Review Article

Holistic Approach to OCD Based on Ayurvedic Body Constitution.

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Abstract:

Ayurveda, an ancient Indian system of medicine, offers a holistic perspective on health, incorporating physical, mental, and spiritual well-being. This review integrates Ayurvedic principle of "deha prakruti" or body constitution with modern diagnostic criteria to offer a holistic perspective on Obsessive compulsive disorder (OCD). By examining OCD symptoms as defined by the DSM-5, and categorizing them according to dosha dominance, this review highlights how dosha dominance of Vata, Pitta, and Kapha affect the manifestation of OCD symptoms in individuals with different body constitution.

OCD, affecting approximately 1% of the global population, presents with obsessions and compulsions as defined by the DSM-5. Vata- dominant individuals may show symptoms such as doubting and fear, reflecting Vata's traits of instability and fearfulness. Pitta-dominant individuals may exhibit a need for perfection and control, aligning with Pitta's characteristics of dominance and cleanliness. Kapha-dominant individuals may experience intrusive thoughts and adherence to routines, reflecting Kapha's stable yet inflexible nature. By using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the severity of OCD symptoms is further categorized into Vataj, Pittaj, and Kaphaj types. This correlation aids in developing targeted Ayurvedic interventions, such as grounding practices for Vata, cooling remedies for Pitta, and stimulating activities for Kapha.

While acknowledging limitations such as subjective prakruti assessment and OCD's complexity, this review highlights the potential of integrating Ayurveda with modern diagnostics to offer personalized treatment plans for OCD.

Key Words: Mental disorder, Psychosomatic disorder, obsessive compulsive disorder (OCD), Body constitution, Holistic approach.

Introduction

Ayurveda, an ancient system of medicine originating in India, offers a unique perspective on health and well-being that encompasses not just the physical body but also the mind and spirit[(1)]. In recent years, there has been a growing interest in exploring the ayurvedic approach to various mental health conditions, including obsessive compulsive disorder. This literary review delves into the principles of Ayurveda as they relate to OCD, with a particular focus on the concept of "deha prakruti"[(2)].

According to the World Health Organization, OCD affects approximately 1% of the global population. The National Mental Health Survey in 2016 by NIMHANS reported the lifetime prevalence of OCD in India as 0.8%. The overall prevalence of mental morbidity is higher in males (13.9%) compared to females (7.5%). However, certain mental disorders such as mood disorders and obsessive-compulsive disorders are more common in females.[(3)] obsessive compulsive disorder is a mental health disorder characterized by unwanted, intrusive repetitive and persistent thoughts, urges, or images(obsessions) and repetitive behaviors (compulsions) or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.[(4)]

Central to Ayurvedic philosophy is the concept of" deha prakruti,"[(5)] which refers to an individual's unique physiological and psychological makeup determined by the balance of doshas – vata, pitta, and kapha. Each person is categorized into one of seven deha prakrutis based on the dominance of these doshas.

This unique Prakruti present from conception influences an individual's predispositions, behaviour, tendencies, and vulnerabilities and is not changeable during the course of their lifetime.[6] Hence the concept of deha prakruti is crucial in understanding how various health conditions, including mental disorders like OCD, manifest in different individuals.

This literary review aims to understand OCD through the framework of deha prakruti, as different prakrutis may manifest OCD symptoms in distinct ways. The symptoms of OCD outlined in the DSM-5, such as obsessive thoughts and compulsive behaviors, can be categorized according to the doshas, that make up an individual's prakruti. By examining ancient Ayurvedic texts, modern scientific studies, this review seeks to elucidate the potential benefits of integrating Ayurveda into the comprehensive understanding of OCD.

Materials and Methods:

Authentic classical texts of ayurved, classical manuals and textbooks of mental disorders, published articles from Ayush Portal, PubMed, and other peer reviewed journals were referred to categorize Obsessive compulsive disorder in frame of ayurvedic basic principle of body constitution.

The study identifies and categorizes the classical symptoms of OCD according to psychological characters associated with different body constitution[7] and further classifies them into Vataj, Pittaj, and Kaphaj types based on the Yale-Brown Obsessive Compulsive Scale (Y-BOCS). Also, the study categorizes obsession-compulsion scale scores into Vataj, Pittaj, and Kaphaj types to provide a comprehensive understanding of OCD symptoms within the framework of dosha dominance.

