

# COMPLEMENTARY MEDICINES THAT MAY ASSIST IN MANAGING OBSESSIVE COMPULSIVE DISORDER

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## Abstract

The obsessive compulsive disorder (OCD) patient must always remain under the care of a registered medical practitioner. It is with this in mind, that this article takes a holistic perspective at some of the complementary medicines that may assist in its management.

## Reference

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## Keywords

Complementary medicine; Obsessive compulsive disorder; OCD; Psychiatric disorder

This paper addresses the differential diagnosis of obsessive compulsive disorder (OCD), researches its causes and outlines some of the complementary medicines that may assist its management. Keeping in mind that this is a psychiatric disorder, however, the OCD patient must always remain under the care of a registered medical practitioner.

OCD is characterised by persistent, unwanted thoughts and compulsive actions—actions that are repeatedly performed, often with ‘rules’ for no benefit to the sufferer. One or more compulsive characteristics can be present<sup>(1)</sup>.

OCD onset usually occurs between the ages of 18 and 50, but it can also appear in children and older people. The symptoms range from mild to severe and have a strong potential to cause stress and disruption to a person’s life as he or she loses the ability to function at home, school or work. Normal ideas and activities get crowded out as choosing to avoid certain objects or places limits an individual’s options and mobility. This can also affect other family members who have to accommodate the individual and the limitations caused by the condition. Many sufferers also try to hide their condition, causing them considerable distress.

## Background

Common obsessions and compulsions might include thoughts about the stove or iron being left on, thereby compelling the OCD sufferer to endlessly check it. Or they could be overly concerned about a breach of hygiene such as hand or surface contamination resulting in constant washing or cleaning.

Sometimes sufferers feel that they have done something outrageous, such as committing murder or sexual abuse without being aware of it, perhaps while sleepwalking. This could cause them to persistently inhibit their actions lest they find that their fears are warranted.

Forbidden thoughts may also become a problem since sufferers feel immense guilt whenever these particular thoughts surface<sup>(2,3)</sup>. Superstitions are common too and behaviours can sometimes become ritualistic.

Other behaviours that are typical include hoarding, rearranging (usually in a precise alignment or pattern) and repeating. Some sufferers might drive repeatedly around the block, checking that they have not just killed someone without noticing<sup>(2)</sup>. It is most common for obsessions and compulsions to occur together. For the sufferer, the compulsion is supposed to alleviate the obsession, but in practice, any ‘benefit’ is highly transitory<sup>(3)</sup>.

## Differential Diagnosis

OCD can occur as a primary or secondary condition. Its diagnosis is clearly set out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) section F42.9. However, OCD is not always diagnosed properly. Reasons for this include the fact that OCD can occur concurrently with other mental health disorders such as, impulse control disorders (gambling, paraphilias), panic attacks, tic disorders, trichotillo-mania (hair-pulling), post-traumatic stress

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disorder, social phobia, paranoia, schizophrenia, depression and eating disorders. The health picture is made more difficult to identify by the fact that many OCD sufferers have more than one obsession and/or compulsion. Some complex tics, for instance, in Tourette's Syndrome, can be difficult to distinguish from compulsions; while an OCD patient who suffers comorbid depression and conceals their OCD out of fear, may be diagnosed as having depression only<sup>(5)</sup>.

Tools such as the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) have been developed to measure and classify the severity of OCD symptoms<sup>(6)</sup>. The Y-BOCS is used extensively in research and study on OCD.

### Causes Of OCD

The genesis of OCD is multifactorial and includes genetic susceptibility, cerebral changes, social and family conditioning, belief systems, trauma, emotional dysfunction and idiopathic causes, as well as comorbidity with autism and other mental diseases.

When cerebral change or pathology is present, the argument arises about whether OCD is a condition that is trait-related (independent of symptomatology) or state-dependent (dependent on symptomatology). One study of 60 subjects (20 OCD, 20 remitted OCD and 20 panic disorder) assessed the types of deficits in these clients. The study also included an examination of OCD subjects after remission. Results confirmed the presence of specific executive function deficits in OCD and indicated that these deficits are trait-like in nature<sup>(7)</sup>.

Another study examined 144 subjects (72 OCD, 72 healthy controls) using MRI<sup>(8)</sup>. The images showed significant differences in the brains of OCD patients compared to the control group. OCD patients had reduced volumes of grey matter in the medial frontal gyrus, the medial orbitofrontal cortex and the left insulo-opercular region. Additionally, a relative increase in grey matter volume was observed bilaterally in the ventral part of the putamen and in the anterior cerebellum. OCD patients with primarily aggressive obsessions relating to fear, showed a relative decrease in grey matter volume in the right amygdala region compared with the rest of the OCD sample.

