

CHAPTER VIII

THE NORMAL AND THE ABNORMAL

- 8.1. Introductory
 - 8.2. Analysis
 - 8.3. Normality
 - 8.4. Modern Concept of Normalcy
 - 8.5. Comparison and Contrast
 - 8.6. The Abnormal
 - 8.7. Insanity and Its Types
 - 8.8. Differences in Approach
 - 8.9. Symptoms of Insanity
 - 8.10. Etiology of Abnormalities
 - 8.11. Other Causes and Comparison
 - 8.12. Cures
 - 8.13. Conclusion and Summary.
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8.1. INTRODUCTORY

Abnormalities of the mind of men is an age-old problem. History of these abnormalities is not written anywhere. They are as old as man himself. Normality and abnormality coexist in society and even in an individual. Edmund S. Conklin states - 'Abnormal forms of human behaviour have existed for a very long time, perhaps they are as old as man himself. The history of abnormal forms of behaviour has never written.'¹

¹Edmund S. Conklin: Principles of Abnormal Psychology. Henry Hall & Co., 1935, p. 494.

Mental abnormalities were known in the times of Charaka and Sushruta. Ample treatment is given to this subject in their respective standard works. The subject of abnormalities has been given due place and treatment in Ayurveda.

8.2. ANALYSIS

(1) The concept of the normal precedes the concept of the abnormal. The concept of the normal is definite and precise in Ayurveda.

(2) Modern concept of normality is relative and varied. There is similarity between the Ayurvedic concept and the modern concept of the normal; only their expressions differ.

(3) The concept of the abnormal is defined on the basis of the concept of the normal.

(4) There are types of abnormalities and they are five in number. All these abnormalities are mainly due to disturbance of the Tridhatu. In all these, there are psychical causes behind all of them.

(5) There is a difference of approach to the abnormal in modern abnormal psychology.

(6) Symptoms of abnormalities are to be discussed to understand the different types, their causes and their cures.

(7) The etiology of abnormality mainly rests on psychical causes and prajnaparadha is the main cause.

(8) The methods of dealing with abnormalities are also discussed.

8.3. NORMALITY

What is normal ? What is abnormal ? These questions are interrelated. The problem of normality requires first attention in the eyes of the ancient Indian Ayurvedists. Once the standards of normality are known, it becomes comparatively easy to measure the abnormal states of mind. Thinking in this way and looking to life's problems positively, the ancient Ayurvedists clarified their notion of normality. Sushruta states the characteristics of a normal man: 'A person possessing the equilibrium of the triumvirate balanced condition of gastric fire and harmonious working of digestion, assimilation and elimination processes the best mood of spirit, sense and mind, is said to be in perfect health.'²

Charaka does not lag behind in describing the outstanding features of a normal and happy man. The life of such a man is called happy as is not afflicted with either bodily or mental ailments, as is, in particular endowed with youth, strength, virility, reputation, enterprise and boldness befitting his abilities, is actuated in his deeds by the combined urge of knowledge, science, the senses and the

²Sushrutasamhita: S.A.15,41,p.38-39, A Translation in Charakasamhita. Vol.I, Jamnagar Edition,p.624.

sense-objects, all whose efforts are prosperous and who can plan as he likes.³ A more clear description of normality is to be had in the following passage by Charaka. 'The life of that man is said to be good who is well-wisher of all creatures, who does not covet other people's goods, who is a teller of truth, who is peace-loving, who acts with deliberations, is not negligent, is devoted to the three ends (viz. virtue, wealth and enjoyment) without letting anyone end come into conflict with the other two: who is reverential to those who are worthy of reverence; of a scholarly, scientific and retiring disposition, partial to the company of elders, of well-curbed passions of desires, anger, envy, pride and conceit, constantly given to charitable acts, devoted always to austerity, knowledge and quietude; endowed with spiritual insight, one-minded, contemplative of the good in this world and the next, and endowed with memory and understanding. That life which is of the opposite nature is said to be 'not good.'⁴

This is how Charaka draws a picture of a man who is in possession of ideal physical and psychic health. Such a man alone can enjoy life himself and can at the same time add to the happiness and comfort of the whole

³Charakasamhita. Vol.I, S.A.30, Sl.34,p.625

⁴Ibid. p.625.

world. What Charaka does in so many words, Sushruta does succinctly. These two descriptions of a normal healthy man are quite similar in nature and show that the conception of normality in ancient Indian medicine was almost unanimously accepted. There is no hesitation nor any vagueness in definition of normality and it reflects the traditional characteristic of the ancient Indian medicine. The signs of body and mind described together in one breath specifically clarifies the psychosomatic approach to the problem of normality and abnormalities; equilibrium of triumvirate emphasizes the absolute need of harmony of humours, the stress on the best mood of spirit signifies the importance of mental harmony and peace and the word Swasthaya (self-stabilized) have more than one meaning and indicates the natural stability of the body, mind and soul of man. This whole description of normality shows that Ayurveda has a dynamic view of normal health-physical as well as mental. It always discards static concepts and ideas as we have already seen in the concept of the mind. Likewise, the concept of normality too is live and shows the signs of constant growth. But this picture of normalcy is not found in normal worldly life, says Charaka. A completely normal man is rarely found.^{4A}

^{4A}Ibid. Vol.V V.A.6 Sl.13,p.312.

