weight of 52 kg. The patient was poorly built and adequately groomed. He was cooperative with the interview, and comprehension was intact, and the gait and posture were normal. The social behaviour was decreased, and he maintained eye contact during the interview. The rapport was established at ease. The speech was spontaneous, and the productivity was low. He seemed to have a depressed mood, and the affect was also congruent with the mood. The thought process seemed to be normal, but the thought content had feelings of fear. No perceptual distortions were elicited. He was conscious and well oriented about the time, place, and person. The attention as well as concentration were impaired. There was no impairment in abstract thinking, intelligence, or judgment. The insight was graded as 6, as he was aware of his illness and that the symptoms or failures in social adjustment are due to his particular irrational feelings and thoughts. Blood and urine routine investigations were within the normal limits. The patient was assessed on the basis of *Dashavidha pareeksha*, which revealed his *Sharirika prakriti* as *Vata Pitta*. He was of *Avara satva*, and *Abhyavaharana shakti* and *Jarana shakti* were *Avara*. The srotas involved was *Manovaha srotas*.

Systemic examinations of the Respiratory system, Cardiovascular and Central nervous systems observed no significant abnormality.

DIAGNOSTIC ASSESSMENT

According to the DSM-5, the essential features of obsessive-compulsive disorder (OCD) include recurrent and persistent thoughts that lead to significant distress or anxiety. These obsessions, along with compulsive behaviours, can be time-consuming and may cause considerable impairment in social, occupational, or other important areas of functioning.[3] In assessing the patient, the Yale-Brown Obsessive-Compulsive Scale was utilised, yielding a score of 29, indicating the presence of severe symptoms.[4]

THERAPEUTIC INTERVENTIONS

The basic line of treatment employed in this condition was a combination of *Yukti Vyapashraya*, *Daiva Vyapashraya* and *Sattvavajaya Chikitsa.*

TIMELINE

YUKTI VYAPASHRAYA CHIKITSA

Refer Tables 1 to 5.

Post *Shodhana Karma*, Patient was advised to follow *Samsarjana Krama* according to the S*hudhi*.

DAIVA VYAPASHRAYA

Om Chanting and Temple Visits were advised to the Patient.

SATTVAVAJAYA CHIKITSA

Relaxation therapies like Jacobson's Progressive Muscular Relaxation, along with Pranayama, were advised to the patient.

Counselling for obsessive-compulsive disorder (OCD) is usually a type of psychotherapy called Cognitive Behavioural Therapy (CBT)[5] with Exposure and Response Prevention (ERP).[6]

Table 6 depicts the Steps in Exposure and Response Prevention.

FOLLOW UP AND OUTCOMES

There was a significant improvement in both obsessive thoughts and compulsive behaviour. The patient, who previously spent over an hour on self-hygiene, now required only 10 minutes, and the repeated handwashing had ceased. Additionally, the patient appeared relatively calm, with no signs of aggressive behaviour. There was also a noticeable improvement in appetite. Furthermore, the patient expressed increased motivation and a desire to pursue higher studies.

Yale Brown's Obsessive Compulsive Scale showed significant improvement of symptoms.

Panchagavya Ghrita was given as a follow-up medication in the dose of 10ml once before food.

Patient was asked to continue with Relaxation and *Pranayama*.

Table 7 depicts the Before and After Values of Yale Brown's Scale.

TABLES

Table 1: Internal Medications.

DURATION	INTERVENTION
29.03.2024 – 31.03.2024	*Tab.Triphala* 1 nos an hour before bedtime
29.03.2024 – 31.03.2024	*Panchakola phanta* 50 ml twice before food

Table 2: *Poorva Karma (Panchakarma* Preparatory Procedures).

29.03.2024- 31.03.2024	*Sarvanga Udwartana with Kolakulathadi Churna*
	Sarvanga Parisheka with Dhanyamla
	Shiropichu with Brahmi Taila

Table 3: *Snehapana* Schedule.

Date	Dose
01.04.2024	30ml *Moorchita Ghrita*
02.04.2024	60ml *Moorchita Ghrita*
03.04.2024	70ml *Moorchita Ghrita*
04.04.2024	120ml *Moorchita Ghrita*
05.04.2024	160ml *Moorchita Ghrita*
06.04.2024	200ml *Moorchita Ghrita*

Table 4: *Vishrama Kaala.*

07.04.2024-09.04.2024	*Sarvanga Abhyanga* with *Ksheerabala Taila* with *Bashpa Sweda*

Table 5: *Shodhana Karma.*

10.04.2024	*Virechana* with 70g *Trivrut Leha* along with 100 ml *Draksha Kashaya*
Total number of Vegas	12