Other differences in the brain tissue of OCD sufferers have also been uncovered. A recent study of eight OCD and ten control subjects examined the white matter architecture of the cingulum bundle and the anterior limb of the internal capsule. Findings indicated that there was a significant increase in fractional anisotropy (FA) in the left cingulum bundle and anterior limb of the internal capsule in OCD sufferers, as well as a significant decrease in FA in the right cingulum bundle. There was also asymmetry between the left and right cingulum bundles in OCD sufferers. The authors suggest that the decrease in FA values on the right side may mean that there was some myelination deficiency and/or reduced white matter coherence on that side<sup>(9)</sup>.

There is also evidence for a genetic tendency to OCD. A study of 80 case families, including first degree relatives who met strict DSM-IV criteria for OCD, were matched

against 73 control families. The results, based on a well-characterised sample, with only OCD as the affected phenotype, provide strong evidence for an autosomal dominant or a codominant pattern of inheritance<sup>(10)</sup>.

### Complementary Medicine Treatment Strategies

Complementary medicine potentially offers options that may assist in the management of OCD and related disorders while the patient remains under the care of a registered medical practitioner. By looking at the person as a whole, complementary medicine practitioners can improve a patient's nutritional status, mood, quality of life and emotional outlook through diet and life-style modifications.

To establish a baseline for comparison with research, a full patient examination is necessary. The examination should include a set of blood tests, including a test for thyroid hormone levels, as studies have reported an association between anxiety disorders and thyroid dysfunction<sup>(11,12)</sup>.

Likewise, a significant increase in LDL and decrease in HDL cholesterol has been found in OCD and generalised anxiety subjects compared to controls<sup>(13)</sup>. These factors, when added to the frequent lack of exercise in OCD patients due to a reduction in their personal freedom, plus stress from the condition, may reveal hormonal imbalances<sup>(14,15)</sup> affecting insulin metabolism, weight, mood and energy levels as well as cardiovascular disease.

Hair mineral analysis should also be undertaken to check for environmental triggers. These analyses are now standardised and reliable<sup>(16)</sup> and can uncover whether high levels of mercury, commonly implicated in depression and various neurological disorders<sup>(17)</sup>, are present in the sufferer.

Research has also shown a strong link between stress, which promotes systemic inflammation, and many disease states. Several studies during the 1970s and 1980s revealed that stress hormones inhibit lymphocyte proliferation, cytotoxicity, and the secretion of certain cytokines, such as IL-2 and interferon.

Stress hormones influence the immune response by selectively inhibiting T helper lymphocyte 1 (Th1)/proinflammatory production while potentiating Th2/anti-inflammatory cytokine production systemically. However, in certain conditions, they may exert local proinflammatory effects. Through this mechanism, stress may influence the onset and/or course of various common human immune-related diseases<sup>(18)</sup>.

A naturopathic approach to assessment would involve asking the sufferer to keep a diet diary over 7–14 days. The naturopath would then suggest ways to optimise nutritional status and improve life-style by encouraging the sufferer to exercise. This would both relieve depression and enhance general health<sup>(19,20)</sup>.

A focus on neurotransmitters using supplements containing S-adenosyl-methionine to increase serotonin, dopamine and phosphatides would be one strategy that a naturopath could take<sup>(20)</sup>.

Effective methylation in the liver is also important and may be achieved by supplementing with B vitamins, particularly

folate, as this may have an effect on the rate of bipterin synthesis. Bipterin synthesis is a cofactor in phenylalanine and tryptophan hydroxylation, which is the rate-limiting step in the biosynthesis of dopamine and serotonin<sup>(21)</sup>. Moreover, 50–100 mg per day of vitamin B6 is indicated for the timely conversion of 5-hydroxytryptophan into serotonin<sup>(22)</sup>.

Other cofactor nutrients that are involved in the synthesis of neurochemical transmitters include zinc and magnesium<sup>(20,23)</sup>. To help balance hypothyroidism, selenium may be needed along with iodine and tyrosine<sup>(17,21)</sup>. Fish oils are particularly indicated for OCD as they lower inflammation which may be present as a result of the stress and strain of attempting to conceal the condition. They also help to regulate behaviour, mood and mental function<sup>(20,21)</sup>. EPA is particularly useful in treating depression if present with OCD<sup>(21)</sup>.

Inositol has been studied for a number of psychiatric conditions, including depression and OCD with benefits comparable to commonly prescribed drugs. Eighteen grams per day over six weeks has been shown to considerably lower scores on the Y-BOCS<sup>(24)</sup>. As inositol occurs naturally in beans, rockmelon, citrus fruit, corn, grains, nuts, organ meats and seeds, these could be emphasised in the diet where no contraindications exist<sup>(17)</sup>.

