

**I CAN'T STOP THESE THOUGHTS:
USING HOMEOPATHY AND OTHER
NATURAL MEDICINE APPROACHES
FOR OUR TOUGHEST OCD PATIENTS**

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OBSESSIONS

- Obsessions:
 - Intrusive, persistent, unwanted and uncontrollable thoughts, images, urges which cause anxiety and interfere with life
 - Patients often describe the thoughts as irrational
 - Patients often describe trying to ignore or suppress often by doing something specific (compulsion)
 - Most commonly seen obsessions include:
 - Contamination and need for cleanliness, aggressive impulses, body image issues, religious thoughts, the need for symmetry and/or order



COMPULSIONS

- Compulsions:
 - The uncontrollable impulse to do certain behaviors or mental actions or in order to lessen stress of obsessions
 - Counting, touching, checking, excessive washing are examples of compulsions
 - These behaviors can be come complicated or elaborate, by oneself or including others and do not relieve stress in any enduring way
 - Compulsions take time from the day and interfere with school, work, social or other essential elements of life.



So, let's start with your need to refer to your 'Obsessive-Compulsive Disorder' as "C.D.O." just so that it is in Alphabetical order.



Chin P



OCD PREVALENCE

- Usually a chronic condition that begins early in life
- Woman more impacted than men, post partum can trigger; in childhood more boys than girls
- Common comorbidities include anxiety, depression, neurological ailments
- About 2.5% of the population has OCD, average of onset is 19.5 years
- The World Health Organization names OCD as one of the ten most disabling conditions as it creates financial burdens and an overall decrease in quality of life.
- Time to treatment averages 11 years!

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OCD ETIOLOGY

- Specific cause(s) unknown
- Genetic component
- If sudden, especially in children r/o PANDAs (pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections,) now more commonly called CANS (childhood acute neuropsychiatric symptoms) which includes post Streptococcus infection but allows for accumulated toxins and other metabolites to be understood as etiologic agents
- Many of us have come to appreciate that trauma, either acute or ongoing may also contribute to the development of OCD
- Associated with other neurological disorders such as Parkinson disease, TBI, Tourette syndrome, epilepsy, and more



DIAGNOSIS

Many people with OCD present with the diagnosis in hand

The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) can help determine diagnosis and severity thereof

Used by permission and encouraged to share

Recall nature vs. nurture, if strong family history, early diagnosis and treatment best



Obsessive-Compulsive Test - Yale Brown OCD Scale YBOCS

	(0)	(1)	(2)	(3)	(4)
Obsessions are frequent, unwelcome, and intrusive thoughts.					
1. How much time do you spend on obsessive thoughts?	None	0-1 hrs/day	1-3 hrs/day	3-8 hrs/day	More than 8 hrs/day
2. How much do your obsessive thoughts interfere with your personal, social, or work life?	None	Mild	Definite but manageable	Substantial interference	Severe
3. How much do your obsessive thoughts distress you?	None	Little	Moderate but manageable	Severe	Nearly constant, Disabling
4. How hard do you try to resist your obsessions?	Always try	Try much of the time	Try some of the time	Rarely try. Often yield	Never try. Completely yield
5. How much control do you have over your obsessive thoughts?	Complete control	Much control	Some control	Little control	No control
Compulsions are repetitive behaviors or mental acts that you have a strong urge to repeat that are aimed at reducing your anxiety or preventing some dreaded event.					
6. How much time do you spend performing compulsive behaviors?	None	0-1 hrs/day	1-3 hrs/day	3-8 hrs/day	More than 8 hrs/day
7. How much do your compulsive behaviors interfere with your personal, social, or work life?	None	Mild	Definite but manageable	Substantial interference	Severe
8. How anxious would you feel if you were prevented from performing your compulsive behaviors?	None	Little	Moderate but manageable	Severe	Nearly constant, Disabling
9. How hard do you try to resist your compulsive behaviors?	Always try	Try much of the time	Try some of the time	Rarely try. Often yield	Never try. Completely yield
10. How much control do you have over your compulsive behaviors?	Complete control	Much control	Some control	Little control	No control

Your Score:

If you have both obsessions and compulsions, and your total score is;

8-15 = Mild OCD; 16-23 = Moderate OCD; 24-31 = Severe OCD; 32-40 = Extreme OCD

No single test is completely accurate. You should always consult your physician when making decisions about your health.

