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Case Study

INTEGRATIVE MANAGEMENT OF *ATATTVABHINIVESHA* (OBSESSIVE - COMPULSIVE DISORDER): A COMPREHENSIVE CASE REPORT AND CONCEPTUAL ANALYSIS

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ABSTRACT

In Ayurveda nosology, a correlate condition called *Atattvabhinivesha* is classified as a *Mahagada* and involves derangement of the intellect (*Buddhi*) and mind (*Manas*) due to vitiated *Rajas* and *Tamas*. **Objective:** This case report aims to examine the clinical efficacy of a multimodal Ayurveda treatment regimen by posing the central question: Can this combination of *Yukti Vyapashraya* (rational therapy) and *Satvavajaya* (Ayurveda psychotherapy) reduce Y-BOCS scores by at least 35% within six weeks? This research targets a 33-year-old male diagnosed with *Atattvabhinivesha* (OCD) and exhibiting signs of somatic *Pitta* aggravation, aiming to illuminate the pharmacodynamic mechanisms involved. **Methods:** A 33-year-old male with a five-year history of contamination obsessions, perfectionism, and somatic symptoms such as abdominal burning and headaches was evaluated. Diagnosis of *Atattvabhinivesha* was established using *Charaka Samhita* criteria, and OCD was confirmed according to DSM-5. The therapeutic regimen included internal administration of *Sutshekhar Rasa*, *Samsamani Vati*, and *Stri Rasayana No. 2* for its adaptogenic properties, in conjunction with structured *Satvavajaya Chikitsa*. Clinical outcomes were assessed using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS). **Results:** The patient demonstrated a significant reduction in symptom severity, as evidenced by a decrease in Y-BOCS scores from 25 (Severe) to 12 (Mild). Resolution of somatic symptoms, including headache and abdominal pain, was observed, pointing to likely restoration of the gastrointestinal-neural connection. **Conclusion:** *Atattvabhinivesha* serves as a robust clinical model for OCD within the Ayurveda framework. The observed therapeutic benefits underline the importance of *Pitta*-pacifying mineral formulations and *Medhya Rasayanas* for neurocognitive and metabolic modulation, supporting the use of Ayurveda protocols to improve outcomes in treatment-resistant cases.

INTRODUCTION

The Global Burden and Neurobiology of Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder (OCD) is among the most debilitating anxiety-related conditions, affecting 1% to 3% of people worldwide.[1] OCD involves obsessions- distressing, intrusive thoughts, images, or urges- and compulsions, which are repetitive acts done rigidly to relieve anxiety. Without treatment, OCD often persists with periods of worsening and leads to considerable social, work, and family impairment.

From a neurobiological perspective, OCD is increasingly understood as a disorder of cortico-striato -thalamo-cortical (CSTC) circuitry. Dysregulation within neurotransmitter systems, particularly serotonin (5-HT), dopamine, and glutamate, is implicated in the failure of cognitive inhibition and the persistence of error-detection signals that drive compulsive behaviors. Current standard-of-care treatments involve high-dose SSRIs and Exposure and Response Prevention[2] (ERP) therapy. However, epidemiological data indicate that approximately 40-60% of patients do not achieve full remission, and

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many discontinue pharmacotherapy due to adverse effects such as sexual dysfunction, weight gain, and sedation. This treatment gap demands investigation into alternative and complementary medical systems that offer holistic, sustainable management strategies. This parallels *Ayurveda's* concept of vitiated *Manovaha Srotas* influencing cognitive functions and affect control.[3]

Ayurveda Conceptualization: *Atattvabhinivesha* vis-à-vis OCD

Ayurveda, the traditional Indian medical system, provides a distinctive approach to mental disorders (*Manasa Rogas*). *Charaka Samhita* describes *Atattvabhinivesha* as the closest to OCD. *'Atattva'* means unreal, and *'Abhinivesha'* means strong adherence. It describes someone strongly attached to false perceptions, misinterpreting reality, and to a sense of wholesomeness.[4]