8.4. MODERN CONCEPT OF NORMALCY

In comparison with the ancient Indian concept of normality, the modern thoughts thereof are varied and sometimes show some contradictions. On one extreme, normality is considered a fiction as some psychologists think that true normality never exists in actuality because every man is abnormal to a certain extent in one way or the other. Dr. Louis Berg unequivocally points out 'Let us understand from the very beginning that normalcy is a fiction - a significant fiction, but a fiction nevertheless.'⁵ This sort of attitude shows merely extreme trend about the concept of normalcy. But the generality of modern psychotherapists are prone to regard the current ideas that no clear-cut line of demarcation can be drawn between normality and abnormality in man. The recent standard works on Abnormal psychology generally echo the following opinion on normality and abnormality: 'A sharp dividing line between 'Normal' and 'Abnormal' behaviour simply does not exist, contrary to popular belief.... There are not 'normal' people on one hand and mad men on the other, two distinct kinds of beings. Success in adjustment, like most psychological traits, seem to follow what is called a 'normal' distribution,

⁵Dr. Louis Berg. Psychiatry for Every Man. N.B. McFadden Book, 1963, p. 35.

with most people clustering round the central point or average and the rest spreading out towards the two extremes.'⁶ The great majority of the general population are normal people. Ten percent of the general population are classed as superior individuals. 'These abnormal deviants who constitute about 10 percent of the general population are usually classified into four main categories.'⁷ Standard books on Abnormal psychology today hold similar views on normality and abnormality. To add one more viewpoint we can quote from the known co-authors, R.M.Dorcus and G.W.Shaffer: 'If we accept the average as the norm, the deviation from the average beyond arbitrarily set limits, constitute abnormality.'⁸ This concept of normality and abnormality is well reflected in the well-known bulge of probability.

Inspite of this generally accepted idea of the normality and the abnormality, there is a recent growth of an idea which is inclined to bring in the concept of consciousness in defining normality. Though only a very few writers would contribute to this sort of bringing in the idea of consciousness with regard to normality, there is a trend in this direction is indisputable. Mr.King in his book, 'The Psychology of Consciousness' asserts: 'In

⁵ James D.Page. Abnormal Psychology,Asian Students Edition,McGraw Hill Co.,p.2.

⁶ James C.Colemen. Abnormal Psychology & Modern Life. Second Edition,Scotts Foreman & Co.,p.12.

⁸ R.M.Dorcus & G.W.Shaffer.Text Book of Abnormal Psychology,IVth Edition,1910,The William & Wilkens Co.,p.4.

fact, the degree of completeness of consciousness as distinguished sharply from happiness and similar criteria, is the one valid measure of normalcy we possess.'⁹ This opinion is coming nearer to the concept of normalcy in Ayurveda.

After this discussion on modern concepts of the normality it can be said that today there is no definite criteria of normalcy which is universally accepted. The science is still growing and its growth itself conveys its dynamic character. This characteristic of modern abnormal psychology like the psychology itself necessitates definite concepts of normalcy and abnormality. That is why one would like to agree with the psychologist Joseph Nuttin when he urges for a definite dynamic definition and theory for normalcy: 'The development of a dynamic theory of the normal man, therefore, seems to us an urgent necessity in the contemporary psychology.'¹⁰

Though no universally accepted dynamic theory of normality or its definition is still evolved in the recent researches of modern psychology a workable and generally acceptable concept is well described by A.H.Maslow and Bella Mittleman in their book on Principles of Abnormal psychology. They enumerate the following signs of normalcy:

⁹C.Daly King. The Psychology of Consciousness, Kegan Paul French Trumber & Co., Ltd., 1932, p. (XI).

¹⁰Joseph Nuttin: Psychoanalysis and Personality. A Mentor Omega Book, 1962, p. 197.

'Adequate feeling of security, adequate self-evaluation, adequate spontaneity and emotionality, efficient contact with reality, adequate bodily desires and ability to gratify them, adequate self-knowledge, integration and consistency of personality, adequate goals, ability to learn from experience, ability to satisfy the requirements of the group, adequate emancipation from group or culture.'¹¹ There is a striking similarity between these descriptions. But this similarity does not mean that the ancient Indian medical point of view and the modern psychological views are throughout similar.

8.5. COMPARISON AND CONTRAST

The concepts of normality in modern psychology are varied and still one can see one predominant tendency among the recent trends. According to this latest trend the emphasis is laid more on equilibrium, harmony, self-control and adequacy in all respects. This approach leads some thinkers to lay due weight on commonly known virtues like the spirit of freedom, sense of responsibility, courage and love. In 'Men's Search for Himself' Rollo May directs our attention to these very virtues for their utility for integral personality or a normal personality. 'The qualities of freedom, responsibility, courage, love

¹¹ A.H. Maglow and Bella Mittleman: Principles of Abnormal Psychology, p.14-15.

and inner integrity are ideal qualities, never perfectly realised by anyone but they are the psychological goals which give meaning to our movement towards integration.¹² The same author suggests without hesitation that health or normality is to be sought in a deeper level of our being. 'The battle of health must be won on the deeper level of integration of the self.'¹³ It would be quite useful to quote an authority like Allport in this connection: 'Normal people, by contrast, are dominated by their preferred patterns of self-actualization. Their psychogenic interests are modes of sustaining and directing tension rather than escaping it.'¹⁴

This emphasis on self actualization, integrity of personality, virtues like freedom, responsibility and love in modern psychology as signs of normalcy and as necessities for its upkeep has very much in common with the ancient Indian medical view of normality in as much as both regard these characteristics as signs of a normal man. But this similarity of viewpoint differs only in its description. This becomes apparent when we seek to understand the modern concept of normality. Modern concept of normality has cultural, social and philosophical implications over and above its psychological, psycho-analytic, psychosomatic and psychotherapeutic meanings. Modern

