OBSESSIVE-COMPULSIVE DISORDER (OCD)

- Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by intrusive, troubling thoughts or repetitive, compulsive behaviors perceived as the products of one’s own mind (American Psychiatric Association, 1994).

- FRONTAL-SUBCORTICAL CIRCUITRY DYSFUNCTION: unable to modulate impulsive behaviors (Saxena, 1998)

- However, hypothesis-free analysis rarely has been done.

Actually, he seems to be with OCPD

IMUNE
International Medical University for Natural Education
Evidence Based Natural Energetic Medicine Education
While the phrase, “don’t be so OCD,” gets thrown around in everyday conversation, many forget that it’s a serious disorder that affects many more than one would think. Approximately 2–3 percent of the adult population in the U.S has obsessive compulsive disorder (OCD), an anxiety disorder that is characterized by unwanted fears, obsessions and beliefs that drive compulsive behaviors. (1)

What sets apart OCD from having normal “habits” or rituals? Generally a loss of control and obsessiveness, which leads to repeated, irrational behaviors (called compulsions). OCD is a common disorder that affects both adults and children/adolescents, usually being diagnosed around the age of 19 and lasting for years if left untreated.

Estimates show that less than 10 percent of those suffering from OCD are currently in treatment — and many will go decades without telling anyone about their symptoms, hiding it from family and friends. Many people with OCD experience reoccurring, unwanted thoughts, mental images and “voices inside their head” telling them they must act out of certain compulsions, otherwise something bad is going to happen.

People with OCD are often fearful, and despite continuing to hold up certain behaviors over and over again, these behaviors usually bring little happiness. In fact, people suffering from OCD are much more likely to have depression and general anxiety, addictions and other types of mental problems.

A compulsion is considered a type of ritual that is driven by any sort of obsession — for example, the compulsion to continuously check things around the home, complete tasks in a certain order, or uphold a certain level of unnecessary cleanliness. The underlying reason that compulsions are performed is because they provide a temporary sense of relief and feel
reassuring in the face of anxiety. This is the same reason that most healthy adults and children establish routines and have habits in general: They are predictable and, therefore, feel safe. (2) Research shows that a high percentage of people with OCD experiences significant problems in their daily life, including feeling isolated and cut off from relationships (a real problem considering relationships are a major contributor of what makes us happy). Many also have a hard time holding a steady job and even lose control over motor skills (such as repeatedly blinking, speaking or grunting, and moving body parts like the face, neck or shoulders). Fortunately, natural treatment approaches like CBT therapy, a meditation practice, and various lifestyle changes can make a huge impact.

The Most Common OCD Symptoms
OCD is found in all age groups, all ethnic groups, and in both men and women. In children, OCD seems to be prevalent in boys more and is usually diagnosed earlier in life than in girls (average age of onset is typically reported as 6–15 for males and 20–29 for females). Research shows that up to one-half of all sufferers will find that their OCD has its roots in childhood, many even before their pre-school years. Most people with OCD start to show warning signs and symptoms as a teenager or in early adulthood, and the disorder is almost always diagnosed before the age of 40.

Re-post when you find the mitsake
According to the Anxiety And Depression Association of America, obsessive compulsive disorder symptoms commonly include: (3)

- obsessive thinking, also called “ruminating”: this usually involves having repeated thoughts and urges that are very hard to stop or ignore
- a loss of control over behaviors and thoughts, especially in unfamiliar situations
- extreme anxiety when rituals/compulsions are not performed or are interfered with
- having repeated mental images that cause anxiety
- irrational fears about germs, illnesses and contamination
- feelings of aggression, fear and loss of control
- strong aversions or feelings against “taboos” like sex, religion, violence
- needing to have things in a certain order, place, pattern or quantity
- the drive for excessive cleaning and/or handwashing
- needing to repeatedly keep checking on anything that seems threatening (for example, if things are unplugged, locked or clean)

Eductor fix panel
**THE OCD EPIDEMIC**

What is OCD?
An anxiety disorder that is characterized by unwanted fears, obsessions and beliefs that drive compulsive behaviors.

Approximately 2-3 percent of the adult population in the U.S has obsessive compulsive disorder (OCD).

**DIAGNOSIS?**
- Usually occurs around the age of 19 but can last for years if left untreated.
- Less than 10 percent of those suffering from OCD are currently in treatment.
- Many will go decades without telling anyone about their symptoms.

