



Original Research Article

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INDIVIDUALIZED HOMEOPATHIC MANAGEMENT OF OBSESSIVE-COMPULSIVE DISORDER: A CLINICAL CASE STUDY

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Abstract

Obsessive-Compulsive Disorder (OCD) is a chronic psychiatric condition characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions) that cause significant distress and impair daily functioning. Conventional therapies, such as cognitive-behavioral therapy and pharmacotherapy, often provide symptomatic relief but may not address underlying emotional and constitutional imbalances. This case study presents the homeopathic management of a patient with OCD, emphasizing an individualized approach based on the patient's mental, emotional, and physical constitution. Over the course of treatment, the patient exhibited a marked reduction in obsessive thoughts and compulsive behaviors, alongside improvement in anxiety, emotional well-being, and overall quality of life. The study highlights the effectiveness of homeopathy in addressing both the psychological and physiological aspects of OCD, offering a holistic treatment alternative that complements conventional care.

Keywords

Obsessive-Compulsive Disorder, Homeopathy, Psychosomatic Factors, Intrusive Thoughts, Compulsive Behavior, Emotional Trauma, Case Study

Introduction

Obsessive-Compulsive Disorder (OCD) is a neuropsychiatric condition characterized by persistent, unwanted thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) performed to alleviate anxiety. The disorder often begins in adolescence or early adulthood and affects approximately 2–3% of the population worldwide, leading to significant distress, social dysfunction, and impaired daily functioning.

The pathophysiology of OCD is complex, involving abnormalities in the cortico-striato-thalamo-cortical circuitry, serotonin dysregulation, and a combination of genetic and environmental influences. Psychosocial stressors, such as unresolved trauma, loss, or chronic anxiety, frequently trigger or exacerbate symptoms. Common manifestations include excessive washing, checking, counting, or mental rituals, often accompanied by guilt, fear, and emotional distress.

Conventional treatment approaches, including selective serotonin reuptake inhibitors (SSRIs) and cognitive-behavioral therapy (CBT), aim to reduce symptoms but may not fully resolve underlying emotional conflicts. Homeopathy offers a holistic approach, individualizing remedies to the patient's mental, emotional, and physical constitution. By addressing the root psychological triggers, homeopathy seeks to reduce obsessive-compulsive behaviors, restore emotional balance, and enhance overall quality of life. This study presents a clinical case demonstrating the effectiveness of homeopathic therapy in managing OCD, emphasizing the integration of psychosomatic and constitutional considerations in treatment planning.

Case Profile

A 32-year-old female presented with obsessive-compulsive symptoms that had persisted for the past 6–8 months. She complained of repeated thoughts about washing her hands and checking whether the tap or door was properly closed. These intrusive thoughts compelled her to engage in compulsive behaviors such as walking only on specific-colored tiles, repeatedly closing the tap, and ensuring that doors were securely shut. She experienced marked discomfort and anxiety if these actions were not carried out, and felt compelled to maintain her surroundings in perfect order according to her liking. Alongside these compulsive traits, she suffered from persistent overthinking, irritability, and episodes of weeping in anger, although consolation would relieve her distress. She displayed

fastidiousness toward cleanliness, religious tendencies, and a desire for attention. Sleep was disturbed with routine dreams, and she complained of heaviness in the head, sometimes describing it as if a tight bandage were wrapped around it. Her tongue appeared black at the tip, and she craved salty food. Over time, she developed leucorrhoea with whitish jelly-like discharge, regular though occasionally troublesome menses, vertigo, and lumbar pain radiating downwards. Periods of joyfulness alternated with phases of overthinking, fear of strangers, and sensations of losing control over her mind. Anger remained prominent, often expressed by throwing things, though she calmed quickly afterward. Gradual improvement was noted with counseling and homeopathic treatment, leading to better sleep, reduced overthinking, and improvement in leucorrhoea. Despite this progress, she remained sensitive to stress, with persisting tendencies of fastidiousness and attention-seeking behavior, pointing to the psychosomatic basis of her disorder.