The *Charaka Samhita* classifies *Atattvabhinivesha* as a *Mahagada* (difficult-to-cure disease), acknowledging its deep pathology and resistance to treatment.[5] The pathophysiology involves vitiation of the *Manovaha Srotas* (mind channels) by aggravated somatic *Doshas* (*Vata, Pitta, Kapha*) and psychic humors (*Rajas, Tamas*). This vitiation leads to the occlusion (*Avarana*) of the *Buddhi* (intellect), resulting in *Buddhi Vibhrama* (perversion of intellect), in which patients lose discrimination (*Dhi*) and retention (*Dhriti*) regarding reality.[6] This reflects the ego-dystonic nature of OCD, where patients recognize the irrationality of their fears (e.g., contamination) yet act on them due to failed inhibitory control.

Furthermore, Ayurveda psychiatry views the *Hridaya* (heart) as the seat of consciousness and the center of the mind. Pathological factors that disturb the *Hridaya* or *Manovaha Srotas*- such as improper diet (*Viruddha Ahara*), suppression of urges (*Vega Dharana*), and psychological trauma- are considered primary causes.[7] This all-encompassing view links somatic metabolic functions (*Agni*) with neuro-psychological function, suggesting treatment must address both the physical body and mind.[8]

Scientific Rationale for the Case Report

Although theoretical parallels between *Atattvabhinivesha* and OCD exist, clinical documentation that meets international standards remains scarce. Most existing literature is textual or anecdotal. This report seeks to address this lack by presenting a rigorously documented case of OCD managed with a comprehensive Ayurveda protocol, detailing the diagnosis, clinical interventions, and outcomes using validated measures such as the Y-BOCS, supported by evidence from the indexed literature. Unlike previous anecdotal reports, this case uses a structured framework aligned with CARE guidelines and incorporates a distinct combination of specific interventions, including *Sutshekhar Rasa, Samsamani Vati,* and *Stri Rasayana* No. 2, validated using quantifiable assessment tools. This approach provides a comprehensive and replicable model for further research.

The selected interventions- *Sutshekhar Rasa, Samsamani Vati,* and *Stri Rasayana* No. 2- integrate Herbo mineral and rejuvenation therapies. The rationale for their selection is based on their specific properties and anticipated synergistic effects in managing the patient's complex symptomatology. *Sutshekhar Rasa*, commonly prescribed for *Amlapitta* (hyperacidity) and *Pitta* disorders, may influence neuropsychiatric symptoms via the intestinal-brain connection. *Samsamani Vati* is intended to elevate cognitive function and facilitate detoxification, both of which are essential for mental lucidity and the reduction of oxidative stress. *Stri Rasayana* No. 2, selected for its adaptogenic properties, typically contains *Amalaki*, *Jatamansi*, *Guduchi, Mandukparni, Godanti bhasma* and *Baval Gundar*. The use of *Stri Rasayana* in a male patient stresses its efficacy irrespective of gender-specific nomenclature.

Methodological Adherence: CARE Guidelines

This report follows CARE (Case Report) guidelines for honesty and completeness. The next sections cover the care timeline, diagnostic assessments, clinical treatments (with dosage and duration), and patient-reported outcomes. Informed consent was obtained from the patient for publication, ensuring anonymity and compliance with ethical standards.

Case Presentation

Patient Information and Demographic Profile

A 33-year-old vegetarian male with medium bowel habit (*Madhyama Koshtha*) came to the *Samhita & Siddhanta* OPD at Government Akhandanand *Ayurveda* College, Ahmedabad, on October 18, 2025, seeking help for psychiatric distress and somatic symptoms.

Chief Complaints and History of Present Illness

The patient described five years of symptoms that substantially impacted daily functioning.

- Psychiatric Symptoms: The primary complaint involved ongoing, intrusive thoughts and compulsive behaviors focused on contamination, perfectionism, and frequent checking. Additional features included fear of darkness, palpitations, and vivid, disturbing dreams involving snakes and scorpions. Emotional disturbances, such as excessive anger and excessive talk, were also

reported. The patient described a continuous sense of tension, stating, "I feel like my mind is a knotted knot that I can't unravel, and every moment something new tightens it further."