Table 6: *Sattvavajaya Chikitsa.*

Serial Number	Phases	Technique/Goal
Jnana -Assessment and Psychoeducation	Comprehensive Assessment	Use Y-BOCS to Determine Severity Identify Contamination Triggers
	Psychoeducation	Educate on Anxiety Cycle Set Realistic Expectations for Gradual Improvement
Vijnana-Hierarchy Development	Creating an exposure hierarchy	E.g.: Shaking hands with someone Touching a doorknob, etc
	Establishing Treatment Goals	Reducing Handwashing Frequency Limit Self-Hygiene to a reasonable duration
Dhriti and Smriti -Exposure Implementation	Gradual Exposure to Triggers	Move to more distressing situations only after anxiety decreases for previous exposures
	Response Prevention Strategies	Allow Hands to remain unwashed for longer periods of exposure
	Mindfulness and Cognitive Reframing	Acknowledge anxiety without reacting to it Use rational Self-talk Distraction techniques – engage in activities like reading, journaling, etc
Habituation and emotional regulation	Anxiety Tolerance Training	Managing anxiety and anger outbursts using breathing techniques like Nadi Shudhi pranayama and progressive muscular relaxation.
Generalisation and Maintenance	Expanding to real-life Situations	Practice ERP in different environments Encourage Patient to engage in normal activities
	Family Involvement	Educate Family members Encourage a supportive, non-critical approach
OUTCOME	Significant reduction in compulsive handwashing Increased ability to tolerate contamination-related anxiety Improved emotional regulation, reduced anger Enhanced motivation and engagement in daily activities	

Table 7: Yale Brown's Obsessive Compulsive Scale.

OBSESSIVE THOUGHTS			
S.No	**Question**	**Before Treatment**	**After Treatment**
1	Time Occupied by Obsessive Thoughts	3	0
2	Interference due to obsessive thoughts	3	1
3	Distress Associated with Obsessive Thoughts	3	1
4	Resistance against Obsessions	3	1
5	Degree of Control over Obsessive Thoughts	3	1
	COMPULSIVE BEHAVIOURS		
6	Time Spent Performing Compulsive Behaviours	2	1
7	Interference due to Compulsive Behaviours	3	1
8	Distress associated with Compulsive behaviour	3	0
9	Resistance against compulsions	3	0
10	Degree of Control over Compulsive Behaviour	3	0
	TOTAL	**29**	**6**

Declaration of patient consent

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to

safeguard their identity. However, complete anonymity cannot be assured.

DISCUSSION

From an Ayurvedic perspective, the pathophysiology of obsessive-compulsive disorder (OCD) is primarily associated with Vata imbalance. Given the involvement of *Buddhi Vaishamya*, along with disturbances in *Manas, Smriti, and Cheshta*, the treatment approach aligns with the general principles for managing Manasika Vyadhis. This includes a combination of *Shodhana* (purification), *Shamana* (pacification), and therapies aimed at enhancing *Sattva*.

In this Patient, there was an additional involvement of both *Pitta* and *Kapha* as well, as patient had episodes of anger outbursts and also had improper bowel movements and appetite.

Since the patient presented with *Aama Lakshanas*, *Pachana* was planned with *Udwartana* and *Dhanyamla Parisheka*. *Agni Deepana* was attained with *Panchakola Phanta. Panchakola Phanta* is *Tridoshahara*, *Katu Rasa Pradhana* and has *Laghu*(light), *Teekshna* (intense), *Ruksha* (dry) and is *Ushna* in *Veerya* and *Katu Vipaka*.

Tablet *Triphala* was given since it has *Vata Anulomana* Properties and also has *Tridosha Shamaka* Properties.[7]

Udwartana with *Kolakulathadi churna* possesses *Kapha* and *Medohara* properties. *Dhanyamla* is a fermented preparation made from cereals such as rice (*Oryza sativa*) and barley (*Hordeum vulgare*). *It's Amla Rasa* (sour taste) enhances *Agni* (digestive power), stimulating digestion and appetite. *Dhanyamla* is characterised as *Laghu* (light) and *Snigdha* (unctuous), while its *Laghu* and *Teekshna Guna* support digestion. Additionally, its *Ushna Veerya* helps balance excess *Vata* and *Kapha doshas*, promoting better blood circulation and aiding in detoxification. *Sarvanga Parisheka* (therapeutic pouring of medicated liquids over the body) acts as both *Ama Pachaka* (digestive toxin eliminator) and *Vata Hara* (balancer of *Vata dosha*).

Shiropichu was done with *Brahmi Taila,* which helps with balancing the *Vata* as well as reducing anxiety.

