



OBSESSIVE COMPULSIVE DISORDER - 'SANGAMA GRAHA': AN AYURVEDIC VIEW

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ABSTRACT

Obsessive Compulsive Disorder (OCD) is a heterogeneous and multi dimensional disorder. Prevalence of OCD in general population is 2-3%. The main features of OCD are obsessions and compulsions. Obsessions are unwanted, intrusive, unavoidable, ego dystonic, frightening or violent thoughts and often impair quality of life. Compulsions are repetitive behaviors or mental acts such as washing, cleaning, checking, touching, counting, ordering, hoarding and rituals. The understanding of OCD in Ayurvedic terms is lacking. Obsessions are similar with ati, mithya or bhayanaka chintanam whereas compulsions resembles with cheshta vibhrama. The pathological features like, mano, buddhi, cheshta, sheela and achara vibhrama explained in unmada are also found in OCD. There is marked resemblance in between OCD and bhootonmada in terms of etiopathology, symptomatology, course & prognosis and the nature of disease. The Ayurvedic diagnosis of bhootonmada is suitable for OCD. Sangama graha resembles with the condition of Tourette's syndrome comorbid with OCD.

Key Words: Obsessive Compulsive Disorder, OCD, Sangama graha, Tourette's syndrome, Ayurveda, Graha roga

INTRODUCTION

Obsessive Compulsive Disorder (OCD) is a common anxiety disorder with a life time prevalence rate of 2% to 3%. It is the fourth most common psychiatric disorder and it has a significant negative impact on the quality of life. People with OCD often isolate themselves from social interactions and the symptoms and ritual behavior are often time consuming, bizarre and distressing. OCD interferes with interpersonal relationships, academic achievements and work.¹

The main features of OCD are the obsessions and compulsions. Obsessions are usually unwanted, intrusive, unavoidable, ego dystonic, occasionally frightening or violent and often impair functioning and quality of life. Obsessions manifest with heterogeneous clinical picture such as, aggressive or intrusive thoughts, religious scrupulosity, concerns about symmetry, perfectionism, pathological doubt, pathological collecting and hoarding, contamination worries etc; Compulsions are repetitive behaviors or mental acts such as washing, cleaning, checking, touching, counting, ordering, hoarding and conducting physical or mental rituals. It is common that most of the OCD patients do criticize their own thoughts and in most cases they are unable to stop such thoughts or behaviors. Obsessions usually share an increasing 'anxious tension' before acting the compulsions, followed by a brief sense of relief as they are carried out.²

There are various forms of treatments available for OCD and each treatment varies in their effectiveness. Some of the treatments are used only as a last resort. The problem with treating OCD patients is the variety of symptoms that the patients display.³ Controlled trials with SSRI's demonstrate that efficacy in OCD is only about 40-60% of patients, with about 30% of patients failing to respond to conventional treatment. This leads to significant disability and morbidity.⁴ In OCD current standard pharmacotherapy may be of limited efficacy. Non conventional interventions such as complementary and alternative medicine (CAM), self help techniques, and life style interventions are commonly used by

sufferers of OCD. However till date no strong clinical evidence found.⁵

Till date there was no clear understanding of OCD according to Ayurvedic lines. This creates a major diagnostic and management confusion in clinical Ayurvedic psychiatry practice while dealing with the case of OCD. According to the previous work, OCD was considered as 'Unmada' (psychosis) especially 'Bhootonmada' or 'Grahonmada' (psychosis of unknown cause) in Ayurvedic parlance and Prajnaaparadha (intellectual blasphemy) was considered as a contributory factor in the etiopathology of OCD.⁶ The present article aims at the better understanding of OCD in terms of Ayurveda.

According to Ayurveda, while treating a new or unknown disease, naming of a disease is not having that much of importance as it serves only the purpose of communication. In those diseases, which are named also, the minute details about individual differences should be taken in to consideration while planning treatment. Due to differences in desha (place), kaala (time), ahara (food) and vihaara (various activities) etc; there may be differences in dosha vaishmnya (pathological factors) resulting in the disappearance of some known diseases and appearance of newer ones. So it is difficult to have specific names for all diseases. But the three factors viz., etiology, site of affliction and peculiarities in manifestation should be taken in to account for proper management by that treatment will not become futile.⁷

SIMILARITIES BETWEEN BHOOTONMADA / GRAHONMADA AND OCD

One of the eight branches of Ayurveda is "bhuta vidya" i.e. Ayurvedic psychiatry. It is described as the branch which lays down incantation and mode of exorcising, evil spirits and making offerings to deva, pishacha, gandharva, yaksha, rakshasa, etc; for cure of diseases originating from their malignant influence.⁸ There were no direct or exact correlations of OCD in Ayurvedic texts. But there are so many similarities found between bhootonmada / grahonmada and OCD in various aspects like, etiology, pathology, symptomatology, course & prognosis and in management.