Results

Symptoms of OCD from classical textbook DSM 5[8]

As shown in Table 1, the DSM-5 states that to diagnose Obsessive-Compulsive Disorder (OCD), a person must have obsessions, compulsions, or both that they cannot control. They may feel the need to do certain actions in response to their obsessions to temporarily relieve the stress caused by these obsessions.

These obsessions and compulsions must consume at least one hour every day and significantly impact one's ability to function at work, in social settings, or in other areas of life. Furthermore, the symptoms cannot be attributed to another physical or psychological condition.

Table 1: The classical symptoms of Obsessive compulsive disorder.

Events	Response
Fear of being contaminated	Continuous effort in maintaining cleanliness.
Need of Symmetry and accuracy	Arrangement and counting, sluggishness in motion.
Invasive thoughts (e.g., aggressive, sexual, or religious obsessions)	Attempting to substitute a negative thought with a positive one. Silently repeating a prayer, word or phrase.
Challenges in getting rid of things.	Collecting objects
Doubting and struggling with uncertainty.	Seeking affirmation
Lack of decisiveness	Following a rigid routine
Feeling of being just right	Commanding and giving instructions for things to go their way

To achieve the objective of this article, the psychological characters according to different body constitution mentioned in classical ayurved texts are shown in below Table 2.

Table 2: Psychological characters in Vata, Pitta, Kapha body constitution.

Body constitution	Psychological characters		
	Shloka	Meaning	Reference
Vata Pradhan	शीघ्रत्वाच्छीघ्रसमार म्भक्षोभविकारा:शीघ् रत्रासरागविरागा:श्रुत ग्राहिणोऽल्पस्मृतयश्च	Due to swiftness hasty initiation, quick irritation and disorder, quick in fear attachment and disenchantment, quick in acquisition but with a poor memory	Cha vi 8/98
	अतिबहुप्रलापा:	Excessive sometimes irrelevant talking	A.H. Sha. 3/85-89
	गीतहासमृगयाकिल लोला:।।	Love music, humour	A.H. Sha. 3/85-89
	न द्दढ न जितेन्दिया	Lack organisation and firmness in thinking process and decisions, Less control over sense organs	A.H. Sha. 3/85-89
	स्तेना: मत्सर	Stealing tendency, Fond of collecting things Don't like to give or donate belongings	A.H. Sha. 3/85-89 Su. Sha. 4/64-67

	गन्धर्वचित्त:	Fond of music	Su. Sha. 4/64-67
	अधृतिरद्दसौहृद:	Fearful, lacks courage, unstable mind	Su. Sha. 4/64-67
	अनवस्थितात्मा	Excessive thinking, Undecisive, Change decisions quickly	Su. Sha. 4/64-67
Pitta Pradhan	क्राथी	Tempered	Su. Sha. 4/64-67
	तैक्ष्ण्यात्तीक्ष्णपराक् रमा:	Sharply acting and valor	Cha vi 8/97
	क्लेशासहिष्णवो	Lack of endurance	Cha vi 8/97
	मानी	High self-respect, Stubborn	A.H. Sha. 3/90-95
	शुचि	Like cleanliness and hygiene	A.H. Sha. 3/90-95
	भीषु गतिर्दविषतामपि	Dominant & aggressive in arguments	A.H. Sha. 3/90-95
	भूर्युच्चारक्रोधपानाश नेर्ष्य:	Short tempered, get irritated quickly, Impatient, jealous	A.H. Sha. 3/90-95
	क्लेशभीरव:	Can't tolerate things going against their mind Can't tolerate orders or commands	A.H. Sha. 3/90-95
	क्षिप्रकोपप्रसादो	Short tempered, Calms down quickly	Su. Sha. 4/68-71
	विगृह्य वक्ता	Intimidating while talking, tries to control argument	Su. Sha. 4/68-71
Kapha Pradhan	मन्दत्वान्मन्दचेष्टाहारव्याहारा:	Due to slowness, Slow in activities	Cha vi 8/96
	स्तैमित्यादशीघ्रारम्भ क्षोभविकारा:	Due to stability delayed initiation, irritation and slow in change of attitude	Cha vi 8/96
	धर्मात्मा	Benevolent nature	A.H. Sha. 3/96-103
	वदति न निष्ठुरं च जातु प्रच्छन्नं वहति द्दढं चिरं च वैरम्	Do not speak harsh and abusively; harbor enmity, concealed and deep for long time	A.H. Sha. 3/96-103
	बलवांश्चिरग्राही द्दढवैरश्च	Does not hastily from any opinion, and is fast in enmity.	Su. Sha. 4/72-76

The psychological characters mentioned in Table 2 are used to categorize the symptoms of OCD according to body constitution as mentioned in Table 3.

