

Case Report

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A mishap of “odd characters” disposed as tormenting obsessional ruminations in the psyche of an adolescent boy: The etiological design and empirical consideration as per *Ayurveda* principles Vis-a-Vis the biopsychosocial model

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Abstract:

The present case vignette is on etiology of obsessive-compulsive disorder (OCD) in an 18-year-old boy who had developed the symptoms of apprehension with obsessive thoughts (fear of odd numbers, being a victim of any bad events) since 3 years. His complaints were manifested since his parents met with a road traffic accident. His psyche had “believed” that, because of his absence at the time of the incident and due to odd characters (which were alleged as contributor subsequent to that accident), the “mishap had occurred.” His beliefs had manifested as with the influence of “these causes – a bad event will occur.” These obsessional ruminations and fear of odd numbers gradually made him surrender to the compulsions of increased ritual belief, offering prayers to God for hours together and frequent handwash (to please the God – not to harm him/his family and as a distress-relieving act). His Y-BOC scale score was 34 (extreme). The present manuscript offers a thought on the probable etiological factors responsible for the impairment of his psyche and the management. Our thoughts were based on the principles of *Ayurveda* and the domains of biopsychosocial model. His personality, age, interpersonal relationship with his parents; misperceptions of his insight, odd characters as the prime causes of the mishap; unwholesome/improper regimen of food; and the emotions which were controlled at a stressful event (accident) had triggered and manifested his feeble mind into OCD. The outcome of the present case report offers the opinion as an empirical stimulation and understanding on the pathogenesis of OCD in an adolescent boy.

Keywords:

Atattvabhinivesha, Ayurveda, biopsychosocial model, obsessional ruminations, obsessions, obsessive-compulsive disorder

A Case Vignette

Mr. X (an 18-year-old – Hindu – male – undergraduate) (OP number: 12,106) was brought by his upset parents regarding his (a) apprehension toward odd numbers, (b) predictions of bad

actions, (c) amplified religious belief, (d) indulging in prayers for hours together, and (e) washing hands repetitively since 3 years. Mr. X was diagnosed as a subject of obsessive-compulsive disorder (OCD) since then, with few medicines and behavioral

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therapies on. At the beginning, his symptoms were said to be under control but gradually relapsed. For this unfairness, his parents opted *Ayurveda* with an expectation of a modification in the intervention.

Mr. X was born as a solo child to his parents. His parents were nonconsanguineous and were employed in different government sectors. He was delivered in a normal fullterm phase but was born with a right eye squint; his milestones were celebrated healthy otherwise. No one in his family suffered from OCD or any related psychiatric disorders. Mr. X was an average student in his academics. He hardly mingled with friends as he was an introvert. At home, by the time his parents arrived from work, he had played alone and ate leftovers (snacks and junk foods) which became his all-time favorite later. Habitually, his mother used to come home early and spent a dear time with the child. As a result, Mr. X developed a strong connection with his mother than to his father.

Unfortunately, one evening (3 years back), his parents met with a road traffic accident. The mishap ended with negligible injuries to his mother. Being informed about the incidence, Mr. X attains the state of shock, taciturn, and emotionless for few minutes and eventually carries it for days together. Progressively, the boy begins to feel and behave "irrationally about odd numbers and other allied complaints" which was a marked observation by his parents. They witnessed his losing interest in academics, daily activities, social withdrawal, and sleep disturbances as his allied warning signs.

‘Mr. X’s Odd Numbers and the Accident

Mr. X recalls the whole incident as an "unfortunate, fateful, and regrettable." Mr. X's "psyche" keenly observed this incident and those observations were projected as "it is because of him and odd characters, his parents became the victims of the accident." The subsequent observations were concealed deep inside his psyche.

The impact of "odd characters" was so influential, that he "believed" those to be the "prime causers" for the mishap. The vehicle's registration number which his parents were traveling, the date and day of the accident, wounded parent all reflected the "odd characters." [Table 1]. The frequency of the incidence was so powerful that he stopped watching the movies of his much-loved celebrity in future (as he was about to watch his favorite hero's movie on the same evening).