OCD encompasses a broad range of symptoms that represent multiple psychological domains, including perception, cognition, emotion, social relatedness and diverse motor behaviors. OCD is a multi dimensional and etiologically heterogeneous condition. Two individuals with OCD may have totally different and non overlapping symptom patterns.⁹

ETIOLOGY

In Ayurveda, bhootonmada is the condition where one can't trace out any causative factors and pragnaaparaadha (intellectual blasphemy) or karma (idiopathic) plays an important role in the pathogenesis of bhootonmada.¹⁰ Actual etiology of OCD is unknown. But there are some hypotheses on genetic, biological, behavioral and psycho social factors are put forward.¹¹

Genetic factors

A genetic etiology has been suggested for OCD is based on several factors like, higher concordance rate among monozygotic twins than dizygotic twins, higher incidence among the biological off springs of affected individuals, aggregation of the illness within the families and segregation analysis providing support for a major gene.¹²

The reasons for the variability in the psychic temperaments among the individuals has been discussed at length by 'Acharya Charaka' who states that basically four factors influence and determine the psychic variants of the child which are called as 'sattva vaiseshyakara bhava's' (factors influencing mental faculty of progeny); they are, maata pitru sattve (mental faculty of the parents), shrutayah (whatever the mother hears, reads, and thinks during pregnancy), svochita karma (actions of the fetus past life) and sattva vaiseshya abhyaasa (practices / conditioning / learning).¹³ The mental traits or psychic predispositions of the parents influence the psychic trait of the progeny. Susruta states that, if the parents are religious, virtuous and theistic, they produce children of the same qualities.¹⁴ By this, it can be concluded that the knowledge of genetic factors and their inheritance is well documented in the context of sattva vaiseshyakara bhava's in Ayurvedic literature.

Behavioral factors

Behavioral / Learning theory explains obsessions as conditioned stimuli to anxiety and compulsions as learned behavior which decrease the anxiety associated with obsessions. This decrease in anxiety positively reinforces the compulsive acts and they become stable learned behaviors.¹¹

Chakrapani says that, parents influence the psychic trait of the progeny due to some special effect (Prabhava) and proposed the word 'sattva anukarana' (imitating or observational learning or role modeling).¹³

Psycho Social factors

There are some predispositional factors for bhootonmada or grahonmada especially some vulnerable personalities mentioned. For example, deva graha seize such a person who is virtuous, of good conduct, wears white dress, always engaged in meditation and study of sacred scriptures. Pitru graha seize persons who are devoted to the worship of parents, preceptor, elders, and ascetics. Rushi graha seize the person who indulges in bathing, cleanliness, solitude, well versed in moral codes, scriptures and lyrics.¹⁵

The characters of vulnerable personalities explained for deva grahavesha and pitru grahavesha resembles the characters of anankastic or obsessive compulsive personality like, perfectionism, pre occupation with rules, order, schedule, excessive

conscientiousness, scrupulousness, morality, excessive concern with right / wrong, excessive religiosity and ritualistic.¹⁶ Patients with primary OCD had a wide range of personality disorders diagnoses and that fewer than half satisfied criteria for compulsive personality disorders, others are satisfying the criteria for mixed personality disorder, with avoidant, dependent, and passive aggressive features.¹⁷

By considering the above facts it can be concluded that, there are some vulnerable personalities more prone to get OCD, just like some vulnerable personalities more prone to get grahavesha (affliction of demonic possession).