**SYMPTOMS**
- Obsessive thinking
- Strong aversions or feelings against "taboos" like sex, religion, violence
- A loss of control over behaviors and thoughts, especially in unfamiliar situations
- Feelings of aggression, fear and loss of control
- Extreme anxiety when rituals/compulsions are not performed or are interfered with
- Needing to have things in a certain order, place, pattern or quantity
- Having repeated mental images that cause anxiety
- The drive for excessive cleaning and/or handwashing
- Irrational fears about germs, illnesses and contamination
- Needing to repeatedly keep checking on anything that seems threatening (for example, if things are unplugged, locked or clean)

**OCD SUBGROUPS**

<table>
<thead>
<tr>
<th>WASHERS</th>
<th>HOARDERS</th>
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<tbody>
<tr>
<td>Usually fear contamination, germs and becoming dirty or sick</td>
<td>Find it very hard to discard of things, throw things out and pass on unnecessary items</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOUBTERS</th>
<th>CHECKERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly fear being wrong, rejected, blamed or ridiculed by others</td>
<td>Fear being harmed from perceived dangers, such as from fires, robbers, animals, etc.</td>
</tr>
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<table>
<thead>
<tr>
<th>COUNTERS</th>
<th>ARRANGERS</th>
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</thead>
<tbody>
<tr>
<td>Tend to fixate on numbers and need to count things over and over again</td>
<td>Fixate on order, patterns, symmetry and balance</td>
</tr>
</tbody>
</table>
Different types of OCD symptoms can be subdivided in two groups: the obsessions (such as the thoughts and fears listed above) and the compulsions which they drive. Obsessions and compulsions interact since compulsive behavior is a way to counteract the anxiety caused by the obsession.

Carrying out compulsions doesn’t usually lead to happiness like you might think. The International OCD Foundation explains that compulsions are different from ordinary habits or rituals in a few key ways: (4)

- they feel very out of control and are not always done “by choice”
- the person might recognize that their own thoughts or behaviors are irrational but keep doing them anyway
- usually at least one hour per day is spent on compulsive behaviors
while having a routine can be productive, enjoyable and beneficial, compulsions usually don’t bring any source of pleasure; instead, they lower anxiety temporarily, but long-term contribute to reoccurring fears and obsessions

Some researchers categorize people with OCD into different subgroups based on their recurring compulsions:

- **Washers:** usually fear contamination, germs and becoming dirty or sick
- **Hoarders:** find it very hard to discard of things, throw things out and pass on uncessary items
- **Doubters:** strongly fear being wrong, rejected, blamed or ridiculed by others
- **Checkers:** fear being harmed from perceived dangers, such as from fires, robbers, animals, etc.
- **Counters:** tend to fixate on numbers and need to count things over and over again
- **Arrangers:** fixate on order, patterns, symmetry and balance

**What Causes Obsessive Compulsive Disorder?**

Like other psychological disorders such as depression or anxiety, obsessive compulsive disorder is believed to be caused by a combination of factors related to both “nature and nurturing.” In other words, a person with OCD most likely has some degree of a genetic predisposition to abnormal thinking patterns and brain structure, but their disorder is also likely being triggered by their upbringing and environment.

Although the exact cause of OCD is not agreed upon, most researchers believe that a chemical/hormonal imbalance in the brain plays a part in the development of OCD, although it’s still not clear which comes first: the disorder itself, or the chemical imbalance. When people suffering from OCD are given medications to alter certain aspects of their brain chemistry — particularly levels of two neurotransmitters called serotonin and vasopressin — some are able to find relief from symptoms. This suggests that serotonin and vasopressin play an important role in mood and behavior regulation, and that hormonal imbalances can trigger anxiety.

It’s generally accepted that OCD is caused by a combination of genetics, abnormal brain structure/functioning and life experiences/environment: (5)

- **Genetics:** OCD seems to run in families. Although having a relative with OCD doesn’t necessarily mean you will develop the disorder itself, many family studies have shown that people with first-degree relatives (such as a parent, sibling or child) have a higher risk for developing OCD than those without a family history. However, it’s always hard for researchers to separate someone’s upbringing from their genetic predisposition.
• **Brain Structure and Functioning:** Researchers from Yale University explain that very recently new ways of using MRI brain scans to measure how different parts of the brain are functionally connected to one another have revealed patterns of abnormality in the OCD brain. (6) Within the brain, there are two parts most related to fear-based beliefs called the basal ganglia and the thalamus. A connection/circuit runs from the front part of the brain to the basal ganglia, then to the thalamus, and then back to the front again. Healthy adults have a built-in mechanism that takes place during this brain circuit which acts like an internal “filter,” helping to decipher unharmed events/thoughts from real, rational fears. In people with OCD, this filter seems to be malfunctioning, so they are much more affected by perceived threats or fearful thoughts and have a harder time telling the difference. Why does this break in normal brain circuits develop? Some researchers speculate that a combination of genetics, inflammation within the brain, and anxiety-provoking experiences (especially at a young age) contribute to abnormal brain processing that leads to OCD. Therapeutic techniques that interrupt fear-based thoughts, shed light on compulsions and reduce anxiety help to restore the normal brain circuit described above and, therefore, lower the need for compulsions. Rarely, another factor that also influences brain functioning/structure is a history of infections, especially during childhood (such as Pediatric Autoimmune Neuropsychiatric Disorders and Streptococcal infections).