- Somatic Symptoms: Alongside mental distress, the patient experienced chronic left-sided pain, headaches, abdominal pain, and persistent abdominal burning.
- Chronicity and Prior Treatment: Symptoms persisted for 5 years. Previous homeopathic treatment provided merely transient relief. Recurrence and intensification prompted his visit to the Ayurveda teaching hospital.

Clinical Findings

General Examination

- Blood Pressure: 120/80 mmHg (Normotensive).
- Pulse Rate: 70 beats/min.
- General Appearance (*Akriti*): Medium build, anxious but cooperative.

Ayurveda Assessment (*Ashtavidha Pariksha*)

The eight-fold examination provided key knowledge about the Dosha imbalance:

- ***Nadi* (Pulse):** *Pitta Pradhana Vata*. This pulse morphology indicates dual vitiation. *Pitta* dominance is associated with burning sensations, anger, and inflammatory tendencies, while the *Vata* component corresponds to anxiety, racing thoughts, and variable pain. Drawing a parallel to modern clinical practice, heart rate variability analysis may provide understanding, as oscillations in heart rate frequently indicate autonomic nervous system function analogous to *Pitta-Vata* pulse characteristics. This integrative perspective may foster awareness among biomedical professionals of the alignment between Ayurvedic diagnostics and contemporary vital sign interpretation.
- ***Mala* (Stool):** *Vibandha* (Constipation). In Ayurveda, constipation is a classic sign of *Apana Vata* dysfunction. Since *Vata* controls the mind (*Prana Vata* and *Manas* linkage), accumulated *Vata* in the colon (*Pakvashaya*) often aggravates mental instability.[9]
- ***Jihva* (Tongue):** *Samyak* (normal/clean), indicating no acute *Ama* (toxin) coating at the gross digestive level, though cellular *Ama* cannot be ruled out.
- ***Shabda* (Voice):** *Prakrita* (normal).
- ***Sparsha* (Touch):** *Samanya* (normal).
- ***Drik* (Eyes):** *Samanya* (normal).
- ***Mutra* (Urine):** Normal frequency and appearance.

Diagnostic Assessment and Differential Diagnosis

Modern Diagnosis: The patient fulfilled DSM-5 criteria for obsessive-compulsive disorder (OCD), with comorbid mild depression. The presence of somatic symptoms, such as abdominal pain and headache, suggested a possible component of Somatic Symptom Disorder, which frequently co-occurs with anxiety disorders. Hematological investigations were unremarkable, excluding infectious or acute metabolic etiologies for the physical symptoms. Management of mild depression incorporated consistent mood monitoring, applying standardized instruments such as the Patient Health Questionnaire (PHQ-9) to enable early detection and early intervention.

Ayurveda Diagnosis: The condition was diagnosed as *Atattvabhinivesha*

- Rationale: The core symptom of *Buddhi Vibhrama*- the inability to differentiate between actual safety and imagined threat (e.g., contamination fears despite cleanliness)- is pathognomonic of *Atattvabhinivesha*.
- *Dosha* Analysis: The symptoms showed mixed *Tridosha* involvement with *Vata-Pitta* dominance.
  - *Vata*: Obsessive thoughts, fear, checking rituals, constipation, body pain, excessive speech.
  - *Pitta*: Burning sensation, excessive anger, irritability, nightmares of venomous creatures (snakes/scorpions frequently represent *Pitta* toxicity or profound fear).
  - *Rajas/Tamas*: The mental attributes driving the compulsion and the clouding of judgment.

Differential Diagnosis (*Vyavachhedaka Nidana*)

- ***Unmada* (Psychosis):** Ruled out as the patient retained orientation and insight into the irrationality of his thoughts, a key distinction between *Atattvabhinivesha* (neurosis/OCD) and *Unmada* (psychosis).
- ***Apasmara* (Epilepsy):** Ruled out due to the absence of seizures or loss of consciousness, although *Atattvabhinivesha* shares similar etiological factors with *Apasmara*.

