

Investigating the role of lifestyle in the development and treatment of obsessive-compulsive disorder and its types

Mohammad Mohsen Azizi*

Baqiyatallah Research Center for
Gastroenterology and Liver Disease,
Baqiyatallah University of Medical Sciences,
Tehran, Iran

m.mohsenazizi78@gmail.com

Haniyeh Khani Kor

Bachelor of Psychology, Islamic Azad
University of Roodehen, Iran

hanie.khani99@gmail.com

ABSTRACT

scientific findings suggest that a large number of physical and psychological disorders are rooted in unhealthy lifestyles and wrong habits in the society . obsessive - compulsive disorder (ocd) is one of the most common mental disorders observed in different levels of society . this type of disorder with repeated thoughts and actions in the affected person causes mental and functional limitations .

in the texts of psychology and traditional medicine , there are reasonable and coherent themes that can be extracted by aggregation , matching and classification of those efficient protocols based on lifestyle modification with the aim of improving and improving the obsessive disorder.

in the present study , researchers studied the deep sources of traditional medicine and psychology at the top of the above goal . the findings of this study showed that unhealthy lifestyles can form obsessive - compulsive disorder through the creation of environment and environmental background .based on the achievements of this

project , it can be concluded that by modifying the principles of lifestyle and quitting bad habits associated with health , the rate of creation and prevalence of ocd can be reduced and help patients to improve .

Keywords: lifestyle, mental disorder, anxiety disorder, obsessive-compulsive disorder, traditional medicine, psychology, healthy lifestyle.

1. Introduction

In the current situation, according to the latest statistics, the cause of 51% of the common diseases among people is their wrong lifestyle and bad habits related to their health, which is a very worrying statistic [1]. The health level of a society is measured by the index of healthy people in that society, and considering the fact that people's physical and mental health can be affected by their lifestyle, it is better to solve this problem by observing the healthy lifestyle principles and help to improve people's physical and mental health by increasing the health index in the society. Of course, health and a healthy lifestyle do not exclusively mean that there is no more news of any disease, but such a lifestyle can: 1) promote the society's general health; 2) reduce the percentage of diseases that are directly influenced by an unhealthy lifestyle; 3) prevent chronic and dangerous diseases; and 4) reduce mortality rate caused by diseases and unhealthy lifestyles [2, 3, 4, 5, 6].

According to the WHO's report, chronic diseases account for 70% of the mortality rate in Iran; all

of these diseases can be prevented by modifying lifestyle principles [7].

An unhealthy lifestyle not only affects the health of our body but also our mental and psychological health significantly, and these negative effects of an unhealthy lifestyle on people's mental condition can quickly affect their physical health, or reciprocally, their improper physical conditions affect their mental condition [8, 9, 10].

Improper lifestyle which is based on bad habits accelerates the process of various mental disorders so that the prevalence of these mental disorders in Iran has been reported to be 2-4% [11, 12].

Considering the increasing rate of anxiety disorders in people in the society, it is necessary to study the types of anxiety disorders in different dimensions. Many of the mental disorders occurring during life are rooted in the lifestyle and temperament of the body, and employing the traditional medicine along with psychology as a supplement, we can treat many mental disorders by observing the principles of a healthy lifestyle and psychological techniques.

The aim of this study was to investigate the role of lifestyle in the development and treatment of obsession disorder and its types.

2. Methods

To conduct this review study, reliable sources of psychology and medicine have been studied, and as far as we know, so far no study in this dimension has been observed in the texts.