12. Rollo May: Man's Search of Himself. W.W. Norton & Co., 1953, p. 276.

13. Ibid. p. 111.

14. T.K.N. Menon: Recent Trends in Psychology. Orient Dongmans Ltd., p. 41.

analytic, psychosomatic and psychotherapeutic meanings. Modern concept is more prone to regard normalcy relatively and does not consider it as a standard norm easily to be obtained in the society. 'Actually the differences between 'deviants' and 'normals' are differences of degree rather than of kind. The normal individual differs from the 'deviant' in that he is generally better able to control his deviating tendencies, does not possess them to so great a degree, and is able to keep them out of sight.'¹⁵

But this relative concept of normalcy in modern psychology very well supports the concept of normality in ancient Indian medicine. But there is a divergence only in expression. This divergence is due to many reasons. Both these approaches have their historical background. As we have already described in Chapter II while describing the signs of the times of Charāka and Sushruta that there was a time when the average man was happy, was free from din and bustle of industrial life's stress and strain and was living a religious life of good conduct in a natural background. The average man then was found to be normal and there was less incidence of abnormalities. Life was not complex and it was easier to live a normal life than it is at present. In contrast to this, modern life has become very complex, stress and strain is the rule of

15. Henry Clay Lindgren: Psychology of Personal and Social Adjustment. American Book Co., Second Edition, p.445.

the day and faith was given place to reason and doubt. The very profound psychological change in the average man has utterly altered the very background of the psychological investigation. Modern psychologist finds signs of abnormalities even in an average man to a certain extent and he is forced to recognise the concept of normalcy to be relative only. The standards of measuring normality also have changed and that too has direct effect on judging normalcy. Ayurvedic approach was analytic to a certain extent so far as it covered necessary details pertaining to all aspects of man's life; it is synthetic as it covers both mind and body at a time in the description of normalcy; and it was comprehensive because it leaves no aspect untouched.

Ancient approach was also idealistic. Modern approach is scientific, analytic and strictly realistic. In the light of the huge amount of facts and the knowledge gleaned, modern psychology is forced to come to a relative concept of normality.

Now, it is suggested from this comparison of the ancient and modern concepts of normalcy that both are quite appropriate in their respective historical backgrounds. As already seen it is a happy sign to note that even in

modern psychology there is a growing tendency to construct a norm for normalcy which is quite similar to the ancient idea of normality. Not as an ideal but as an acceptable norm of an average man, the characteristics described by Charaka and especially Sushruta can stand the test of all times.

8.6. THE ABNORMAL

So much has been said about normality that it is quite pertinent now to come to the subject of abnormality. In ancient Indian medicine the main stress is laid on the positive aspects of life, still, however, the negative ones are not at all neglected. Once the idea of normality is defined, it was easy for them to describe abnormality. That which is contrary to or deviating from normality is abnormal.¹⁶ Similar definition of abnormality is found in Kashyapa-Samhita wherein too abnormality is described as an opposite to or deviating condition of or form of normality.¹⁷ Somewhat more detailed description of abnormality is found in the following account of abnormality in general: 'Confusion of intellect, extreme fickleness of mind, agitation of the eyes, unsteadiness, incoherence of speech, mental vacuity - these are the general symptoms of the disease of insanity.'¹⁸ The ancient medical

¹⁶ Charakasamhita: Jamnagar Edition, Vol. I, p. 625, S.A. 30, Sl. 34.

¹⁷ Kashyapasamhita: 4-5-7.

¹⁸ Charakasamhita: Vol. III, Ch. A. 9, Sl. 6, p. 1650-1651.

authorities were precise in the description of the abnormality in general.

Modern psychology of the abnormal has been striving to define abnormality in much more definite and clear terms. The very word 'abnormal' is suggestive of its meaning. 'Since the word 'abnormal' means 'ab' or 'away' from' the normal, what norm or usual standard, does the scientist apply ?'¹⁹ Though there is much controversial discussion and diverse opinions on normality, there is hardly any divergence of opinion on the question of describing abnormality in modern psychology: 'Insanity is in fact a legal and not a medical term. The psychiatrist's word for insanity is psychosis. It may be defined as persistent deviation from the normal way of thinking, acting and feeling.'²⁰ Modern science has been exploring the vast field of abnormalities in more than one direction using all the various increasing means at its disposal. From these attempts arose special branches like abnormal psychology, clinical psychology, psychiatry, psychosomatic medicine and mental hygiene. In Ayurveda all these attempts are combined in one as its approach to life and disease and cures was integral. There are advantages and disadvantages of these two approaches - the approach of

¹⁹James Coleman: Abnormal Psychology and Modern Life. Scott, Foreman & Co., p.14.

²⁰Louis Berg. Psychiatry for Every Man. N.B. Mefadden Book, 1963, p.115.

specialisation in each possible branch and sub-branch of a science in modern times and the integral approach of the ancients with due place of each branch and sub-branch. Nevertheless the ancients did not seem to lack analytic approach and necessary special attention to the detail. As already noted and discussed, they explored the science of life in accordance with the need of the times and with the best means available to them. Summing up the modern approach in describing abnormal behaviour, it is proper to quote C.Edward Barker : 'The abnormals are so classified because (i) they form a basis for setting people apart from the general (so called normal) population, (ii) they interfere with the normal participation in the affairs of every day living, (iii) they keep people from leading reasonably happy, productive and peaceful lives, (iv) they show symptoms of marked emotional immaturity, neurosis or psychosis.'²¹

This comparative discussion has led us to the very subject of abnormality and its symptoms. What are the abnormalities or types of insanity according to the ancient medical authorities ?

²¹C.Edward Barker: Nerves and Their Care. George Allen & Unwin Ltd., 1960, p.444.