![IMAGE OF NORMAL AND OBSESSIVE-COMPELLING BRAINS]

**HIGH ENERGY USE IN THE BRAIN OF A TYPICAL PERSON WITH OCD**

• **Experiences/Environment:** People who have a history of trauma and difficult childhood experiences (like divorce, abuse, neglect or family deaths) are at an increased risk for developing OCD compared to those who don’t. These events seem to alter brain patterns and can even shape the physical structure of the brain thanks to “neuroplasticity,” which means reoccurring thoughts wind up forming physical brain changes that make these thoughts more likely to happen again in the future.

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**OCD Treatment and Prevention Plan**

Obsessive compulsive disorder is treated with a combination of: psychological support, in some cases medication use, helpful strategies to reduce anxiety, and ongoing social/family support.
The goal is to help someone learn about their own thought patterns, begin to recognize when fears are irrational, and then to gradually stop compulsive behaviors that form rituals/habits that only further drive up anxiety.

Many OCD patients tend to rely on medication alone to control symptoms, but studies have shown that medication usually doesn’t solve the underlying problems associated with OCD, especially when it’s not combined with therapy and lifestyle changes. Psychotropic medication use often leads to recurrence of symptoms and can also cause complications (like depression, trouble sleeping, changes in appetite/body weight and poor digestive functioning).

Some studies have found that around 90 percent of all people with OCD who exclusively rely on pharmacotherapy (taking medications) have a complete return of their OCD symptoms once they stop taking their prescriptions. In contrast, certain therapy techniques used in combination with lifestyle changes can offer long-term relief for OCD symptoms, with no side effects and usually benefits beyond just gaining control over compulsions.

Studies show that therapeutic interventions and social support, without any medications at all, even positively change the physical structure of the brain in people with OCD. One study published in the Journal of The American Medical Association found that after 10 weeks of structured exposure and response prevention behavioral and cognitive treatments, the majority of OCD patients showed significant improvements in certain brain processes (bilateral decreases in caudate glucose metabolic rates) and better control over OCD thoughts and compulsions. (7)

Below are some of the most well-researched and beneficial treatment approaches for OCD:

1. Cognitive Behavioral Therapy (CBT)

CBT is one of the leading therapeutic techniques used to treat OCD. Cognitive-Behavioral Therapy is now used in place of traditional psychoanalysis and many other forms of therapy because researchers have learned over the past 15 years that other techniques usually have little impact on the underlying causes of the disorder (ruminating thoughts and fears) and its symptoms. Many studies have found that CBT is highly beneficial for people with OCD even without the need for medication, and it can make a dramatic impact on someone’s quality of life within a relatively short period of time. (8)

In traditional psychotherapy, the client’s problems and past are usually discussed, especially their early family life and relationships, but in CBT treatments both the client and the therapist
take active roles in uncovering the underlying beliefs that are being experienced in the present moment. CBT is less concerned about the past and more interested in looking at the “here and now,” shining a powerful light on the actual ruminating thoughts the patient is dealing with on a day-to-day basis. The idea is that a patient first must learn about their own internal dialog, beliefs and what’s driving their compulsions (whether it’s fear over rejection, illness or harm) in order to manage their behaviors.

One of the primary tools used in CBT is called Exposure and Response Prevention (ERP), also sometimes called “exposure therapy,” which gradually exposes the patient to their fears with support from their therapist. Another practice is “imaginal exposure,” which involves the client’s imaging to come into contact with their fears and avoid compulsions (such as not checking, arranging or counting something) so they can practice how to handle the situation in the future and prepare for feelings that will arise. Many CBT programs also assign “homework” so the client can continue to challenge symptoms on their own in various situations between the therapy sessions.

2. Reducing Anxiety

General anxiety, and the fear over consequences that will result from not acting out compulsions, is at the root of OCD, so reducing stress and anxiety is key. Certain lifestyle habits are known to either promote or lower anxiety, especially those related to someone’s diet, sleep, level of physical activity, ability to handle stress and their relationships.

