

# COMPULSIVE BUYING DISORDER CBD (ONIOMANIA) AND HOMOEOPATHY

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# Abstract

The prevalence of buying/shopping disorder has been increasing in the last two decades, and this disorder has a substantial negative impact on general functioning and quality of life.

In present era, online shopping and that in a mall is not only a fashion, but often, a better way for cost effective mode of purchasing the goods. Frequently, they have better offers and qualities.

Sometimes, it may be the symbol of being modernized or superior over several others engaged in traditional mode of the shopping.

Occasionally, this may lead to a manic impulse to do unnecessary shopping, resulting into the Compulsive buying disorder.

# COMPULSIVE BUYING DISORDER- CBD (ONIOMANIA) AND HOMOEOPATHY

Compulsive buying disorder (CBD) or oniomania is a behavioural addiction, characterized by excessive shopping cognitions and buying behaviour that leads to excessive financial investments, either online or in the real world, resulting in distress or impairment.

Oniomania is a medical term (from Greek onios = "for sale," mania = insanity) for the compulsive desire to shop. Compulsive shopping, compulsive buying, shopping addiction, buying/shopping dependence or shopaholism are the synonyms.

Subjects with CBD report a preoccupation with shopping, pre-purchase tension or anxiety, and a sense of relief following the purchase.

# **Incidence**

It is found in all socioeconomic classes and is more common among women than men.

# **Causes**

The aetiology of CBD is unknown. Some early life events, such as sexual abuse, history of poverty or deprivation of certain things earlier may be causative factors.

# Pathophysiology

Compulsive buying disorder (CBD) or oniomania is both as a unique impulsive control disorder and as a disorder that shares features with other compulsive and impulsive disorders. While some authors consider it an addiction, others include this condition in the “impulse-control disorders” category or within the obsessive-compulsive disorders (OCD) spectrum.

It is a pathological impulse predominantly found in women and where impulsivity is the fundamental factor.

The syndrome is presented by initial tension period, state of failing to resist the temptation to buy, and relief episode after the action is over.

Persons with CBD often describe an increasing level of urge or anxiety that can only lead to a sense of completion when a purchase is made.

# There are three components of compulsive buying disorder-

## Behavioral addiction

Overvaluation of the bought products

Craving for buying

Possible tolerance, represented by increased time and money invested in the buying-related activities

Functional negative consequences of the addictive behavior

Continuous engagement in the behavior, although there is an insight into its negative functional consequences

Spending much time in this activity than initially intended

Positive feelings may accompany in the first stage the addictive behavior

## Obsessive-compulsive spectrum disorder

Recurrent thoughts about buying different, unnecessary products

The engagement in the buying activities may be compulsions, because they decrease the anxiety induced by obsessions

The manifestations are egodystonic, but may become egosyntonic, due to variable insight

## Impulse control disorder

Impulsive or compulsive buying

There is an inner pressure to engage in this behavior

The focus of attention is represented by unnecessary products

After the shopping episode, the inner tension decreases



There are four phases of compulsive buying disorder-

## **Anticipation**

Development of thoughts, urges, or preoccupations with either having a specific item, or with the act of shopping.

## **Preparation**

Preparation for shopping and spending. This can include decisions on when and where to go, on how to dress, and even which credit cards to use.

## **Shopping**

Actual shopping experience, which many individuals with CBD describe as intensely exciting, and can even lead to a sexual feeling.

## **Spending**

Completion of the act with a purchase, often followed by a sense of let down, or disappointment with oneself.



Disturbed neurotransmission, particularly involving the serotonergic, dopaminergic, or opioid systems, is the cause behind this compulsion. Both dopamine and serotonin are the primary neurotransmitters involved in the pathogenesis of CBD.

- CBD is seen as a growing side effect of the use of dopamine agonists in Parkinson's disease.
- CBD is often been found co-morbid with other psychiatric disorders including depression, addiction and personality disorders.
- Various structural brain lesions have been associated with CBD including head trauma.
- Decreased white matter microstructural integrity in the inferior frontal brain region has also been identified in patients with CBD.
- Multiple brain regions and neurotransmitter systems contribute to impulsive behaviours throughout the addiction process.



## **Role of Dopamine (DA)**

Dopamine plays a role in "reward dependence", which has been claimed to substitute "behavioural addictions. Dopamine is relevant early in the addiction process as well as in later aspects.