8.7. INSANITY AND ITS TYPES

Both Charaka and Sushruta have given, in their own style to the problem of insanity or abnormality of mind. As there is full harmony in their description of normality, there is similarity of views on the question of abnormality with some slight differences. As it has been already discussed in the previous chapters, the main reason of the similarity in their approach is their common basic fundamentals and the common thesis. Both of them have devoted full chapter on Unmada and a chapter each on Apasmara with appropriate discussion on the whole problem of insanity in other places.

To begin with, a general review of the mental abnormalities in Ayurveda is taken at a glance. All forms of insanity are covered under three main headings and their sub-types. They are Unmada, Apasmara and Alcoholic Madness. The general term for insanity is Unmada and Apasmara is epilepsy.

Unmada or insanity is of five types according to Charaka: There are five kinds of insanity. They are due respectively to Vata, Pitta, Kapha, to all the three humours combined and to extraneous causes.²² The first four types are due to internal causes while the fifth

²²Charakasamhita: N.A.7, Sl.3, p.707.

type is due to external causes. Sushruta enumerates six types of Unmada, out of which first four are common, but the fifth type, according to him is due to mental shock and the sixth type is due to poison.²³ He also considers epilepsy a sort of mental abnormality. The type of epilepsy according to both Charaka and Sushruta are four in number. This in short is the general concept of insanity and its types in Ayurveda. The detailed descriptions of each of these types is quite accurate and each is clearly distinguished from the other. But before we discuss these types, it is interesting to compare these types with modern psychiatric analysis of insanity and its types in general.

As is seen in other aspects of modern psychology, there is a variety of approaches to the problem of mental abnormalities in modern times. Yet comparatively, there is seen much more unanimity and similarity as to the general types of insanity. James D. Page classifies the abnormalities thus: 'These abnormal deviants who constitute about ten per cent of the general population are usually classified into four main categories: psychoneurotic, psychotic, mentally defective and anti-social.'²⁴

²³Sushrutasamhita: Uttartantra, A.62, S1.3, p.1053

²⁴Page: Abnormal Psychology. Asian Student Edition, McGraw Hill Book Co., p.2.

This pattern is generally accepted by most of the researchers and authorities in abnormal psychology with slight changes in categories here and there. James C. Coleman in his work on abnormal psychology has classified the abnormalities on similar broad lines but with some slight changes thus:

(1) transient personality reactions to acute or special stress, (2) psychoneurotic disorders, (3) psychosomatic disorders, (4) functional psychoses, (5) character disorders, (6) mental deficiency.²⁵ Dorcus and Shaffer classifies the same under different terms like sensory disorders, motor disorders, brain damage disorders, disorders of association and memory, disorders of central functions etc.²⁶ All these and other authors on abnormal psychology include alcoholic insanity. Some of them cover anti-social elements in abnormalities while others omit them thinking that they belong to criminology. With these slight variations in classifications, the main trend in modern abnormal psychology is to classify the abnormalities in terms of neurosis, psychosis and deficiency with slight changes and usages in terms and designations of the abnormalities.

²⁵ James C. Coleman: Abnormal Psychology and Modern Life. Scott Foreman & Co.

²⁶ Dorcus & Shaffer: Text-book of Abnormal Psychology. Williams and Wilkins Co., Fourth Edition, 1960.

8.8. DIFFERENCES IN APPROACH

The difference in classification and designations of the abnormalities by the ancient Indian Ayurvedic authors and the modern psychologists is due to the very basic difference of their approach to the problem. As we have already observed in the former chapter on psychosomatics in Ayurveda, the approach of the ancients is not only organismic but also vitally different from the modern approach in as much as they base their theory on the Tridosha theory which is not merely a physiological theory but has a psychological and pragmatic background. On the other hand modern approach to mental abnormalities is strictly restricted to facts as are to be faced in dealing with them and they are classified in terms of neurology and psychiatry.

In the case of insanity due to extraneous causes, the ancients bring in spirits, demons and Gods but at the same time give wise cautions in this regard.^{26A} The moderns refuse to believe in the existence of such extraneous causes and consider them as relics of the superstitious past. In Europe too, there were such beliefs about insanity due to demonic spirits in the ancient and mediaeval periods and till the growth of the modern scientific knowledge these

^{26A} A Charakasamhita: Vol.V, N.A.7, Sl.21-22, p.271.

beliefs persisted. There are references to magic, demons and witch craft till the end of sixteen century. This belief held sway over the public in Europe.²⁷ The extraneous factors described by Ayurveda in abnormalities is not the same as superstitions. They had a paranormal background. Still however, it must be stated here in short that the ancient Ayurvedic authorities were rational in their approach to all problems of life and they gave place to extraneous factors like the Gods, demons etc. because they had a logical basis to bring in these factors in the very classification of types of abnormalities of the mind. This is due to their reasoned and seasoned faith in the paranormal.

8.9. SYMPTOMS OF INSANITY

The general symptoms of insanity are many and it would be out of place to denote them here in detail. But it is very useful to note here that one more illustration of precision and succinct description is found in Ayurveda, e.g. about the symptoms of insanity given in a nutshell. 'Insanity is to be known as the unsettled condition of the mind, understanding, consciousness, perception, memory, inclination, character, behaviour and conduct.'²⁸ This concise expression applies to all

²⁷ M.E. Ingram. Principles and Techniques of Psychiatric Nursing, First Chapter.