As days progressed, his mother noticed the changes in him that he had developed misbelief and irrational opinions on the "odd numbers/characters." He had

Table 1: Odd characters as causers for the accident

| Observed casts | Odd characters |
|----------------------|-----------------|
| Vehicle registration | 5 |
| Accident date | March 7, 2013 |
| Accident day | Tuesday |
| Injured parent | Only his mother |

occupied a certain "fear" on them that if he comes across any one of those in his routine activities, "he would not do it." In general, this was manifested into distress-relieving acts of "offering prayers for hours together and washing his hands repeatedly." On questioning about these acts, he responded as "by doing this, God will be pleased, and in turn, he would not harm him and his parents." His parents noticed his grades in academics came down due to decreased attention and concentration. His societal life ruined because of his social withdrawal and irrational thinking. His nights were shortened because of his delayed and low-quality sleep and were usually associated with terrible nightmares.

Case Vignette Continued

At first gaze, Mr. X robustly refused to enter our outpatient department and therapy room (numbered at 5 and 15, respectively). With much difficulty, his parents somehow managed this impulse. On the psychiatric evaluation, he was well built and nourished (61 kg). He was dressed clean, looked obedient, and over-religiously appeared with his hands and forehead tainted with remains of *Kumkum* (a powder used as religious spot). He was cooperative, oriented, friendly, and "easily distractible." He had a nonspecific gesture of "searching something" and was "acting out." His mood and affect was anxious and sometimes blunt. His memory seemed to be strong and intact. The speech was sometimes exaggerated or dull. Thought process was blocked by negative thoughts. Its content was built-in with "obsessions of fear of being a victim of authority by odd characters" and to overcome it "he should either wash hands frequently or perform prayer to god to please him-not to do any harm to him and his parents." He was reflecting his declined attention/concentration, with an insight of grade 3 and an impaired judgment. The Y-BOC scale graded his presentations as extreme (score 34) of OCD. His preliminary evaluation and laboratory workup appeared unremarkable for any underlying acute medical conditions.

What Does *Ayurveda* Articulate About the Etiology of Mr. X's Psyche?

In *Ayurveda*, equal importance is given to mental disorders and physiological ailments. Spotting the exact or nearest etiology for both of them, eventually help in diagnosis, prognosis as well as in treatment. To

identify the root cause of Mr. X's psyche, the following principles in *Ayurveda* assisted. These principles were grouped as "classes" which gave insights into the etiological factors responsible for the manifestation of a mental disease. The first classification states the effects from (a) *Asatmya Indriyartham Samyoga* (excess, deficient, and wrong-sensory and psychological matters), (b) *Prajnaparadha* (Volitional transgression), (c) *Parinama* (season, time/age) – as the prime causes for establishment of any illness and stress,^[1] while in the second classification (a) the unwholesome food/diet regimen, (b) *Vegavarodha* (controlling of actual mental urges/emotions at an event) - may act as factors that might vitiate the mental attributes (*Rajas* and *Tamas*), leading in the dissemination of a mental disorder.^[2] In the interview with Mr. X's psyche and his family, it was observed that he had manipulation of OCD from both the classes of etiology as 'stressors'.

Asatmya Indriyartham Samyoga

The excess psychological sensitivity of "affection and worship towards mother" was one of the major emphases acted as "distortion" after the accident.

Prajnaparadha

On hearing about the mishap, his intellectual misconception of (helplessness in evading the hurt to his parents, especially mother) resulted in improper conduct of blaming, projecting him and his envisioned odd characters as the "profanity" for the mishap.

Parinama

The intense observation by Mr. X, an "adolescent" boy, where his mindset was prone to emotional imbalance might have made him "fragile" during and after the scenario. His age group and the month of the incidence (March month or *Shishira Ritu* can *Chaya* [accumulate] *Kapha Dosha*),^[3] might have had their input in the impairment of *Manasika Dosha* (*Rajas* and *Tamas*) and its functions with the influence of atypical physiological *Dosha* (*Vata*, *Pitta* and *Kapha*).