Table 3: Categorization of classical OCD symptoms from DSM 5 in different deha prakruti

	Psychological traits	**OCD Symptoms**	
		Obsessions	**Compulsions**
Vata Pradhan	अधृति	Doubting, having a hard time dealing with uncertainty	Demanding reassurance or approval
	मत्सर	Difficulties discarding	Accumulate objects
	न द्दढा न जितेन्द्रिया अनवस्थितात्मा	Indecisiveness	Procrastination
	शीघ्रत्रास	Worries about yourself or other people getting hurt	Checking

Pitta Pradhan	भीषु गतिर्दविषतामपि	Need of Symmetry, precision	Order and counting, Following a strict routine.
	मानी	Just right	Commanding, orders for things to go their way. Harming oneself and others in need of perfection.
	शुचि	Fear of Contamination Need for cleanliness	Cleaning
	क्लेशभीरव: क्राथी	Intrusive aggressive thoughts on fear of harm to oneself or others	Checking
Kapha Pradhan	वदति न निष्ठुरं	Intrusive, forbidden or taboo thoughts	Silently repeating a prayer, word or phrase Trying to replace a bad thought with a good thought
	स्तैमित्यादशीघ्रा रम्भक्षोभविकारा	Procrastination	Doesn't break routine
	धर्मात्मा	By doing this, God will be pleased, and in turn, he would not harm him and his parents	Offering prayers or hours together

Using the Yale-Brown Obsessive Compulsive Scale we have categorized the obsessions and compulsions into vataj, pittaj, kaphaj category in Table 4.

Table 4: Categorizing the OCD symptoms into Vataj, Pittaj, Kaphaj types based on Yale-Brown Obsessive Compulsive Scale (Y-BOCS).[8]

	Obsessions
	Aggressive Obsession
Vataj	Fear will make them steal things
Pittaj	Fear might make them harm oneself
	Fear might make them harm other people
	They fear harm might come to oneself
	They fear harm might come to other people
	See violent or horrific images
	Fear about unintentionally saying offensive words or insults.
	Fear of doing an embarrassing thing
	Fear might make them stab a friend, family member
	Fear can cause harm to others if not cautious
	Contamination Obsessions
Pittaj	Discomfort or aversion to bodily fluids like urine, feces, or saliva.
	Worry about dirt or germs.
	Worry about environmental contaminants
	Worrying too much about household items
	Worrying too much about animals
	Getting very upset by sticky substances or residues
	Worried about getting sick from contaminants
	Worried about others getting ill by spreading contaminant
	Not worried about the consequences of contamination, only about how it feels

	Sexual Obsessions
Vataj	Experiencing sexual thoughts. images. or impulses
	Thoughts involve children or incestuous relationships.
	Thoughts involve homosexuality
Pittaj	Displaying sexual behavior towards others.
	Hoarding/Saving Obsessions
Vataj	Fear of losing things
	Religious Obsessions
Vataj	Disrespect towards sacred matters.
Kaphaj	Worrying too much about what is right or wrong, or about being moral.
	Being overly worried or afraid of disrespecting religious things or God.
	Obsession With Need For Symmetry Or Exactness
Vataj	without believing in magical or supernatural consequences.
Pittaj	Accompanied by magical or supernatural consequences.
	Miscellaneous Obsessions
Vataj	Strong desire to know or remember things.
	Fear of speaking certain things.
	Unwanted or disturbing mental pictures (that are not about violence).
	Have superstitious fears
Pittaj	Worrying about not saying exactly the right thing
	Experience hearing random, annoying sounds, words, music, or numbers
	Feeling upset by specific sounds/noises. Thinking certain numbers, colors, or words are lucky or unlucky.
	Believe that certain colors have special meaning or importance.
	Somatic Obsession
Pittaj	Worry about getting sick or having a disease.
	Worrying too much about a body part or how they appear.
	Compulsions
	Cleaning/Washing Compulsions
Pittaj	Washing hands too often or in a specific way.
	Taking showers, baths, brushing teeth, grooming, or using the toilet too much or in a specific routine.
	Repeated cleaning of household items, personal clothes, important objects, or other things.
	Doing other things to avoid or get rid of dirt or germs.
	Checking Compulsions
Vataj	Checking locks, stoves, and appliances repeatedly.
	Checking to make sure they will not harm others.
	Checking to make sure they will not harm oneself.
	Checking to make sure nothing bad happened or will happen.
Pittaj	Checking to make sure they didn't make a mistake.
	Checking related to worries about their body.
	Checking linked with cleaning, dressing.

