



## GENESIS OF MENTAL HEALTH PRACTICES IN ANCIENT INDIAN SOCIETY.

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**ABSTRACT:** A civilization encompasses the workings of the several large societies with the roots of historic past. The characteristics and elements of a civilization influence its people. A civilization is well confined to a well-defined geographical region with ecological variations. There are advantages of studying the cultural history of social, behavioral phenomena of psychiatric interest in a living and vibrant society. The richness of a civilization's cultural tradition including religion, philosophy, moral precepts, literature, law and medicine means that one can draw a large body of information that describes ancient subsequent thoughts and habit pattern and related ways of life. A civilization whose traditions have persisted and that manifests its characteristics in local communities that still preserve the elements means those contemporary anthropological studies that afford an opportunity to evaluate the blood of the civilization. A central aim of this paper is to search for the inner logic and substance of psychiatric phenomena in traditional India. Intellectual features of Indian culture are used as hypotheses to prove the material or content of psychiatric conditions and the social practices and institutions that appropriated them. An appreciation of the cultural roots, manifestations and meanings of psychiatric phenomena provides a foundation for later examination of the psychiatric enterprises in contemporary India. A fundamental assumption is that psychiatric phenomena were inherent in the populations of the subcontinent and that societies there had evolved comprehensible and effective ways of coping with it, modernity representing but one phase or version of India's indigenous psychiatry.

**KEY WORDS:** psychological phenomena, psychiatric phenomena, ayurveda, ancient Indian societies and culture.

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**INTRODUCTION:** Prior to Vedic age, and putting aside the Harappan societies, hunter gatherers and more or less typical agricultural and pastoral communities populated the subcontinent of India. Family centered village societies were probably fairly egalitarian with minimal social satisfaction. Other things being equal- ecological stress, access to adequate water supplies and sources of food- such societies tend to show generally good physical health. During the advent of Vedic societies, which were mostly agricultural, tribal and organized as chiefdoms, one finds a high degree of social stratification. With this came behavioral, interpersonal control and prevailing structures regarding acceptable behavior, which were promoted and enforced by higher castes and priests. As a result, greater social strains and pressures brought stress and possible disturbances of experience and

disaffections of behavior among the vulnerable. However, a countervailing influence would have been opportunities for spiritual participation in sacrifices that reinforced values inherent in moral and ethical codes and in religious rituals and practices, all of which provided opportunities for psychological relief given exigencies of poverty, exploitation and inevitable social tensions. The latter included familial, marital or religious strains and crises that would have included physiological malfunctions. These would figure as syndromes of sickness, would have been referred to, and handled by local, popular medicinal practitioners, of which there undoubtedly many kinds. Practitioners relied on religious, magical traditions as well as practical lore based on herbal preparations, diet and the like. Individuals in whom problems of emotion, moral and behavioral deviance predominated would have sought the help of non-medical healers.

**OBJECTIVE:** To explore the history of emotional and behavioral syndromes of psychological interest in ancient Indian societies.

**METHODOLOGY:** This is an interdisciplinary study of traditional knowledge and practices of mental health in ancient Indian societies. The study is multidisciplinary and multipronged. The search for traditional knowledge and practices of mental health in ancient Indian society is comparatively a new field of investigation from the perspective of scientific evidence and research. This is a descriptive research study with relevance of secondary data sources. It is a rigorous process of scrutinizing literary sources, delving into the folklore materials, looking at archaeological evidences and by establishing contacts with folk healers, traditional mental health practitioners and experts and veteran tradition bearers.

**REVIEW OF LITERATURE:** The scientific evidence of establishing the relevance of psychiatric practice in India prior to the modern era is very difficult as far as the researcher does not have direct access to participate in, or observe the social life and directly extract information and data from real informants. Information and data have been collected through relevant texts produced by cultural psychiatry. *Thapar* and *Sharma* in their several publications of Indian history and society discussed the transition to the state, specially its evolving hierarchical systems and religious traditions during the most significant period in the emergence of Hindu culture and society. Writings of Indian mental health practitioners mentioned in their writings that a form of social and cultural psychiatry was already being practiced in ancient Indian communities.