The unwholesome food/diet regimen

It is believed in *Ayurveda* that "one subtle part of food being consumed nourishes the mind."^[4] The unwholesome food habits of Mr. X, which included oily, junk food and drink and skipping the meals, might have affected his level of cognition and intelligence resulting in perceiving unwholesome thoughts as wholesome.

Vegavarodha

The controlling of emotions such as grief and sorrow at the time of incidence might have triggered his "emotionally imbalanced" state. This might have facilitated in the accumulation of demanding *Manasika Dosha* resulting in "extreme fear."

"Ayurveda Principles" in Relevance with the "Bio Psychosocial Model"

Similar to the *Ayurveda* principles (AP), the "Bio Psychosocial model"^[5] (BPS model) explains the probable etiology of any disorder.

In the present case, the AP was compared with the BPS model. This kind of comparison gave us the probable 'quantitative' interpretation on the "etiology" of the psyche of Mr. X. The *Parinama* and unwholesome food/diet regimen was considered as the "biological stressors;" his *introvert personality*, *Asatmya Indriyartham Samyoga*, *Prajnaparadha*, and *Vegavarodha*, was considered as "psychological stressors;" and the accident with the hurt to his mother was termed under "social stressors" [Table 2]. Moving further with this comparison, the AP which "matched" the "domains" of BPS model was numbered as "1" and which "could not be matched" as "0" [Table 3]. The reason and the result of this comparison was appreciated as the relevance of AP with the predisposing, precipitating, and the perpetuating domains of BPS model. The results of this comparison were considered as an "apparent understanding" as the observation was just based on the description in both models offering similar etiological dynamics.

The above comparison and probable interpretation were plotted as a graph (the data were numbered the same as above). The graph reflected the average percentage of the AP as the etiological factors and their impact on the domains of BPS model. This graph threw light on the percentage of stressable etiology in the "manifestation" of OCD. Through this, it can be empirically understood that in the psyche of Mr. X, the "manifestation" of obsessional ruminations into the steps of OCD, the *Asatmya Indriyartham Samyoga*, *Parinama*, unwholesome food/diet regimen was disseminated at an average of 50% as both predisposing and perpetuating factors. The *Prajnaparadha* was distributed at an average of 33% in all the three domains of BPS model. The *Vegavarodha* was triggered at 50% as precipitating factors and as 50% as the perpetuating factors [Graph 1].

Table 2: Comparison between Ayurveda principles and biopsychosocial model

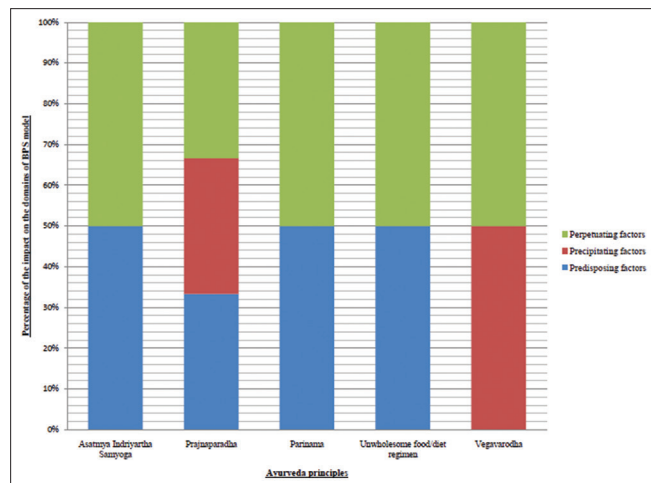
| Ayurveda principles | BPS model |
|------------------------------|-------------------------|
| Parinama | Biological stressors |
| food/diet regimen | |
| Introvert personality | Psychological stressors |
| Asatmya indriyartham samyoga | |
| Prajnaparadha | |
| Vegavarodha | |
| The accident | Social stressors |
| Hurt mother | |

