Role of Homoeopathic Constitutional Medicine in Case of Obsessive Compulsive Disorder Assesed by Yale Brown Obsessive Compulsive Scale – Case Report

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***Abstract*—Obsessive compulsive disorder is neuropsychiatric disorder which has recurrent obsession and compulsion. This illness cause upsetting symptoms, that interfere with day to day activities , affect not only children but also occur in adolescents.(1) OCD is persistent disorder characterised by intrusive thoughts (obsession) and repetitive behaviour (compulsion) Individuals with obsessive-compulsive disorder (OCD) have dysfunctional beliefs.(2)**

Objective –Reduction of sign and symptoms of obsessive compulsive disorder after treatment of homoeopathic constitutional medicine

Case presentation – A 50 year old patient came with complain of excessive religious maniacal behaviour , with symptoms of violence , abusiveness and excessive loquacity . repertorization using complete repertory shown belladonna 1M bd 2 days on basis of materia medica and highest rubric coverage due to closest similarity to mental and physical general

Outcome – Reduction of all sign and symptoms including religiousness , violence , and abusiveness which was assessed by yale brown obsessive compulsive scale(3) over 12 month of period , with score falling from 26/40 to 13/40 at baseline.
This case illustrate a favourable clinical response to constitutional homoeoapthic medicines in obsessive compulsive scale.

***Index Terms*—Obsession , compulsion , homoepathic , constitutional medicine , YBOC scale ,**

I. INTRODUCTION

OCD is characterized by the presence of obsessions and compulsions. Obsessions are recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, whereas compulsions are repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly. Some other obsessive-compulsive and related disorders are also characterized by preoccupations and by repetitive behaviors or mental acts in response to the preoccupations. Other obsessive-compulsive and related disorders are characterized primarily by recurrent body-focused repetitive behaviors (e.g., hair pulling, skin picking) and repeated attempts to decrease or stop the behaviors.

Prevalence
There is only one epidemiological study from India. The study found lifetime prevalence of 0.6%. This rate is considerably lower compared to the 2-3% rate reported in the European and North American studies. However, similar low rate ranging from 0.5-0.9% was observed in a study from Taiwan. It is not clear why lifetime prevalence rate of OCD is lower in some countries although the rates are not very low compared to the conservative estimate of 1% rate of OCD. However, further research is needed into the epidemiological aspects of OCD in India since the data available is limited(4)
Causes(5)

Psychological factors
Many psychological theories have been introduced to explain the development of ocd. The two that have received the greatest support are the behavioural and cognitive theories.

Behavioural theory
The behavioural theory suggests that people with ocd associate certain objects or situations with fear, and learn to avoid the things they fear or to perform rituals that help reduce the fear.

Cognitive theory
While the behavioural theory focuses on how people with ocd make an association between an object and fear, the cognitive theory focuses on how people with ocd misinterpret their thoughts.

Homeopathy, a system of alternative medicine, is based on the idea that the body has the innate ability to heal itself when appropriately stimulated. Unlike conventional medicine, which typically focuses on eliminating pathogens or suppressing symptoms, homeopathy aims to address the underlying imbalances in the individual that give rise to illness.
Homeopathy considers patient as sick person in the first instance. While treating the patients, homeopathy considers man as a whole, i.e. hisbody and the life force. So, Homeopathy as a profession is best to thosephysicians who try to understand their patients as suffering individuals and not just physical bodies with some pathological tissue changes\
HOMOEOPATHIC APPROACH [6,7,8]

II. BELLADONNA

He is acutely alive and crazed by a flood of subjective visual impressions and fantastic illusions.Hallucinations; sees monsters, hideous faces. Delirium; frightful images; furious; rages, bites, strikes; desire to escape. Loss of consciousness. Disinclined to talk. Perversity, with tears. Acuteness of all senses. Changeableness. Talks fast; VERY RESTLESS. Biting, striking, tearing mania. Spits on faces of other persons. Sees monsters, hideous faces. Fear of imaginary things. Desire to escape or hide himself. Perversity, with tears (children). Excitable, easily weeps

III. STRAMONIUM

Awakes terrified, knows no one, screams with fright, clings to those near him (child). DREAD OF DARKNESS, and has a horror of glistening objects. Praying, singing, devoutly; beseeching; entreating; ceaseless talking. Fearful hallucinations which terrify the patient; sees ghosts, vividly brilliant or hideous phantoms, animals; jumping sideways out of ground or running to him.

IV. LACHESIS

Great loquacity. Amative. Sad in the morning; no desire to mix with the world. Restless and uneasy; does not wish to attend to business; wants to be off somewhere all the time. Jealous (Hyos). Mental labor best performed at night. Euthanasia. Suspicious; nightly delusion of fire.

