EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Coden USA: EJBPBO
Volume: 13
Issue: 9
Year: 2026

CLINICAL MANAGEMENT OF OBSESSIVE-COMPULSIVE DISORDER THROUGH AYURVEDA: A CASE REPORT WITH REFERENCE TO *ATATTVABHINIVESA*.

***Dr. Sheena Sooraj**

Chief Clinical Officer, Ayurvedic Specialist, and Faculty, Kerala Ayurveda Academy and Wellness Center, California, USA.

***Corresponding Author: Dr. Sheena Sooraj**

Chief Clinical Officer, Ayurvedic Specialist, and Faculty, Kerala Ayurveda Academy and Wellness Center, California, USA. **DOI:** https://doi.org/10.5281/zenodo.22159337

How to cite this Article: *Dr. Sheena Sooraj (2026). Clinical Management Of Obsessive-Compulsive Disorder Through Ayurveda: A Case Report With Reference To Atattvābhiniveśa. European Journal of Biomedical and Pharmaceutical Sciences, 13(9), 163–168.

Article Received on 28/07/2026 **Article Revised on 18/08/2026** **Article Published on 01/09/2026**

ABSTRACT

Obsessive- compulsive disorder (OCD) is a disorder in which people have obsessions, which are recurring, unwanted, and unpleasant thoughts, ideas, urges, or images. To get rid of the thoughts, people with OCD feel driven to do something repetitively (i.e., perform a compulsion, also called a ritual). The obsessions and compulsions, such as hand washing/cleaning, checking on things, and mental acts like counting, are problematic. They are time-consuming (for example, take more than an hour a day), cause significant emotional distress, or significantly interfere with a person's daily activities such as social interactions. In Ayurveda, this condition is correlated with *Atattvābhiniveśa*. The objective of this case study is to review the clinical presentation and diagnostic features of Obsessive-compulsive disorder (OCD) and correlate with*Atattvābhiniveśa* in Ayurveda based on the *nidāna(causative factors)*,*samprāpti (etiopathogenesis)*, and various factors leading to *Atattvābhiniveśa* and to identify the Ayurvedic treatment principles described for *Atattvābhiniveśa* that may be applicable to OCD and analyze the action of each herbs/formulations recommended in alleviating the symptoms. The treatment approach was planned based on the severity of the condition, the predominance of *doṣas*, and the *patient's sattwa bala* (psychological strength). The symptoms before and after treatment were evaluated using the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5). Significant clinical progress was observed in the patient, particularly regarding the reduction and management of the recorded obsessive-compulsive manifestations.

KEYWORDS: Obsessive-compulsive Disorder (OCD), *Atattvābhiniveśa*, *Sattwa bala*, Statistical Manual of Mental Disorders, 5th Edition (DSM-5).

INTRODUCTION

Obsessive-compulsive disorder (OCD) is a chronic condition in which a person experiences uncontrollable, recurring thoughts (obsessions), engages in repetitive behaviors (compulsions), or both. People with OCD experience time-consuming symptoms that can cause significant distress or interfere with daily life. However, treatment is available to help people manage their symptoms and improve their quality of life.[1]

Signs and symptoms of OCD (Obsessive-Compulsive Disorder)[1]

Individuals with obsessive-compulsive disorder (OCD) may experience obsessions, compulsions, or a combination of both. **Obsessions** are intrusive and unwanted thoughts, urges, or mental images that lead to anxiety. Common obsessions include.

Fear of germs or contamination.
Fear of forgetting, losing, or misplacing something.
Fear of losing control over one's behavior.
Aggressive thoughts toward others or oneself.
Unwanted, forbidden, or taboo thoughts related to sex, religion, or harm.
A desire for symmetry or perfect order.

Compulsions are repetitive behaviors a person feels compelled to perform, often in response to an obsession. Common types of compulsions include.

Excessive cleaning or handwashing.
Ordering or arranging items in a specific manner.
Repeatedly checking things, such as whether the door is locked or if the oven is turned off.
Compulsive counting.
Praying or silently repeating certain words.

These behaviors can significantly impact daily life and mental well-being.

