ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25apr196

Evaluation of Obsessive Compulsive Disorder Among Female Age 18-25 Years. A Study from Tamilnadu, India

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Publication Date: 2025/04/21

Abstract: Obsessive-Compulsive Disorder (OCD) is a prevalent mental illness characterized by compulsion, obsession, or both that significantly disrupts or interferes with day-to-day functioning. Recurring thoughts, impulses, or concepts that are unwelcome and upsetting are called obsessions. Female participants in this study, who ranged in age from 18 to 25, were recruited from the Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital in Kulasekharam, Tamil Nadu, India. After the goal of the study was described, verbal consent was obtained. This survey was completed by 30 people. Thirty questions make up the survey. Women have been observed to suffer from sleep disorders, boredom, past trauma, fatigue, depression, and irritation at work. Cleaning, washing, checking, counting, repeating, straightening, routine activities, and fear are examples of common compulsions. Their everyday routines are inadequate. Women therefore need more mental health education. Women need to understand the importance of a healthy diet, personal hygiene, sleep, and mental well-being.

Keywords: *Obsessive-Compulsive Disorder, OCD, Psychiatric Disorder.*

How to Cite: Dr. R. Anusha; Dr. P. Allwin Christuraj; Dr. D.Baby Shalini; G.Parkavi; M.K.Thamizhmalar (2025), Evaluation of Obsessive Compulsive Disorder Among Female Age 18-25 Years. A Study from Tamilnadu, India *International Journal of Innovative Science and Research Technology*, 10(4), 854-857. https://doi.org/10.38124/ijisrt/25apr196

I. INTRODUCTION

Obsessive-compulsive disorder is a prevalent mental illness characterized by compulsion, obsession, or both that significantly disrupts or impedes day-to-day functioning. Repetitive ideas, wants, or thoughts that are unwelcome and unsettling are called obsessions. The hallmarks of obsessive-compulsive disorder include intrusive, distressing thoughts and repeated, ritualistic activities that take up a lot of time, seriously hinder functioning, and create distress. An enormous rise in worry and distress nearly invariably coincides with the onset of an obsession. Contamination fears, concerns about harm to oneself or others, the need for symmetry, accuracy, and order, religious or moralistic worry, ideas that are banned, or the need to confess or seek comfort are examples of common obsessions. Cleaning, washing, counting, repeating, straightening, routinized actions, confessing, praying, seeking reassurance, caressing, tapping, or rubbing, and avoidance are examples of common compulsions.

II. PATHOPHYSIOLOGY

Cortico-striato-thalamo-cortical circuit abnormalities are the main cause of OCD pathogenesis. OCD is a neuropsychiatric illness that involves abnormalities in brain circuitry, neurotransmitter systems, and cognitive functions. OCD is a complicated etiology that includes genetic,

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neurochemical, and neuroanatomical components. OCD is a multifactorial disorder that is influenced by environmental, psychological, neurobiological, and hereditary variables. Based on how they manifest, OCD symptoms can be divided into partially different but also overlapping subtypes: (1) compulsive cleaning and contamination fears; (2) compulsive thoughts about harm and compulsive checking rituals; (3) symmetry and compulsive ordering; and (4) compulsive hoarding and collecting useless objects. The dorsolateral prefrontal cortex is the most crucial area of the brain for human cognitive processes. Primate studies were the first to show that the dorsolateral prefrontal cortex has a role in working memory. Adaptation to environmental changes is another function of the dorsolateral prefrontal cortex. When it comes to making decisions and concentrating attention on particular stimuli, the dorsolateral prefrontal cortex is essential. The ability of the subject to process temporal information is disrupted, and goal-directed behaviors are more difficult to execute when the dorsolateral prefrontal cortex is damaged. Patients with mental illnesses including serious depression and obsessive-compulsive disorder have less activity in the dorsolateral prefrontal cortex, according to functional neuroimaging research. Attention, motivation, reward, error detection, working memory, problem-solving, and action planning are just a few of the cognitive functions that are influenced by the anterior cingulate cortex. The anterior cingulate cortex is divided into two main areas: the dorsal, or cognitive region and the ventral, or affective region. While the affective region is associated with the amygdala, nucleus accumbens, hypothalamus, anterior insula, and hippocampus and sends projections to the neuro-vegetative, visceromotor, and endocrine systems, the cognitive region is a component of the attentional network and is closely related to the dorsolateral prefrontal cortex, premotor, and parietal cortices. Patients with psychiatric problems such as mood disorders, obsessive-compulsive disorder, and phobias have been shown to exhibit excessive anterior cingulate brain activation. The thalamo-cortical and basal ganglia circuits: Integrating the different inputs coming from the cortex and using this information to choose particular motor or cognitive programs is the function of the basal ganglia. Converging information from the limbic and associative cortices is received by the striatum, which serves as the entrance point for information into the basal ganglia. The globus pallidus pars internalis and the substantia nigra pars reticulata are the output structures to which it subsequently sends projections via two different pathways: one direct and one indirect. The subthalamic nucleus and the globus pallidus pars externalis are both successfully involved in the indirect pathway. Furthermore, the subthalamic nucleus and the connections between the globus pallidus pars internalis and lobus pallidus pars externalis get direct inputs from the cortex. It appears that these two routes regulate cortical activity in opposing ways. Through twofold inhibition, activation of the direct loop makes it easier to initiate programs at the cortical level. The indirect loop, on the other hand, increases the activity of the globus pallidus pars internalis, preventing the activation of the thalamic relay. The direct pathway appears to be facilitated by dopamine of nigral origin. Reverberating activity and a prolonged discharge of the innate programming typical of obsessive-compulsive disease would arise from the abnormal activation of segregated closed loop circuits including the cortex, thalamus, and basal ganglia.