References

- ✓ Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., et al., The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. *Arch Gen Psychiatry*, 1989. 46(11): p. 1006-11.
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Reference: "I Want to Change My Life" by Dr. S. Melemis. www.IWantToChangeMyLife.org



OTHER ASSOCIATED BEHAVIORS

- You may also see other behaviors informed by underlying OCD such as
 - Overall rigidity in habits and routines
 - Emotional outbursts from crying to yelling to hitting
 - Manipulative behavior
 - Overreaction to small offenses or misunderstandings



WHAT ABOUT GAMBLING OR OVEREATING OR SEX ADDICTION?

- Compulsions are related to worry and anxiety, not pleasure, so compulsive eating, gambling, or sex addiction, though troubling in their own right, are not considered part of the OCD diagnosis.



CONVENTIONAL TREATMENT OF OCD

- Pharmaceuticals
 - SSRIs
 - Tricyclic antidepressants like clomipramine
 - Serotonin noradrenaline reuptake inhibitors like Venlafaxine or Duloxetine
 - Higher doses often recommended than for the treatment of depression
 - Medication may take considerably longer to show signs of help as compared to usage for depression



CONVENTIONAL TREATMENT OF OCD

- Psychological approaches
 - Exposure plus response prevention (ERP). Therapy to restructure the mind and change habits.
 - Acceptance and commitment therapy (ACT)
 - Cognitive therapy
 - Mindfulness based cognitive therapy
 - Trauma informed therapy

Hezel DM, Simpson HB. Exposure and response prevention for obsessive-compulsive disorder: A review and new directions. Indian J Psychiatry. 2019 Jan;61(Suppl 1):S85-S92.

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CONVENTIONAL TREATMENT OF OCD

- More experimental
 - Deep brain stimulation
 - Transcranial magnetic stimulation
 - Psychedelic Integration Therapy
- Success rates of the combination of drug and psychological approaches vary



Naturopathic Therapeutic Order

A Common Sense Approach to Healthcare

What is the Therapeutic Order?

A set of guidelines that define naturopathic medicine principles. The goal of treatment is to use the least force possible in addressing the underlying causes of disease, encouraging positive health habits, and helping resolve symptoms.

1	Establish the Foundation for Optimal Health	Address underlying cause of illness and assess determinants of health
2	Stimulate the Self-Healing Mechanisms	Stimulate the healing power of nature
3	Support & Restore Weakened Systems	Aid damaged organ systems
4	Address Physical Alignment	Restore proper structural integrity
5	Natural Symptom Control	Use of natural substances to palliate
6	Synthetic Symptom Relief	Use of drugs to palliate
7	High Force Interventions	Suppress pathology

Zeff, J.L., Snider, P., & Myers, S., DeGrandpre, Z.(2013). A Hierarchy of Healing: The Therapeutic Order.
A Unifying Theory of Naturopathic Medicine. In J.E. Pizzorno & M. Murray Textbook of Natural Medicine. Churchill Livingston ,Missouri
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NATURAL MEDICINE

APPROACHES

- Establish Conditions for Health
 - Diet high in meat, fish, beans and dairy
 - Address blood sugar issues if evident, reduce refined sugars
 - Test for and avoid food allergens and food sensitivities
 - Increasing the diversity and robustness of the microbiome
 - Regular aerobic exercise
 - Time in nature
 - Time away from screens
 - Ask about and support efforts for adequate/restful sleep

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NATURAL MEDICINE APPROACHES

- Stimulate the Self-Healing Mechanism
 - With loving care and attention
 - With hands on healing approaches
 - With homeopathy
 - With acupuncture