- **A Healthy Diet:** An unhealthy diet can contribute to anxiety by raising inflammation, which alters brain structures and neurotransmitter functions. A poor diet can also increase moodiness and fatigue, lead to weight gain that impacts someone’s body image, and lead to poorly managed blood sugar levels that cause feelings of jitteriness/nervousness. Anti-inflammatory foods, healthy fats, unrefined carbs and proteins are important for neurotransmitter synthesizing and balancing someone’s mood and stress response. Some of the best foods for beating anxiety include: foods high in B vitamins (such as grass-fed beef, wild-caught fish, poultry, brewer’s yeast and green leafy vegetables), high-antioxidant foods (like fresh veggies and fruit), raw dairy products, foods with omega-3 fats (especially wild-caught fish like salmon), anti-inflammatory fats like coconut and olive oil, and foods high in magnesium (such as leafy greens, nuts, avocados and sea vegetables). Foods that can contribute to anxiety include: added sugars, refined carbohydrates, alcohol and caffeine, refined fats such as most vegetable oils and trans-fats, and processed/packaged snacks that are high in artificial additives. Taking supplements like adaptogen herbs to lower cortisol can also be helpful.

- Choline is anti-dopaminergic and often makes OCD patients worse. Generally, OCD patients respond nicely to methionine, SAMe, **calcium, magnesium**, B-6, **Inositol**, TMG,
and zinc. Most OCD patients get worse if given supplements of DMAE, choline, copper, or folic acid.

Inositol is a vitamin-like substance. It is found in many plants and animals. Inositol is used for diabetic nerve pain, panic disorder, high cholesterol, insomnia, cancer, depression, schizophrenia, Alzheimer’s disease, attention deficit-hyperactivity disorder (ADHD), autism, promoting hair growth, a skin disorder called psoriasis, and treating side effects of medical treatment with lithium.

Inositol is also used by mouth for treating conditions associated with polycystic ovary syndrome, including failure to ovulate; high blood pressure; high triglycerides; and high levels of testosterone.

Try Glutamic acid at the start of a compulsive episode, if it does not work do not continue.

How does it work?

Inositol can cross the blood brain barrier when there is difficulty that stops other vitamins. So they might balance certain chemicals in the body to possibly help with conditions such as panic disorder, depression, obsessive-compulsive disorder, and polycystic ovary syndrome.

- **Exercise**: Regular exercise helps train the brain to manage stress and fear in a healthier way. Exercise is a great way to boost confidence and self-esteem, is totally free, available to everyone and benefits the entire body/mind. It’s also a good way to improve sleep quality, lower inflammation, have a rewarding goal to work towards, and can be done with other people or family members, which offers a sense of your connection. People with OCD and other forms of anxiety can also benefit from exercises that promote relaxation, such as yoga or tai chi (which tie the mind and body mind), deep breathing techniques and other forms of stress management that lower muscle tension and help control ruminating thoughts.

- **Getting Enough Rest/Sleep**: According to research done by University of Berkeley, sleep deprivation increases “anticipatory anxiety” and is linked to higher rates of anxiety disorders. A lack of sleep increases stress hormones like cortisol and adrenaline, which can negatively effect someone’s mood and interfere with normal brain chemistry. It also ramps up the brain regions that contribute to excessive worrying and ruminating. Seven to
nine hours of sleep per night is needed by most adults to help manage stress, balance hormones, prevent fatigue and control their moods.

- **Meditation:** A 2008 study that was published in the *Journal of Mental And Nervous Diseases* found that meditation and mindfulness practices helped significantly improve OCD symptoms completely naturally within a short time frame. The controlled pilot study tested the effects of a mindfulness intervention on obsessive compulsive disorder (OCD) symptoms and tested the psychological processes possibly mediating such effects, including a reduction in ruminating thoughts and improvements in “letting go” of impulses. Participants with OCD symptoms received either mindfulness training or were put on a waiting list. The meditation group attended eight group meetings teaching meditative breathing, body scan, and mindful daily living tips. The results found that mindfulness intervention reduced OCD symptoms in the majority of participants and can serve as an effective, safe and low-cost alternative therapy for OCD. (11) Other meditation/mindfulness practices, including “Mindfulness-based cognitive therapy” (an eight-week group therapy program) have demonstrated effectiveness in various anxiety and mental disorders including OCD. Studies show that participants value this type of treatment program as helpful for dealing with their unpleasant emotions, allowing fears to surface and then pass, and for help with living more consciously in the present with less symptoms/compulsions emerging and controlling their behaviors. (12)

3. **Ongoing Social Support**

Ongoing social support from family, friends or a professional therapist all seem to play a big role in helping someone to overcome OCD and prevent recurrences, since relationships and connections function as natural stress relievers. (13) Many people with OCD feel isolated, alone, embarrassed or angry about their condition, so learning about the underlying causes of OCD and finding support are key to reducing feelings of helplessness and isolation (such as “why me?”).

If you think you might have OCD learn about OCD causes, risk factors, early warning signs and treatment plans. Consider joining a local support group or connecting with people online. Find people you can reach out to when facing challenges, which makes long-term recovery more manageable. And invest your energy and attention into other rewarding things like hobbies, your relationships, your career path or faith.