Organic factors

The biological theory for the causation of OCD explains that, OCD can occur secondary to many illnesses such as encephalitis, basal ganglia lesions, Gilles de la Tourette syndrome, hypothalamic lesions and ventricular lesions.¹¹ According to Ayurveda, grahonmada can also be manifested secondary to many other illnesses such as unmada, apasmara and jwara. As OCD is co morbid with some neurological, psychiatric or other physical diseases, bhootonmada is also co morbid with unmada, apasmara, and jwara etc;¹⁸

Traumatic / Stressful life events

Patients with OCD reported increased frequency and severity of significant life events (including serious illness, arguments, child birth, and traumatic brain injury) in the six months prior to the onset of illness. One other study indicates that, a significant trauma, sexual assault, combat exposure, road traffic accidents and personal violence were associated in the precipitation of OCD.¹⁹ Certain types of stressful life events are associated with the severity of obsessive compulsive symptoms (OCS). In particular, a history of abuse, neglect and family disruption may make a modest but significant contribution to the severity of OCS.²⁰ Previous studies confirm that the postpartum period represents a risk factor for OCD in some individuals, and suggest that obstetric complications may be relevant to the development of the disorder.²¹

Graha's seize the persons only at certain specific times only. That time of grahavesha is considered as chidra kaala. Most of the chidra kaala's mentioned are, during the person indulging in sinful activities, or not following sadvritta (code of conduct), or during illness or during delivery time etc; if we observe these chidra kaala's, most of them will produce guilt or stress.²² chidra kaala's resembles with various traumatic and stressful life events which may precipitate OCD. These stressful life events resembles with the description of chidra kaala's for grahavesha.

Unknown factors (Karma)

Even though, genetic, behavioral, psychosocial, organic, or biological, stressful factors explained as etiological factors, the exact cause of OCD is not known.²³

The reasons explained for grahavesha is pragnaaparaadha in present life or previous life. The pragnaaparaadha done in previous life is called as karma. In Ayurveda, while explaining the etiology of some diseases, karma was explained as an etiological or causative factor for that disease where one can't trace out any other causative factors like aahaara, vihaara etc; 'karma' is not visible. Karma is one of the sattva vaiseshyakara bhaava related to the acts of past life. This theory is one of the foundational theories of all Indian philosophies and Ayurveda is no exception. The morbid mind (mind covered with rajas and tamas) and strong past action (with strongly determined results) are responsible for transmigration of soul from one body to

another and for the individuals inclination to do virtuous or vicious acts.²⁴

The main cause for Agantuja unmada has been attributed to “Pragnaparadaha” which is defined as vibhramsha of Dhee, Dhruti, and Smruti resulting in the failure of factors under decision making and controlling mind from harmful objects. A wide list of factors under Pragnaparadha has been described in Charaka Samhita.²⁵ Though the reference of Deva, Gandharva, Pishacha, Rakshasa etc; are got in the etiological factors of Manasika rogas, Charaka has clearly said that, due to the person only he is affected with such illness.²⁶

Actions of past life are linked to diseases as well “the action performed in the previous life which is known as daiva also constitutes in due course a causative factor for the manifestation of diseases. Diseases arising out of such actions (performed in previous life) are not amenable to any therapeutic measures.

They are cured only after the results of past actions are exhausted.²⁷ Sattva vaiseshyakara bhava’s refers to the frequent practices adopted in the past life by the individual. These acts or habits are reflected in the present life as well. Chakrapani observes that acts like charity (daana), study (adhyayana), and religious austerities (tapa) are followed up from the past life to the next one.²⁸

There is marked similarity found between OCD and bhootonmada in terms of etiology (Table 1).

PATHOLOGY

Various neuro anatomical (structural and functional), biochemical, auto immune – neuro immunological and cognitive behavioral abnormalities were found in OCD patients. Abnormal brain serotonin metabolism is a key factor in OCD. Evidence suggests that the dopaminergic system may also be involved in the pathophysiology of OCD. Disturbance in frontal – limbic (thalamic) – basal ganglia system and over activity in the orbito prefrontal cortex were found in OCD patients. The neurobiology of OCD is associated with abnormalities in the components of frontal – sub cortical circuitry. Autoimmune factors have also been implicated in the pathogenesis of pediatric OCD. PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus) – a malfunction in the immune system found associated with the onset and progression of neuropsychiatric disorders such as OCD and Tourette’s disorder. Cognitive models suggests six intrusive belief patterns commonly misappraisal among patients with OCD; they are, exaggerated sense of responsibility, overvalued ideations, inflated responsibility, over estimation of threat, intolerance of ambiguity – uncertainty and perfectionism.³² In OCD, deficits in crucial cognitive functions such as, attention impairment, memory impairment, impairment in error monitoring, emotion processing, motivation – reward system and response inhibition were observed.³³