	Repeating Rituals
Kaphaj	Reading or writing again and again, erasing.
	Feeling the need to do routine activities over and over, like going in and out of doors or standing up and sitting down.
	Counting Compulsions
Pittaj	Counting objects, specific numbers, words.
	Ordering/Arranging Compulsions
Pittaj	Feeling the need for things to be even or balanced, such as arranging objects in specific patterns or lining them up a certain way.
	Hoarding/Collecting Compulsions
Vataj	Finding it hard to throw things away, keeping small items like bits of paper or string.
	Miscellaneous Compulsions
Vataj	Feeling the urge to tell, ask, or confess things.
	Constantly making a lot of lists.
Pittaj	Trichotillomania
	Other behaviors that harm self or cause damage.
	Doing things like avoiding stepping on certain spots on the floor, touching objects or self a certain number of times, as a routine to prevent something bad from happening.
Kaphaj	Excessive thoughts (other than checking/counting)
	blinking or staring a certain way.
	Doing things to prevent bad things or others from getting hurt.
	Eating in specific manner
	Believing in superstitions.
	Needing someone else, usually a parent, to be part of their ritualistic behavior.

Further we have assigned dosha category to the Yale-Brown Obsessive Compulsive Scale score in below Table 5.

Table 5: Categorizing obsession-compulsion scale score into Vataj, Pittaj, Kaphaj type.

Obsessions		
Category	**Scale**	**Doshaj type**
Time Occuped By Obsessive Thoughts	0 = None.	**Vataj**
	1 = Mild, less than 1 hour/day or occasional intrusion	
	2 = Moderate, 1 to 3 hours/day or frequent intrusion.	**Pittaj**
	3 = Severe, greater than 3 and up to 8 hours/day or very frequent intrusion.	**Kaphaj**
	4 = Extreme, greater than 8 hours/day or near constant intrusion.	
Interference Due To Obsessive Thoughts	0 = None.	**Kaphaj**
	1 = Mild, slight interference with social or occupational activities, but overall performance not impaired.	
	2 = Moderate, definite interference with social or occupational performance, but still manageable.	**Pittaj**
	3 = Severe, causes substantial impairment in social or occupational performance.	**Vataj**
	4 - Extreme, incapacitating.	

Distress Associated W1th Obsessive Thoughts	0 = None	**Kaphaj**
	I = Mild, not too disturbing	
	2 = 1doderate, disturbing, but still manageable	**Pittaj**
	3 = Severe, very disturbing	**Vataj**
	4 = Extreme, near constant and disabling distress	
Resistance Against Obsessions	0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist	**Kaphaj**
	1 = Tries to resist most of the time	
	2 = Makes some effort to resist	**Pittaj**
	3 = Yields to all obsessions without attempting to control them, but does so with some reluctance	**Vataj**
	4 = Completely and willingly yields to all obsessions	
Degree Op Control Over Obsessive Thoughts	0 = Complete control.	**Kaphaj**
	1 = Much control, usually able to stop or divert obsessions with some effort and concentration.	
	2 = Moderate control, sometimes able to stop or divert obsessions.	**Pittaj**
	3 = Little control, rarely successful in stopping or dismissing obsessions, can only divert attention with difficulty.	**Vataj**
	4 = No control, experienced as completely involuntary, rarely able to even momentarily alter obsessive thinking	

Compulsions

Category	Scale	Doshaj type
Time Spent Performing Compulsive Behaviors	0 = None	**Kaphaj**
	1 = Mild (spends less than I hour/day performing compulsions)	
	2 = Moderate (speeds from I to 3 hours/day performing compulsions)	**Pittaj**
	3 = Severe (spends more than 3 and up to 8 hours/day performing compulsions)	**Vataj**
	4 = Extreme (spends more than 8 hours/day performing compulsions)	
Interference Due To Compulsive Behaviors	0 = None	**Kaphaj**
	1 = Mild, slight interference with social or occupational activities, but overall performance not impaired	
	2 = Moderate, definite interference with social or occupational performance, but still manageable	**Pittaj**
	3 = Severe, causes substantial impairment in social or occupational performance	**Vataj**
	4 = Extreme, incapacitating	
Distress Associated With Compulsive Behavior	0 = None	**Kaphaj**
	I = Mild only slightly anxious if compulsions prevented, or only slight anxiety during performance of compulsions	
	2 = Moderate, reports that anxiety would mount but remain manageable if compulsions prevented, or that anxiety increases but remains manageable during performance of compulsions	**Pittaj**
	3 = Severe, prominent and very disturbing increase in anxiety if compulsions are interrupted. Or prominent and very disturbing increase in anxiety during performance of compulsions	**Vataj**
	4 = Extreme, incapacitating anxiety from any intervention aimed at modifying activity, or incapacitating anxiety develops during performance of compulsions	

