"Correspondence of mental disorders in Caraka's Unmāda Nidānam to modern psychiatric perspective"

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The Caraka Samhita occupies a dignified stance in the gamut of Ayurvedic treatises. With respect to the range of survey as well as the subtle treatment of disorders, the Caraka Samhita may be hailed as encyclopedic in its approach. Though an intermixture of diagnostic methods, nature of ailments, pharmacology, pharmacognosy, theology and other factors are evident, it is nevertheless a treatise beyond any comprise for a thorough comprehension of factors related to human well-being. In dealing with the branch of psychiatry and psychological disorders, the Caraka Samhita dedicates an entire section for the principle. This may be seen in the Unmāda Nidānam which forms the 7th chapter in the treatise. With due credits to the son of Atri[1], the section on insanity or Unmāda[2] is being deliberated upon. An aphoristic reference to the contextual significance and utility[3], as seen in other forms of Sutra literature, and the following accredition as well, is a subject for historical forethought on the Caraka Samhita as an extension with the Sutra form at the outset.

Some of the modern definitions to mental disorders may be taken up for a comparative appraisal to those noted in the Unmāda Nidānam. The (DSM-II) Diagnostic and Statistical Manual of Mental Disorders (Second Edition) of American Psychiatric Association defines mental retardation as:-

[1] Unmāda Nidānam. 2
[2] Unmāda Nidānam. 1
[3] Ibid

"*Mental retardation refers to subnormal general intellectual functioning which originates during the developmental period and is associated with impairment of either learning and social adjustment or maturation, or both.*"[4](Italics mine).

In the light of this definition, as it is more so concerned about the developmental period, the following factors may be noted to the ones noted in the Unmāda Nidānam:-

1. *Subnormal general intellectual functioning*
2. *Impairment of learning and social adjustment*
3. *Impairment of maturation*

It is in close conformity to the definition of mental disorder noted in the Unmāda Nidānam which states the mental disorder as "the derangement of the cognitive process, comprehension, knowledge, memory, devotion, social behaviour, acts and practices."[5] Accordingly, it may be clearly observed that the "cognitive process and comprehension" refer to the factor of "*Subnormal general intellectual functioning*", the "knowledge and memory" refer to "*Impairment of learning*" with the "devotion, social behaviour, acts and practices" to "*Impairment of social adjustment*". Even though the third factor of "*Impairment of maturation*" has not been dealt exclusive in the Unmāda Nidānam, it may be inferred that these factors may have to be extended with respect to "*Impairment of maturation*". This may be attributed to the fact that the former considers the definition to be restricted to the developmental area of mental retardation, whereas Caraka considers a wider scope of these factors to mental disorders on the whole. The Encyclopedia Britannica looks upon mental disorders as "*Any illness with a psychological origin,*

[4] DSM II. P. 14
[5] Unmāda Nidānam 5

manifested either in symptoms of emotional distress or in abnormal behaviour."(Italics mine). The two factors noted in this definition are:-

1. *Symptoms of emotional distress*
2. *Abnormal behaviour*

Both these aspects have been covered by Caraka in his definition of the same.[6]

It may be observed that Caraka's classification of mental disorders is more to do with the ontological conceptualization of the anatomical causes pertaining to the fundamental idea of Ayurveda[7]. Thus, the following classification is being made:-

1. Born out of the Wind
2. Born out of the Bile
3. Born out of the Phlegm
4. The Combination
5. The inadvertent

The classification is has very less in affinity in the modern psychiatric perspective as the very idea of the elementary causation of disorders in general on the Wind, Bile and Phlegm is yet to be ascertained under the experimental conditioning of modern psychiatry. The inadvertent, however, may be attributed to accidental causes which are para-normal and outside the scope of conventional psychiatry, not excluding injuries and devastations[8], which are well accepted in the field of modern psychiatric field.