OCD is a heterogeneous condition that arises from a complex interplay of genetic and environmental risk factors. Most adults are distressed by the ego-dystonic nature of their obsessions and are aware that their compulsive behaviors are abnormally excessive. Children often have difficulty describing their obsessions.[2]The etiology of OCD is complex, encompassing diverse factors, including cognitive, genetic, molecular, environmental, and neural elements.[2]

AIM

To investigate the applicability of Ayurvedic principles in understanding and managing Obsessive-compulsive disorder(OCD) by correlating the modern clinical presentation of OCD with the *dosic* classification, pathogenesis (*samprāpti*), and therapeutic principles of *Atattvābhiniveśa*.

OBJECTIVES

1.To review the clinical presentation and diagnostic features of Obsessive-compulsive disorder (OCD) and correlate with*Atattvābhiniveśa* in Ayurveda based on the nidana, smaprapti, and various factors leading to*Atattvābhiniveśa*.

2.To identify the Ayurvedic treatment principles described for *Atattvābhiniveśa* that may be applicable to OCD and analyse the action of each herbs/formulations recommended in alleviating the symptoms.

Prevalence of OCD.

OCD affects nearly 10 million people in the United States, but more than 80% of cases are estimated to be undiagnosed, according to an analysis of more than 10 million electronic health records. Of those with a diagnosis, as few as 2% may be receiving the recommended treatment[4].OCD can occur at any age, but it typically starts between ages 7 and 12 or between the late teen and early adult years, around age 20. Prevalence rates do not differ substantially across sexes, races, or ethnicities.[4]

Pathophysiology of OCD.

The etiological hypotheses for OCD currently involve a combination of vulnerability factors and lifetime stressor exposures. Adverse lifetime experiences may induce neurobiological and behavioral adaptations of the central nervous system within a genetic window of vulnerability. According to a review of family data, the genetic contribution to OCD ranges from 35 to 50%. Dysfunctional neurotransmitter systems most likely implicated in the neurobiological pathology of OCD include serotonin, dopamine, and possibly glutamate. Disruption of the "cortico-striato-thalamo-cortical" (CSTC) circuits which include the orbitofrontal cortex (OFC), caudate nucleus, and thalamus, is the main pathological basis of OCD.[3]

Diagnostic Criteria for OCD.[5]

Because no single diagnostic test exists for OCD, healthcare providers evaluate individuals using the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5).

The primary criteria are as follows (DSM-5 Diagnostic Criteria).

Presence of obsessions, compulsions, or both.
Significant time spent on these behaviors or thoughts, typically exceeding an hour daily (though reporting may vary in children, and severe cases can occupy many hours).
High levels of distress or notable disruption to daily routines, work, or school performance.
Symptoms that are not attributable to the effects of medications, alcohol, substance use, or another general medical condition.
Symptoms that cannot be better explained by a different mental health disorder, such as an eating disorder or an anxiety disorder.

Ayurvedic concept of obsessive-compulsive disorder.

In Ayurveda, obsessive-compulsive disorder is correlated with *Atattvābhiniveśa.*

***Atattvābhiniveśa* (Overview)**

Atattvābhiniveśa, commonly referred to as *Mahāgada*, is a *Mānasikavikāra* (psychiatric condition). The term *Atattvābhiniveśa* signifies an obsessive adherence or firm determination toward an unreal state of mind or concept. This disorder is detailed in the *Chikitsā Sthāna* of the *Carakasamhitā.[6]*

Aetiopathogenesis[6]

The development of *Atattvābhiniveśa* involves specific dietary, lifestyle, and psychological factors.

Dietary & Lifestyle Causes: Frequent consumption of incompatible, poor quality, excessively unctuous or non-unctuous, and extreme temperature (very hot or cold) foods, combined with unwholesome lifestyle habits, suppression of natural body urges, and mind-disturbing triggers, agitates the *doṣas.*

Pathogenesis (Disease Progression)[6]: The vitiated *doṣas* enter the channels of the mind (*manovaha srotas*) and afflict the heart, which serves as the seat of the mind. As the unbalanced energy principles combine with *rajo* and *tamo doṣas*, the subtle functions of the heart become impaired, leading to mental disturbances and the clinical manifestation of *Atattvābhiniveśa*.

Key symptoms of *Atattvābhiniveśa* include mental derangement, marked cognitive weakness, an inability to recognize whether a task has been completed, distorted judgment regarding eternal versus transient matters, and mistaking the good for bad and the bad for good.