²⁸ Charakasamhita: Vol. II, Nidanasthan, A.7, S1.5, p.708

forms of abnormalities. Symptoms are stated in more detail and almost exhaust the general signs of abnormalities:

'These are its premonitory symptoms: viz., feeling of voidness in the head, restlessness of the eyes, noises in the ears, hurried respiration, dribbling of the mouth, anorexia, misdigestion, cardiac spasm, misplaced mental absorption, fatigue, infatuation and anxiety, constant horripilation, frequent pyrexia, intoxicated condition of the mind, pain in the upper half of the body, the appearance of the features presented in facial paralysis and the frequent seeing in dreams of roving, moving unstable and inauspicious forms, or of oneself sitting mounted on the wheel of the oil-press, or being churned as it were by whirl-winds or sinking oneself in tinged waters and the retraction of the eye-balls. These are the premonitory symptoms of the insanity induced by the provocation of the morbid humours.'²⁹

Charaka and Sushruta both give a very detailed list of symptoms of insanities due to Vata and Pitta and Kapha and the triumvirate together in turn. It is needless to go into details of these symptoms as well as the symptoms of the types of insanities in modern abnormal psychology. It is quite useful to note here that symptoms

²⁹Ibid. A.7,Sl.6,p.709.

given in the ancient medical texts are appropriate in each case and they seem to correspond in certain cases. The descriptions of Vata type of insanity is compared with neurotic types of abnormalities. This is mainly because Vata has much in common with nervous system as already seen before.³⁰

The Vata type of abnormalities are described by Charaka in the following few words: 'The signs and symptoms of the different types of insanity are as follows: They are - constant rambling, meaningless jerking of the eyes, eye-brows, lips, shoulders, jaws, foreparts of the arms and feet and other body-parts, talking interminably and incoherently, the flowing of froth from the mouth, continuous and inopportune smiling, laughing, dancing, singing and playing on instruments, giving loud limitations of the sounds of the flute, conch and cymbals of the left and the right hand, trying to ride on mounts not in vogue, adorning oneself with queer and unornamental objects, hankering after unobtainable viands and actual contempt or extreme niggardliness for those in actual possession, emaciation and roughness of the body and swelling and redness of the eyes, nonhomologation to the things that are antagonistic to the things that are alleviative of

³⁰ Ibid. A.7, Sl.7(i), p.710.

Vata - these are the symptoms of insanity of the Vata type.'³¹

Charaka has outlined the symptoms of Vata type of insanity. One cannot expect the same symptoms in all psychoneurotic disorders even though there can be much of a common ground between them. The symptoms shown here point out that all the signs are not of a dangerous type of insanity. Psychoneurotic disorders are the abnormalities on the margin of normality. Describing psychoneurosis Conklin states - 'Under this heading of psychoneurosis, it is now customary to group a large number of what may be called the milder forms of psychological abnormality. Not infrequently they are referred to as borderline cases of abnormality. Sometimes they are called the functional disturbances. They are not as acutely abnormal as those grouped under the general heading of psychosis and which are popularly known as the insanities.'³²

James C.Coleman outlines psychoneurosis in the same manner but gives the other side of the picture: 'Although neurotics are mentally ill, their illness does not involve gross falsification of external reality in the sense of delusion or hallucinations, nor is it likely to cause them to engage in violent behaviour with respect either to society or to themselves. Rather they are unhappy, anxious, inefficient, individuals who do not require hospitalization but who are,

³¹Ibid.

³²Edmand S.Conklin: Principles of Abnormal Psychology, Henry Holt & Co., 1935, p.97.

³³James C.Coleman: Abnormal Psychology & Modern Life. Scott, Foreman & Co., p.172.

nevertheless, badly in need of psychiatric assistance.³³

The Symptoms described by Charaka and those by modern psychologists do not exactly coincide; and in the nature of things one cannot expect them to be similar in tone even though they are the descriptions of similar types of abnormal behaviour. But what is suggested by them seem to be much similar. As for example the signs of 'constant rambling, meaningless jerking of eyes, eyebrows, lips, shoulders, jaws, foreparts of the arms and feet and other body parts' pointed out by Charaka is quite suggestive of the compulsion mania described by the modern authors on abnormal psychology. The queer behaviour of riding uncommon mounts, inappropriateness in singing, laughing or smiling are suggestive of the signs of disturbed personality or dissociative reactions in modern terminology. Desiring the unobtainable viands and contempt for that which is in possession resembles the phobic reaction and roughness of the body can now be termed as asthenic reaction. Charaka's description of Vata type of abnormality is picturesque and depicts vividly the actual behaviour of this type of abnormal person.

Apart from this, there can be very little direct form of comparison between the types of insanity in ancient

³³James C. Coleman: Abnormal Psychology & Modern Life. Foreman & Co., p.172.

medicine and modern classification of mental disorders although both cover up almost the entire area of mental abnormalities. Epilepsy would cover mental illness like hysteria and other disorders effecting consciousness. Diseases due to Pitta, Kapha and Vata and Pitta, Kapha and Vata together almost cover all other mentally sick like psychotic, mentally defective and anti-social types.