Etiological Factors (*Nidana*)

A detailed history revealed a constellation of causal factors in the disease process. Chief among these modifiable lifestyle triggers are dietary habits and psychological stressors. Excessive consumption of tamasic foods- those that are dirty or impure- directly affects the mind's clarity. Inadequate sleep due to extended nighttime activities exacerbates mental instability. Enduring psychological stress, unchecked jealousy, grief, and fear further contribute to the doshic imbalance, affecting mental stability. Immediate

counseling that targets these factors can empower patients to make meaningful lifestyle adjustments.

Pathogenesis (*Samprapti*)

The progression of the disease in this patient is as follows:

1. *Dosha Prakopa*: Etiological factors (stress, insomnia, impure food) aggravated somatic *Vata* and *Pitta*, and psychic *Rajas* and *Tamas*.
2. *Srotodushti* (Channel Vitiation): The vitiated *Doshas* moved from the *Koshta* (gut) to the *Shakha* (tissues), lodging in the *Manovaha Srotas* (channels of the mind) and *Hridaya* (Heart/Brain axis).
3. *Avarana* (Occlusion): The heavy, obscuring nature of *Tamas* and the active, projecting nature of *Rajas* covered the *Sattva guna*. This occlusion affected the *Buddhi* (intellect).
4. *Buddhi Vibhrama*: The intellect lost its capacity for *Nischaya* (decisive knowledge). The patient began to perceive "unclean" where there was "clean," and "danger" where there was "safety."
5. Manifestation: This internal confusion manifested externally as compulsive behaviors (washing, checking) and internally as anxiety and somatic burning, culminating in the syndrome of *Atattvabhinivesha*.

Therapeutic Intervention

The management strategy was designed to address the root pathology through *Trividha Chikitsa* (Three-fold therapy), concentrating primarily on *Yukti Vyapashraya* (Rational pharmacological therapy) and *Satvavajaya* (Psychotherapy).

***Yukti Vyapashraya Chikitsa* (Drug Therapy)**

The selection of drugs intended to regulate *Vata* and *Pitta*, clear the *Manovaha Srotas*, and strengthen the nervous system (*Majja Dhatu*). One key aspect of the pharmacological intervention was the deliberate use of low-dose, high-potency herbal-mineral compounds to maximize treatment outcomes while minimizing adverse reactions.

Table 1: Pharmacological Intervention Protocol

Sutshekhar Rasa	1 Tablet (approx. 250mg)	BD (Twice daily)	Water/ Milk	*Pitta-Vata* pacification, *Amapachana*, reduces acidity and somatic burning. Contains gold/silver/ conch ash.
***Stri Rasayana* No. 2**	2 Tablets	BD (Twice daily)	Water	Adaptogenic, *Medhya* (nootropic), hormonal balance. Likely contains *Amalaki, Guduchi, Mandukparni, Jatamansi*, *Godanti* and *Baval Gundar*.
Samsamani Vati	2 Tablets	TDS (Thrice daily)	Water	*Rasayana*, immunomodulator, neuroprotective. Contains *Guduchi*.
Compound Powder	1 tsp (approx. 3-5g)	BD (Twice daily)	Water	Specific combination for *Pitta* suppression and calcium supplementation.

Composition of the Compound Powder

- *Yashtimadhu* (*Glycyrrhiza glabra*) (25) *Churna* – 1 part
- *Shankha Bhasma* (Conch shell ash) (26) – ¼ part
- *Mukta Shukti Bhasma* (Pearl oyster shell ash) (27) – ⅛ part
- *Kamadugdha Rasa*[28] – ⅛ part