The books include:

1. Naseri's Hygiene (Mohammad Kazem Guilani);
2. The Canon of Medicine (Avicenna);
3. Zakhireh Khwarazmshahi (Ismail Gorgani);
4. Summary of Wisdom (Aghili Khorasani);
5. Canon of Medicine (Avicenna);
6. Great Pharmacopoeia (Aghili Khorasani);

7. A Review of the Generalities of Traditional Iranian Medicine (Majid Anoshirvani, Mohsen Naseri, Hossein Rezaeizadeh, Rasoul Choupani);

8. Nature in Iranian Medicine (Ismail Nazem);

9. Enlivening the Hearts (Mir Moghim Arzani);

10. Persian Textbook of Iranian Traditional Medicine (Mohsen Naseri);

11. Obsession and Its Cognitive-Behavioral Therapy (Jonathan S. Abramowitz);

12. Familiarity with Obsession and Ways to Get Rid of It (Padmal de Silva, Stanley Rockman);

13. Get Rid of Obsessive Thoughts (Christine Purdon, David Clark);

14. Treatment of Obsessive-Compulsive Disorder (John Jordan, Daniel Del Carso);

15. Recognition of Obsession and Its Symptoms (Dr. Giti Shams).

Also by the use of Persian and English equivalents of the keywords "lifestyle", "healthy lifestyle", "obsession anxiety disorder", "obsession", "obsession disorder", "temperament", "traditional Iranian medicine", "Iranian medicine", "temperament", "compulsive obsession", "obsessive-compulsive disorder", "mental disorder", and so on in reputable scientific databases Majiran, SID, Google Scholar, Pub Med, ScienceDirect, and Civilica, related articles were searched.

3. Results

3.1. Recognition

Today, depression, anxiety, and psychological distress are considered as the most prevalent mental disorders that are more common in individuals with a wrong lifestyle [13, 14, 15].

The obsession disorder, the fourth most common illness in psychiatry, is a type of anxiety disorder that affects more and more people today, although it is equally prevalent in men and women, and we suffer from it at least in 2.5% of our lifetime [16].

Obsessive-compulsive disorder:

The obsessive-compulsive disorder is a kind of disorder that manifests itself in a variety of ways, including recurring and persistent thoughts, impulses, and images that are disturbingly and unintentionally experienced, as well as renewable behaviors or mental actions. These thoughts and actions cause a lot of suffering and considerable disruption in individual's performance in various centers.

Researchers have found that the obsessive-compulsive disorder often begins in adolescence. Often, an individual with the obsessive-compulsive disorder often does some activities temporarily in order to eliminate or reduce the effects of obsession, and failure to do so causes distress. According to researchers, the most common obsessions of the obsessive disorder are 60% religious and pollution and 49% physical, and the most common obsessions of the compulsive disorder are 68% repetition, 63% cleaning and rinsing, 58% checkout, and 58% checking [17, 18, 19, 36, 37, 38, 39, 52].

These obsessions usually last more than an hour a day or cause distress or significant clinical distress in the individual. But despite all the significant advances in the treatment of this disorder, there are still patients who either do not respond positively to treatment at all or their response rate to treatment is very low [20, 36, 37, 38, 39]. Some patients recover a little with treatment, but they show signs of illness and a large amount of impairment is observed in their performance and quality of life. Some patients are unwilling or unable to cope with anxiety and prevent responding to it. Another groups either do not accept treatment or leave it; and this rejection of treatment can lead to behaviors such as absenteeism, cancellation of sessions, withdrawal from behavioral tasks at home or other tasks assigned by the therapist [21].

3.2. Etiology

One of the methods considered by researchers today is anxiety sensitivity, which is a cognitive style; fear involves a high degree of anxiety symptoms, and individuals who are more sensitive to anxiety symptoms believe that these symptoms have unfortunate consequences, in the

both physical and mental terms, leading them to lose their control and as a result being embarrassed. Each of these individuals experiences these symptoms to varying degrees [22, 23].

However, after conducting clinical and review studies, we concluded that lifestyle modification based on the principles of traditional medicine can be a complement to psychology for prevention and treatment without drugs [24].

The traditional Iranian medicine believes that there are four humours that form a major part of our personality and mental, psychological and behavioral states. These humours are produced and distributed through nutrition in the liver in the body. With impaired liver function, maltemperament occurs and as a humour increases or decreases in the body, numerous physical and psychological problems, including the obsessive-compulsive disorder, which is discussed here, occur [24, 25, 26].