III. MATERIALS AND METHOD

The study was carried out in Kulasekharam, Tamil Nadu, India, at the Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital. The study's female participants range in age from 18 to 25. Following an explanation of the study's objectives, vocal agreement was attained. A total of thirty people responded to this survey. There are thirty questions in all. A number of questions about loneliness, addiction, health problems, medications, habits, past trauma, fear, anger, sleep difficulties, concentration, and decision-making were included in the questionnaire. The research did not include female volunteers who were unwilling or obstructed.

IV. RESULTS

The age range of the responders was 18 to 25 years old. There are thirty females. 13.33% of children are single parents, according to Table 1.1. Parents frequently give you unwelcome reprimands. 66.66% and 33.33% avoid unwarranted reprimands. Frequently argue with neighbors 76.66% and 23.33% do not frequently argue with their neighbors.90% of people report feeling lonely, but 10% do not. Addict 46.66% and 53.33% do not suffer from addiction. Any neurological or other medical conditions 53.33% and 46.66%, there are no health or neurological conditions. Take any prescription drugs. Of them, 73.33% and 26.66% do not take any medication.60% of people wash their hands excessively or take baths, whereas 40 % do not.86.66% of people had an unpleasant experience prior to that, whereas 13.33% had none. Experienced trauma in the past 56.66%, whereas 43.33% have never experienced trauma.

Table 1 Shows, Obsessive-Compulsive Disorder among Females Age 18-25 Years

S.NO	CONTENT	YES(%)	NO(%)
1	Single parent child	13.33%	86.66%
2	Parents often scold you unwantedly	33.33%	66.66%
3	Often fight with your neighbours	23.33%	76.66%
4	Be lonely	90%	10%
5	Have any addiction	53.33%	46.66%
6	Any nervous or other health issues	53.33%	46.66%
7	Take any medication	26.66%	73.33%
8	Engage in excessive hand washing or bathing	60%	40%
9	Have any painful experience before	86.66%	13.33%

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10	Met with any trauma previously	56.66%	43.33%
11	Hard time to control your repeated thoughts	93.33%	6.66%
12	The habit of repeated recounting of things	86.66%	13.33%
13	Repeatedly have imagination that dirt or germs are present in you	63.33%	36.66%
14	Have fear of germs, getting sick	70%	30%
15	Feel afraid to face others	50%	50%
16	Have inferiority complex	63.33%	36.66%
17	Short temper	73.33%	26.66%
18	The habit of self talking	80%	20%
19	Have sleep disturbances	53.33%	46.66%
20	The habit of repeated checking of things in fear of losing it	93.33%	6.66%
21	Have the habit of collecting unwanted things	56.66%	43.33%
22	Because of unwanted repeated thoughts, whether you hurt yourself or others	86.66%	13.33%
23	Lack of concentration in work due to increase frequency of repeated thoughts	73.33%	26.66%
24	Have the habit of placing the things in orderly manner	80%	20%
25	Have the habit of repeated checking yourself in mirror and grooming yourself	63.33%	36.66%
26	An adamant character person	53.33%	46.66%
27	Have frequent heart palpitations and breathing difficulties	63.33%	36.66%
28	Regularly in anxiety state with persistence unwanted thoughts and compulsion to perform the act in thoughts	63.33%	36.66%
29	Feel to do abnormal activities	56.66%	43.33%
30	Feel difficulty in making decisions	76.66%	23.33%