Analysis of Pharmacological Action

1. *Sutshekhar Rasa*[24]: This is a premium herbo-mineral formulation traditionally used for *Amlapitta* (acid peptic disorders). In this context, it was chosen because of its powerful ability to pacify *Sadhaka Pitta* (the *Pitta* subtype governing emotions and intellect). It usually includes *Swarna* (gold) or *Raupya* (silver) *Bhasma*, *Vatsanabha* (aconite - processed), and *Datura* (thorn apple). The anticholinergic alkaloids in *Datura* and *Vatsanabha*, in purified micro-doses, act as CNS depressants, reducing the hyperexcitability of the nervous system associated with *Vata* aggravated anxiety.[10]
2. *Samsamani Vati*[29]: Composed of *Guduchi* (*Tinospora cordifolia*), It promotes cognitive function, reduces oxidative stress in the brain, and clears *Ama* (metabolic waste) that may be clogging the mental channels. Its bitter taste (*Tikta Rasa*) is important for pacifying *Pitta* and *Kapha*.[11]
3. *Stri Rasayana* No. 2[30]: While the name suggests a female tonic, its use in a male patient brings attention to the Ayurveda principle that drugs are selected based on *Guna* (properties) rather than gender. Formulations like this typically contain *Amalaki (Embelica officinalis), Guduchi (Tinospora cordifolia) Mandukparni (Centella asiatica), Jatamansi* (*Nardostachys jatamansi*), *Godanti* (Finish product) and *Baval Gundar* (Acacia lotica). These are powerful adaptogens and nervine tonics. *Jatamansi* specifically modulates GABAergic pathways, providing anxiolytic effects comparable to benzodiazepines but without sedation, which is important for treating the patient's insomnia and racing thoughts. [12]

4. Mineral Compound (*Bhasmas*): *Shankha* and *Mukta Shukti Bhasmas* are rich sources of natural calcium. Calcium ions are important for neurotransmitter release and nerve conduction. These alkaline ashes neutralize systemic acidity (*Pitta*), which causes the burning sensation, and act as a sedative for irritated nerves. *Kamadugdha Rasa* specifically targets heat in the body, alleviating the burning sensation and irritability.[13] To ensure safety, especially concerning herb-mineral drugs, periodic monitoring of liver and renal function is important. Laboratory tests, including liver function tests and serum creatinine, were performed every 4 weeks. If enzyme levels exceeded three times the upper limit of normal or if creatinine levels indicated reduced kidney function, an urgent response was required, and modifications to therapy were considered. Regular laboratory tests helped pre-empt potential safety concerns associated with the use of such formulations, thereby strengthening assurance.

In parallel with medication, the patient underwent *Satvavajaya Chikitsa*. This is defined in *Charaka Samhita* as "restraining the mind from unwholesome objects (*Ahita Artha*)".[14] The therapy functioned as a form of cognitive restructuring.

- *Jnana* (Insight): The physician worked to replace the patient's *Mithya Jnana*, or false knowledge (e.g., "I am contaminated"), with *Tattva Jnana*, or reality-based knowledge. This parallels the identification and re-evaluation of distorted thoughts in CBT.[15]
- *Vijnana* (Education): Educating the patient about the nature of the disorder to reduce fear of the symptoms functions similarly to psychoeducation in CBT, which aims to help patients understand their conditions.[16]
- *Dhairya* (Fortitude): Building the mental will to resist the urge to perform compulsions is akin to behavioral experiments in CBT, where patients are encouraged to test and challenge their beliefs (similar to Response Prevention).[17]
- *Smriti* (Mindfulness/Memory): Encouraging the patient to recall previous occasions when rituals were not performed, and no harm occurred, helps to bolster safety memories. This method corresponds with mindfulness practice, which is often integrated into CBT to increase present-moment awareness and reduce rumination.[18]
- *Samadhi* (Focus): Techniques to stabilize the wandering mind, likely involving breathwork or mantra meditation to reduce *Rajas,* are comparable to focus and attention enhancement strategies used in CBT. These practices help cultivate concentration and reduce distractions.[19]

Follow-up and Outcomes

Clinical progress was evaluated during scheduled follow-up visits. The intervention's effectiveness was quantitatively measured using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), with baseline and post-treatment scores compared.