NATURAL MEDICINE APPROACHES

- Support and Restore Weakened Systems
 - Vitamin D
 - Folic Acid and B-12
 - GABA
 - High doses EFA
 - Selenium, magnesium and zinc
 - Melatonin
 - Borage oil or EPO
 - 5HTP
 - Taurine



NATURAL MEDICINE APPROACHES

- Support and Restore Weakened Systems

- NAC -reduces oxidative stress and inflammation, shows some efficacy
- Glycine may help but high dosing causes nausea for many people
- Myoinositol may impact the reuptake of serotonin and increase 5-HT₂ receptor density.
- St John's Wort– some evidence of efficacy but small sample size in studies and inconsistent results
- Valerian root - some evidence of efficacy but small sample size
- Saffron a number of recent positive studies

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Esalatmanesh S, Biuseh M, Noorbala AA, Mostafavi SA, Rezaei F, Mesgarpour B, Mohammadinejad P, Akhondzadeh S. Comparison of Saffron and Fluvoxamine in the Treatment of Mild to Moderate Obsessive-Compulsive Disorder: A Double Blind Randomized Clinical Trial. Iran J Psychiatry. 2017 Jul;12(3):154-162. PMID: 29062366; PMCID: PMC5640576.



NATURAL MEDICINE APPROACHES

- Support and Restore Weakened Systems
 - One cup Epsom salt, one cup baking soda in bath, to alkalinize
 - Helminth therapies
 - Paradoxically, caffeine found useful in difficult to treat cases of adult OCD



NATURAL MEDICINE APPROACHES

- Address Physical Alignment
 - Manipulation
 - Chiropractic
 - Cranial osteopathy
 - Massage
 - Cranio-sacral work



NATURAL MEDICINE APPROACHES

- Natural Symptom Control
 - Many of the items listed in support weakened systems can be thought of as symptom control
- Synthetic Symptom Control
 - Discussed under conventional treatments
- High Force Interventions- generally not offered



HOMEOPATHIC PHILOSOPHY & THE TREATMENT OF OCD

- Always treat the whole person
- Always look to treat that which is most limiting to the patient
- Understand the OCD in the context of person's life at this time.
- Remember a complete review of systems
- Remember physical generals

CASE TAKING STRATEGIES

- Describe what patient means by OCD
- What does it feel like, ask for examples
- Are there clear triggers?
- Was there an initial etiology?
- Does the patient seek consolation or support; does it help?

STRATEGIES: ARE THERE CLEAR MODALITIES?

Is the person better or worse from:

- Company
- Consolation
- PMS time or onset of menses
- Work
- Sleep

- Open air

CASE TAKING STRATEGIES

- Rule out physical etiologies such as hyperthyroidism, asthma, tachycardia, PANDAS
- Understand the particular diagnosis/overlapping diagnoses
- Understand aspects related to time: how long have they had OCD, is there a time of day it's worse, etc.
- Understand intensity/severity
- *How* does it interfere with their life?

CASE TAKING STRATEGIES

- Understand family and personal history with OCD, depression, anxiety and any other mental health issues
- Understand lifestyle, support system, particular or ongoing stressors in patient's life
- What non-drug approaches, if any, have they tried, with what kinds of results?
- What drug approaches if any, have they tried, with what kinds of results?