Acharya Charaka says in brief that the prime function of the manas (mind) is chintya (thinking). The object which is perceived without the mediation of indriya (sensory organ), or the re perception of the previously perceived objects by indriya, which require analysis are considered as chintya.³⁴ Chakrapani also says that the chintya are those which require thinking in the aspect of its dos and don’ts.³⁵ Achintanam (non thinking) or heena chintanam (poverty in thinking), ati chintanam (excessive thinking), and mithya chintanam /bhayanaka chintanam (fearful thoughts or errors in thought process) will leads to vikruti or pathological states of mind. Samyak chintanam (proper thoughts) leads to prakruti or normal condition of the mind. Obsessions are excessive, intrusive, fearful, senseless,

recurrent thoughts. Obsessions are resembled with ati, mithya or bhayanaka chintanam.³⁶

Mano Vibhrama

Any abnormality in this aspect of manas will affect the thinking pattern of the individual. Due to this, the person will not be able to think of any things, which are worth thinking, on the other hand he thinks of which are not to be thought. Normally thinking will be in accordance with age, social and cultural surroundings, circumstances etc; if thinking becomes out of one’s control and in a strange way then it will be called ‘Mano vibhrama’ (pathological state of mind). The person will show various kinds of abnormal thinking patterns. Mano vibhrama stays as a basic derangement, which subsequently leads to abnormality in other factors like buddhi (cognition), samgna gnaana (perception), smruti (memory) etc;³⁷ Obsessions are due to mano vibhrama and these are also abnormal thinking patterns.

Buddhi Vibhrama

The word ‘Buddhi’ usually implies comprehension, intellect, understanding, knowledge, discrimination, judgment etc; the abnormality of intellect causes loss of discriminating power and makes one to interpret and understand things abnormally i.e. interpreting real things as unreal and useful things as harmful or vice versa. A person with normal intellect will view things as they are.³⁸

Acharya Charaka says that, the primary level of knowledge perception is through the indriya with the assistance of manas. Later buddhi processes the perceived knowledge in terms of its merits and demerits and gives a correct knowledge. So in the abnormal state of buddhi, person gets confused about what is good or bad and will take wrong or unhealthy decisions.³⁹ Cognitive misappraisals like, exaggerated or inflated responsibility, overvalued ideations, over estimation of threat, intolerance of ambiguity – uncertainty and perfectionism³² resembles with buddhi vibhrama³⁷ of various kinds.

Bhakti Vibhrama

The word bhakti means desire, likes or interest. In its abnormal state there will be manifestation of dislike or hate for the things which were desired and liked by the individual and liking or interest towards the things which were not liked previously.³⁷

Sheela Vibhrama

The word sheela refers to the peculiar character or nature of an individual possesses. It has major role in designing the personality. In its abnormal state there will be sudden drastic changes in the individual’s personality.³⁷

Cheshta Vibhrama

‘Cheshta’ is the action or activity performed by an individual. For carrying out any activity it needs a high coordinated action of mind and body. If there is any abnormality observed in this aspect, one of the reasons for that is the abnormal mind. Due to the cheshta vibhrama the person may show undesirable activities. They may be increased, decreased or inappropriate in nature. As the cheshta include all those, pertaining to the body, speech and mental activities, the abnormality also can be observed in any one of the above.³⁷

Cleaning or washing compulsions, checking compulsions, repeating rituals, counting compulsions, ordering and arranging compulsions, collecting compulsions, and miscellaneous compulsions of OCD⁴⁰ are nothing but cheshta vibhrama.

Achara Vibhrama

The word 'Achara' implies cultural and religious rules or taboos and social norms and regulations. Any abnormality leads to the indulgence of the individual to such activities, which are inappropriate according to the society in which the person lives.³⁷ Excessive religiosity, excessive morals, excess concern with right/wrong and repeating rituals of OCD⁴⁰ resembles with achara vibhrama.

It seems that, various factors like pragyaparadha, karma, mano, buddhi, bhakti, sheela, cheshta and achara vibhrama plays an important role in the etiopathology and symptomatology of OCD.