BPS: Biopsychosocial

Table 3: Correlation between the Ayurveda principles and the domains of biopsychosocial model

| Ayurveda principles | Domains of BPS model | | |
|-------------------------------|----------------------|-----------------------|----------------------|
| | Predisposing factors | Precipitating factors | Perpetuating factors |
| Asatmya indriyarthā samyoga | 1 | 0 | 1 |
| Prajnaparadha | 1 | 1 | 1 |
| Parinama | 1 | 0 | 1 |
| Unwholesome food/diet regimen | 1 | 0 | 1 |
| <i>Vegavarodha</i> | 0 | 1 | 1 |

1: Matched, 0: Could not be matched. BPS: Biopsychosocial



Graph 1: The etiological factors of Mr. X compared with Ayurveda principles with biopsychosocial model

What We Did

Ayurveda science not only has preventive doctrines for the appearance of any diseases but also has a core of principles on its etiology, pathogenesis, and management after its manifestation. There is a need of its critical evaluation of these principles. Above is one such example of how one can critically evaluate and assess a core principle hypothesized in Ayurveda into the present era.

Ayurveda science has prosperous resources related to human wellbeing. It is our obligation to genuinely work on those resources which are concealed as concepts or hypotheses. Although the present vignette could not be commemorated as a successfully treated case study, it gave us few ideologies and understanding on his psyche, with the help of two sciences. Here, the principles as hypothesized in Ayurveda science were compared with the well-known "BPS model." The comparison was done as a "technical support" just to comprehend the opinions stated by Ayurveda scholars. Up to our knowledge, no science has limited in contrasting the concepts or principles in the view of understanding a "perception" scribed in any particular science.

For his treatment aspect, we took the aid of the Ayurveda contexts of *Atattvabhinivesha* (a disease similar to that of OCD), where *Lashuna Taila* is opted as one of *Medhya*

Rasayana (cognitive enhancer or nootropic)^[6] along with *Sattvavajaya chikitsa* (Ayurveda Psychotherapy).^[7] Both the above approaches were used as a "combined intervention" for 4 weeks (28 days – nearly to a month). *Lashuna Taila*^[8] was advised at the dose of 5 mL,^[9] twice a day before food with warm milk/warm water^[10] and *Sattvavajaya chikitsa* was taught to practice every day for 4 weeks (whenever an intrusive urge occurs as thoughts and behaviors). He was assessed on weekly follow-up. The following outcomes were observed:

1. No change in his symptoms (Y-BOC scale score remained 32 on his 1st week follow-up)
2. A mild reduction in the symptoms of religious beliefs and apprehension toward odd characters (Y-BOC scale score on 2nd and 3rd weeks as 27 and 28, respectively)
3. Discontinued the treatment and even did not appear for the last follow-up (on enquiring through a phone call he stated "NOTHING GONNA CHANGE HIM OR HIS OCD").

The Culmination

Ayurveda science has prosperous resources related to human well-being. It is our obligation to genuinely work on those resources which are concealed as concepts or hypotheses. The above case is one such example on how a concept was understood and was significantly assessed. Although the present vignette could not be commemorated as a successfully treated case study, it gave us few ideologies and understanding on his psyche, with the help of two sciences. Here, the principles as hypothesized in Ayurveda science were compared with the well-known "BPS model." The comparison was done as a "technical support" just to comprehend the opinions stated by Ayurveda scholars. Up to our knowledge, no science has limited in contrasting the concepts or principles in the view of understanding a "perception" scribed in any particular science.

From the above case, it was observed that the etiological factors of Mr. X's psyche had a respective percentage of the manifestation of obsessive thoughts into compulsive behaviors and finally a fully-fledged extreme level OCD. We believe, the proper nourishment on the one hand and the quality time spent on him/ proper guidance/ equal affection by his both parents and acquaintances on the

other might have influenced his personality and those would have balanced his mind, emotions, through his thinking/judging capacity. Thus, the "persuaded mind" would have saved the boy into becoming the victim of the OCD subsequent to the mishap.

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Conflicts of interest

There are no conflicts of interest.

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