Having trouble controlling your recurring thoughts 6.66% and 93.33% do not exhibit this symptom. The practice of repeatedly narrating events 13.33% and 86.66%, respectively, do not frequently recount events.63.33% of people who frequently imagine that they have dirt or germs on them and 36.66% do not experience this symptom.70% of people are afraid of germs and get sick, while 30% are not.50% of people are terrified to face them. Possess an inferiority complex 63.33% and 36.66%, the inferiority complex is absent. Easily enraged, 26.66% and 73.33% are not easily agitated. This symptom is absent in 80% and 20% of self-talking habits. Experience disruptions in your sleep. Of these, 46.66% and 53.33% do not experience sleep difficulties. The tendency to constantly check items out of fear of losing them 93.33% and 6.66% of people don't check things frequently because they're afraid of losing them. Make it a practice to gather undesired items 43.33% and 56.66%, respectively, do not gather unwanted items. Due to unwelcome, recurring ideas, you may harm others or yourself 13.33% and 86.66% do not harm themselves or others due to recurrent ideas. Lack of focus at work as a result of more thoughts that are repeated 73.33% and 26.66%, respectively, do not experience a lack of focus at work as a result of more frequent recurrent thoughts. Make it a habit to arrange things in a systematic way 80% and 20% of people don't usually arrange their belongings in a systematic way. Habitually examine and groom themselves in front of the mirror, 36.66% and 63.33% do not regularly inspect and groom themselves in the mirror. Of those with an adamant character, 53.33%, whereas 46.66% don't. Breathing problems and frequent heart palpitations 36.66% and 63.33% do not experience breathing problems or frequent heart palpitations. Frequent episodes of anxiety accompanied by persistent undesirable thoughts and a need to act out the thought 36.66% and 63.33% of people do not experience anxiety when they are compelled to act on their ideas or persistently think about undesired things. Feel free to engage in strange activities 43.33% and 56.66% do not have the need to engage in aberrant behavior. Have trouble making decisions 23.33% and 76.66% of respondents say they have no trouble making decisions.

V. DISCUSSION

13.33% are children of a single parent.33.33% of parent's reprimand unnecessarily, and 23.33% fight with their neighbors.53.33% are addicted. Any neurological or other medical conditions 53.33%.60% of people wash their hands excessively or take baths. Any unpleasantness prior to 86.66%. Experienced any trauma in the past 56.66%. Having trouble controlling recurring thoughts 93.33%. The practice of repeatedly narrating events is 86.66%. The practice of repeatedly narrating events is 86.66%. Fear germs and get sick 70% of the time.50% of people are terrified to face them.63.33% have an inferiority complex.73.33% of people get furious easily.80% self-talking is a habit. Experience disruptions in your sleep 53.33%.93.33% of people have the tendency to constantly inspect things out of fear of losing them.56.66% of people have a propensity to gather undesired items. 86.66% damage themselves or other people because of unwelcome, recurring ideas. Lack of focus at work as a result of more thoughts that are repeated is 73.33%. Make it a habit to arrange things in an organized fashion 80%. Habitually examine and groom themselves in front of the mirror 63.33% and 53.33% are adamant about their character. Breathing problems and frequent heart palpitations are 63.33%. Consistently experiencing anxiousness, persistently having unwelcome ideas, and feeling compelled to act on those

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thoughts 63.33% and 56.66% feel like engaging in unusual activities.76.66% of people find it tough to make decisions.

VI. CONCLUSION

Women have been observed to suffer from sleep disorders, boredom, past trauma, fatigue, depression, and irritation at work. Cleaning, washing, checking, counting, repeating, straightening, routine activities, and fear are examples of common compulsions. Their everyday routines are inadequate. Women therefore need more mental health education. Women need to understand the importance of a healthy diet, personal hygiene, sleep, and mental well-being. Future therapies should concentrate on these areas to improve women's general health and wellness.

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