Resistance Against Compulsions	0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist	**Kaphaj**
	I = Tries to resist most of the time	
	2 = Makes some effort to resist	**Pittaj**
	3 = Yields to almost all compulsions without attempting to control them, but does so with some reluctance	**Vataj**
	4 = Completely and willingly yields to all compulsions	
Degree Of Control Over Comulsive Behavior	0 = Complete control.	**Kaphaj**
	I = Much control, experiences pressure to perform the behavior but usually able to exercise voluntary control over it.	
	2 = Moderate control, strong pressure to perform behavior, can control it only with difficulty	**Pittaj**
	3 = Little control, very strong drive to perform behavior, must be carried to completion, can only delay with difficulty	**Vataj**
	4 = No control. drive to perform behavior experienced as completely involuntary and overpowering, rarely able to even momentarily delay activity	

Discussion

In this comprehensive analysis, we have attempted to integrate the ancient Ayurvedic concept of deha prakruti[10] with the modern understanding of obsessive-compulsive disorder (OCD) outlined in the DSM-5[11], aiming to provide a nuanced perspective on how OCD may manifest in different Prakruti types.

Understanding the dosha predominance in OCD can guide personalized treatment approaches in Ayurveda.

Vata-pacifying strategies such as grounding practices, calming herbs, and lifestyle modifications can help alleviate anxiety and uncertainty in Vata-dominant individuals. Pitta-balancing therapies focusing on relaxation, moderation, and cooling remedies may address perfectionistic tendencies and control issues in Pitta-prone OCD. Kapha-reducing interventions such as stimulation, variety, and detoxification can disrupt rigid patterns and promote adaptability in Kapha-dominant OCD.

Integrating ayurvedic principle with modern diagnostic standards provides a holistic way to understand and treat obsessive compulsive disorder (OCD)[13].

This review categorizes OCD symptoms based on predominance of Vata, Pitta, or Kapha body type, which affects how OCD shows up in different people. The Yale-Brown Obsessive Compulsive Scale helps to match symptom severity with these body type imbalances. Ayurvedic treatments can be tailored to reduce Vata, Pitta, or Kapha, aiming to ease specific OCD symptoms and address the root causes of OCD

Dosha Prakruti and OCD Symptoms

Our analysis reveals that individuals with Vata Pradhan prakruti may exhibit OCD symptoms such as doubting, difficulties discarding, and worries about harm to oneself or others. These tendencies align with Vata's characteristics of instability, indecisiveness, and fearfulness.

Pitta Pradhan individuals, on the other hand, may demonstrate OCD behaviors related to the need for symmetry, precision, and fear of contamination, reflecting Pitta's traits of perfectionism, dominance, and cleanliness. Meanwhile, Kapha Pradhan individuals may experience OCD symptoms associated with intrusive thoughts, repetitive prayers, and adherence to routines, mirroring Kapha's attributes of stability, persistence, and devotion.

Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and Dosha Typing

Further categorizing OCD symptoms based on the Y-BOCS scale allows us to correlate symptom severity with dosha imbalances. For instance, Vataj-type OCD may involve extreme obsessions and compulsions, reflecting the erratic and excessive nature of Vata dosha.

Pittaj-type OCD may manifest as compulsions driven by a need for control and order, which are characteristic of Pitta's fiery and intense qualities. OCD of Kaphaj-type, may result in compulsions rooted in attachment to rituals and routines, indicative of Kapha's stable yet inflexible nature.

Conclusion

While this analysis provides valuable insights, it is essential to acknowledge limitations such as the subjective nature of prakruti assessment and the complexity of OCD presentation. Future research could explore the efficacy of Ayurvedic interventions in OCD management through clinical and observational studies. . Future research through clinical and observational studies can explore how effective Ayurvedic methods are in managing OCD, offering personalized care

that considers both symptoms and individual body constitution.

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