The treatment includes palliative treatments *(samana)*, cleansing treatments *(sōdhana)*, and rejuvenating herbal medication *(Medhya Rasāyana)*.[6]

CASE REPORT

A female patient aged 25 years who was suffering from severe anxiety and stress had the initial consultation on the 10th of January 2024. The duration of the health issues was 2 years, even though the symptoms started during the Pandemic period. She was complaining of anxiety and germophobia, which led her to wash her hands more frequently and sanitize them. The patient also presented with obsessions regarding bodily excretions. During her travels, she felt an intense preoccupation with fellow passengers' pets, necessitating immediate, repeated body sanitization whenever she came into contact with an animal or even a shared shopping trolley. Furthermore, she exhibited high levels of reactivity and extreme anxiety within her home environment if family members did not maintain strict tidiness throughout the household. She complained of hypersudation as well. The patient had never experienced these symptoms earlier in her life. As a result of avoiding public restrooms, she often held her urges for hours, leading to discomfort and there were multiple episodes of bedwetting. Furthermore, she developed a skin issue: her hands began to peel from frequent washing and sanitizing. Her personal time with her friends was severely affected because of these psychological imbalances.

She had a consultation with a psychiatrist, and she was diagnosed with OCD (obsessive-compulsive disorder). Even though she was prescribed Prozac and Luvox, she took them only for a few days and then stopped. She later started taking some Ayurvedic herbs such as Brahmi, Jatamansi, Ashwagandha, and Guduci. There wasn't any major improvement in her symptoms; however, her sleep was getting better.

Her appetite was highly variable and tended towards weak digestive fire. Lunch was her first meal, and she had a decent appetite. She was moderately hungry for dinner. Her bowel movements were regular and uneventful. Her urination was normal, but the urine was moderately yellow, with occasional leakage even after voiding. She complained of occasional 'UTI like' symptoms including urgency too. Sleep was continuous, but the quality was very poor. Her tongue was moderately coated, and her body frame was moderate (5 feet 3 in tall and 135 lb). Her *sattwa bala* was moderate.

Summary of the visits and treatments suggested and the results.

Date of visit and duration of treatment.	Herbs/Formulations suggested	Dosage	Results
10th of January,2024 (1st visit)- Duration of the treatment was 4 weeks.	1.Saraswata churnam 2.Drakshadi Kwatham 3.Manasamitra Vatakam 4.Gokshuradi Guggulu Tablet 5.Brahmi Oil Additionally: Asked her to write a journal, and practice anulom-vilom pranayama for 10 min before sleep. She started following all the instructions including sun salutations (7 rounds in the morning)	1. 3.5 gm twice daily with warm water, 30 min before food) 2. 2 tablets twice daily, 30 min before food 3. 1 pill at bedtime along with warm milk boiled with a pinch of turmeric powder and black pepper powder 4. 1 pill twice daily, 30 min after food 5. For applying on her vertex of the head for 45-60 minutes around 6 pm	• Anxiety had gone down (40% of improvement) • She can control her anger, and other OCD symptoms (40-45% improvement). Bedwetting episodes also reduced. • UTI-like symptoms had gone down to a large extent. There are a few isolated episodes of leakage and urgency (60% of improvement). • Appetite has increased. She started having breakfast. • She maintains consistent meal timings. • She increased her water intake since the urgency has reduced. • Sleep quality has improved (now it is moderate) and she is able to fall asleep easily. • Intrusive thoughts are less