Herbs that may assist OCD management include St John's wort and *Ginkgo biloba*. Take care with St John's wort to address any contraindications with prescribed medication such as selective serotonin reuptake inhibitors, monoamine oxidase inhibitors, digoxin or cyclosporins<sup>(25)</sup>. *Ginkgo biloba*, in addition to its antioxidant effects, assists mood, helps to potentiate antidepressant drugs so that lower doses can be taken and helps prevent the reduction of serotonin receptors that can occur with ageing<sup>(20)</sup>.

Homœopathy offers several remedies which could benefit OCD (see Table 1). In Schroyens' *Synthesis* the rubric 'Thoughts—compelling' lists 21 remedies of which *Arsenicum album*, *Causticum*, *Lachesis*, *Nux vomica*, and *Syphilinum* are of particular interest<sup>(26)</sup>. These remedies can be considered in a metaphysical context<sup>(27)</sup>.

OCD sufferers can be referred for counselling and behavioural therapies or encouraged to join support groups. Breathwork may also be a practical solution. Depending on the type and severity of the obsessions and compulsions, and particularly in the absence of psychosis, exploring the unconscious origins of the condition may reveal birth or childhood trauma which can be resolved and released.

### Follow-Up

OCD is a condition that requires long-term follow-up. While some patients are effectively cured by pharmaceutical drugs and behavioural therapy, others relapse, due to the reintroduction of stimuli, trauma, or possibly for medical or idiopathic reasons.

Few comprehensive studies with long-term follow-up of OCD have been undertaken, but at least one study indicated that recovery seems to be better than generally assumed. In this study, only 24% of OCD subjects (18/75) still displayed clinical OCD symptoms after 11–13 years<sup>(28)</sup>.

**Table 1: Homœopathic Remedies Relevant to OCD.**

Remedy	Rubrics	OCD Characteristics
<i>Arsenicum album</i>	Want things to last. Many fears: disease, cancer, robbers, poverty, death and being alone. Fastidious and fussy. Obsessed with order and tidiness. Selfish and possessive. Restless, anguished and dependent on others.	Threatened by change. Housebound so they can control their environment. Resistant to treatment because of fear of change. Dependence on rituals.
<i>Causticum</i>	Fear that something will happen. Feeling that he had forgotten something. Gradual paralysis on the emotional, mental and physical levels. Religious fanaticism triggered by injustice in society.	Continually checks that they might have left the stove or iron on. Ritual behaviour due to fanaticism.
<i>Lachesis</i>	Opinionated, jealous, suspicious and mistrustful. Religious fanaticism triggered by injustice in society.	Uses wit to distract attention from their plight. Lack of trust.
<i>Nux vomica</i>	High achievement, but may have unrealistic ambitions leading to disappointment. Fanaticism. Fear of dependence. Irritable and impatient. Oversensitivity to thoughts. Fastidious. Craving for stimulants.	May shut others out. Terrified of being judged. Conceals condition as it is seen as a weakness. Sleep deprivation from worry increases anxiety. Compulsive hand washing or rituals. May drink to mask emotional pain.
<i>Syphilinum</i>	Fear of infections, germs. Guilt and fear of punishment. Feel like a stranger, separate from the world. Craving for alcohol.	Compulsive hand washing. Concealment of condition. May drink to mask emotional pain.

## Conclusion

Many people are obsessive about certain things and the word 'obsessive' is often deliberately misused to elicit sympathy or attention. However, it is when that obsession and accompanying compulsion causes unhappiness and dysfunction that the boundary between health and disease is crossed. For some, OCD is not curable, but the combination of complementary medicines with pharmaceutical medicines, while the patient is under the care of a registered medical practitioner, may offer the best possible outcome.

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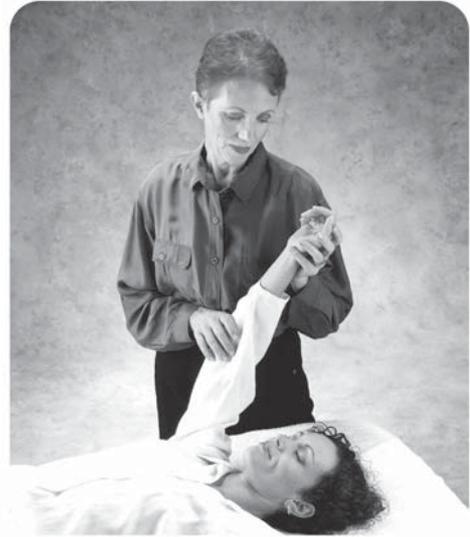
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