Physical Generals

Diet	Vegetarian
Appetite	3 meals /day
Desire	Salty things
Aversion	Meat
Thermal Reaction	Chilly
Thirst	2-3 l in a day
Stools	Normal.
Urine	Normal.
Perspiration	Cold
Sleep	Refreshing
Dreams	Dead ones

Examination:

- Patient was well oriented to time, place, and person.
- Aware of surroundings.
- Established good rapport with the physician.

- Maintained appropriate eye-to-eye contact.
- Psychomotor activity: normal.
- Speech: normal, no abnormalities detected.
- Affect: appropriate to the situation.
- Mood: anxious (subjectively reported and objectively observed).

Mental Generals –

The patient was brought up in a good and supportive environment, with no major difficulties during childhood. Her scholastic performance was consistently good, and she maintained cordial relations with teachers and friends, without any significant history of bullying or interpersonal conflict. She grew up with balanced parental influence and recalls a disciplined but caring upbringing, without undue strictness or unrealistic expectations. Currently, she lives in a joint family setup consisting of her grandmother-in-law, mother-in-law, husband, and son. She is a housewife, with her daily life revolving around family responsibilities and household management. Her personality traits reveal that she is fastidious, particularly about cleanliness and orderliness, religious-minded, and somewhat attention-seeking. She tends to become anxious and overthinks easily, especially after stressful life events, such as the death of her sister-in-law six months ago, which triggered the onset of her obsessive–compulsive symptoms. She often holds on to thoughts for long periods, weeps in anger yet feels better on consolation, and displays irritability if tasks are delayed or not done according to her way. Despite these traits, she also has an emotional and sensitive side, with disturbed sleep, dreams related to routine activities, and a craving for salty food. These mental and emotional tendencies, coupled with psychosomatic complaints, highlight her vulnerability to stress and her disposition toward obsessive and compulsive behaviors.

Past History

- History of depression for 2 months.
- Took allopathic treatment but did not get relief.
- Complaints mainly started after the death of her sister-in-law.

Family History

- No history of lifestyle diseases.

- No history of major medical illnesses.
- No history of substance abuse.
- No history of epilepsy.
- No history of suicide.
- No psychiatric complaints in the family.

Case analysis Reportorial totality

Repertory used	Rubrics selected
Synthesis repertory	<ul style="list-style-type: none"> – Mind-weeping, tearful – Mind-fear-death of – Mind-delirium-morning-at day break – Mind-Travel-desire to – Stomach-aversion to meat – Stomach- desire-salt things – Stomach-Thirst less

Repertory screenshot

		bry.	nat.m.	phos.	nik-ac.	caust.	sulph.	calc.	puls.	ars.	kali-c.	lyc.	plat.	sep.	verat.	ign.	nux-v.	bell.	cyd.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
		5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4
		11	11	11	10	9	9	12	12	10	9	9	9	9	9	8	8	7	7	7
2. Clipboard 2																				
➤ 1. MIND - Weeping, tearful	(96) 1	3	4	2	2	3	3	4	4	3	3	3	3	3	3	4	2	2	1	1
➤ 2. MIND - FEAR - death,of	(103) 1	2	1	3	3	2	1	3	2	3	2	2	3	1	2	1	2	2	2	2
➤ 3. MIND - DELIRIUM - morning - at daybreak	(2) 1	3																		
➤ 4. MIND - TRAVEL,desire to	(12) 1																			
➤ 5. STOMACH - AVERSION to - meat	(88) 1	2	2	2	2	1	3	3	3	2	2	2	2	3		2	3	1	2	1
➤ 6. STOMACH - DESIRES - salt things	(30) 1		3	3	2	2	1	2						3						
➤ 7. STOMACH - THIRSTLESS	(87) 1	1	1	1	1	1	1		3	2	2	2	1	2	1	1	1	2	2	3

Selection of Remedy

Constitutional Remedy

- **Remedy Name:** *Natrum muriaticum*
- **Potency:** 200
- **Dose:** 3 doses
- **Reasons:** Selected on the basis of reportorial totality. The patient's emotional etiology (grief after death of sister-in-law), fastidiousness, weeping in anger yet ameliorated

by consolation, craving for salty things, black discoloration of tongue, disturbed sleep with routine dreams, and attention-seeking behavior strongly pointed toward *Natrum mur*. However, patient had also been treated with *Calcareo carbonica*, an individualized homeopathic prescription, based on her emotional cause, premorbid characteristics, and presenting symptoms.