**RESULT AND DISCUSSION:** “In ancient India, the only discipline that promises to be fully secular and contains clear potentials of modern understanding of natural science is medicine”. This was the remark made by *Prof. D.P Chattopadhyay*, in his book *Science and Society in Ancient India*, to provide argument for establishment of medicinal lore in ancient India as a positive science. In contrast to other discipline in ancient India, medicine-in spite of its historically inevitable humble beginnings-takes already in the ancient period the momentous step from magico religious therapeutics to rational therapeutics, i.e. in the terminology of the physicians themselves, *Daiva-vyapasarya bhesaja* to *Yukti-vyapasarya bhesaja* (*Chattopadhyay, 1977:4*). Very strange things started happening in the history of ancient Indian culture. In spite of being a *Veda*, the *Atharvaveda* is looked upon with subdued contempt- a contempt that sometimes becomes quite crude in later legal literature. There was a temporary flourish of medical science

under Buddha's direct influence. It is not without ground therefore that in the later Buddhist tradition in Tibet, Buddha himself was remembered as a very great physician and the Chinese traveler I- Tsing goes to the extent of attributing to him an actual medical work.

**Pre-aryan medical elements:** Archaeological remains concerning pre Aryan medical elements unearthed from different sites of Indus and pre-Indus cultures testify to rudimentary ideas about some medical and surgical practices. Surgical activities are inferred from trephine human skulls and curved knives from two pre-Indus sites, viz Burzahom in Kashmir and Kalibangan in Rajasthan. Medical practices inclusive of some health and hygienic measures are indicated in excavations at Mohenjo-daro and Harappa. The craniotomy operation described practice, application of vapor bath in medical treatment, and utilization of animal and mineral substances in medical prescriptions are some of the instances of borrowing by the *Ayurvedic* system from earlier cultures (Jolly, 1977:33).

**Indo-aryan medical elements:** While pre-aryan elements led to the development of some medical practices in *Ayurveda*, Indo-Aryan medical elements facilitated the growth of some concepts and theories. These are mainly noticed in- (i) cosmo-physiological speculations about the three basic constituents of living organisms, viz. *vayu*, *pitta* and *kapha*; (ii) ideas about the etiology of diseases and (iii) belief in the association of medical treatment with god-physicians. Cosmo-physiological speculations relate to the hormonal theory of *Ayurveda* which propounds that wind (*vayu*), bile (*pitta*) and phlegm (*kapha*) are the three basic elements activating, sustaining, nourishing and maintaining the life principle. The origin of this theory may be traced to Indo-Aryan speculations regarding the three world components- viz. air, fire and water, which similarly sustain, maintain and motivate the world. *Ayurvedic* theories and ideas about the etiology of diseases are of two kinds, rational and irrational. The first kind is formulated on the basis of pathological conditions, while the second is rooted in the notion of super-human and malefic agencies being the cause of diseases.

**Ayurveda and Vedas:** In its conceptual aspects, *Ayurveda* has greater affinity to *Rig-vedic* notions, while in practice it draws much from *Atharva-vedic* medicine. Its relation to the *Atharva-veda* is seen in its (i) two fold objectives of curing diseases and the attainment of a long life; and (ii) anatomical and physiological ideas. The main point of difference between *Ayurveda* and the *Atharvaveda* are in the concept and mode of treatment of diseases. The *Atharva-veda* stresses the warmth of Gods and influence of malefic agents as the causes of diseases more than imbalance in bodily elements which are given primary importance in the diagnosis of diseases in *Ayurveda*.

**Birth of rational Ayurveda:** The birth of rational *Ayurveda* may be traced to the appearances of earlier medical texts by *Charaka* and *Sushruta*. The date of redaction of the *Charaka-samhita* may be assigned to the first century A.D on the identification of *Charaka* with one having the same name who happened to be the court physician of *Kanishka*. *Sushruta's* original text is believed to have been redacted by one *Nagarjuna* between the third and fourth centuries A.D. These two *Samhitas* bear testimony to the scientific research, patient investigation and experimentation which preceded them and served as works of reference to students and research workers alike. This is also attested by *Charaka*. Both *Charaka* and *Sushruta* discuss the eight branches of *Ayurveda*,

namely, *sutra*, *Nidana*, *Vimana*, *Sarira*, *Indriya*, *Chikitsa*, *Kalpa*, the sixth one *Uttaratantra*, being a supplementary work containing *Salakya-tantra*, *Kaumarabhrtya* and *Bhutavidya*. Both Charaka and Sushruta discuss the eight branches of *Ayurveda* mentioned earlier, taking into account the following factors: (a) the organism (*sarita*), (b) means of its maintenance (*vrtti*) i.e proper conduct, moral as well as physical, (c) causes of diseases, (d) nature of pain and diseases, (e) action (*karma*), i.e treatment, (f) effect (*kardya*) or the restoration of the patient to his normal state, (g) time (*kala*) i.e regard to the influence of the seasons, (h) agent (*kartr*) i.e the physician and his professional requirement, (i) means and instruments (*karana*) and (j) prescription (*vidhiviniscaya*) ( *Dasgupta, 1952: 296*). Among the eight branches of *Ayurveda*, *Bhoot-Vidya* is one of the parts, which emphasizes on the study of emotional and psychological distress. Ghosts, evil spirits, demons are known as *bhoots*. Under the influence of *Bhoot-vidya*, confluence can be drawn that in *Bhoot-vidya* more importance was given on maintenance and preservation of normal physical and mental health than on the treatment of any physical ailments.

