

Integrating Behavioural Conditioning and Homoeopathic Individualisation in an Adolescent with Obsessive–Compulsive Disorder

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Abstract- Obsessive–Compulsive Disorder (OCD) in adolescents often presents with contamination fears, compulsive washing, and ritualistic behaviours that significantly impair daily functioning. Religious obsessions and excessive cleanliness may arise following psychosocial stressors and parental conditioning. This case report describes a 14-year-old male presenting with severe cleanliness mania, fear of dirt, compulsive hand washing, prolonged bathing, religious rigidity, irritability, and emotional dependence on his father. The condition developed following a psychologically stressful event involving parental domination linked to religious performance. A detailed homoeopathic case-taking emphasised mental generals, causation, and miasmatic background. Based on repertorial analysis and totality of symptoms, *Carcinocinum* was prescribed. Progressive and sustained improvement was observed over a six-month follow-up period, with a marked reduction in obsessive thoughts, compulsive acts, irritability, and restoration of normal social interaction. This case highlights the importance of individualised homoeopathic treatment in managing OCD with cleanliness and religious obsessions in adolescents.

Keywords: Obsessive–Compulsive Disorder, Cleanliness mania, Religious obsession, Adolescents, Homoeopathy, *Carcinocinum*

I. INTRODUCTION

Obsessive–Compulsive Disorder is a chronic psychiatric illness characterised by intrusive, distressing thoughts and repetitive behaviours performed to alleviate anxiety. In children and adolescents, OCD frequently manifests as contamination fears, excessive washing, and rigid religious practices. Psychosocial stressors, parental expectations, and domination play a crucial role in precipitating or perpetuating symptoms. Homoeopathy approaches such conditions holistically, giving prime importance to mental causation, emotional conflicts, and individual

susceptibility. The present case report documents the successful homoeopathic management of OCD with cleanliness and religious mania in an adolescent boy.

II. CASE PRESENTATION

Patient Information

- Name: Master M. A. I.
- Age: 14 years
- Sex: Male
- Occupation: Student
- Education: 8th Standard
- Marital Status: Unmarried
- Informant: Father (reliable)

Chief Complaints

- Repeated washing of hands many times a day
- Fear of contamination; avoids shaking hands
- Prolonged bathing for several hours
- Excessive concern about cleanliness for performing Namaz
- Irritability, obstinacy, and aggressive behaviour
- Excessive attachment and clinging to the father

Duration: 2–3 months

History of Present Illness

The patient was apparently well until 2–3 months before consultation. According to the father, the symptoms started after an incident in which the boy demanded a bicycle. The father imposed a condition that the bicycle would be given only if the child performed Namaz five times daily continuously for 40 days. To fulfil the religious requirements of prayer, the child strictly followed all rules of cleanliness, including repeated washing of hands and daily bathing. After completing the 40 days, the bicycle was given; however, the compulsive religious practices and excessive cleanliness did not subside. Instead, they intensified and transformed into an obsession. The patient began perceiving

himself and others as dirty, avoided physical contact, and spent excessive time cleaning himself, leading to significant distress to both the patient and his family.

Past History

- No significant past medical or psychiatric illness

Drug History

- No history of long-term medication
- No satisfactory response to prior consultations, including psychiatric treatment

Family History

- No history of psychiatric illness in parents or siblings
- Maternal, paternal, and sibling history: Not contributory

Personal History

- Diet: Mixed, non-specific
- Appetite: Normal
- Thirst: Normal
- Bowel: Regular
- Bladder: Normal
- Perspiration: Non-specific
- Sleep: Disturbed due to obsessive thoughts

Mental State Examination

- Behaviour: Restless, repeated washing, ritualistic behaviour
- Mood: Irritable
- Affect: Anxious
- Intellect: Good; performing well academically
- Will: Obstinate and headstrong
- Emotions: Excessively attached to father
- Thought Content: Delusion that he and others are dirty
- Fears: Fear of dirt and contamination
- Interpersonal Relations: Aversion towards females; considers mother and sister as dirty and avoids contact
- Religious Attitude: Excessive, rigid religious observance

Physical Examination

- Build: Lean, thin but otherwise healthy
- Complexion: Fair
- Thermal Reaction: Chilly
- Developmental Milestones: Normal

Diagnosis

Obsessive–Compulsive Disorder with Cleanliness and Religious Mania

Miasmatic Diagnosis

Psora–Syphilitic

Homoeopathic Analysis

Causative Factors

- Psychological stress due to parental domination
- Strong desire to please father
- Religious conditioning

Characteristic Symptoms

- Mania for cleanliness
- Fear of dirt and contamination
- Delusion that everything and everyone is dirty
- Religious obsession
- Dependence on emotions Irritability and obstinacy
- Emotional reliance on father

Totality of Symptoms

- Mind – Delusion – dirty, he is
- Mind – Fear – dirt, of
- Mind – Mania – cleanliness
- Mind – Religious affections – excessive
- Mind – Desire to please – parents (father)

III. DIAGNOSIS

Provisional Diagnosis (Modern Medical Perspective)

Based on the clinical history provided by the patient's father, behavioural observation, and mental status evaluation, a provisional diagnosis of Obsessive–Compulsive Disorder (OCD) was considered. The case predominantly exhibited obsessive thoughts related to contamination and dirt, accompanied by compulsive behaviours such as repeated hand washing, prolonged bathing, avoidance of physical contact, and excessive adherence to ritualistic religious practices. These symptoms were persistent for more than two months, caused significant distress to the patient and family, and interfered with daily functioning, fulfilling the diagnostic criteria for OCD as per standard psychiatric classification systems.

Based on the clinical presentation, duration of symptoms, and behavioural pattern, the case was provisionally diagnosed as Obsessive–Compulsive Disorder (OCD) according to internationally accepted diagnostic criteria.