With regard to the natural or anatomical causes, Caraka lays more emphasis upon the subjective factors of the individuals, making them more prone towards the afflictions. These may be viewed with diverging factors of cognitive maladaptation. Some of the

[6] Ibid
[7] Unmāda Nidānam 4
[8] Unmāda Nidānam 18

other factors noted are the metaphysical and physiological. On these grounds, the following division may be pertinent:-

1. Physiological causes:- food imparities, sunken body, disease, wounds, and wind affliction leading to heart crisis.[9]

An affinity to this may be found as:-

A.4 Mental and behavioural disorders (F00-F99)[10]

CODE	DISEASE	EXPOSURE
F06.-	Other mental disorders due to brain damage and dysfunction and to physical disease	See section 2.2.2 for coding principles of the toxic central nervous disorders.
F06.7	Mild cognitive disorder	Lead Organic solvents

2. Psychological causes:- affliction of timidity, fear, lust, fury, greed, joy, sorrow, cares and anxieties.[11]

This may be compared with the following:-

A.4 Mental and behavioural disorders (F00-F99)[12]

[9] Ibid
[10] INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS (ICD-10) P.16
[11] Unmāda Nidānam 4
[12] INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS (ICD-10) P.16

CODE	DISEASE	EXPOSURE
F43.-	Reaction to severe stress, and adjustment disorders	
	F43.0 Acute stress reaction	Exceptional physical and mental stress
	F43.1 Post-traumatic stress disorder	Stressful event or situation

3. Metaphysical causes:- "Rajas" and "Tamas" affliction to "Sattva", imbalance of fault proportions, unattending to "Prakriti", "Karma" and "Samyoga" causes, and "Tantric" violations, obnoxious practices.[13]

The last of these may be kept away from the scope of the Paper, to be reviewed later, as they are more to do with the general conduction of Indian philosophy than that of pure medicinal science.

The observation of physiological factors to mental disorders by Caraka has the affiliation of modern psychiatry as well, as it is noted in (DSM-II) Diagnostic and Statistical Manual of Mental Disorders (Second Edition) of American Psychiatric Association as:-

"*Many mental disorders, and particularly mental retardation and the various organic brain syndromes, are reflections of underlying physical conditions. Whenever*

[13] Ibid

these physical conditions are known, they should be indicated with a separate diagnosis in addition to the one that specifies the mental disorder found."[14](Italics mine).

It may be noted that Caraka does not regard the timidity and others as wholly abnormal or on par with the disorders. The modern psychiatry under DSM II agrees to it in another terms as:-

"*It is recognized that the intelligence quotient <u>should not be the only criterion</u> used in making a diagnosis of mental retardation or in evaluating its severity. It should serve only to help in making a clinical judgment of the patient's adaptive behavioral capacity. This judgment should also be based on an evaluation of the patient's developmental history and present functioning, including academic and vocational achievement, motor skills, and social and emotional maturity*."[15](Italics and Underline mine)

They have been only pointed out by both Caraka and DSM II as *indications* towards a more affliction by other impending causes. It may be observed that under the "BEHAVIOR DISORDERS OF CHILDHOOD AND ADOLESCENCE (308)", the DSM II clearly agrees to this idea of Caraka as follows:-

"*Characteristic manifestations include such symptoms as overactivity, inattentiveness, shyness, feeling of rejection, over-aggressiveness, timidity, and delinquency*."[16] (Italics mine)

Incubatory symptoms as "seed factors" before the manifestation of "distinctive factors" have been noted by Caraka. It may be viewed from the following perspective:-

1. Physiological impairments:- Empty head sensation, murky eyes, humming in ears, short breath, water secretion discharge from the mouth, appetite

[14] DSM II. P. 4
[15] DSM II P. 14
[16] DSM II. P. 50

loss, indigestion, heavy chest, horripilation, fever, high pulse-rate, frown, eruptions, urticaria evanida[17], and restless eyes.[18]

2. Cognitive impairments:- Over-thoughtfulness, over-toil over objects, wondering at indifferent things, and excitement.[19]
3. Symptoms in dreams:- whirling objects, running, moving, and disgusting, mounting oil-machines which are circling, sensation of circling by eddies of winds, and sensation of drown in eddies of stinking water.[20]

Although modern psychiatry does not recognize the distinction of "seed factors" and "distinctive factors" in distinct terms, the idea of graded symptoms is being expounded. The very symptoms named are covered with more vivid ones as an elucidation.