Acute Remedy

- **Remedy Name:** *Arsenicum album*
- **Potency:** 30
- **Dose:** BD (twice daily)
- **Reasons:** Given during acute episodes of anxiety, restlessness, fastidiousness about order and cleanliness, and fear with insecurity.

Intercurrent Remedy

- **Remedy Name:** *Calcareo carbonica*
- **Potency:** 6x
- **Dose:** 3 pills, three times daily
- **Reasons:** Prescribed as an intercurrent remedy to support constitutional treatment, considering her history of leucorrhoea, tendency to anxiety, fear of losing control, and constitutional traits.

Miasmatic Approach

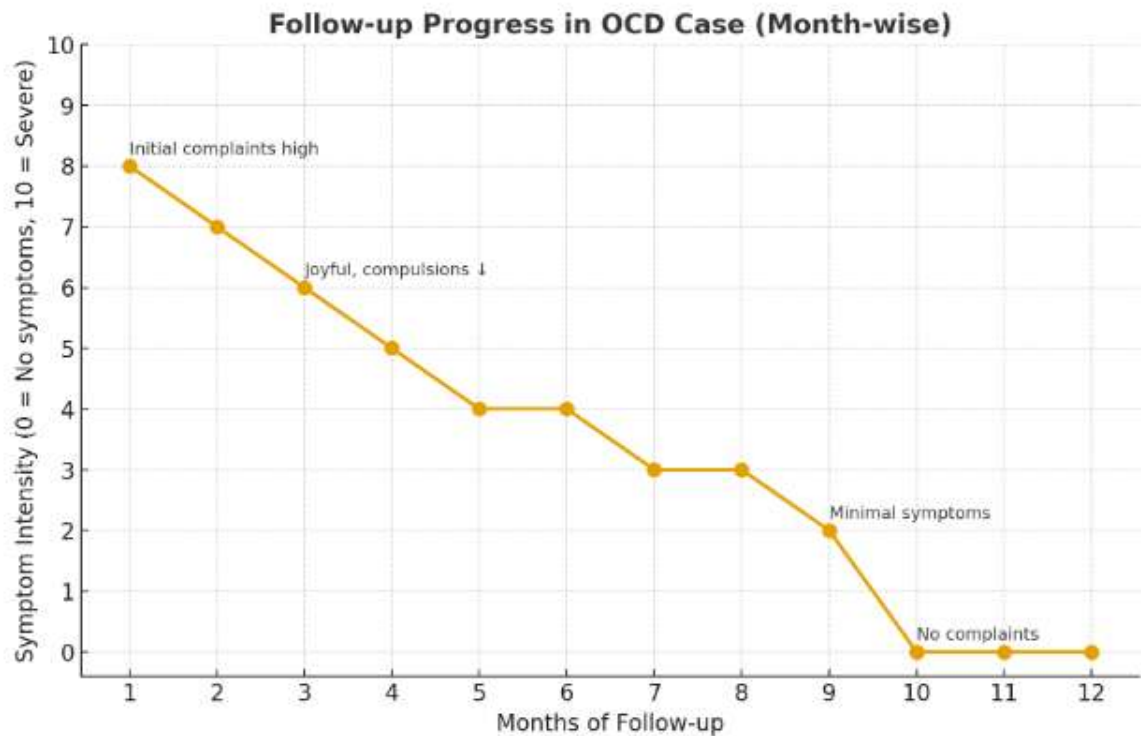
Symptoms	Psora	Sycosis	Syphilis	Tubercular
Mind – weeping, tearful	✓			
Mind – fear of death		✓		
Mind – delirium, morning at daybreak			✓	
Mind – travel, desire for				✓
Stomach – aversion to meat			✓	
Stomach – desire for salty things	✓			
Stomach – thirstless	✓			