Dopaminergic systems have been concerned in impulsivity and ICDs (impulsive compulsive disorders).

## **Role of Serotonin (5-HT)**

Like DA, GABA and glutamate, a role for serotonin (5-HT) is supported in impulsivity, ICDs and drug addictions. Once a behaviour has moved beyond the initial stages of associative learning, executive control over its execution becomes increasingly important.

# Predisposing factors

It is often seen in individuals who are taking some drugs or have some other mental disorders. These include-

- **Chemical dependency**
  - Substance abuse
- **Anxiety**
- **Eating disorder**
  - Anorexia nervosa
  - Bulimia nervosa
- **Coexisting mood**
  - Major depression
  - Panic attacks
  - Social phobia
  - Obsessive-compulsive disorder



# Symptoms

Compulsive shoppers experience repetitive, intrusive urges to shop.

Shopping thoughts and behaviours are time-consuming and significantly interfere with occupational functioning.

Triggers for shopping impulses include environmental stimuli such as being in stores, stress, emotional difficulties, or boredom.

These behaviours contribute to poor quality of life with marital discord, severe financial dislocations, and legal entanglements. Guilt, shame, and embarrassment may also disturb healthy life.

There is a sense of tension before and pleasure or relief during the purchase, often followed by guilt. Main symptoms of CBD are-

- Preoccupation with shopping and spending
- Excessive, inappropriate or uncontrolled shopping behaviour
- The shopping desires, urges, fantasies, or behaviours use to be overly time consuming, causing the patient to feel upset or guilty, or lead to serious problems in his life such as financial or legal problems or the loss of a relationship.

The patient of CBD has-

- An urge to engage in behaviour despite associated negative consequences
- Increasing tension until the behaviour is performed
- Immediate but short-lived reduction in tension following completion of the behaviour
- Gradual return of the urge to engage in the behaviour following completion
- External signs like being in a location such as a retail store or searching online, unique to the behaviour
- Secondary conditioning by external or internal signs- like feelings of dysphoria or boredom
- Pleasant feelings early in the condition

## Typical items purchased by persons with CBD include-

- Clothing and vanity items
- Footwears
- Compact discs and compact music players
- Jewellery
- Cosmetics
- Household items



# Diagnosis

In initial states, the symptoms are often neglected on patient as well as physician's hands. The disorder is often diagnosed when patients seek help for another reason, such as depression, bulimia, or for feeling emotionally labile or unhappy in general (dysphoric). Initial psychological evaluations may detect early life events, such as sexual abuse etc.

Normal buying behaviour should also be ruled out. Normal buying can sometimes take on a compulsive quality, particularly around special holidays or birthdays or particular occasions. Some persons buy relatively at higher frequency because they have been deprived of those articles in their earlier lives and try to avail them to the kids and other family members.



Compulsive buying disorder (CBD) or oniomania belongs to a residual class within Impulse Control Disorders (DSM-IV-TR) and requires more accurate diagnostic classification. It is characterized by an excessive desire for acquisition and by inability to control the purchase of new objects, despite awareness of the inappropriateness of the behaviour. In 1994, McElroy suggested the following diagnostic criteria-

- Frequent intrusive concern with acquisitions, or the irresistible urge to buy or buying more than one can afford, buying unnecessary items, or buying for lengthy periods.
- Distress with the intrusive concern and repetitive behaviour, or interference with social and occupational functioning, or financial problems resulting from the behaviour.
- Compulsive buying occurring exclusively during hypomanic or manic episodes is excluded from the diagnosis.

# Differential diagnosis

Oniomania, kleptomania, pyromania, pathologic gambling, trichotillomania, intermittent explosive disorder, and impulse-control disorder have something common among them.

Each of these conditions involves a drive or a temptation to perform an act that is harmful to the person or to others, or the failure to resist an impulse.

Other associated features are the experience of increasing tension like dysphoria or arousal, often sexual, before committing the act. This is followed by a release of tension, a sense of gratification, or a sense of pleasure and relief during and after the act.

There also may be a sense of guilt, regret, or self-reproach after the behaviour.

# Treatment

Once the disorder is suspected and verified by an extensive psychological interview, therapy is normally directed towards impulse control, as well as any accompanying mental disorder.

Relapse prevention with a clear understanding of specific triggers, should be noted.