			persistent than before; she has ceased her constant questioning and shows a reduction in second-guessing herself. ● Her tongue coating is less.
3rd of February, 2024- Duration of the treatment was 4 weeks	1.Saraswata Churnam 2.Drakshadi Kwatham 3.Manasamitra Vatakam 4.Chandraprabha Vatika 5.Gokshuradi Guggulu 6.Brahmi Oil Three sessions of Sirodhara (Ksheerabala Tailam)and Abhyanga(Ksheerabala Tailam) with bashpa sweda (Dasamoola) were recommended.	1. 3.5 gms with ghee, twice daily, 30 min before food 2. 2 pills twice daily, 30 min before food 3. 1 pill at bedtime with warm milk ans spices. 4. 1 pill at bedtime 5. 1 pill twice a day, 30 min after food. 6. For applying on her vertex of the head for 45-60 minutes around 6 pm.	● OCD- symptoms reduced (75% of improvement)- Some occasional random thoughts are still persisiting. Handwashing and sanitizing frequency has reduced but not completely resolved. No hypersudation or anger episodes. According to her mom, she was more laid back, lately. But one or two episodes of bed wetting happened. ● There were a few leakage episodes. Moreover her urgency was increased compared to last time. ● Some improvement in her hand eczema (30% of improvement). ● Sleep quality is good ● Appetite is very good and digestion is normal. ● Energy levels are good. ● Tongue had a very mild coating.
16th of March,2024- Duration of the treatment was 8 weeks.	1.Satavaryadi Ghritam 2.Drakshadi Kwatham . 3.Chandraprabha Vatika 4.Gokshuradi Guggulu- 2 pills, 30 min after dinner. 5.Saraswata Churnam 6.Manasamitra Vatakam - 7.Brahmi Oil 8.Ksheerabala Oil	1. 3.5 gm first thing in the morning, and 5 gms at bedtime- Asked to drink hot water following the ghritam. 2. 2 pills 30 min before dinner. 3. 2 pills in the morning, and 1 pill in the evening, 30 min afterfood. 4. 2 pills, 30 min after dinner. 5. 3.5 gms with warm water at bedtime. 6. 1pill at bedtime with warm milk and spices 7.For applying on her vertex of the head for 45-60 minutes around 6 pm. 8.For abhyanga (dinacharya).	● Leakage- 90% of improvement. It happens only if she is stressed. ● OCD- 95-98% of improvement.Only one or two episodes of anxiety that led her to wash and sanitize her hands in 9 weeks. No bedwetting episodes. ● She is hungry for all the three melas and her digestion is normal. ● No skin eczema (100% relief). ● No UTI like symptoms. ● 8 hours of sound sleep and the quality is excellent. She wakes up robust and well rested. ● Tongue is clean (no coating)
1st of June, 2024.- Duration of the treatment was 6 weeks	1.Satavaryadi Ghritam. 2.Gokshuradi Guggulu. 3.Brahmi Capsule 4.Manasamitra Vatakam (1 pill at	1. 5gm first thing in the morning and 5 gm at bedtime. 2.1 tab twice daily, 30 min before food.	● No OCD symptoms ● No urine leakage or urgency. ● Appetite and digestion- Excellent ● Energy levels- Very good ● Sleep- Excellent ● Skin issues- None

	bedtime with warm milk) Two sessions of Sirodhara and Abhyanga with Ksheerabala Tailam.	3.1 cap twice daily, 30 min before food. 4. (1 pill at bedtime with warm milk and spices.	
15th of July,2024-Duration of the treatment was 4 weeks.	1. Brahmi Capsule 2.Satavaryadi Ghritam	1. 1 cap twice daily, 30 min before food. 2. 5gm at bedtime with warm milk.	Asked her to stop the herbs after 4 weeks and no follow-up was requested.

DISCUSSION

Patients presenting with obsessive-compulsive disorder (OCD) can manifest obsessions, compulsions, or a concurrent combination of both. In the presented case, baseline obsessions and compulsions were formally documented during the primary consultation in accordance with DSM-5 diagnostic criteria. Using a 0–5 clinical severity scale (where 0 represented absent to minimal symptoms and 5 signified severe presentation), all initial obsession and compulsion metrics were rated between 4 and 5. Sequential evaluations across subsequent visits demonstrated progressive improvement, culminating in ratings of 0 to 1 by the final consultation. The diagnostic framework integrated modern clinical criteria with classical Ayurvedic concepts.In Ayurveda, obsessive-compulsive disorder is correlated with *Atattvābhiniveśa.*

A comprehensive analysis of the patient's history, underlying etiology, and disease pathogenesis (samprāpti) was conducted prior to instituting the structured Ayurvedic therapeutic regimen.The vitiated *doṣas* enter the channels of the mind (*manovaha srotas*) and afflict the heart, which serves as the seat of the mind. As the unbalanced energy principles combine with *rajo* and *tamo doṣas*, the subtle functions of the heart become impaired, leading to mental disturbances and the clinical manifestation of *Atattvābhiniveśa*.