Shodhana is advised in the chikitsa sutra of *Unmada, Apasmara* and *Atattvabhinivesha* as there is a *bahudosha* involvement.[8] Here, *Virechana* therapy was opted considering *rogi bala* and *satwa bala*. As part of *Virechana* Chikitsa, *arohana snehapana* with *murchita Ghrita* was administered for 6 days. *Murchita Ghrita* is *amadoshahara* and enhances the functioning of samana vayu and udana vayu, improving digestion and overall energy levels. It cleared blockages s*rotas* (body's channels) caused by imbalances in *Pitta* and prepared the digestive system for proper detoxification. On a mental level, it helped calm the mind, improve mental clarity, and strengthen emotional resilience by addressing t*amoguna*. The blood–brain barrier's molecular composition is lipophilic, which facilitates the easy absorption of lipids and lipid-soluble medications. Thus, medications administered in the form of ghee readily cross this barrier. *Abhyanga* and *parisheka*, which were conducted during v*ishrama kala* for 3 days, helped in bringing *doshas* from s*hakha* to k*oshta* for detoxification. During massage, osmotic pressure facilitates the movement of internal fluids in the skin, creating mechanical hydrostatic pressure in the extracellular space. This pressure expels fluid from peripheral vessels, causing splanchnic pooling. The massage helps direct fluid into tissues and viscera, diluting accumulated toxins. Once the peripheral vessels refill, the toxins are reintroduced into general circulation and eventually expelled through elimination processes. Abhyanga primarily affects the (*twacha*) skin, which houses both *vata* and *lasika*, promoting lymphatic drainage. Lymph contains high levels of the amino acid tryptophan, and following massage, tryptophan levels in the blood rise, boosting serotonin production at motor end plates. The combination of *trivrit lehyam and drakshadi kashayam*, which was administered to induce *virechana* attributed with *sukha virechaka* properties. *Virechana* has the ability to cleanse the gastrointestinal tract, thereby increasing the number of neuropeptides, thus improving numerous functions of the brain. The Patient underwent *madhyama shuddhi*, and *peyadi samsarjana* was advised accordingly. This helps stimulate digestive power, allowing the remaining *doshas* (impurities) and undigested food in the intestines to be properly processed and eliminated.

Sattvavajaya Chikitsa, in the form of: Relaxation techniques such as *Jacobson's Progressive Muscular Relaxation*, Pranayama (especially *Nadi Shuddhi*), CBT with ERP, was integral in breaking the anxiety-compulsion loop.[9]

The ERP model employed here was methodical, beginning with psychoeducation, hierarchy formation, exposure trials, and cognitive restructuring.[10]

In this case, CBT and ERP complemented Ayurvedic management by addressing the psychological patterns sustaining the disorder. While Ayurvedic interventions such as Shodhana and Medhya Rasayana therapies helped restore doshic balance and enhance mental clarity, CBT enabled the patient to recognise and reframe distorted thoughts contributing to his compulsions. ERP was particularly significant, as it gradually exposed the patient to feared situations while helping him resist the urge to engage in ritualistic behaviours. Though initially challenging, this process fostered habituation, reduced anxiety, and improved his ability to function without reliance on compulsions. The integration of these psychotherapeutic methods with traditional Ayurvedic care provided a comprehensive and patient-centred approach, resulting in both symptomatic relief and long-term psychological resilience. It aligns well with

Sattvavajaya, which emphasises *Jnana*, *Vijnana*, *Dhriti*, and *Smriti* enhancement.

Daivavyapashraya, including mantra chanting and temple visits, provided spiritual grounding and helped reduce anxiety, supporting the patient's *Sattva guna*.

Conflicts of Interest
None.

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2. Participant in the case.

CONCLUSION
This case report highlights the effectiveness of an integrative treatment protocol in the management of obsessive-compulsive disorder, combining Ayurvedic *Shodhana* and *Sattvavajaya* therapies with modern psychotherapeutic techniques such as Cognitive Behavioural Therapy and Exposure and Response Prevention. The individualised approach based on *Dosha* predominance and mental state assessment facilitated a holistic management of symptoms, leading to significant clinical improvement and functional recovery. The reduction in Y-BOCS score and overall enhancement in quality of life reaffirm the potential of such integrative models in psychiatric care. This case underscores the importance of a multidisciplinary strategy and supports further clinical evaluation of Ayurvedic interventions in psychiatric disorders.

REFERENCES
1. *Charaka*. *Charaka Samhita*. Edited by Trikamji Y, Acharya YT. Varanasi: Chaukhambha Sanskrit Sansthan, 2013.
2. *Vagbhata*. *Ashtanga Hridayam*. Edited by Kunte AM, Navre KR. Varanasi: Chaukhambha Sanskrit Samsthan, 2014.
3. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. 5th ed. Washington, DC: American Psychiatric Publishing, 2013.
4. Goodman WK, Price LH, Rasmussen SA, Mazure C, Fleischmann RL, Hill CL, et al. The Yale–Brown Obsessive Compulsive Scale: I. Development, use, and reliability. *Arch Gen Psychiatry*, 1989; 46(11): 1006–11.
5. Foa EB, Kozak MJ, Salkovskis PM, Coles ME, Amir N. The validation of a new obsessive–compulsive disorder scale: the Obsessive–Compulsive Inventory. *Psychol Assess*, 1998; 10(3): 206–14.
6. Varghese M, Rajkumar AP, Premkumar TS. The neurobiology of obsessive-compulsive disorder: recent findings. *Indian J Psychiatry*, 2013; 55(Suppl 2): S187–90.
7. Sharma PV. *Dravyaguna Vigyana*. Vol. 2. Varanasi: Chaukhamba Bharati Academy, 2005.
8. Basavaraj R. Ayurvedic understanding and management of mental disorders. *Anc Sci Life*, 2012; 31(3): 111–5.
9. Beck JS. *Cognitive Behaviour Therapy: Basics and Beyond*. 2nd ed. New York: Guilford Press, 2011.
10. Abramowitz JS. The psychological treatment of obsessive–compulsive disorder. *Can J Psychiatry*, 2006; 51(7): 407–16.