SYMPTOMATOLOGY

OCD is characterized by repetitive intrusive thoughts and compulsive time-consuming behaviors classified into three to five distinct symptom dimensions including: aggressive/somatic obsessions with checking compulsions, contamination concerns with washing compulsions, symmetry obsessions with counting/ordering compulsions, hoarding obsessions with collecting compulsions and sexual/religious concerns.⁴¹

Obsessions are recurrent thoughts, ideas or impulses which are experienced as unwanted and distressing. The patient wants to resist, suppress or neutralize the thoughts with some other thought or action. Obsessional doubts are also common in OCD.⁴² The commonest obsessions are, contamination (45%), pathological doubt (42%), somatic concerns (36%), need for symmetry (31%), aggressive impulses (28%), sexual impulses (26%), others (13%), and multiple obsessions (60%). Compulsions are repetitive, purposeful and intentional behaviors, which are performed in response to an obsession. The patient recognizes them as excessive or unreasonable. The commonest compulsions are, checking (60%), washing (50%), counting (36%), need to ask or confess (31%), arranging objects with symmetry or precision (28%), hoarding (18%), and multiple compulsions (48%).⁴³

Y-BOCS – SC (Yale Brown Obsessive Compulsive Scale – Symptom Checklist) is the best available inventory now. It focuses only on content and includes more than 60 symptoms organized according to 15 separate categories of obsessions and compulsions. This scale comprehensively identifies all possible types of obsessions and compulsions.⁴⁰

Bhootonmada is a condition characterized by the presence of non human behavior and psychomotor activity in a person with super natural speech, valor, potency, activities, intelligence, knowledge, strength etc and there is no fixed time for aggravation or alleviation of the symptomatology. Bhootonmada can occur at any time and can't be understood on the basis of doshic parameters. Unlike doshonmada, in bhootonmada the onset is sudden or instantaneous without significantly affecting the body physiology.⁴⁴

Whenever non human features in respect of common knowledge, special knowledge, speech, activities, strength, and valor are seen in a human being, then such a condition showed to be spoken of as due to seizure/possession by bhuta/graha.⁴⁵ Bhutonmada in general characterized by abnormal behaviors in terms of exhibition of strength, energy, manliness and enthusiasm, defects in perception, retention and memory, abnormality in speech and abnormality in perceiving self and environment.⁴⁶

Susruta has described 8 types of bhootonmada – deva, asura, gandharva, yaksha, pitru, naga, rakshasa and pishacha.⁸ In Charaka samhita 11 types of bhootonmada are described. They are deva, rushi, guru, vrudha, siddha, pitru, gandharva, yaksha, rakshasa, brahma rakshasa and pishacha.¹⁰ But in Ashtanga hridaya 18 types

of graha roga are explained. They are, deva, asura, rushi, guru, vrudha, siddha, pitru, gandharva, yaksha, rakshasa, sarpa, brahma rakshasa, pishacha, kushmanda, nishada, preta, maukirana and vetala.⁴⁷ The number of bhootonmada's explained in Ayurvedic samhita's has been increased from 8 to 18 gradually.

According to the modern periods and modern developing society newer and newer terms can be adopted. For example, if the activities of the abnormal person resemble a hero, or a politician or a sports person then the condition can be called as unmada with the name of that particular hero or politician or sports person. If an abnormal person becomes highly obsessed with particular object then he can be called as afflicted with unmada with the name of that particular object. The numbering and naming of these bhootonmada's are only relative, considering the present day life style they can take any name or feature. There is no fixed number for bhootonmada; it can be innumerable as Acharya Susruta's version.⁴⁸ As the number of graha's are infinite and their symptoms are also infinite. There are so many similarities in the symptoms of graha roga and OCD. (Table 2)

COURSE, PROGNOSIS & COMORBIDITY

According to a previous study having a long follow up period, 13-20 years after initial contract, 42% of patients were unimproved or worsened, 24% were much improved and 34% of patients described slight improvement in OCD. The course of OCD is usually chronic, but variable, with fluctuations in the severity of symptoms. The course of OCD was described by most patients as chronic or continuous (84%), deteriorating (14%) and episodic (2%). The average duration of illness at the time of assessment was more than 15 years. OCD is a heterogeneous disorder having chronic waxing and waning course in 85% of sufferers. Most of the patients of OCD follow a course marked by chronicity, with some fluctuations of symptoms over time but without clear remissions or deterioration. The co morbidity or coexistence of OCD with other disorders like anxiety, depression, bipolar mood disorder, phobia, panic disorder, separation anxiety disorder, eating disorders and tourette's syndrome.⁵³