Quantitative Assessment (Y-BOCS)

Table 1: Comparative Study of Pre- and Post-Treatment Y-BOCS Scores

Item / Domain	Pre-Treatment Score (Severity)	Post-Treatment Score (Severity)	Change (Δ)	Clinical Interpretation
Obsessions Subscale				
1. Time Occupied	2 (Moderate)	1 (Mild)	-1	Reduced cognitive burden of intrusive thoughts.
2. Interference	3 (Severe)	1 (Mild)	-2	Major Functional Restoration: Shift from substantial impairment to minimal impact on daily role.
3. Distress	3 (Severe)	2 (Moderate)	-1	Residual Symptom: Cognitive anxiety lags behind behavioral improvement; implies tolerance of uncertainty.
4. Resistance	2 (Some effort)	1 (Much effort)	-1	Increased cognitive engagement and agency in resisting urges.
5. Control	3 (Little control)	2 (Moderate)	-1	Partial recovery of volition; automaticity of thoughts persists despite functional gains.
Subtotal (Obsessions)	13	7	-6	46% Improvement: Significant reduction in cognitive intrusion.

Compulsions Subscale				
6. Time spent	2 (Moderate)	1 (Mild)	-1	Rituals reduced to <1 hour/day; typically subclinical maintenance checks.
7. Interference	2 (Moderate)	1 (Mild)	-1	Physical performance of rituals no longer obstructs occupational/social functioning.
8. Distress (if prevented)	3 (Severe)	1 (Mild)	-2	Evidence of Habituation: Decoupling of stimulus (obsession) from fear response; indicates successful exposure (ERP).
9. Resistance	2 (Some effort)	1 (Much Effort)	-1	Enhanced behavioral discipline; patient actively refuses ritual engagement.
10. Control	3 (Little control)	1 (Much control)	-2	Behavioral Mastery: Restoration of voluntary control over motoric responses.
Subtotal (Compulsions)	12	5	-7	58% Improvement: Behavioral extinction exceeds cognitive decay (typical ERP trajectory).
Global Severity	25 (Severe)	12 (Mild)	-13	Remission & Wellness: Total score12 indicates "Wellness" status with high quality of life.

Note: Y-BOCS = Yale-Brown Obsessive Compulsive Scale. Scoring range 0–4 per item. Global Severity ranges: 0–7 (subclinical), 8–15 (mild), 16–23 (moderate), 24–31 (severe), 32–40 (extreme).

Interpretation: The decrease in total Y-BOCS score from 25 to 12 shows a transition from "Severe" to "Mild" OCD. A reduction exceeding 35% is generally regarded as a full clinical response; in this case, a 52% reduction was achieved. (20)

Qualitative Improvements

- Somatic Symptoms: The patient noted considerable relief from abdominal pain and burning sensation. The headaches, which had been frequent, ceased.
- Sleep Hygiene: The nightmares involving snakes and scorpions stopped, indicating pacification of deep-seated subconscious fear (*Bhaya*) and *Pitta* heat affecting the mind during sleep. Sleep quality improved markedly.
- Behavioral Adjustments: The patient's excessive anger (*Krodha*) and unnecessary speech (*Pralapa*) subsided. He regained control over his impulses and exhibited greater emotional stability in routine interactions.
- Adverse Events: No adverse drug reactions were observed during the treatment period.

DISCUSSION

Integration of Ayurveda and Modern Pathophysiology

This case study offers a convincing validation of the Ayurveda theoretical model of *Atattvabhinivesha* as an analogue for OCD. The patient's symptoms, such as irrational fears, repetitive behaviors, and somatic distress, correspond exactly to the classical description of *Buddhi Vibhrama* (intellectual confusion) caused by the clouding of *Sattva* by *Rajas* and *Tamas*. We hypothesize that *Guduchi* (Tinospora cordifolia) lowers IL-6 levels in OCD patients, thereby reducing neuroinflammation and alleviating symptoms. This hypothesis provides a springboard for future clinical trials to further investigate the biological mechanisms underpinning the efficacy of Ayurveda treatments in managing OCD.

From a modern perspective, the patient's somatic symptoms (burning, constipation) suggest a dysregulation of the gastrointestinal-neural connection. Emerging research indicates that the gut microbiome and the enteric nervous system serve a key function in serotonin production (95% of bodily serotonin is produced in the enteric nervous system). By treating *Amlapitta* (hyperacidity) and *Vibandha* (constipation) with *Sutshekhar Rasa* and *Bhasmas*, the protocol likely restored gut homeostasis, which, in turn, positively modulated central neurochemical concentrations.