CASE TAKING STRATEGIES

- Take as much time as you need to understand the chief complaint of OCD
- Do a brief review of systems, every visit
- Remember the physical general symptoms: body temperature, food cravings, thirst, temperament, nature of pain, sleep, etc.
- Always end on physical body symptoms, and create a sense of closure

CASE TAKING STRATEGIES

- Create a calm and welcoming space
- Keep calm with an anxious patient
- Leave space for quiet
- Be accepting and non-judgmental
- Put the patient at ease as much as possible

CASE TAKING STRATEGIES

- Remember the non-verbal parts of case taking
- What can you glean from patient with regard to:
 - demeanor
 - ability to articulate issues
 - body language
 - the way they interact with others in the room
 - your own physiology during the case taking
 - your kinesthetic experience of the patient

CASE TAKING STRATEGIES

- All observations are valuable
- Observations are only as valuable as the questions they lead you to ask

CASE ANALYSIS

- Essential pieces:
 - Etiology
 - Nature of the OCD, how it manifests
 - Clear modalities
 - Review of systems
 - Physical general symptoms
- With homeopathy we have the ability to give a remedy for the whole person and should always aim for that whether the situation seems acute or chronic

RELEVANT RUBRICS FOR PATIENTS WITH OCD

Alcoholism

Anguish

Agoraphobia

Anxiety (and all sub-rubrics)

Brooding

Anticipation

Cares, full of cares

Cautious

Checking

Compulsive disorders

Conscientious

Delirium, anxious

Dogmatic

Dwells

Fear (and all sub-rubrics)

Fright and panic

MATERIA MEDICA OF THREE COMMON REMEDIES FOR OCD

- Arsenicum album
- *Argentum nitricum*
- *Mancinella*

ARSENICUM ALBUM

- Cycle of pathology for those who need this remedy:
 - Anxiety & worry
 - Need for protection, selfish, closes off, OCD, lot of rules, black & white thinking
 - Restlessness/movement/busy-ness.....in-gathering—people, stuff, doctors, medicines, etc., all due to their wanting/needing more protection
 - Inflammation & destruction, irritability, nerves irritated, acrid discharges, burning
 - Exhaustion & weakness, have opened and bared self.... ulceration, depression, poor thoughts of self
 - Vulnerability leading back to the anxiety and worry



ARSENICUM ALBUM PATIENT

- Jean 42 yo female presents with OCD
 - Focused on her health and what she must do and must not do to keep from getting sick
 - Especially afraid of cancer
 - Daily rituals that take hours to complete
 - Constantly checking, rechecking
 - Harangues husband, he's not doing enough to help, faultfinding. Short tempered if feels like husband is not doing enough for her
 - Flips out if things are out of place
 - Compulsively cleans, tidies up and organizes



ARSENICUM ALBUM PATIENT

- Self-reported, self- absorbed, cannot work, has no social life, is terrified constantly that she will fall ill
- ROS:
 - Hysterectomy for uterine fibroid, mostly wanted it out due to fear of cancer
 - Chronic loose stool her whole life
 - Sore throats with every cold, better warm drinks
 - Palpitations often though cardiology report unremarkable
 - Has been to ER more times than she can recall, usually from heart symptoms, but never any pathology revealed
 - The rest of her ROS was unremarkable



ARSENICUM ALBUM PATIENT

- Physical generals symptoms
 - Patient reports being cold, likes it over 75 degrees
 - Poor sleep, OCD worse at night
 - No food cravings
 - Average thirst
 - Easily falls ill with URTI, accompanied with sore throat



DIFFERENTIAL DIAGNOSIS

- Needed a remedy that was anxious, with the compulsions and who was also negative and fault finding.
- Three remedies to consider in such a case are *Arsenicum album*, *Nitric Acid* and *Ignatia*.
- With *Nitric acid* I would have expected more destruction of tissue, more offensive discharges, more aggressive outbursts, but it was my second choice remedy.
- With *Ignatia*, there is a sense of high ideals about everything, and then the constant big disappointments– this was not the narrative shared by Jean.