The DSM II notes as follows:-

"*VII. SPECIAL SYMPTOMS (306)*

306 Special symptoms not elsewhere classified This category is for the occasional patient whose psychopathology is manifested by a single specific symptom. An example might be anorexia nervosa under Feeding disturbance as listed below. It does not apply, however, if the symptom is the result of an organic illness or defect or other mental disorder. For example, anorexia nervosa due to schizophrenia would not be included here.

306.0 Speech disturbance

306.1 Specific learning disturbance

306.2 Tic

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[17] "…Urticaria evanida where new lesions can continue to appear for many months or years and mainly itching at night. It thus corresponds to chronic urticaria;;…" - ESHDV Special Annual Lecture, Geneva, October 11th, 2000. The History of Urticaria and Angioedema by Professor Lennart Juhlin, Department of Dermatology, University Hospital, Uppsala, Sweden.

Unmāda Nidānam 6

[19] Unmāda Nidānam 6

[20] Unmāda Nidānam 6

306.3 Other psychomotor disorder

306.4 Disorder of sleep

306.5 Feeding disturbance

306.6 Enuresis

306.7 Encopresis

306.8 Cephalalgia

306.9 Other special symptom"[21]

Together with these, the "distinctive symptoms"[22] as noted by Caraka of affinity with modern psychiatry are as under:-

1. frequent utterance of irrelevant words	**300.3 Obsessive compulsive neurosis** This disorder is characterized by the persistent intrusion of unwanted thoughts, urges, or citrons that the patient is unable to stop. The thoughts may consist of single words or ideas, ruminations, or trains of thought often perceived by the patient as nonsensical.[23]
2. Moving of the eyes and eyebrows 3. stretching of organs without cause	**300.3 Obsessive compulsive neurosis** The actions vary from simple movements to complex rituals such as repeated handwashing.

[21] DSM II P. 47 & 48
[22] Unmāda Nidānam 7
[23] DSM II P. 40

	Anxiety and distress are often present either if the patient is prevented from completing his compulsive ritual or if he is concerned about being unable to control it himself.
4. Emission of froth from the mouth and salivary discharge.	**II. NEOPLASMS (140-239)** 140 Malignant neoplasm of lip 141 Malignant neoplasm of tongue 142 Malignant neoplasm of salivary gland 143 Malignant neoplasm of gum 144 Malignant neoplasm of floor of mouth 145 Malignant neoplasm of other and unspecified parts of mouth ("Some of these may be associated with mental disorders occurring with various infections, organic diseases and other physical factors.")

5. disposition of rage and wrath	**301.3 Explosive personality (Epileptoid personality disorder)** This behavior pattern is characterized by gross outbursts of rage or of verbal or physical aggressiveness.[24]
6. Indulgence in laugh, singing, playing on instruments and clapping.	**301.5 Hysterical personality (Histrionic personality disorder)** These behavior patterns are characterized by excitability, emotional instability, over-reactivity, and self-dramatization. This self-dramatization is always attention-seeking and often seductive, whether or not the patient is aware of its purpose.[25]
7. indulgence in boastfulness	
8. Incapacity to bear least annoyance	**301.0 Paranoid personality** This behavioral pattern is characterized by hypersensitivity, rigidity, …[26]
9. dislike to talk, desire to be alone, sitting in one place and short walk, seclusion in shady place, cold water and food	**301.1 Cyclothymic personality** ((Affective personality)) This behavior pattern is manifested by recurring and alternating periods of depression and elation.[27]