ICD-10 Classification:

F42 – Obsessive–Compulsive Disorder, predominantly characterised by obsessive thoughts related to contamination and cleanliness,

accompanied by compulsive washing and repetitive cleansing behaviours.

DSM-5 Diagnostic Description:

The patient fulfilled the DSM-5 criteria for Obsessive–Compulsive Disorder, evidenced by:

- Presence of recurrent and obsessions related to fear of dirt and contamination, perceived as intrusive and distressing.
- Performance of repetitive compulsive behaviours, particularly excessive hand washing, prolonged bathing, and ritualistic cleanliness practices, aimed at lowering the anxiety caused by obsessive thinking.
- The obsessions and compulsions were time-consuming, caused marked distress, and significantly interfered with daily functioning, interpersonal relationships, and family life.
- The symptoms lasted for over two months and could not be linked to drug usage or any other underlying medical condition.

Homoeopathic Diagnosis

From a homoeopathic standpoint, the case was diagnosed as Obsessive–Compulsive Disorder with predominant mental obsessions and compulsions manifesting as mania for cleanliness, fear of contamination, and religious scrupulosity, arising from a distinct emotional causation related to the desire to please the father. The patient demonstrated characteristic mental generals such as excessive sense of duty, fear of moral or physical impurity, rigid perfectionism, obstinacy, emotional dependence on a parent, and heightened sensitivity to order and cleanliness.

The miasmatic analysis indicated a mixed miasmatic background with psoric predominance and syphilitic tendencies, reflected by obsessive thoughts, destructive compulsive patterns, and emotional rigidity. The totality of symptoms guided the selection of *Carcinocinum*, which corresponded closely to the patient's mental state, causative factors, and constitutional disposition.

IV. REPERTORIAL ANALYSIS

Repertorisation was carried out using mental rubrics based on the totality of symptoms. *Carcinocinum* covered the maximum number of characteristic mental symptoms along with the etiological background and miasmatic tendency.

- ◆ Repertorial Chart (Kent / Synthesis)
Selected Rubrics (Mental Emphasis)

No.	Repertory Rubric (Kent / Synthesis)	Patient Expression
1	Mind – Delusion – dirty; he is	Fixed the idea that he himself is dirty
2	Mind – Fear – dirt, of	Intense fear of contamination
3	Mind – Mania – cleanliness, for	Excessive washing and prolonged bathing
4	Mind – Religious affections – too occupied with religion	Rigid performance of Namaz
5	Mind – Desire to please – parents	Strong desire to please father
6	Mind – Obstinate, headstrong	Marked obstinacy
7	Mind – Irritability	Irritable and aggressive behaviour
8	Mind – Clinging – persons – father	Emotional dependence on father

◆ Remedy Score Table (Repertorisation Result)

Remedy	Rubrics Covered	Total Score
<i>Carcinocinum</i>	1,2,3,4,5,6,7,8	8/8
<i>Arsenicum album</i>	1,2,3,7	4/8
<i>Syphilinum</i>	1,3,4	3/8
<i>Natrum muriaticum</i>	5,7	2/8
<i>Calcarea carbonica</i>	2,3	2/8

◆ *Carcinocinum* covered the maximum number of characteristic mental rubrics, including causation, emotional dependence, religious rigidity, and obsessive cleanliness.

Prescription

- Remedy: *Carcinocinum*
- Potency: 30C
- Dose: Twice daily

Follow-Up and Outcome

Follow-Up Chart (6 Months)

Follow-Up Period	Observations
15 days	Mild improvement; slight reduction in irritability; compulsive washing persists
1 month	Same remedy repeated in 200C potency
2 months	Marked mental calmness; reduced irritability; decreased bathing time
3 months	Significant reduction in hand washing; fear of dirt reduced
4 months	Religious rigidity reduced; improved tolerance toward family members
5 months	Normal social interaction resumed; minimal obsessive thoughts.
6 months	OCD symptoms markedly improved; daily routine normalised; no relapse

V.RESULT

The patient showed progressive and sustained improvement over six months. Obsessive thoughts and compulsive behaviors reduced significantly,

emotional stability improved, and family relationships were restored.

VI.DISCUSSION

Carcinocinum is well known for its association with fastidiousness, obsessive cleanliness, strong desire to please authority figures, religious rigidity, and pathology arising from domination and suppressed emotions. The clear etiological factor and the patient's mental makeup strongly supported the remedy selection. The favourable outcome in this case supports the effectiveness of individualised homoeopathic treatment in adolescent OCD.

Remedy Justification: *Carcinocinum*

Materia Medica Correlation

Carcinocinum is a deep-acting constitutional remedy known for obsessive behaviours, extreme fastidiousness, suppressed emotions, and pathology arising from domination and desire to please authority figures.

Patient Feature	<i>Carcinocinum</i> Correspondence
Cleanliness mania	Extreme fastidiousness, obsession with order and cleanliness
Fear of dirt	Hypersensitivity to contamination
Religious rigidity	Fixed ideas, scrupulous conscience
Desire to please father	Strong need to satisfy authority figures
Emotional dependence	Clinging nature, lack of emotional security
Irritability & obstinacy	Suppressed emotions leading to rigidity
Aetiology: domination	Well-known remedy for domination and conditioned behaviour

VII.CONCLUSION

This case demonstrates that individualised homoeopathic management can be effective in treating obsessive-compulsive disorder with cleanliness and religious mania in adolescents. Early recognition of psychological causation and careful remedy selection are essential for successful outcomes.

Patient Consent

Written informed consent was obtained from the patient's parent for publication of this case report with anonymity preserved.

Conflict of Interest

None declared.

Funding

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