One of the big problems in nutrition today is that people do not know enough about their nutrition and its modifiers and therefore a part of their lifestyle is lived incorrectly. This causes many diseases to occur in this way and endangers the health of our body. Every food has a temperament and causes the production of humour in the body, and if we do not know what the humour of the food we eat is and what humour the liver produces in the body through it, the body will lose its balance [27].

3.3. Obsession and Temperaments in Traditional Iranian Medicine

Lexically, "temperament" means to be mixed and is considered as one of the important foundations of the traditional medicine. Two decades before Christ, Galen founded the temperament model, and according to his theory, people fall into four groups. This classification of temperament includes: blood (hot and humid), yellow bile (hot and dry), black bile or soda (cold and dry) and phlegm (cold and wet).

The black bile is a black substance that is present in 1% of balanced humans' arteries. In the traditional Iranian medicine, the main cause of obsession in individuals is the predominance of the black bile temperament (cold and dry), and unprincipled cold-temperament nutrition, lack of proper physical activity, irregular sleep, and autumn are among the factors that increase the black bile. The black bile is of soil kind and is cold and dry. The black bile is a deposit of blood, is produced in the spleen, and activates the spleen. The black bile is a temperament that if increases in the individual, he will suffer from the predominant effects of the black bile, such as melancholy, dry skin, distraction, lack of sleep, obsession, and so on. Since our subject in this study is obsession, thus here we should know that one of the main causes of obsessive anxiety disorder and its types is the predominance of the black bile temperament, which is also due to an unhealthy lifestyle. So we can conclude that our unhealthy lifestyle causes temperament disorders and obsessive anxiety disorder occurs if the black bile dominates our body, which is the beginning of the development and deepening of this disorder with any mood-, mental- and psychological-stimulating agent. Find more and go deeper. [28, 29, 30, 31, 32, 33, 34, 35].

3.4. Obsession Prevention and Improvement in Psychology

Psychological therapeutic studies on this disorder have generally been in the three fields of pharmacotherapy, behavioral therapy, cognitive therapy, and the combination of cognitive-behavioral therapies with pharmacotherapy. In drug free therapies, different therapies including flooding, exposure or response prevention, regular desensitization, collaborative or active role modeling, and thinking interruption or "thought stopping" are used. Behavioral therapies, which are mainly flooding, exposure, and response prevention, are considered as a form of reality under controlled therapeutic conditions. It is assumed that this healing process

allows the patient to realize that a frightening and anxious event will not actually occur and that avoidance is not necessary [50, 51]. The metacognitive approach is based on this belief that people in emotional turmoil show a metacognitive response to internal experiences which leads to an example that perpetuates their negative emotion and reinforces their negative beliefs. This is called Cognitive-Attentional Syndrome (CAS), which is a rumination, worry, recorded attitude, and self-regulatory strategies or maladaptive reciprocal behaviors [40]. In general, the rules of the obsession disorder treatment based on the principle of the metacognitive therapy include:

1. Changing the perspective of metacognitive beliefs related to fusion;
2. Changing the ineffective beliefs about regularities;
3. Modifying and development of the way of using inappropriate internal targets that are the criteria for measuring and guiding behaviors;
4. Creating appropriate alternative methods for guiding behaviors and reproducing pervasive consciousness skills.

3.5. Prevention and Improvement in Traditional Iranian Medicine

The perspective of traditional medicine in the treatment of mental disorders is to observe the principles of hygiene and temperament correction, which include the obsession disorder as well.

Hygiene consists of six rules, which are called the "six essential health items":

1. Vomiting and Retention;
2. Bodily avoidance;
3. Eating and drinking;
4. Sleeping and waking up;
5. Movement and stillness;
6. Weather.