Treatment may include psychotherapies such as cognitive-behavioural therapy and rational emotive therapy.

# Homoeopathic treatment of oniomania (CBD)

We all know that Homoeopathy is the science of individualization. It treats the person, not the disease. The whole constitution, including mental and physical components is entirely restored to health if Homoeopathic treatment is given to the sick individual. The common remedies for compulsive buying disorder (CBD) or oniomania are-

coca c. con. dulc. hura. lac-h. lach. nux-v. oxal-a. phos. ruta

# Coca cola (Schroyens F. Synthesis Repertory)

- DREAMS - GUITAR; BUYING A: (1) coca-c.

# Conium (Degroote F. – Physical Examination and Observation in Homoeopathy)

- Women with the "fashion-syndrome", which is characterized by an excessive purchase of expensive clothes, cosmetics, jewels and a lots of useless things. They like to wear their best clothes but do not take care of them (d.d. : Lach.).

## (Gunavante S. M. – Genius of Homoeopathic Remedies)

- Makes useless purchases, wastes or ruins them.
- Sadness from suppressed sexual excitement, or prolonged continence.
- Insanity, makes useless purchases or dresses in his best clothes.

## (Murphy R. –Homoeopathic Remedy Guide)

Sad, dissatisfied with herself and surroundings. Cannot think after using eyes.

Cares very little for things, makes useless purchases, wastes or ruins them. Likes to wear his best clothes. Sadness, worse by sympathy. As if great guilt weighed upon him. Excitement causes mental depression.

# Dulcamara (J. H. Clarke)

- Mental agitation.
- Great impatience and restlessness.
- Impatient desire for different things, which are rejected as soon as they are obtained.
- Inclination to scold, without being angry.
- Combative disposition, without anger.
- Nocturnal delirium, with aggravation of pains.
- (First three symptoms may lead to Oniomania)



# Hura (H. C. Allen- Encyclopedia of Homoeopathic Materia medica)

- Dreams

- - Pleasant dream about making purchases (seventeenth day), [a4].)

# Lachesis (Degroote F. – Physical Examination and Observation in Homoeopathy)

- a women with the 'fashion-syndrome', which is characterized by an excessive purchase of expensive clothes, cosmetics, jewels... (d.d. : Con.). This syndrome is often accompanied by depression and boulimia.

# Nux vomica (Hering C. - Guiding Symptoms of Our Materia Medica)

- face wears an expression of deep earnest; launches into high-flying, fantastic plans, fancies himself rich and wants to make presents of thousands, and makes large useless purchases; does not consider himself ill; has not slept for nearly a fortnight, brooding all night long over a lawsuit, by which he may gain or lose a million

# Phosphorus (Schroyens F. Synthesis Repertory)

- MIND - AMUSEMENT - desire for - toy shops; wants to go to

# Ruta graveolens (Schroyens F. Synthesis Repertory)

- DREAMS - SHOPPING

# Short repertory of oniomania

Mind - BIPOLAR, disorder - shopping, obsessions, with (1) lach.

MIND - AMUSEMENT - desire for - toy shops; wants to go to: - (1) phos.

MIND - INSANITY, madness - makes useless purchases: (1) con.

DREAMS - GUITAR; BUYING A (1) coca-c.

MIND - IMPULSIVE - shopping; impulsive to go (1) nux-v.

DREAMS – SHOPPING (4) dulc. hura lac-h. ruta

# A Case of Oniomania

Here is presented the case of a 32-year old woman with a history of excessive pathological buying treated successfully with combined therapy (Homoeopathic remedy and cognitive - behavioural psychotherapy).

Mrs. B Kaur Female 32 years

## **Presenting complaints**

She complained of anxiety, tension, great self-doubt, intense insomnia, increased irritability, feelings of inferiority, fear of going crazy, and sometimes even manifesting thoughts about the meaninglessness of life.

The clinical diagnosis seems to be generalized anxiety disorder.



Her psychological condition was deteriorating for 18 years. The psychiatric anamnesis in the family was simple, the mother's pregnancy and childbirth went smoothly, the first child in the family and the second one was her younger brother.

Physical and mental development disorders were not observed in childhood.

She was sick with colds, childhood infectious diseases, and had no head injuries. No allergies.

She did well in studies, was a pioneer, always surrounded by friends, played a lot of sports.