But that which would be unacceptable to the modern psychological thought is exogenous type of insanity fully described by the ancient medical authorities. They say that those which do not fall under the first four categories are exogenous: 'That form of insanity, however, which presents causes, premonitory symptoms suffering from homologation, other than those which arise from endogenous discordance is said to be exogenous.... In this case, too, the etiological factor is volitional transgression. A man, by disregarding the gods, seers, gandharvas, yakshas, demons, goblins, seniors, elders, adepts, preceptors and worthies perpetrates undesirable acts or begins similar reprehensible undertakings. Assailing such a man who is mainly his own assailant, the gods and others render him insane.'³⁴

In the west too, exogenous agency had its place in psychiatry before the advent of modern science. Modern

³⁴Charakasamhita: Nidansthan. A.7, S1.10, p.713.

psychology considers this as pure superstition. James C. Coleman describing demonology among Europeans states, 'They too attributed such disorders to demons which had taken possession of the individual. This is not surprising when we remember that 'good' and 'bad' spirits were widely used to explain lightning, thunder, earthquakes, storms, fires, sickness and many other events which primitive men did not understand.'³⁵ He puts forth the argument that this belief in spirit is not only due to primitiveness of the ancients but he also clarifies that the evil spirit works more drastically when the patient behaves in contradiction to the behests of the priests. 'Most possessions, however, were considered to be the work of evil spirits, particularly when the patient becomes excited and over-active and engaged in behaviour contrary to the teachings of the priests and temple-worshippers.'³⁶

Does this mean that the reference to the possession of the patient by Gods and Yakshas or Demons in Charaka and Sushruta is sign of the vestiges of superstitious traditions that were prevalent in their times? If modern concepts of abnormality are accepted in entirety, one would be tempted to conclude that the ancient Indian

³⁵ James C. Coleman: Abnormal Psychology & Modern Life. Scott, Forman & Co., p. 23.

³⁶ Ibid. p. 23.

medical texts were not completely free from primitive ideas about spirits of good and bad nature. But it would be quite hasty to jump to such a conclusion without going into details of the whole concept of the possession of spirits in these texts. The idea of spirits is as old as earth and even in this present age of science and technology, the search of the unknown world of spirit is not given up. On the contrary intense attempts are being made to understand this spirit-world phenomenon. Some psychologists are forced to recognize the growing importance of the subject and they cannot deny the increasing evidence gathered by great researchers in this field. 'All these phenomenon are presented as evidence for the existence of some means of communication from mind to mind, from mind to objects, from objects to minds by other than the now known means. The amount of evidence offered is so voluminous as to justify serious consideration.'³⁷(See appendix A).

In Ayurveda, there is a firm conviction in the spiritual world combined with religious faith and in addition to this there is a very fearless and rational approach to the possession of insane persons by good or bad spirits. The

³⁷Edward S.Conklin: Principles of Abnormal Psychology. Henry Holt & Co.,1935,p.⁴⁴.

spirits possess only those who are weak, or evil minded and they provide a fertile ground for the spirits to take possession of them. 'Neither gods, nor the gandharvas, neither the goblins nor the demons, nor aught else torment the man who is not tormented by himself.'³⁸ To the ancient Indian medical authorities faith and rationality are not contradictory. They could deal with the subject not only rationally but with a faith in the existence of a spiritual world i.e. the world of spirits. Only those men who are tormented by themselves are prone to the possession by spirits which are good or bad. This statement also means that the root cause or causes of such possession lies in the man himself; he is responsible for such a state of being prone to possession of spirits. Here lies the key to the etiology of insanity in ancient Indian medical scripts.

8.10. ETIOLOGY AND ABNORMALITIES

According to Charaka, the root cause of all bodily and mental diseases is Prajnaparadha, i.e. transgression of the intuitive mind or volitional transgression.³⁹ And the source of this too is Rajas and Tamas. As we have already tried to understand, this approach to mental disorders is psychosomatic, pure and simple. Charaka

³⁸Charakasamhita: Vol. II Nidanasthan, A.7, Sl.19, p.719

enumerates other causes no doubt but he emphatically declares that root of all causes of mental and bodily diseases is Prajnaparadha. Though some clarification of this term and the concept behind it has been already done in the Chapter on 'Psychosomatic Approach' before. This very important concept requires a further treatment here in order to grasp the etiological significance of mental disorders.

Prajnaparadha is a compound word and contains two words, Prajna and Aparadha. Prajna is intuitive or cognitive mind and as Charaka explains the words, it is an integral trinity of understanding or immediate grasping mental faculty, will or will-power and memory. Its translation into English as volitional transgression does not convey the full significance as is apparent from this very description of Prajna. The better word or words would be intuitive mind or intellect or conscience. As it is already discussed on the chapter on mind before, every man has this intuitive intellect and transgression of its ordains or its small voice within, is the root cause of all mental or physical disorders, directly or indirectly. When one behaves contrary to natural rules of behaviour in contravention of what Prajna or conscient knowledge directs, the chain of disorders starts anywhere upsetting the

equilibrium of the humour. Charaka delineates some outstanding features of Prajnaparadha. He considers all emotional disturbance and misconduct together with uncultured behaviour to be the signs of Prajnaparadha.⁴⁰ These very characteristics of Prajnaparadha have been succinctly epitomised by Charaka as misconception by the intellect and misconduct.⁴¹

It is not enough to say that the breach of mental discipline is the cause of mental and other disorders and so Charaka explains the way in which these disorders take place. 'In such persons the mind having been impaired and the understanding unsettled, the exacerbated humour getting further provoked reaching the heart (the brain) and blocking the channels of sensory communication brings about insanity.'⁴²

This account of the main cause and its working would not create doubt as to its reasonableness but a student of modern psychology would question that if the emotions like grief, anger, etc. are the very causes of mental and physical disorders, their suppression would lead to greater mental disorders as a psychoanalyst would conclude. Such a poser is quite expected because modern psychoanalysis has come to the conclusion that suppression of primary emotions

⁴⁰Ibid. Sh.A.I, Sl.103-108,p.995.

⁴¹Ibid. Vol.III, Sh.A.I, Sl.109,p.995

⁴²Ibid. Vol.II, N.A.7, Al.4.p.708.

and sexual urge lead to mental disorders. To understand the way in which this dilemma is solved by the ancient medical authorities, we have to look sharply into their arguments and approach, keeping in mind their comprehensive and integral approach to all problems in general.