*Inside the mind of an OCD sufferer:* People with this disorder have disturbing, unwanted thoughts, such as the belief that they are contaminated by germs or are about to be in a horrible car crash. These obsessive thoughts cause intense anxiety that the sufferer attempts to ease with compulsive behaviors (or rituals) such as repeated hand-washing or counting in unusual patterns.
**Suffering in silence:** For people who have never experienced OCD, the symptoms seem entirely irrational. The irony is, even those who have the disorder know that their thoughts and behaviors are irrational but, for unknown reasons, they just can’t stop them. As a result, people with OCD are usually ashamed of their symptoms and often go to great lengths to hide them from their friends, family or doctor. Unfortunately, more than half of Americans with this disorder never receive treatment.

Even when a person with OCD sees a doctor for it, the condition is very difficult to treat. The conventional approach—usually, an antidepressant and psychological counseling called *cognitive behavioral therapy*—reduces the severity of symptoms by about 50%, according to research, but achieves complete recovery in only 20% of cases.

**New approach:** A technique called *integrative psychiatry*—using conventional treatments *and* natural therapies such as nutritional supplements—is likely to produce far better results than conventional treatment alone. *Best approaches...*

**SEROTONIN BOOSTERS**

*Serotonin* is a *neurotransmitter* (brain chemical) that plays a key role in regulating mood, appetite and sleep. Low levels of serotonin are believed to be a contributing cause of OCD. Many factors can reduce serotonin. For example, it’s thought that serotonin levels can be lowered by a diet high in processed foods, sugar and fat...stress...and chronic inflammation.

*Selective serotonin reuptake inhibitor* (SSRI) antidepressants help OCD by blocking the absorption of serotonin in the brain, which keeps levels in the body higher. Medication is quite helpful for some OCD patients, while others find that it *increases* their obsessive thinking.

**The integrative approach:** Several nutritional supplements boost serotonin and thereby help reduce or eliminate OCD symptoms.

Work with your doctor to determine which of the following supplements (one or more may be recommended) would be the most useful for you. To find an integrative doctor near you, go to [IntegrativeMedicineforMentalHealth.com](https://www.IntegrativeMedicineforMentalHealth.com).

**Helpful supplements...**

- **Vitamin B-12.** A deficiency of this serotonin-boosting B vitamin is common in people with OCD. If you have this disorder, your doctor should test your blood levels of vitamin B-12. **My advice:** Most conventional doctors consider blood levels of 200 pg/mL to 1,100 pg/mL to be
“normal,” but I treat any patient with a level below 500 pg/mL with weekly B-12 injections until his/her blood level reaches 900 pg/mL. B-12 is also available in sublingual and liquid forms. Some patients have a dramatic decrease in OCD symptoms with this treatment alone.

- **Folate.** This B vitamin is also crucial for serotonin production and can boost the effectiveness of antidepressants. However, some OCD patients can’t absorb folate properly due to a genetic abnormality. My advice: For patients with OCD, I typically recommend having an MTHFR test (methylenetetrahydrofolate reductase mutations) to check for the enzymes that are necessary to process folate. If the test is positive, you may need to take 7.5 mg to 15 mg daily of a medication called L-methylfolate (Deplin) that supplies a high dose of the nutrient.

- **Omega-3s.** The brain is nearly 60% fat. To work optimally, it needs healthful fats such as the omega-3 fatty acids EPA and DHA found in fish oil. Omega-3s can be obtained by eating fatty fish two or three times a week, but I have found that OCD patients often have an aversion to fish. My advice: Try a daily supplement containing 3 g of omega-3 fatty acids with an EPA to DHA ratio of 2:1.

- **5-HTP (5-hydroxytryptophan)** is a compound that boosts serotonin levels. My advice: I typically recommend a daily dose of 100 mg to 300 mg of 5-HTP for OCD sufferers. Important: Serotonin syndrome is a potentially dangerous condition (with agitation, rapid heart rate, blood pressure fluctuations and hot flashes) that can develop when patients take 5-HTP in addition to some painkillers and cough medicines. 5-HTP should not be used with an antidepressant unless the patient is under the guidance of a medical professional.

- **Inositol.** In some OCD patients, supplementing with inositol (a vitamin-like compound that plays a role in serotonin receptors on cells) improves symptoms of the condition dramatically. My advice: I typically have OCD patients start with 1 g to 3 g a day and increase slowly to 10 g to 12 g daily. The dose should be divided so that it’s taken two to three times a day. (Taking too much inositol too quickly can cause digestive trouble.)

**SLOW DOWN THE INFLAMMATION**

Inflammation anywhere in the body disrupts serotonin metabolism—and people with OCD are often in a state of chronic, low-grade inflammation.

To reduce chronic inflammation...