In Bhootonmada also, the symptoms will occur suddenly without any reason or triggered by chidra kaala (stressful factors) and the course of the disease is also unpredictable. The occurrence or aggravation of symptoms in bhootonmada is not specific. As bhootonmada is an agantuja unmada, it is not related with shareeraka doshas (bodily humors) and the prognosis is unpredictable. Prognosis in bhootonmada depends on the purpose for which the graha (supernatural being) seized the person. The purpose of graha, seizing a person may be due to himsa (violence / aggression) or rati (attachment / desire) or abhyarchanam (for worship). When the patient is afflicted with the intention of himsa, the patient may enters in to fire or sinks in to water or falls in to a pit or any other self injurious behavior and further he may adopt such other means for killing himself. The unmada with the intention to inflict injury to self or to others (himsatmaka) is said to be asadhya (untreatable) and remaining two (rati, abhyarchana) are considered as sadhya (treatable).⁵⁴ In terms of course and prognosis there is similarity in between the OCD and bhootonmada. (Table 3)

MANAGEMENT

Treatment of OCD usually includes cognitive-behavior therapy, drug therapy or both. The choice of an initial strategy is based on the patient's age, severity of the condition, concerns about efficacy of the treatment, duration, speed, tolerability and acceptability. Behavior therapy consists mainly of exposure and response prevention therapy. Cognitive therapy is useful for patients with scrupulosity, moral guilt, and pathological doubt. Drug therapy is

based on SSRI's (Selective Serotonin Reuptake Inhibitors). Neurosurgical procedures like, cingulotomy, anterior capsulotomy, limbic leucotomy and subcaudate tractotomy may be considered for patients with severe, debilitating, chronic OCD if behavior therapy and drug therapy fail.⁵⁵

As the symptomatology of OCD is beyond doshic parameters, the main line of treatment should be daiva vyapaasraya (traditional healing practices), sattvaavajaya (psychotherapy) along with yukti vyaasraya chikitsa (treating with medicines and procedures / rational treatment) as explained in unmada chikitsa. Here the prime importance should be given to sattvaavajaya and daiva vyapaasraya treatments. If the OCD patient shows doshaja symptoms (agantuja unmada with nija unmada), yukti vyaasraya also gets importance. Acharya Charaka states that, sattvaavajaya is nothing but withdrawal of mind from unwholesome objects. It also includes methods mentioned under adravya bhoota chikitsa. The methods of this treatment are, bhaya darshana (terrorizing), vismaapana (surprising), vismaarana (de-memorizing), kshobhana (shocking), harshana (exhilaration), and bhartsana (chiding).^{56, 57, 58}

According to Charaka, treatment of mental disorders includes gnaana, vignaana (spiritual and scriptural knowledge), dhairya (patience), smriti (memory), and samaadhi (meditation). Only these treatments can reconcile the pathogenic factors of the mind. Main aim of treatment for mental disorders is to minimize psychopathology and it can be done by sattvaavajaya as well as other treatments like daiva vyapashraya chikitsa.⁵⁹

Acharya Charaka explained various principles of management of mental disorders. They are, avoiding harmful or unwholesome regimens and adopting useful wholesome ones in regard to dharma (customs / duties), artha (possessions / wealth / business) and kama (desires / sex), serving persons well versed in the nature and cure of psychiatric conditions and acquiring knowledge of oneself, the place, family, time, strength, and the capacity. The person should consider again and again what is useful and what is harmful for self.⁶⁰ Hence one should consider his limitations and should adopt virtuous path of living. In Ayurveda for prevention of mental disorders Achaara Rasaayana is explained and which has direct effect on sattva (mental faculty) for promotion of normal healthy mind.⁶¹

OCD & TOURETTE'S SYNDROME

Tourette's syndrome (TS) is a childhood onset neurological disorder characterized by motor and vocal tics. It may be associated with a

number of co-morbidities including attention deficit hyperactivity disorder, obsessive compulsive symptomatology, and behaviour disorders. Pathophysiology is still unknown, although is thought to involve striatocortical circuits. Treatment of co-morbidities needs to be considered, as these may result in more disability than the tics themselves.⁶²

Tics are characterized by stereotyped, purposeless, and irregularly repetitive movements and usually can be classified as chronic motor or vocal tic disorders, transient tic disorders, or Tourette's syndrome. The latter is a complex disorder associated with multiple tics and often accompanied by other conditions, such as ADHD and obsessive-compulsive disorder. Treatment can be difficult.⁶³