Psychiatric distress and psychological problems dominantly existed in traditional Indian societies. The emergence and achievement of *Ayurveda* contributed to mental and physical health positively through its provision of a body of theory and practice that improved well being in a general sense. The cultural and political significance and intellectual power of *Ayurveda* as naturalistic medicine slowly modified but never effaced old and *vedic* ways of thinking with respect to ailments generally and psychiatric and psychological problems more specifically. Because *Ayurveda* constitutes a blend of *vedic* metaphysics and traditional pre *Ayurveda* modern science that has earned its high place among the learned and intellectually unique accomplishments of Indian civilization. The range of human problems addressed by *Ayurveda* directs one to examine how it set about to ameliorate them and why it was or not successful as a body of theory and practice. One can think of such an assessment as examining the medical validity of or any discipline that functions to relieve suffering, pain, misery and social disorder. Such examination and analysis leads one to clarify what is unique about *Ayurveda* and raise the question of other bodies of theory that influence mental health. This question is relevant because *Ayurveda* is the only learned Indian institution that had a major impact on the mental health of pre modern Indian societies. Many Indian scholars have drawn to implications of Indian scriptures for mental health. The work of *Balodhi* is worth mentioning in this regard. He examined the society and culture of ancient India from the standpoint of principles of community health. He selects from the expanse of Indian social and intellectual life central to traditions and doctrines that he then analyzes in light of a broad conception of community mental health. *Balodhi* reviewed the central ideas and directives about ancient Indian Hindu ways of life by using the texts, the *dharmashastras*, the *Ayurveda* and *Yoga* and other Indian philosophical schools to give an insight about methods and strategies for improvement of overall mental health. Regarding community health practices derived from *Vedic texts*, *Balodhi* holds that the recorded history of the human race clearly shows that even before the advent of any formal system of medicinal practice, people had developed concepts about mental illness and their possible ways of management. According to *Balodhi*, *Ayurveda* describes 20 different types of mental illness, all of which are community oriented. Other forms of guidance

are found in the *Dharmashastras*, which include aphorizes about social conduct, *smritis* or books of conduct such as that of *Manu*; *Srauta*, *kalpa* (*Srautasrutas*; *Kalpasautras*) or books on ceremonial rules; and *Grhyasautras* or books on domestic rules. Later on, *Balodhi* complements and expands upon the works of *Sudhir Kakar*, who as a psychoanalyst and therapist limits his focus to intra-psychic aspects of self in contemporary Indian people and the transference aspects of healing. Undoubtedly, in India, as in all societies since prehistoric times, social problems and concerns would have been handled locally at the village level. Again, in addition to village settings and local institutions for social control, centers of political administration and corporate structures served as additional places where victims of psychiatric conditions would have been shifted to. Along with establishments where local folk, popular practitioners practiced medicinal lore encompassing all varieties of physical, mental and emotional ailments, and where healers sought to address problems of social and psychological behaviors, may have been the settings to which victims of psychiatric conditions would have been referred. Also the more religious, spiritual *Bhakti* oriented traditions, along with *Ayurveda*, contributed in a major way to mental health and healing of psychiatric disorders. To accomplish this successfully it would be desirable to understand the medical theories and practices accomplished adepts referred to as *Siddhas*. The study of *Siddha* medicine brings to mind an emphasis on physiology, much like *Ayurveda*, but with a pre dominant emphasis on alchemy. It has its own psychiatric dimensions.

The scope and influence of *Ayurveda* in pre modern India leads in two directions. The first is to probe its different theories and examine its validity as medical and mental health discipline. The second is to map its contours in the social fabric and examine how it differs from other traditions of theory and practice that, while not strictly involved in the business of creative medicine, nevertheless has profound influence on mental health and practice. Commonalities and differences between *Ayurveda* and *Tantra*, *Yoga* and *Siddha* tell one part of the history of mental illness in the subcontinent. Besides its tie to strictly non medical disciplines, how *Ayurveda* differed from Islamic tradition of medicine and the mutual influences each had on the other, also needs to be studied. Ideally, one hopes to clarify the extent to which to which the configuration enactment of psychiatric phenomena changed in the subcontinent following the wake of Islamic influence. This would lay the groundwork for developments that happen with the advent of modernity and the spread of biomedical psychiatry.

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