- **Get enough vitamin D.** Ask your doctor to test you for vitamin D deficiency (which I define as a blood level below 30 ng/mL). If you’re deficient, take 2,000 international units (IU) to 4,000 IU of vitamin D daily to reach the level recommended by your doctor.

- **Take magnesium.** This mineral is also thought to reduce inflammation. In addition, it’s required to balance levels of the stress hormone cortisol. If you have OCD, ask your doctor if you should take a magnesium citrate or magnesium glycinate supplement. Important: Don’t take magnesium supplements if you have kidney disease, since you may not be able to excrete excess magnesium.
Get better sleep. Treat insomnia with the basics—for example, go to bed at the same time every night and get up at the same time every morning, giving yourself at least seven hours in bed.

Reduce stress. Stress not only causes inflammation but also worsens the symptoms of OCD. Reduce stress with mindfulness-based stress-reduction techniques, such as meditation, yoga, playing a musical instrument and/or exercise.

Probiotics for OCD

The toxic gut bacteria *Clostridia* can generate HPHPA, a compound that disrupts normal brain function. High levels of HPHPA are a feature of many psychiatric diseases, including OCD. If OCD symptoms increase after use of an antifungal or antibiotic (both of which may allow HPHPA growth), ask your doctor about testing for HPHPA.

Your doctor can order a urine test for HPHPA from a lab that specializes in digestive disorders, such as the Great Plains Laboratory, GreatPlainsLaboratory.com, or Genova Diagnostics, GDX.net. If HPHPA is detected, consider trying high-dose probiotics that supply 50 billion to 300 billion CFUs (colony-forming units) daily. Consult your doctor for any additional treatment you may need.

What Is OCD in terms of Acupuncture and Ayurveda

Obsessive-compulsive disorder (OCD) is a psychiatric illness that affects more than 2 million Americans. The condition is characterized by repetitive, upsetting thoughts (obsessions) and an overwhelming urge to perform behaviors or rituals (compulsions) to help alleviate related anxiety. The cause is unknown, but genetics may play a role.
OCD in Ayurveda:
In Ayurveda, it is grossly correlated with a condition called Atatva Abhinivesha. ‘Atatwa’ means ‘non-existent’, abhinivesha means ‘stubborn’ nature or ‘strict adherence’. So Atatwabhinivesha collectively refers as a ‘condition where the person believes in all the factors which does not exist or which are in fact not correct’. Or everytime the individual will be in confusion to accept the truth.

Reasons for Atatwabhinivesha, as explained in Ayurveda:
1. Intake of polluted food and beverages
2. Suppression of natural urges
3. Excess intake of cold and warm, unctuous and dry eatables irrespective of combinations
4. Grief, stress, jealousy, depression etc.
5. Inferiority and shameful situations
6. Fearful situations
7. Dissatisfaction in life etc

**Origin of the disease Atatwabhinisvesha (obsessive disorders)**
Due to the above said causative factors Doshas, especially Vata is aggravated. Meanwhile in the individuals with poor mental ability, these vitiated Doshas encircle the Rajas and Tamas. Further it makes Hridaya (Heart) as its main seat of affliction and vitiates Manas (Mind) and Buddhi (Intellect). Due to such a mis-harmony among the Doshas and the Rajas and Tamas individual’s mind gets weakened. Thus the person looses the ability to recognize good and bad, wholesome and unwholesome, truth and myth etc. If this confusion persists for long, it becomes a routine practice. Thus the condition of obsession – perception of something wrong as correct and true as false will remain throughout.

**Line of treatment of obsessive disorder**
1. Avoidance of the causative factors
2. Intake of wholesome food and habits
3. Assurance and education – confidence building exercises and counseling are helpful.
4. Mindful meditation, Yoga, Pranayama are very useful to discipline the mind.
4. Purification and pacification remedies have greater contribution.

**Methods of counselling:**
The patient is made to wash hands only once and made to believe that it is clean. The patient is made to put the wastes such as old news papers to dustbin. The patient is exposed to his fears / sinful thoughts and is comforted that it is fine.
Panchakarma treatment: Purification procedures:
The morbidity of mind is related with morbidity of body. For example, you feel fresh and energetic after taking a bath. Your concentration levels will be more when your stomach is light. Purification of body with Panchakarma treatment leads to clarity of mind. After determining the dominant Dosha, appropriate Panchakarma purification procedures are undertaken, like Vamana (emesis), Virechana (purgation), Nasya (errhines), Basti (enema) etc. By assessing the feasibility and convenience, oil procedures to calm mind such as Sirodhara, Shirobasti are also conducted.

Internal medication useful in obsessive disorders
Because it is a psychiatric condition, medicines used in the treatment of depression and psychosis are used in the Ayurvedic treatment of OCD.