Charaka prescribes that natural urges should not be suppressed and in the same breath he urges to curb unhealthy emotions and passions like pride, fear anger etc. There would be no opposition to the first prescription of not suppressing all the natural urges, but there would be doubt as to restraining the unhealthy emotions. But according to Charaka restraining is not suppression. The original words are Vegan Dharayet i.e. passions should be controlled. Charaka categorically states that emotions and passions like greed, grief, malice, adultery etc. should be controlled. The word 'Dharayet' does not mean suppression nor mere restraint in the ordinary sense. It means that such urges should not only be restrained, and contained within but also should be so restricted so that they can be kept within without causing any disturbance or any suppression. There is in a sense a suggestion of sublimation of such urges and passions in the word 'Dharayet.' The root of the very is 'Dhru' which has such a meaning of restraint found its meaning in Sanskrit dictionary.⁴⁴

⁴⁴Apte's Sanskrit English Dictionary.

In contrast to this healthy prescription of the ancient Indian medical experts, modern psychoanalysis is too cautious and is fearful of restraint, lest it would result in suppression. The ancients knew the difference between control and suppression but some psychoanalysts are too fearful of 'control' and the result is that the very notion of control of unhealthy emotions is losing ground. Some do not accept the idea of the will as is done in behaviouristic school of psychology and construe it in terms of conditioning.⁴⁵ Some psychoanalysts have made too much of the evils of suppression and the result is that the moral values and higher aspirations are displaced by extravagance of all manner. There are very severe criticisms of such an attitude in this connection even though the basic analysis of the evils of forced suppression is not invalid. Gerald Herd states that 'Freudianism has made every idea and aspirations feel itself ridiculous and morbid, a purposeless extravagance made out of what should be a mere bodily routine.'⁴⁶

But ancient Indian medical experts have struck a very nice balance when they stated that natural bodily urges should not be suppressed but unhealthy and socially evil emotions and passions must be controlled and sustained

⁴⁵Hudgins: Conditioning & Voluntary Control quoted by Murphy in Historical Introduction to Modern Psychology, p.271.

⁴⁶Gerald Herd: Third Morality, p.76.

in order to pursue life's higher ideals and seek real happiness.⁴⁷ This makes it clear that the control of impulses and passions is to be made in such a way what it would earn the wise controller not only wordly good but the principal benefit would be 'spiritual merits.' The very word 'control' not only in the scripts of Ayurveda, but throughout Indian scriptures includes the idea of sublimation not only in its narrow sense but in its wider meaning of higher transformation which leads man to spiritual heights.

8.11. OTHER CAUSES AND COMPARISON

Other causes of mental disorders are improper coordination, misuse and others which are to be discussed in the next chapter on diagnosis and therapy. All these causes only point to one permanent theme of disharmony and conflict in life, between right living and wrong living, between mind and soul. Dr. Edward Bach who was a flourishing doctor and who all of a sudden left it and went to Welsh villages in search of medicinal plants and found out three dozens of them single handed and who believed in psychic and soul cure at the same time, said after his own long experience in his book, 'Heal Thyself' that 'all diseases have their root in the conflict between mind and soul.'⁴⁸

⁴⁷ Charakasamhita: Vol. II, S.A. 7, Sl. 27, 29, 30, p. 111.

⁴⁸ Edward Bach: Heal Thyself, p. 2.

He was a doctor who spoke like an Ayurvedic expert without knowing anything of Ayurveda.

Examples like Dr. Bach are not few and recent trends are in the direction of psychosomatic and psychic cures of disorders of mind and body. The orthodox or reductionist schools of psychology would not contribute to or show inclination towards such revival of psychical belief and cure but there are a few Neo-Freudians who specially take interest in such trends. Joseph Nuttin is one such new psychoanalyst who emphatically declares that there is a need for philosophy and absence of it leads to increase of neuroses. 'Now, more than ever, certain psychotherapists are struck by the number of cases in which the absence of any meaningful philosophy of life seems to be the deepest cause of neurosis.'⁴⁹ The same author further states without any hesitation: 'The only thing that can re-establish the disturbed equilibrium is the 'Confidence that God will not cast us aside but will use each of us as a piece of priceless mosaic in the design of his universe.'⁵⁰ Another writer of a standard book on psychology supports the utility of right conduct and points out wrong conduct to be the cause of psycho-pathic conditions: 'Let people realize clearly that everytime they threaten someone or humiliate or reject

⁴⁹ Joseph Nuttin: Psychoanalysis and Personality, A Menton, Omega Book, p.184

⁵⁰ Ibid. p.251

another being, they become forces in the creation of psychopathology, even if these be small forces. Let them recognize that every man who is kind, helpful, decent, psychologically democratic, affectionate and warm is a psychotherapeutic force, even though a small one.⁵¹ One more supporting quotation to the theory of conscious control of life and right conduct is here: 'The more a person is able to direct his life consciously, the more he can use time for constructive purposes.'⁵²

Some other causes:

There are some other causes of insanity, over and above those accounted hitherto. One such is incompatible diet which is vitiated and unclean.⁵³ Then there is the psychical element as the cause. The man with low psychic element is liable to be affected by insanity or it is itself a mild form of insanity and can be called imbecile in modern psychological term.⁵⁴ In modern concepts of causes of insanity, there is a different approach altogether. As far as the internal causes are concerned there is some resemblance as far as general psychic elements are thought of; but the analysis and comprehensive view of the ancients is somewhat different from the modern factual,

⁵¹Henry Clarge: Psychology of Personal & Social Adjustment. Second Edition, American Book Co., p.493.