She is working as a teacher. She currently has two children, the pregnancies and births went smoothly, but the children are very allergic.

The patient plays the role of "a good woman, always helpful, sympathetic and helpful".

During evaluation, somatic and neurological condition, routine laboratory tests were normal.

### **The results of the psychological examination:**

Pronounced features of dependent and histrionic personality (mixed personality disorder), a high level of anxiety prevailed. Individual and group psychotherapy, family psychotherapy, social, employment therapy and psychopharmacology were used during the treatment.

Additional information was gathered during psychiatric examination, psychotherapeutic sessions and observation.

The patient systematically uses 5-6 mg of alprazolam per day (without sufficient effect); 5-6 mg of clonazepam, which provides "relief". Already 10 years as she noticed that going to the shops (without the purpose of shopping) made her feel better.

About 5-7 years, began to feel additional tension due to the desire to buy (completely unnecessary things), then the feeling that she "doesn't have complete self-control", "can't resist the temptation".

The patient did not need to provide the "family" with a financial report, so several thousand Rs./month, the expenses went unnoticed.

She mostly bought books, kitchen appliances, decorative articles, toys, utensils, clothes, which she gave to someone on the same day and repeatedly felt relief.

However, after shopping, she felt a flow of tension, which significantly reduced anxiety.

She began to increase the doses of benzodiazepines and sleeping pills, began to "accidentally borrow" relatives' debit and credit bank cards, again felt shame, disappointment, humiliation, self-depreciation, but did not give up the urge.

The anxiety about the situation increased a lot, but the "sanctification" after performing the action also became greater.

The patient takes a critical view of her actions, understands the damage they cause, but considers it as a "consequence of a bad family life".

The family hides this pathology from the public and relatives, and the patient does not have enough motivation to fight against it. Therefore, they look for and find new means, ways and activities to suppress the anxiety.

# Case Analysis

1. MIND - ANXIETY - causeless
2. MIND - ANXIETY - beside oneself from anxiety; being
3. MIND - THOUGHTS - compelling
4. MIND - THOUGHTS - persistent
5. MIND - THOUGHTS - tormenting
6. MIND - INSANITY, madness - makes useless purchases
7. MIND - FEAR - insanity
8. MIND - FEAR - control; losing
9. MIND - DELUSIONS - worthless; he is
10. MIND - CONFIDENCE - want of self-confidence - self-depreciation
11. MIND - CONFIDENCE - want of self-confidence
12. MIND - IRRITABILITY - anxiety, with

13. MIND - AMUSEMENT - desire for -  
toy shops; wants to go to

14. MIND - IMPULSIVE - shopping;  
impulsive to go

15. MIND - IMPULSIVE - shopping;  
impulsive to go - someone; for

16. DREAMS - SHOPPING

17. MIND - ANXIETY - do something;  
compelled to

18. MIND - BENEVOLENCE

19. MIND - SYMPATHETIC

20. MIND - REPROACHED; AILMENTS  
FROM BEING

21. MIND - ANGER - mistakes, about his

22. GENERALS - COLD; TAKING A –  
tendency

23. GENERALS - FOOD AND DRINKS - salt  
- desire

# Step one- Symptoms of personality

MIND - SYMPATHETIC

MIND - BENEVOLENCE

GENERALS - COLD; TAKING A - tendency

GENERALS - FOOD AND DRINKS - salt - desire

# Step two- Symptoms affecting the personality

MIND - THOUGHTS - tormenting

MIND - ANXIETY - do something; compelled to

MIND - ANXIETY - beside oneself from anxiety; being

MIND - ANXIETY - causeless

MIND - THOUGHTS - compelling

MIND - FEAR - insanity

MIND - THOUGHTS - persistent

MIND - IRRITABILITY - anxiety, with

MIND - CONFIDENCE - want of self-confidence

MIND - CONFIDENCE - want of self-confidence - self-depreciation

MIND - FEAR - control; losing



# Step three- Symptoms developed from altered personality

MIND - IMPULSIVE - shopping; impulsive to go

DREAMS - SHOPPING

MIND - INSANITY, madness - makes useless purchases

MIND - IMPULSIVE - shopping; impulsive to go - someone; for

MIND - AMUSEMENT - desire for - toy shops; wants to go to

# Step four- Symptoms of affected personality

MIND - ANGER - mistakes, about his

MIND - DELUSIONS - worthless; he is

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Limit the analysis to a view:

Search remedy:

- 

- (46) 2  
(169) 2  
(99) 3  
(161) 3

- 

- (40) 1  
(3) 1  
(27) 2  
(18) 1  
(45) 2  
(125) 3  
(37) 3  
(151) 1  
(8) 3  
(205) 3  
(21) 3

- 

- (3) 1  
(14) 1  
(1) 1  
(1) 1  
(1) 1

- 

- (14) 1  
(11) 3

[illegible]

# Analysis of repertorization

Though, at a glance, the person seems to be a **Phosphorus** personality. His sympathetic, benevolent, cold catching, salt craving nature, having severe generalized anxiety disorder with impulse for shopping all are in his favor.

But Phosphorus is not affected by consequences of his acts. He is neither angry with his mistakes nor feeling worthlessness.

Here, we can see, there is only one remedy which covers his basic nature, his sufferings, his impulses and the feeling of his acts.

That remedy is **Nux vomica**.

# Course of treatment

A daily night dose of Nux vomica 0/1 was given on week one. Some improvement was there. Sleep was restored. But anxiety was there. Shopping impulses as such.

A daily night dose of Nux vomica 0/2 was given on week second. Some more improvement was there. Anxiety was reduced. Impulses for shopping reduced.

A daily night dose of Nux vomica 0/3 was given on week third. More improvement was there. No anxiety. Some impulses for shopping, but controlled in a while. Feeling of relaxation without shopping.

A daily dose of Nux vomica 0/4 was given for week fourth. Much improvement. No more anxiety or impulses. No feel of guilt.

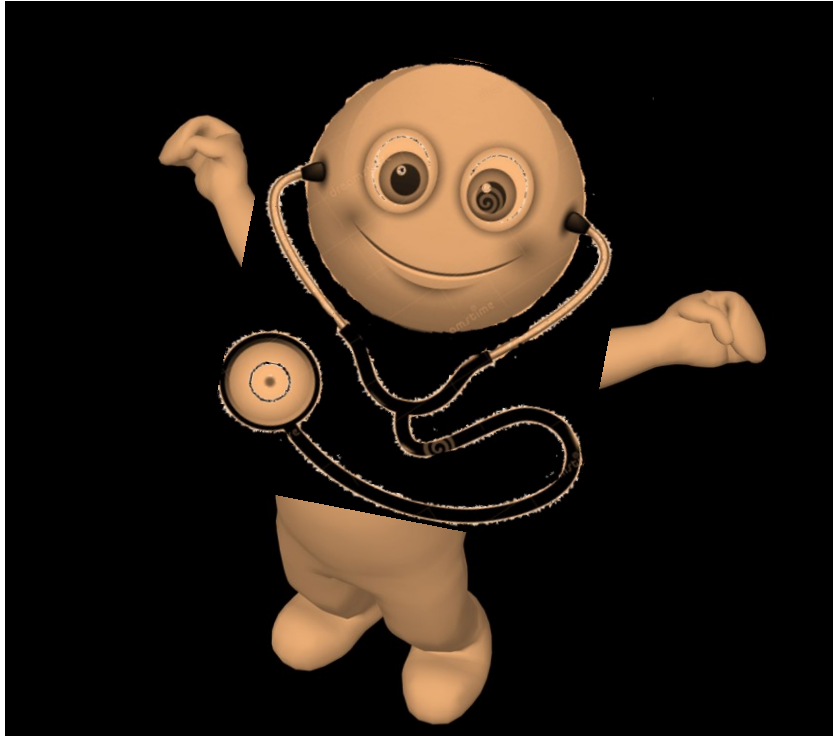
Perfect cure with simple four step analysis. No remedy needed.

# CONCLUSION

Oniomania is a rare disorder that carries a "stigma" (not wanting to be diagnosed, shame about being diagnosed) for the sufferer and their relatives. However, it is possible to fight with it.

For this, we have a sufficient deal of psychological, psychopharmacological, other therapies and assistance. Better education of our physicians and the public would improve the detection of oniomania, and well-organized outpatient care could provide long-term relief for sufferers of this disorder.

However, for now, more detailed clinical and sociological pilot studies of this disorder are necessary.



THANK  
YOU