Bodily avoidance is in the "six essential health items", which includes our mental health status and means human's mental and emotional status

throughout his/her life. Scholars and scientists believe that bodily avoidance can affect the physical function and the body interactions very quickly. Mental and psychological states such as anger, worry, sadness, embarrassment, fear, joy, pleasure, etc. are among natural functions of the body and the occurrence of each of these states brings balance in physical conditions such as the main temperament of the body and health. And of course, increasing or decreasing these direct and indirect states affects the metabolism, blood circulation, respiration, gastrointestinal and endocrine secretions, and muscles. Today, medical researchers' attention has been attracted to the role of mental states in the body and its different organs and many researches in the field of psychoneuroimmunology and the role of mental states in the nervous and defense systems of the body are being done; one of the scientific results of these researches has shown that improving human's mental health can strengthen the immune system, which increases the specialized defense of immune cells and has a direct and positive effect on the prevention and treatment of many chronic diseases.

The obsession disorder is also one of the mental disorders caused by the increased black bile in the blood. According to traditional medicine scholars, the best diet that is suitable for the black bile temperament is that for this type of temperament, foods that cause black bile after digestion and absorption in the human's body and leave cold and dry humour should not be used. In the black bile diet, vegetables such as coriander, cabbage, leeks, sumac, fruits such as raspberries, dried gourds, persimmons, unripe watermelons, cherries, sorrel, sour pomegranates, citron, tamarind, hawthorn, blueberry, elm, sour grape, grapefruit, Omani leman, and orange, dairy products such as whey cheeses and curds, beans such as millet, dried beans, barley, rice, corn, lentils, and mung bean, spices such as sumac and coffee, nuts such as edible oak, chestnuts, and hemp, cannabis, and processed products such as vinegar, frozen beef

and veal, fried fish, leftover food, chopped meat, preserved half-cooked meat, sausages, bolognas, and canned foods such as beans, eggplant, dough soup, sumac soup, sour yogurt and tea, carbonated drinks, beer, tomato paste, and pomegranate paste should not be used.

Eating hot, wet and laxative food such as soup, lamb meat, camel meat, pigeon meat, sparrow meat, and starling meat is very effective in relieving the black bile temperament. If you consume rice, be sure to use dill and caraway. Hot vegetables, such as mint, basil, tarragon, savory, parsley, leek, types of cabbage, celery stalks, honey, berries, raisins, figs, dates, cardamom, cinnamon, ginger, saffron, caraway, chia, and other mild laxatives the useful foods for people with the black bile temperament [24, 35, 42, 43, 44, 45, 46, 47, 48, 49].

4. Conclusion

An unhealthy lifestyle along with environmental factors causes the obsession disorder. According to this research, we can conclude that a lifestyle based on the principles of the psychological findings and the hygiene of the traditional Iranian medicine together as complements can lead to the prevention and treatment protocol for the obsession anxiety disorder.

5. Reference

1. Lear S.A, Ignaszewskib A, Lindenc W, Brozicid A. The Extensive Lifestyle Management Intervention (ELMI) following cardiac rehabilitation trial. *Eur Heart J* 2003; 24: 1920-1927.
2. Ghasemi, Mohammadd, Alavinia, Sayyed Ali: Traditional Medicine & Islamic period, Teymurzadeh publication, 1387. 10-30
3. Nacar M, Baykan Z, Cetinkaya F, Arslantas D, Ozer A, Coskun O, et al. Health promoting lifestyle behaviour in medical students: a multicentre study from Turkey. *Asian Pac J Cancer Prev.* 2014;15(20):8969- 74.