V. CASE REPORT

Patient information
A 50 year old patient came with complain of excessive religious maniacal behaviour , with symptoms of violence , abusiveness and excessive loquacity Written consent was already obtained from the patient. Follow up data to be used and published for academic purpose
Chief complaint
- Religious insanity
- Obstinate
- If any one oppose him he becomes violent
- Change aversion
- Sleep at same place everyday
- Violent , abusive
- Sweet desire
- Religious – cannot drink even water without bathing in morning
- Strike oneself frequently
- Offends easily

VI. HISTORY OF PATIENT

Patient was well before 4 year , but suddenly he got attack of an epileptic attack. After attack he develop forgetfulness.He becomes religious , loquacious about past incidences.Progress is rapid with increasing violency, rage.

Personal history
- Appetite: - Adequate , but cannot eat withot prayer
- Craving: - Sweet++
- Aversion: -

- Habits: - Prayer , standing on one legs for an hours
- Thirst - Thirstless
- Stool – Satisfactory , 2 times /day
- Urine – 3/4 times/day, clear , profuse
- Sleep – Sound , 8/10 hours /night
- Dreams – Of god
- Thermal – Hot++

PAST HISORY

- Appendicectomy 10 years ago
- Epilepsy

SURGICAL HISTORY:-

- appendicectomy

FAMILY HISTORY:-

- Father – death / MI
- Mother – death / Natural

MENTAL HISTORY

- Religioius insanity
- Extreme religiousness , cannot drink water in the morning without bathing.
- After bathing he does prayer for about 1 hour in temple.
- He stands on one leg for about 3 hours before lunch.
- Obstinate – change aversion ,cannot change his sleeping site , his bed and blanket.
- Offends easily – if anyone contradict him he becomes violent.
- Violent – striking himsef sometime , striking his head against the wall.
- Cheerful , jesting , mocking others.
- Loquacity – loquacious for the same past story everytime , and everyone have to listen to him otherwise he becomes violent.
- Forgetfullness after epilepsy.
- Anger contradiction on – becomes violent.
- Lunch at 3 pm after that he cannot even eat a single peace of food.
- He washes his bed and blanket everytime because he feels insects within bed.
- Fear insects ,of getting bitten by insects.
- Fear of being poisoned by insects
- Singing sometime when happy , religious songs

VII. ANALYSIS OF SYMPTOMS

- Religious insanity – mental general
- Loquacity -mental general
- Anger contradiction on – mental general
- Cheerful – mental general
- Change aversion – mental general
- Violence – mental general
- Striking oneself – mental general
- Fear insects – mental general
- Fear of being poisoned- mental general
- Compulsive behaviour – mental general
- Desire – sweet – physical general

VIII. TOTALITY OF SYMPTOMS

- Religious mania
- Violence
- Striking oneself
- Desire sweet
- Fear insects
- Cheerful
- Loquacious
- Anger contradiction on
- Compulsive behaviour
- h/o epilepsy

IX. REPERTORIAL TOTALITY

- Mind – religious affection
- Mind – violence , vehemence
- Mind – delirium , loquacious
- Mind – fear bugs , insects of
- Mind – fear poisoned of being
- Mind- striking oneself, knocking his head against the things

X. REPERTORISATION CHART

Remedy Name	Bell	Ars	Hyos
Totality	23	19	18
Symptoms Covered	6	6	6
Kingdom			
[Complete] [Mind]Religious affections: (168)	4	4	4
[Complete] [Mind]Violence, vehemence: (366)	4	4	4
[Complete] [Mind]Delirium:Loquacious: (75)	4	3	4
[Complete] [Mind]Delusions, imaginations:Bugs, insects, of: (43)	4	4	1
[Complete] [Mind]Fear:Poisoned:Being: (39)	3	3	4
[Complete] [Mind]Striking:Oneself:Knocking his head against things: ...	4	1	1

TABULAR PRESENTATION

SYMPTOMS	BELL	ARS	HYOS
Religious	++++	++++	++++
Violence	++++	++++(restlessness)	++++ (sexual)
Loquacious	++++(cheerful)	+++(cleanliness)	++++(sexual)
Delusion bugs of	++++	++++	+
Fear posioned of being	+++	+++	++++
Striking oneself Striking one's head	++++	+	+

PROGRESS AND FOLLOW UP

DATE	SYMPTOMS	PRESCRITPION
18/08/2025	Religious occupation marked but aggresion reduced, sleep showed improvement	Rx Belladonna 1m bd 2 days Sl 1 month
15/09/2025	Intensity of religious mania reduced , irritability reduced , sleep improve	Rx Sl 2 month
12/11/2026	Social and occupational activity increased , sleep got much better	Rx Sl 2 month
13/01/2026	Mild remission of symptoms Sleep got disturbed, anger increased	Rx Belladonna 1m bd 2 days Sl 1 month
17/02/2026	Improvement seen in all symptoms , general improved , sleep improved	Rx Sl 2 month
15/04/2026	Improvement continue	Rx Sl 2 month
14/06/2026	Improvement in all aspect	Rx Sl 2 month

XI. DISCUSSION

It has been seen that after administration of homoeopathic constitutional medicine there is much reduction of sign and symptoms which was assesses by yale brown obsessive compulsive scale.

It proves that homoepathic medicine do not only treat the patient but prevent recurrence of complain too…

The score over 12 month of period widely reduced from 26/40 to 13/40 after administration of homoeopathic constitutional medicines

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