ARSENICUM ALBUM PATIENT

- Prescribed one dose of *Arsenicum album* 200c
- Patient agreed to some of the naturopathic medicine recommendations I made (diet, supplements etc.) but was also fearful about many things and wanted to mostly use homeopathy
- Follow up visit 6 weeks later. Husband accompanied patient and reported a big shift. More easy going, less controlling and calmer
- Patient reported having less fear about illness and death, though still being careful and carrying out many of her habits
- No remedy given
- Return 2 months later, some worries returning, some more behaviors where she felt out of control.
- We repeated the *Arsenicum album* 200c



ARSENICUM ALBUM PATIENT

- We have continued to work together, intermittently for the last 20 years. She continues to periodically present with some aspect of the OCD and continues to respond well to *Arsenicum album*. I have used other remedies with her as need arises, mostly for acute complaints, *Lycopodium* or *Sulphur*, but she comes back to *Arsenicum album*.
- She feels it's her go-to remedy, and is happy to have something that works which is not pharmaceutical. Over the years we have integrated many of the other ND approaches, which likely contribute to her positive course.



ARGENTUM NITRICUM

- Cycle of pathology for those who need this remedy:
 - Have a beginning thought, thought gets stuck and caught up in emotions
 - Thought expands fueled by imagination
 - Impulses and compulsions to do something to address the thought
 - Follow impulses easily/says what's on mind
 - Some shock that bursts their bubble/awareness
 - Fear going to lose control/ fear going to follow their impulses
 - Decide to suppress, limit exposures, try to limit thoughts of various kinds by using mind to control themselves
 - Weakens the mind from all this control
 - Too suggestable/too open which leads back to little thoughts coming in



ARGENTUM NITRICUM

PATIENT

- Sarah, a 28 yo female presented with the chief complaint of OCD
- She was terrified of many things in life: driving, going to the dentist, riding an elevator or escalator, flying, eating out, getting blood drawn, getting poisoned
- She would imagine any of these things and would get so overwhelmed she'd have to go to her mother to talk about it, the big what if? What if? WHAT IF!!?
- She was an anxious child, like her mother and brother before her but as a teenager things worsened. She could not identify any cause
- She would leave her work as a computer programmer to decompress back home with her parents. She was unable to have real friendships or a relationship because her OCD got in the way
- That said, she was immensely affable and even funny. She spoke with colorful imagery and metaphors and everything was over the top: the most extreme, the most intense, the most beautiful, the most terrifying.
- She was unable to screen any thought. If she was thinking it, she was saying it, bubbly and connected with laughing eyes.



ARGENTUM NITRICUM PATIENT

- ROS

- She was thin, at 5'8" she weighed 112. She had a good appetite but never gained weight.
- Her thyroid was normal
- She had off and on mild vertigo, which she did not mind too much
- She had frequent bouts with conjunctivitis, worse during hay fever season
- She complained of excessive gas, both belching and passing gas, which did relieve, and did not seem worse with any foods
- The rest of her ROS was unremarkable



ARGENTUM NITRICUM PATIENT

- Physical generals:
 - She craves sweets or sweets and salty together
 - She is always in a hurry, rushing around, not calm
 - She wants fresh air, windows open
 - She complains of fatigue (though presents with an excess of energy-- exhausted by the OCD)



DIFFERENTIAL DIAGNOSIS

- Needed a remedy to cover the impulsiveness, the fast thoughts coming one after another.
- The deep anxiety and fear that made her check everything, clean everything, organize everything in order to help her be less fearful for whatever it was she was worrying about that day
- Three remedies to consider in such a case are, *Argentum nitricum*, *Sulphur*, and *Phosphorus*
- If she needed *Sulphur* all the many ideas and thoughts she had would not lead to fear, though similarly both remedy types have strong and active imaginations.
- If she needed the *Phosphorus* I would expect that the consolation she sought would have actually helped, which in her case, it did not. This would be my second choice remedy due to many other factors in the case



ARGENTUM NITRICUM CASE

- Prescribed one dose of *Argentum nitricum 200c*. I also encouraged her to sign up for a mindfulness meditation program at our local hospital which she agreed to do. We set out to work on her microbiome with food and a probiotic. I gave her some botanicals to support adrenal function as she had that tired but full of anxious energy state.
- At follow-up one month later, patient said she was more focused. She could stay at work all day, the whole week and not have to go to her mother.
- She still had some strong worries but she finally made an appointment to visit the dentist which she had put off for several years
- No prescription at that time
- I continue to work with this person 12 years after first seeing her. She did well on this remedy, really embraced daily exercise and mindfulness practice and tidied up her diet—mostly by removing refined sugar and gluten. She takes the remedy as needed and comes in if she needs a tune up.