⁵²Rollo May: Man's Search by Himself, p.259.

⁵³Charakasamhita: Vol.III, Ch.A.9, Sl.4, p.1650

⁵⁴Ibid. Ch.A.8, Sl.119(1), p.

analytic and detailed classification. This is seen from the causes enumerated in modern abnormal psychology.

James C. Coleman enumerates the following factors as the causes of insanity: 'Heredity, inadequate mothering, faulty parent-child relationship, early traumas and frustrations, faulty specialization, inadequate preparation for adolescence, sociological factors like disruptive emotional processes, toxic and organic brain pathology, psychological stress etc.⁵⁵ This is the modern psychiatric approach to causes of insanity emphasizes social, cultural and environmental factors. So, it can be concluded that there is a similarity between the modern and the ancient Indian concepts, as far as the fundamentals are concerned but the expression and approach are quite different.

8.12. CURES

'In short, everything in the world has only two conditions, abnormal and normal, both of them are dependent upon a cause. Nothing can happen in the absence of a cause.'⁵⁶

Abnormalities are again divided into two types - the curable and the incurable. The curable are those born of vitiation of all the three humours together and some abnormalities born of exogenous factors. The expert physician is advised to cure the curable abnormalities.

⁵⁵ James J. Coleman: Abnormal Psychology & Modern Life, p.108-140.

⁵⁶ Charakaśamhitā: Vol. II, N.A. 8, Sl. 41, p. 734.

The general line of cures is given in detail by Charaka like this: Of the other three which are curable, the following constitute the therapeutic measures - oleation, sudation, emesis, purgation, corrective and unctuous enemata, sydation, smoking, fumigation, nasal medication, application, affusions, besmearing, shock-therapy by intimidating the patients with threat of death, chaining and confinement, frightening, inducing astonishment and forgetfulness, depletion and venesection, skilful regimen of diet according to indication and other suitable medications antagonistic to the nature of etiological factors.⁵⁷

Out of the exogenous causes of insanity wherein the root cause of possession of gods or spirit are lust or desire for worship are considered curable and the cures are as follows: 'In the case of these two, the therapeutic measures consist of the following charms, herbs, magical stones, auspicious rites, oblations, offerings, sacrifices, ritual discipline (Niyama), vows, expiatory rites, fasts, blessings of the Gods and pilgrimages.'⁵⁸ These cures are not merely physical cures but they are psychical too. The psychic cures fully treated in one sloka thus 'Intimidation, terrorization, gifts, exhilaration, pacification, frightening, and astonishing - these being causative of forgetfulness serve to reclaim the mind to normality from its insane

⁵⁷ Ibid. A.7, Sl.8, p.712.

⁵⁸ Ibid. A.7, Sl.16, p.718.

fixation.'⁵⁹ These are truly psychic cures but those that look like medicinal cures are also psychical to a certain extent as they serve to clear the senses, and bodily organs. 'The stomach, the senses, the head and the alimentary tract being purified by vomition and other purification processes, the mind becomes clear and the patient regains his memory and wits.'⁶⁰ There is no exaggeration in this after our purview of the psychosomatic approach and cures in the previous chapter.

The importance of words of moral and religious import in some cases and consolation in the case of one unhinged due to loss of something, has also been advised by Charaka.⁶¹

All these psychical and medicinal measures are prescribed in connection with all the different kinds of insanities because the etiological and susceptible factors are common.⁶²

In comparison to this simple, natural and psychosomatic curative methods, the modern psychiatric methods are varied, complicated and specialised. No direct comparison between the ancient Ayurvedic and modern methods is feasible but it can be said that even judged by modern standards, the ancient curative approach can withstand

⁶⁰ Ibid. A.9, Sl.28,p.

⁶¹ Ibid. A.9, Sl.79, 85

⁶² Ibid. A.9, Sl. 95,p.

some test. Surely, their curative methods were limited. There is much possibility of research in this field of the therapy of abnormalities by Ayurvedic approach.

8.13. CONCLUSION

Though there is scope for research in this direction in the light of modern knowledge on the subject, the fundamentals of mental hygiene in Ayurveda are unquestionable. A clue to mental and physical health is shown by Charaka in a few words and he has laid down the basis for curative psychiatric and hygienic fundamentals thus: 'The man of strong mind, who abstains from flesh and alcohol, observes a wholesome diet and is always dutiful and pure, will never fall a victim to insanity whether exogenous or endogenous.'⁶³

This fundamental of all fundamental cures well sums up the whole range of curative methods. It is as much valid today as it was in times of Charaka and will be valid in future as it points out the eternal truth of mental hygiene.

SUMMARY

The concept of the normal precedes the concept of the abnormal. Ayurveda has thought of the both. It gives a clear concept of the normal and does not hesitate in

⁶³ Ibid., A.9, Sl.96, p.1678.

giving its clear-cut description. But that is not the case with the modern concept of the normal. Modern concept of the normal is relative and is varied. Similarly the concept of the abnormal in Ayurveda is specifically stated because it is based on the concept of the normal. There are five types of abnormalities according to Ayurveda. Hereto there is a great difference between the Ayurvedic and modern concept of the abnormal. The etiology of the abnormal is also well defined in Ayurveda. The main causes are the vitiation of the tridhatu and prajnaparadha. The method of curing the abnormalities are also given in Ayurveda and they mainly carry psychological import. In comparison to the modern concept of the normal, the abnormal and its cure and causation the Ayurvedic concept thereof is not inferior but it can surpass in some aspects.

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