The suggested Ayurvedic formulations and bodywork treatments were based on the *chikitsa* (treatment principles) for *Atattvābhiniveśa given in Charaka Samhita, Chikitsasthanam,* which helped to alleviate the energy principles Vata and pitta (*Vata-pitta Samaka*). All the herbs were having multiple therapeutic actions and helped to achieve tissue nourishment, strengthen her mind, motivate her, improve her energy levels, improve the cognitive functions, reduce anger, and improve her urinary system.

The action of each formulation suggested throughout the treatment.

Internal Formulations.

- **Drakshadi Kwatham:** A Vata-Pitta pacifying decoction that helps alleviate anxiety, improve sleep quality, and enhance Rasa Dhatu by balancing Agni while dispelling imbalances in Rajo and Tamo Gunas.[7]
- **Saraswata Churnam:** Primarily balances Vata and Pitta doshas. It aids both physical and emotional digestion, stabilizes mental fluctuations, and functions as a Medhya Rasayana.
- **Manasamitra Vatakam:** Serves as a potent nervine tonic, cognitive enhancer, and intelligence promoter. Its combination of antioxidant, immunostimulant, and anti-inflammatory ingredients supports memory enhancement. It supports cognitive functions also.
- **Gokshuradi Guggulu:** Supports the genitourinary system and helps manage urinary symptoms and fluid retention.It strengthens the bladder control.
- **Chandraprabha Vatika:** Provides metabolic and urinary tract support, promoting overall vitality and balancing urinary function. Moreover, its cleansing action helps in eliminating conditions like eczema. It has a deepana-pachana action also.
- **Shatavaryadi Ghritam:** A nourishing medicated ghee that calms Pitta and Vata, supporting the nervous system, urinary system and overall resilience.

External Applications:

- **Ksheerabala Tailam:** Utilized for Abhyanga and Shirodhara to balance and nourish vata and pitta. It helps to relieve stress, and promote restful sleep.
- **Brahmi Oil:** Applied topically to the vertex of the head to cool the mind, ease mental stress, and support clarity.Very effective in severe anxiety, confusions, anger issues, insomnia etc. It has a vata-pitta pacifying action.

CONCLUSION

Obsessive-compulsive disorder (OCD) is a chronic condition in which a person experiences uncontrollable, recurring thoughts (obsessions), engages in repetitive behaviors (compulsions), or both. People with OCD experience time-consuming symptoms that can cause significant distress or interfere with daily life. However, treatment is available to help people manage their symptoms and improve their quality of life[1].From an Ayurvedic perspective, Obsessive-compulsive Disorder is correlated with *Atattvābhiniveśa from Chikitsā Sthāna* of the *Carakasamhitā (Chapter 10)*[6]. This clinical investigation seeks to establish a comprehensive

framework for the Ayurvedic management of Obsessive-compulsive Disorder (OCD), correlating modern diagnostic criteria with traditional therapeutic strategies.The application of *nidāna (causes), samprāpti(etiopathogenesis),* and *lakshanās (symptoms)* based on the *dosa* predominance helped conclude the condition and provide an effective Ayurvedic management. The clinical progress was monitored and evaluated using the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5).[5] This case highlights the potential of an individualized Ayurvedic approach, guided by the basic ancient principles and assessment of the patient's unique pathogenic factors, in the management of a complex Obsessive-compulsive Disorder (OCD).Further systematic clinical studies are warranted to evaluate the applicability, reproducibility, and therapeutic potential of Ayurvedic principles in patients with OCD.

REFERENCES

1. https://www.nimh.nih.gov/health/publications/obsessive-compulsive-disorder-when-unwanted-thoughts-or-repetitive-behaviors-take-over
2. https://www.ncbi.nlm.nih.gov/books/NBK553162/
3. https://pmc.ncbi.nlm.nih.gov/articles/PMC10591165/
4. https://www.apa.org/monitor/2026/04-05/obsessive-compulsive-disorder-diagnosis-treatment.
5. https://my.clevelandclinic.org/health/diseases/9490-ocd-obsessive-compulsive-disorder
6. A text book of Kayachikitsa by Dr.P.S.Byadgi and Dr.A.K.Pandey(Volume 3-Page no.466-467)
7. https://www.researchgate.net/publication/361473935_Efficacy_of_Draksadi_Phantam_in_Generalized_Anxiety_Disorder-_An_Uncontrolled_Clinical_Trial