Motor and phonic tics represent the clinic hallmark of Tourette syndrome. Since there is no diagnostic test for tics, the clinical recognition of phenomenology is essential for proper diagnosis. Some, and possibly most, motor tics are preceded by a premonitory urge or sensation that is relieved by the execution of the tic and thus can be difficult to differentiate from compulsions, hence the term compulsive tic. In the schema of categorization of movements, most tics can be classified as either involuntary in response to an inner sensory stimulus or to an unwanted feeling compulsion or involuntary tics that are usually suppressible. Further studies are needed to elucidate the clinical, anatomical, and physiologic substrates for the different forms of tics. Finally, the relationship between tics and comorbid conditions, such as OCD and attention deficit with hyperactivity needs to be further explored.⁶⁴

SANGAMA GRAHA

'Sangama graha' is a type of rakshasa graha (demon) explained by vriddha vagbhata (author of Ashtanga sangraha). The person afflicted with sangama graha shows the signs and symptoms like, broken or interrupted voice, various abnormal movements of the body parts, licking things with the tongue, doing japa (chanting) using a string of beads and performing cleaning activities always.⁶⁵ Among these symptoms "shoucham abheekshnam kurvaanaam (excessive cleaning or washing)" represents washing or cleaning compulsions and "akshamaalaya japamaanam (chanting or praying)" represents chanting or praying compulsions or excessive religiosity or superstitious thinking or magical thinking. Other symptoms like abnormal body movements, speech disturbances resemble TICS (abnormal involuntary movements) of various types. The symptomatology of sangama graha resembles with the co morbid condition of Tourette's syndrome with OCD. (Table 4)

Table 1: Etiology of OCD: Ayurvedic view

OCD	Related conditions in Ayurveda
Unknown ¹¹	In bhootonmada also the cause is unknown or karma (not visible or traceable) ^{24,25,26}
Genetic Factors ¹²	"Maata pitru sattve" ¹³ (progeny resembling parents in personality)
Behavioral Factors ¹¹ (observational learning or imitative learning)	"Maata pitru anukaranena" ¹³ (Imitating parents)
Psycho Social Factors ¹⁷ (preamorbid personalities like schizo typal, schizoid, dependant, anxious, anankastic and mixed type of personality disorders)	Some vulnerable personalities mentioned for particular grahavesha. For example, in Arsha sattva – Shuchi (cleanliness) Varuna sattva - Shuchi, Ashuchi dveshinam (fear of contamination?) ¹⁵
Organic Factors (head injury, ²⁹ epilepsy and various other obsessive compulsive related disorders ²)	The person who is having unmada, apasmara, jwara etc; are more prone to get graha roga ³⁰
Stressful Factors ²⁰ (pregnancy, delivery, sexual problems, death of a relative, over work, frustration, illness etc;)	Chidra Kaala ²² (Improper code of conduct, during destruction of land, cities, communities etc; during delivery time in women etc; stressors.
Heterogeneous (multiple causative factors ¹¹).	Bahu hetu janya vyaadhi ³¹