4. Al-Qahtani MF. Health-promoting lifestyle behaviors among nurses in private hospitals in Al-Khobar, Saudi Arabia. *J Egypt Public Health Assoc.* 2015;90(1):29-34.
5. Buck KD, Roe D, Yanos P, Buck B, Fogley RL, Grant M, et al. Challenges to assisting with the recovery of personal identity and wellness for persons with serious mental illness: Considerations for mental health professionals. *Psychosis.* 2013;5(2):134-43.
6. Shams M. Constitution of the Islamic Republic of Iran. *tehran: Omid enghlab*; 2017
7. World Health Organization. The impact of chronic disease in the Islamic Republic of Iran [Online]. 2006; Available from: URL: www.who.int/entity/chp/chronic_disease_report/.../impact/iran.pdf. 2012.
8. Aghili khorasani, Mir Mohammad Hussain Khan. "Kholase al Hekma". Correction by Nazim, Ismail. *Ismailian Publication Qom*, 1385. pp 819-838.
9. Arzani, Akbar. "Mofareh Al Gholoob". *Islamic Publications, Lahore, lithography*, pp. 300-310.
10. Shaykh al-Rais Avicenna, Canon on Medicine, research and translation Masudi, Ali Reza, *Kashan Morsal Press*, 1386, pages 526-528.
11. Noorbala A, Mohammad K, BagheriYazdi A, Yasamy M. A view of mental health in Iran. *Tehran: Moalef.* 2001.
12. Mohammadi M-R, Davidian H, Noorbala AA, Malekafzali H, Naghavi HR, Pouretmad HR, et al. An epidemiological survey of psychiatric disorders in Iran. *Clinical Practice and Epidemiology in Mental Health.* 2005; 1(1):16.
13. Wittchen H-U, Jacobi F, Rehm J, Gustavsson A, Svensson M, Jönsson B, et al. The size and burden of mental disorders and other disorders of the brain in Europe 2010. *European Neuropsychopharmacology.* 2011; 21(9):655-79.
14. Spinhoven P, Elzinga B, Hovens J, Roelofs K, van Oppen P, Zitman F, et al. Positive and negative life events and personality traits in predicting course of depression and anxiety. *Acta Psychiatrica Scandinavica.* 2011; 124(6):462-73.
15. Lokkerbol J, Adema D, de Graaf R, ten Have M, Cuijpers P, Beekman A, et al. Nonfatal burden of disease due to mental disorders in the Netherlands. *Social psychiatry and psychiatric epidemiology.* 2013:1-9.
16. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders.* 4th ed. Text Revision. Washington, DC: Author; 2000.
17. Association, A. P. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*: American Psychiatric Pub.
18. Tezcan E, Millet B. Phenomenology of obsessive-compulsive disorders. Forms and characteristics of obsessions and compulsions in east Turkey. *Encephale.* 1997; 23: 342-350.
19. Okasha A, Saad A, Khalil A H, Seif E I, Dawla A&Yehia N. Phenomenology of obsessive compulsivedisorder: A transcultural study. *Comprehensive Psychiatry.* 1995; 35, 191-197.
20. Keeley MK, Storch EA, Merlo LJ, Geffken GR. Clinical predictors of response to cognitive-behavioural therapy for obsessive-compulsive disorder. *Clin Psychol Rev* 2008; 28(1): 118–30.
21. Drummond LM. The treatment of severe, chronic, resistant obsessive compulsive disorder: an evaluation of an in-patient program using behavioural psychotherapy in combination with other treatments. *Br J Psychiatry* 1993; 163: 223–9.
22. Raines, A. M., Oglesby, M. E., Capron, D. W., & Schmidt, N. B. (2014). Obsessive compulsive disorder and anxiety sensitivity: Identification of specific relations among symptom dimensions. *Journal of Obsessive-*