MANCINELLA

- Cycle of pathology for those who need this remedy:
- Some kind of weakness of will (or intellect)
- A bad or violent event or a big shock or a deep disappointment takes place. (Remember, it is rarely the event itself but rather *the susceptibility to the event*—and a thought comes into the person's mind
- They cannot shake the dark, bad, scary, violent thought
- This leads to a fear of being bad, evil, nasty, terrible and/or insane
- They try to do things to escape those feelings
- Then they obsess about the thought, which weakens them and the cycle starts again.



MANCINELLA PATIENT

- Glen was a 58 year old man who came in for help with intrusive thoughts
- He'd been diagnosed with OCD some years ago but had been having these thoughts since puberty.
- They were often violent or just strange as in: "What happens if I ram my bike into that oncoming jogger!?" Or, "What happens if I spit into my wife's scrambled eggs? Or, "I wonder if I could break my son's arm if I just tried to snap it at the elbow." Or, "I wonder how it feels to blow someone's head out with a gun ... what if I just shot someone?" Not a day went by where he did not have some thoughts like this.
- It was exhausting, he had to constantly check himself and remind himself that he loved his family, that he had a good job
- He developed many techniques to distract himself from these uncomfortable feelings, like rubbing the back of his hand or taking 6 deep breaths



MANCINELLA PATIENT

- ROS
 - Glen was basically quite healthy.
 - Overweight with tendency toward constipation,
 - Slight seasonal allergies
 - Some difficulty falling asleep due to his thoughts, once asleep, fine
 - He was a bit achy if he worked out too hard at the gym
 - His heart, lungs, skin, and urinary tract were all normal, and he did not have headaches or vertigo.
 - Cognitive areas were a strong suit, productive at work
 - Emotionally, does not suffer with depression and was not irritable. But the intrusive thoughts were getting the best of him



MANCINELLA PATIENT

- Physical generals:
 - Chilly
 - Sweaty
 - Often caught a cold if kids were sick
 - General achiness
 - Preferred carbs



DIFFERENTIAL DIAGNOSIS

- Needed a remedy to cover the intrusive thoughts in a generally well rounded and functional person
- The three remedies I thought about were *Mancinella*, *Stramonium* and *Natrum muriaticum*
- *Stramonium* because people who do well with it often have scary or violent thoughts that are difficult to control. But they are more morose, and struggling between terror and life.
- *Natrum muriaticum* is well known for its persistent thoughts on unpleasant topics but his whole presentation was much warmer and his physical generals were not *Natrum muriaticum*



MANCINELLA PATIENT

- I prescribed one dose of *Mancinella* 200c. He had already been treated with many kinds of natural medicine, with homeopathy, with CBT to no effect, he only wanted a homeopathic remedy, so that's what we did with my encouragement that he bump up his exercise and cut down on his alcohol intake, which was not excessive but I thought might help.
- At follow up 6 weeks later he reported that he'd not had a single intrusive thought
- This is not a typical reaction to any kind of natural medicine
- No remedy given at that time
- At our 3 month follow up he was still doing well. I asked him to return to the office if the thoughts returned.
- Three years later he returned when he felt the thoughts starting to creep in after a round of antibiotics for Strep throat. After another dose of *Mancinella* 200c he had the same result. I have not seen him in several years now.



REMEMBER

- Tailor plans to the patient
- Offer with love & encouragement
- Only give as much as a patient can take
- Check in and understand details and context each visit
- Be agile and creative
- Be encouraging
- Bring in supports when you can
- We have a lot to offer these patients
- Working with our whole person medicines and addressing root cause often helps our OCD patients



KEEP IN TOUCH

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