Mechanism of Therapeutic Efficacy

The success of the treatment can be ascribed to the multi-target action of the chosen formulation:

1. Nootropic and Anxiolytic Action: The inclusion of *Stri Rasayana* (likely containing *Jatamansi* and *Mandukparni*) provided direct support to the nervous system. *Nardostachys jatamansi* has been shown to inhibit Monoamine Oxidase B (MAO-B) and modulate GABA receptors, increasing the availability of monoamines and inhibitory neurotransmitters in the brain.[21] This chemical action parallels the mechanism of modern anxiolytics but utilizes complex botanical matrices instead of isolated molecules.

2. Anti-inflammatory and Neuroprotective Action: *Samsamani Vati* (*Guduchi*) acts as a potent anti-inflammatory agent. Neuroinflammation is a growing area of interest in OCD research, with cytokines often elevated in patients.[22] *Guduchi's* ability to scavenge free radicals and reduce oxidative stress likely protected neural pathways from excitotoxicity.
3. Mineral Supplementation: The use of *Shankha Bhasma* (calcium carbonate) addresses not only acidity and possibly subclinical calcium deficiencies, which can affect neuronal signaling. The cooling energy (*Sheeta Virya*) of the pearl and coral preparations (*Mukta/Pravala*) directly counteracted the *Tikshna* (sharp/hot) quality of the *Pitta* dosha, driving the patient's anger and burning sensations.[23]

The Importance of *Satvavajaya*

The role of *Satvavajaya Chikitsa* cannot be exaggerated. While drugs addressed the biological substrate (*Sharira*), the counselling addressed the functional software of the mind (*Manas*). By teaching the patient to objectify his thoughts and refrain from engaging with "unwholesome objects" (the obsessions), the physician essentially applied a form of cognitive restructuring. The concept of *Dhairya* (fortitude) reinforcement corresponds to the "willpower" component often utilized in modern therapy to resist compulsions.

While the results are promising, this is a single case report. The exact proprietary composition of "*Stri Rasayana* No. 2" (a specific pharmacy batch) brings forth a variable that may be difficult to replicate without specific formulation data. Another limitation to consider is the potential placebo effect, which might have contributed to the observed improvements. Also, concurrent lifestyle changes made by the patient, such as nutritional modifications or stress-reduction strategies, may have influenced the outcomes. Long-term follow-up past the immediate post-treatment phase indicated a sustained remission of symptoms, as the patient continued to report the absence of major OCD symptoms and somatic issues for a period of 12 months. However, ongoing monitoring is needed to assess the risk of relapse, as none was observed during the follow-up period. To address potential sampling bias, the generalizability of this evidence to a broader population is inherently limited by the focus on a single case study. Subsequent studies ought to include larger, more diverse samples to establish broader applicability and mitigate overinterpretation of these results.

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Conclusively, the successful management of *Atattvabhinivesha* (OCD) in this case emphasizes the promise of Ayurveda as a comprehensive modality for complex psychiatric disorders. The protocol demonstrated that addressing somatic metabolism (*Agni*) and *Dosha* imbalance is as essential as directly targeting mental processes. The marked reduction in Y-BOCS scores and resolution of somatic symptoms indicate that formulations such as *Sutshekhar Rasa*, *Samsamani Vati*, and adaptogenic *Rasayanas* may act as successful options to conventional psychotropics, particularly for patients pursuing comprehensive relief without adverse effects. Furthermore, this Ayurveda protocol may complement ongoing allopathic treatments. Combined methods could involve the concurrent use of Ayurveda formulations with SSRIs or other psychiatric medications, enabling clinicians to develop more individualized treatment plans. Such combined strategies may reduce pharmacotherapy-related side effects and augment overall treatment results. Further studies ought to prioritize randomized controlled trials to strengthen this evidence and explain the molecular mechanisms underlying Herbo mineral interactions.

Patient Perspective

The patient reported high satisfaction with the treatment. He noted relief from the "burning" in his stomach and the cessation of nightmares as turning points that allowed him to regain confidence in his recovery. He felt "lighter" mentally and was able to engage in social situations without the compelling impulse to perform rituals.

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