- Compulsive and Related Disorders, 3(2), 71-76. doi:10.1016/j.jocrd.2014.01.001
23. Reiss, S., Peterson, R. A., Gursky, D. M., & McNally, R. J. (1986). Anxiety sensitivity, anxiety frequency and the prediction of fearfulness. *Behav Res Ther*, 24(1), 1-8.
 24. Reuman, L., Jacoby, R. J., Blakey, S. M., Riemann, B.
 25. Abu Ali Sina. *Law in Medicine*. Sharafkandi's translation. Tehran: Soroush Publications; 1370, Volume One to Volume Five
 26. Aghili khorasani, Mir Mohammad Hussain Khan. "Kholase al Hekma". Correction by Nazim, Ismail. Ismailian Publication Qom, 1385. pp 819-838.
 27. Jorjani, Hakim Seyed Ismail: Zakhireye Kharazmshahi, publication of Academy of Medical Sciences, correction: doctor Mohamad Reza Mohareri, Book III, pp. 107-110, 2003.
 28. Felipe V. Hepatic encephalopathy: effects of liver failure on brain function. *Nat Rev Neurosci*. 2013; 14:
 29. Naseri M, Rezaeizadeh H, Taheripana H, Naseri V, Temperament Theory in the Iranian Traditional Medicine and Variation in Therapeutic Responsiveness, Based on Pharmacogenetics. *J Islamic Iran Trad Med* 1 (2010) 237-248
 30. Naseri M, Rezai Zadeh H, Choopani R. General overview of Traditional Medicine. Tehran: Nashre Shahr, 2010, p. 914-27 (Persian).
 31. Diamond S, The roots of psychology. New York: Basic Books, 1974, p. 137.
 32. Kohnstamm GA, Bates J, K. Rothbart M, Handbook of Temperament in Childhood. Wiley, Sussex, England (1989) 340-351.
 33. Sanson A, Hemphill SA, Smart D, Connections between temperament and social development: A review. *Soc Dev* 13 (2004) 142-170.
 34. Ahvazi AEA. Kamil al-Sinaā al Tibbiya. Qom-Iran: Jallaleddin; 2008. [In Arabic]
 35. Azam Khan M. *Exir-e-Azam*. 1ed. Tehran: Almaee; 2014. [in persian]
 36. Ibn Sina (Avicenna) H. *Canon of Medicine*. Beirut-Lebanon. Alalami Library; 2005. [In Arabic]
 37. Diagnostic and Statistical Manual, Fifth Edition
 38. National Institutes of Mental Health
 39. National Library of Medicine
 40. International OCD Foundation
 41. (6Wells A. *Meta cognitive Therapy for Anxiety and Depression*. New York : Guilford Press, 2009.
 42. (88. Andooz.z.(Efficacy of the wells model of meta cognitive therapy in treatment of one case with obsessive compulsive disorder). *Andishe va rafter*. 2004;12(1):56-66. Persian.
 43. Naseri, Mohsen: *Textbook of Persian texts of Traditional Iranian Medicine*. Introduction: Isfahani Mohammad
 44. Akhaveini M R, *hedayato lelmotalemin fel teb*. Iran: Mashhad Ferdowsi University; 1992
 45. Guillani, Mohammad Kazem: *Hefzo-sehat-e Naseri*, Published by Almayi Nashr, editing and research: Dr. Rasoul Choopani, First Edition, pp: 67-111, 101-197, 186-274, 2005.
 46. Naseri, Mohsen, Jafari, Farhad, Alizadeh, Mahdi: *Health keeping principles in Traditional Iranian Medicine*. *J Islamic & Iranian Traditional Medicine*: 1389, 1(1): 39-44.
 47. Aghili khorasani, Mir Mohammad Hussain Khan. "Kholase al Hekma". Correction by Nazim, Ismail. Ismailian Publication Qom, 1385. pp 819-838.
 48. Arzani, Akbar. "Mofareh Al Gholoob". Islamic Publications, Lahore, lithography, pp. 300-310.
 49. Shaykh al-Rais Avicenna, *Canon on Medicine*, research and translation Masudi, Ali

Reza, Kashan Morsal Press, 1386, pages 526-528.

49. Jarjani, Syed Ismail: Alaghraz Altbyh. Corrections and Research Division crown, Hassan. 0.1 (c). Printing. Tehran University, Tehran, pp: 126, 1384.

50. (1717-Walker , C.E: Hedberg , A: Element , P: and Wright , L. Clinical Procedures for Behavior Therapy . New York : Prentice -Hall. (1991).

51. Jenilk, M. New development in the treatment of obsessive compulsive disorder. Journal of clinical psychiatry, (1998), vol. 55 (10,supple), pp:1-5

52. Pirutinsky S, Siev J, Rosmarin DH. Scrupulosity and Implicit and Explicit Beliefs about God. J Obsessive-Compulsive and Related Disorders 2015; 6: 33-8