Materials and Methods

Synthesis repertory was used for Repertorization

Results

Month	Progress	Prescription
1st month	Patient reported that the complaints were better than before. The intensity of obsessive thoughts was reduced, though compulsive actions persisted. Sleep was comparatively better.	<i>Pulsatilla</i> 1M (single dose) + <i>Calcarea carb</i> 6x BD
2nd month	Overall improvement continued. Thoughts still lingered at times, but sleep was mostly normal, with occasional disturbances. Anxiety was less marked.	<i>Natrum mur</i> 30 BD + <i>Calcarea carb</i> 6x BD
3rd month	Marked improvement in mood. Patient appeared more joyful. The intensity of compulsive behavior, such as walking on colored tiles, decreased. Mild restlessness persisted.	<i>Staphysagria</i> 200 (3 doses) + <i>Arsenicum alb</i> 30 BD
4th month	Patient reported further improvement. Obsessive thoughts were much reduced in frequency and intensity. Emotional stability improved.	<i>Sepia</i> 30 BD
5th month	Continued progress. Obsessive thoughts were significantly reduced, irritability was less frequent, and sleep improved.	<i>Sepia</i> 30 BD
6th month	Sustained improvement with stabilization of symptoms. No new complaints.	<i>Sepia</i> 30 BD
7th month	Complaints remained much better. Obsessive and compulsive traits continued to decline.	<i>Sepia</i> 30 BD
8th month	Patient reported stable improvement. Emotional outbursts were fewer and less intense.	<i>Sepia</i> 30 BD
9th month	Improvement persisted with minimal residual symptoms. Confidence and emotional balance improved.	<i>Sepia</i> 30 BD
10th month	No significant complaints. Overthinking and compulsive behaviors absent. Patient expressed a sense of well-being.	<i>SL</i> 30 BD
11th month	Condition remained stable. Patient free from obsessive thoughts, anxiety, and compulsive behaviors.	<i>SL</i> 30 BD
12th month	Patient completely asymptomatic. No relapse of obsessive-compulsive symptoms. Sleep, mood, and daily routine were normal.	<i>SL</i> 30 BD



Discussion & Conclusion

In this case, individualized homoeopathic remedies facilitated a remarkable improvement in a patient suffering from Obsessive–Compulsive Disorder (OCD). The onset of her complaints was closely linked with a psychological trauma following the death of her sister-in-law, which triggered persistent intrusive thoughts, compulsive rituals, and emotional instability. Conventional allopathic treatment provided no significant relief, whereas the holistic approach of homoeopathy addressed not only her presenting symptoms but also her constitutional and emotional background.

With regular follow-ups, the intensity and frequency of obsessive thoughts diminished, compulsive actions reduced, and emotional stability improved significantly. By the tenth month, the patient reported complete absence of obsessive–compulsive symptoms, with stable emotional health maintained on placebo for the subsequent three months.

This case highlights the efficacy of individualized homoeopathic management in OCD, particularly when the disorder arises from deep-seated emotional trauma. The results emphasize that homoeopathy not only alleviates superficial symptoms but also addresses the root psychosomatic causes, enabling long-term relief and overall well-being.

Transformation with Homoeopathic Treatment

Domain	Before Treatment	After Treatment
Mental State	Persistent obsessive thoughts, compulsive actions (washing hands, checking taps/doors, walking on colored tiles). Constant overthinking, irritability, weeping in anger. Fear of losing control of mind.	Calm and stable mental state. No obsessive thoughts or compulsive behaviors. Able to manage emotions better, less irritability.
Emotional Health	Grief and psychological trauma after sister-in-law's death. Emotional instability, attention-seeking behavior.	Emotional resilience developed. Able to handle stress with improved self-confidence and balanced emotions.
Sleep	Disturbed, frequent waking, non-refreshing. Dreams of daily routine.	Sound, refreshing sleep with normal dream activity.
Physical Symptoms	Leucorrhoea (whitish, jelly-like), black discoloration of tongue tip, lumbar pain radiating downwards, occasional vertigo.	Leucorrhoea much improved, no vertigo, no significant lumbar pain, tongue discoloration absent.
Generalities	Craving for salty food, thirstlessness, fastidious cleanliness, religious tendencies.	Craving reduced to normal levels, overall general health stable. Fastidiousness moderated, no longer pathological.
Behavioral Response	Irritability when work delayed, throwing things in anger but calming quickly afterward. Fear of strangers/new people.	Anger much controlled, able to express emotions appropriately. No abnormal fear of strangers.
Overall Functioning	Mental restlessness, preoccupation with compulsions interfering in daily life.	Normal daily functioning, active participation in family life, free from compulsions and restlessness.

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