**Brahma Rasayana** – Acts as rejuvenative, strengthens the body as well as mind.
**Panchagavya Ghrita** – Due to the lipophilic nature of medicated ghee it crosses blood brain barrier and exhibits its qualities even over the brain cells.
**Mahapanchagavya ghrita** – used in the treatment of epilepsy, fistula, inflammation, piles, liver diseases, anemia, cough, OCD, psychiatric conditions.
**Brahmi Ghrita** – Potent drug to soothe the mind. A drug of choice to boosten the mind and intellect.
**Vacha Choorna** – Stimulant of brain cells and a memory enhancer.
**Saraswata Choorna** – Soothes the mind, rejuvenates the nerves and arteries.
**Saraswatarishta** – Promotes the intellect and enhances the memory.
**Mansyadi Kashaya** – Tranquilizes the mind, useful in treating depression related OCD
**Brahmi Vati** – Memory tonic, calms down the mind and energizer due to its bitter principles.
**Manasamitra vatakam** – useful in cases of depression and psychosis related OCD

Tips for preventing obsessive compulsive disorder:
Wake up early, go to bed early, sleep for at least 7-8 hours at night. A calm mind relieves anxiety and restlessness.
Practice Pranayama for at least 3 minutes a day. [Here is a simple Pranayama technique](#).
Stop smoking and alcohol
Stop any kind of narcotic drugs
If you have anxiety, follow these [anxiety relieving tips](#)
If you think you have depression follow these tips
[Read more OCD related advice](#)

Join a OCD support group and share your problems with others. Read about how other people got rid of their problems. This boosts your confidence. There are many such meetup groups in different countries. Find out the one from your place. Example: [here is one such group from India](#)

Useful book –
(Affiliate) **Brain Lock** – by Jeffrey M. Schwartz has many good reviews.
A note to care-taker:
If the patient is admitting that he has the problem and improvising, then encourage him in the right direction.
Do not scold the patient. You can make gentle jokes on his behaviour in front of her, when no one is around. This will make the patient disgusted with her repetitive behavior and may encourage her to stop it.

When to contact doctor?
If the patient is not admitting about his repetitive behavior.
If the patient cannot control his repetitive behavior even after trying with full heart.
If the patient has associated symptoms of anxiety, depression or schizophrenia (irrelevant talk, anger, talking to himself etc).

In this competitive era, due to busy life, the people are very much tired after their heavy and targeted works. Stressful life, jealousy, grief, dissatisfaction are the factors which push one towards obsessive disorders. Confidence, withstanding ability, moral support, ethics etc. are the boosting factors which prevent us from psychological stress and strain.

DIET AND LIFESTYLE

- Have at least 7-8 hours sleep. This helps in relaxing the mind. A calm mind helps to relieve anxiety and stress.
- Avoid smoking, alcohol intake and drug use.
- Practice yoga, meditation and do pranayama.
- Include fruits, vegetables, whole grains, low fat dairy products in your diet
- Avoid intake of caffeinated products like tea, coffee and chocolates.
- Practice deep breathing and other relaxation techniques
- Have warm baths to relax the mind and body.

HERBAL REMEDIES

- Soak 10-15 almonds in the night. Blanche and grind them to prepare a fine paste. Heat two teaspoons of pure ghee and roast the paste in it for five minutes. Add some sugar to this and eat it every day. Almonds help in nourishing the brain and maintain the health of the nervous system.
- Eat some walnuts in the early morning as walnuts are rich in essential fatty acids that corrects the imbalance in the brain. Walnuts are rich in magnesium and calcium that help in relaxing the muscles of the brain and improve its functions.
- Soak three teaspoons of poppy seeds overnight. In the morning grind them to a fine paste and eat. Poppy seeds relax the mind, relieves depression, enhances the thought processes, nourishes the mind and body by promoting sound sleep.
Obsessive-Compulsive Disorder (OCD) Screening Quiz

Use this brief screening measure to help you determine if you might need to see a mental health professional for diagnosis and treatment of OCD (obsessive-compulsive disorder).

Instructions: This is a screening measure to help you determine whether you might have an obsessive-compulsive disorder that needs professional attention. This screening measure is not designed to make a diagnosis of a disorder or take the place of a professional diagnosis or consultation. For each item, indicate the extent to which it is true, by checking the appropriate box next to the item.

I am a □ year old ● Female / □ Male / □ Other

Have you been bothered by unpleasant thoughts or images that repeatedly enter your mind, such as...
1. concerns with contamination (dirt, germs, chemicals, radiation) or acquiring a serious illness such as AIDS?
   ☐ No
   ☐ Yes

2. overconcern with keeping objects (clothing, groceries, tools) in perfect order or arranged exactly?
   ☐ No
   ☐ Yes

3. images of death or other horrible events?
   ☐ No
   ☐ Yes

4. personally unacceptable religious or sexual thoughts?
   ☐ No
   ☐ Yes

Have you worried a lot about terrible things happening, such as...