Table 2: Similarity in symptomatology between OCD and graha roga

Obsessions & Compulsions ⁴⁰	Similar conditions mentioned in Ayurveda
Aggressive Obsessions: Fear of doing something else embarrassing Fear might harm others Violent or horrific images Fear will act on unwanted impulses	Grahavesha Poorva roopa: “deva go brahmana tapasvinaam himsa ruchitvam” ⁴⁹ (interest in violence against gods, animals and other reputed individuals in society) (Himsa kaanksha grahavesha) (Getting aggressive impulses)
Contamination Obsessions: Concern or disgust with bodily waste or secretions etc	Varuna Sattva Lakshana's: ⁵⁰ “shuchi, ashuchi dveshinam” (cleanliness, fear of contamination)
Sexual Obsessions: Forbidden or Perverse sexual thoughts, impulses or images Sexual behavior towards others (Aggressive)	Rakshasa grahonmada: “stree ---- priyam” (hype rsexuality) Pishacha grahonmada: “dayita ---- ratim” (hyper sexuality) Nistejasa grahonmada: “striyo maarge rundhaanam” (aggressive sexual behavior) Yaksha grahonmada: “stree ---- lolupam” (hyper sexuality) (Rati Kaanksha Grahavesha) ⁵¹ (Sexual impulses)
Religious Obsessions: Concerned with sacrilege and blasphemy Excessive concern with right/wrong Excessive morals etc	Deva grahonmada: “Deva dvija guru bhaktam” (excessive religiosity) Sangama grahonmada: “akshamaalaya japamaanam” (praying with beads in hand) (Abhyarchana kaanksha grahavesha) (excessive religiosity) ⁵¹
Miscellaneous Obsessions: Fear of not saying just the right thing Colors with special significance	Deva grahonmada: “samskrita vaadinam” (proper speech) Vetala grahonmada: “Satya vaadinam” (speaking truth / honesty) Deva grahonmada – Shukla varna (white color) Gandharva grahonmada – Rakta (red color) Yaksha grahonmada – Rakta (red color) ⁵¹
Cleaning / Washing Compulsions: Excessive ritualized hand washing Excessive showering, bathing, grooming, cleaning etc	Deva grahonmada: “shuchim” (cleanliness) Yaksha grahonmada: “snaana ratim” (excessive bathing) Sangama grahonmada: “shoucham abheekshnam kurvaanam” (frequently doing cleaning activities) ⁵¹ Gandharva grahonmada: “snaana ratim” (excessive bathing) Rushi grahonmada: “snaana sevinam” (excessive bathing) ⁵²
Miscellaneous Compulsions: Need to tell Rituals involving blinking or staring Ritualized eating behaviors Other self damaging or self mutilating behaviors	Yaksha grahonmada: “bahu bhashinam” (excessive talking) Kushmanda grahonmada: “bahu pralaapam” (excessive talking) Deva grahonmada: “chiraad aksheeni nimeeliyantam” (not blinking for long time) Pishacha grahonmada: “bahvaashinam” (excessive eating / binge eating) Nistejas grahonmada: “bhramaad bhojinam bahvaashinam” (binge eating) Uruga grahonmada: “dantai khaadantam” (self injury with teeth) Brahma Rakshasa grahonmada: “kaashta shastradibhishcha aatmaanam aaghnantam” (self injuring with various objects) Pishacha grahonmada: “nakhai aatma vapushi likhantam” (causing self injury with nails) ⁵¹
Innumerable or infinite number of symptoms	Innumerable graha's are there. Their symptoms also innumerable or infinite. ⁴⁸

Table 3: Course, prognosis & co morbidity of OCD: Ayurvedic view

OCD	Related Conditions in Ayurveda
Course: Chronic waxing and waning course (or) Fluctuating (or) Constant (or) Episodic (or) Unpredictable ⁵³	In grahonmada also, the course is unpredictable or not specific. “unmada kaalo aniyatashcha ” ⁴⁴
Prognosis: 25% - Unimproved 25% - Complete recovery 50% - Moderate to marked improvement ¹¹	Himsaatmaka grahavesha – Asadhya (not treatable) Rati and abhyarchanaatmaka grahavesha – Saadhya (treatable) ⁵⁴
Co morbidity of OCD: Tourette's Syndrome Major Depression Simple and social phobia Panic disorder Separation anxiety disorder Eating disorders Bipolar mood disorder Schizophrenia ⁵³	Nija unmada and agantuja unmada co morbidity can occur ²⁶ The person who is having unmada (psychosis), apasmara (epilepsy), jwara (fever) etc; diseases, are more prone to get graha roga. ³⁰

Table 4: Similarities between Tourette's syndrome with OCD and Sangama Graha

Tourette's Syndrome & OCD ^{66,40}	Sangama Graha ⁶⁵
Repetitive actions such as clearing the throat, or involuntary vocalization, Interrupted speech etc	'Bhinna swaram' (broken voice)
Stuttering & Stammering	'Gadgada swaram' (stuttering / stammering)
Multiple motor tics	'Angaani bhanjayantam' (abnormal movements of body parts)
Licking things with his tongue, idiosyncratic mannerisms (e.g., of the lips and tongue)	'Jihvaam parilihanaam' (licking with tongue)
Mental rituals or praying compulsions	'Akshamaalaya japamaanam' (chanting with string of beads)
Cleaning / washing compulsions	'Shoucham abheekshnam kurvaanaam' (frequently doing cleaning activities)

CONCLUSION

In terms of etiology, pathology, symptomatology, course and prognosis and the nature of disease there is marked resemblance between OCD and bhootonmada. The Ayurvedic diagnosis of bhootonmada / grahonmada is suitable for OCD. Sangama graha resembles with the comorbid condition of Tourette's syndrome with OCD.

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