[24] DSM II P.42
[25] DSM II P.43
[26] DSM II P.42
[27] Ibid

Continued…	**301.2 Schizoid personality** This behavior pattern manifests shyness, over-sensitivity, seclusiveness, avoidance of close or competitive relationships, and often eccentricity.[28]
10. malice and sadistic temperament	**301.4 Obsessive compulsive personality** ((Anankastic personality)) This behavior pattern is characterized by excessive concern with conformity and adherence to standards of conscience. Consequently, individuals in this group may be rigid, over-inhibited, over-conscientious, over-dutiful, and unable to relax easily.[29]
11dislike and aversion for purity, craving for unused things and even food.	**301.82 Inadequate personality** This behavior pattern is characterized by ineffectual responses to emotional, social, intellectual and physical demands. While the patient seems neither physically nor mentally deficient, he does manifest inadaptability, ineptness, poor judgment, social instability, and lack of physical and emotional stamina.[30]
12. redness, coppery, green or yellow of the eyes	**Contusion and crushing with intact skin surface (920-929)** 921 Contusion of eye and orbit[31]

[28] Ibid
[29] DSM II P.43
[30] DSM II P.44
[31] DSM II P.109

13. rough and emaciation in body	**301.6 Asthenic personality** This behavior pattern is characterized by easy fatigability, low energy level, lack of enthusiasm, marked incapacity for enjoyment, and oversensitivity to physical and emotional stress. This disorder must be differentiated from *Neurasthenic neurosis* (q.v.).[32]
14. burning sensation	**305.5 Psychophysiologic gastro-intestinal disorder** This diagnosis applies to specific types of gastrointestinal disorders such as peptic ulcer, chronic gastritis, ulcerative or mucous colitis, constipation, hyperacidity, pylorospasm, "heartburn," and "irritable colon " in which emotional factors play a causative role.[33]
15. excess of sleep	**VH. SPECIAL SYMPTOMS (306)** **306 Special symptoms not elsewhere classified** **306.4 Disorder of sleep**[34]
16. swell of face	**Contusion and crushing with intact skin surface (920-929)** 920 Contusion of face, scalp, and neck except eye(s)[35]

[32] DSM II P.43
[33] DSM II P.47
[34] DSM II P.48
[35] DSM II P.109

17. symptoms in dreams:- whirling objects, running, moving, and disgusting, mounting oil-machines which are circling, sensation of circling by eddies of winds, and sensation of drown in eddies of stinking water	**295.4 Acute schizophrenic episode** This diagnosis does not apply to acute episodes of schizophrenic disorders described elsewhere. This condition is distinguished by the acute onset of schizophrenic symptoms, often associated with confusion, perplexity, ideas of reference, emotional turmoil, dreamlike dissociation, and excitement, depression, or fear.[36]

Some of the supra-human causes, symptoms and cures noted in the Unmāda Nidānam may be contrasted with the field of Para-psychological approaches. The overlap of interests in Parapsychology and Unmāda Nidānam may be attributed to both theology and cultural factors as well. The more probable implications of supra-humanely mental disorders as psychoanalytic in mode, together with similar theories like dream analysis and free association methods in a matter of further research under strict experimental conditions. The psychoanalysis method of ideas developed by Austrian physician Sigmund Freud and strengthened by later thinkers like Jung, Hall & Ann Faraday may shed light in this regard.

It may be concluded that with a refreshed look at the Unmāda Nidānam with modern psychiatric perspective, the accommodation of the latter in the former not only is vital from the chronological understanding in anthropology but also throws light on the deep musings of seers of Ayurveda. A need for synthesis of the rigorously experimented results of modern psychiatry into applied and theoretical aspect of Ayurveda may also be a note of inspiration.

[36] DSM II P.34

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