5. fire, burglary, or flooding the house?
   ☐ No
   ☐ Yes

6. accidentally hitting a pedestrian with your car or letting it roll down the hill?
   ☐ No
   ☐ Yes

7. spreading an illness (giving someone AIDS)?
   ☐ No
   ☐ Yes

8. losing something valuable?
   ☐ No
   ☐ Yes
9. harm coming to a loved one because you weren't careful enough?
   ☐ No
   ☐ Yes

10. Have you worried about acting on an unwanted and senseless urge or impulse, such as physically harming a loved one, pushing a stranger in front of a bus, steering your car into oncoming traffic; inappropriate sexual contact; or poisoning dinner guests?
    ☐ No
    ☐ Yes

Have you felt driven to perform certain acts over and over again, such as...

11. excessive or ritualized washing, cleaning, or grooming?
    ☐ No
    ☐ Yes

12. checking light switches, water faucets, the stove, door locks, or emergency brake?
    ☐ No
    ☐ Yes

13. counting; arranging; evening-up behaviors (making sure socks are at same height)?
    ☐ No
    ☐ Yes

14. collecting useless objects or inspecting the garbage before it is thrown out?
    ☐ No
    ☐ Yes

15. repeating routine actions (in/out of chair, going through doorway, re-lighting cigarette) a certain number of times or until it feels just right?
    ☐ No
    ☐ Yes

16. need to touch objects or people?
17. unnecessary re-reading or re-writing; re-opening envelopes before they are mailed?
   ☐ No
   ☐ Yes

18. examining your body for signs of illness?
   ☐ No
   ☐ Yes

19. avoiding colors ("red" means blood), numbers ("l 3" is unlucky), or names (those that start with "D" signify death) that are associated with dreaded events or unpleasant thoughts?
   ☐ No
   ☐ Yes

20. needing to "confess" or repeatedly asking for reassurance that you said or did something correctly?
   ☐ No
   ☐ Yes
Share this if you found that number eight within a minute!

Do you see it?
The neurobiological link between OCD and ADHD

Silvia Brenn • Edina Grünblatt • Renate Drechsler • Peter Riederer • Susanne Walitza

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Abstract Obsessive compulsive disorder (OCD) and attention deficit/hyperactivity disorder (ADHD) are two of the most common neuropsychiatric diseases in pediatric populations. The high comorbidity of ADHD and OCD with each other, especially of ADHD in pediatric OCD, is well described. OCD and ADHD often follow a chronic course with persistent rates of at least 40–50%. Family studies showed high heritability in ADHD and OCD, and some genetic findings showed similar variants for both disorders of the same pathogenetic mechanisms, whereas other genetic findings may differentiate between ADHD and OCD. Neuropsychological and neuroimaging studies suggest that partly similar executive functions are affected in both disorders. The deficits in the corresponding brain networks may be responsible for the perseverative, compulsive symptoms in OCD but also for the disinhibited and impulsive symptoms characterizing ADHD. This article reviews the current literature of neuroimaging, neurochemical circuitry, neuropsychological and genetic findings considering similarities as well as differences between OCD and ADHD.

Keywords OCD • ADHD • Neuroimaging • Genetics • Neuropsychology • Neurobiology • EEG • MRI • fMRI

Abbreviations
(f)MRI (functional) Magnetic resonance imaging
ACC Anterior cingulate cortex
ADHD Attention deficit/hyperactivity disorder
ADORA2A Adenosine A2A receptor
BDNF Brain derived neurotrophic factor
cAMP Cyclic adenosine monophosphate
COMT Catecholamine-0-methyltransferase
CSF Cerebrospinal fluid
CST Cortico-striato-thalamo-cortical
DA Delay aversion
DAT Dopamine transporter
DAT1 Dopamine transporter gene
(SLC6A3)
DRD2 Dopamine receptor D2
DRD4 Dopamine receptor D4
EAAC1 Excitatory amino acid transporter 1
EEG Electroencephalography
ERN Ne Error-related negativity
ERP Event-related potentials
GABA Gamma-aminobutyric acid
GWAS Genome-wide association studies
HTR2A Serotonin 2A receptor
MAO-A Monoamine oxidase-A
MCPP M-chlorophenylpiperazine
MEG Magnetoencephalography
MPFC Medial prefrontal cortex
ALZHEIMER’S DISEASE: Wave of Gray Matter Loss

Studies show that the Eductor can help Alzheimer’s Patients

each patient based on their personal electrical needs.

If you need more information on the SCIO and purchase details please get in touch with us

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