Concepts of health and wellness as reflected in Hinduism

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PAPER

The legacy of Sanskrit is time-tested and universal in application. It has been relevant to society and advancements from time immemorial. Although it is apparently seen that Sanskrit is just a traditional language, it is a language rich with many insights and advanced sciences making it most relevant at all times. Here is an attempt to look in an epitomized form as to how the Sanskrit legacy is embedded with utmost potential in the contemporary world of medical science too.

The system of Ayurveda and Vedanta are two rich contributions in legacy of the Indian soil. Ayurveda, is a Upaveda and thus abounds with the philosophy of the Vedanta, integrally. The present paper is an attempt to look at the vedantic philosophical elements that have been undercurrent in the Hindu medical systems. The Ayurveda system recognizes a twin classification such as Sat and Asat. Caraka states “Dvividameva Khalu

Sarvam Sat Asat Ca" ("The entire universe can be categorized as Sat and Asat"). This shall be examined in the background of the Chandogya Upanishad which states "Sadeva Somya Idamagra Aseet Ekamevadvitiyam" ("There was Sat alone in the beginning of creation, one without a second") and "Tadaahuhu ASadeva Somya Idamagra Aseet" (They say, There was Sat alone in the beginning of creation…"). The Upanishadic passages dealing with Sat and Asat and the Ayurvedic delineation of the same are noteworthy. Caraka, very clearly, speaks about the soul and the Paramatman: "Nirvikarah Parastvaatmaa Satvabhuta gunedriyaihi. Caitanyakaaranam Nityo Drashta Pashyati Hi kriyaayaah" ("The immutable, supreme soul is of Sat, is the cause of consciousness, eternal, witness to all actions"). This central concept of the Vedanta such as: "Eko Devah Sarvabhuteshu Gudah Sarvavyapi Sarvabhutantaraaatmaa. Karmaadhyakshah Sarvabhutaadhivaasah Sakshi Ceta kevalo Nirgunashca" (Shvethasvathara Upanishad) ("The one lord is immanent in all creatures, omnipresent, present in all souls, witness to actions, inner self, consciousness and without any blemishes") is the core of medico-philosophy in ancient India. It serves to gain an insight on how the Ayurveda and Vedanta share the same lofty philosophical thoughts, in theory and in practice.

The field of medicine is another need-of-the-hour in the contemporary times as well. The Sanskrit legacy has the magnificent system of Ayurveda to offer to the contemporary world. The caraka samhita and the sushruta samhita, together with the treatise of vagbhatta is being researched deeply in the contemporary world. The 8 branches of Ayurveda are worth noting:

- Internal medicine (Kāya-cikitsā)
- Pediatrics (Kaumārabhṛtyam)
- Surgery (Śalya-cikitsā)
- Eye and ENT (Śālākya tantra)
- Bhūta vidyā has been called psychiatry
- Toxicology (Agadatantram)
- Prevention of diseases and improving immunity and rejuvenation (rasayana)
- Aphrodisiacs and improving health of progeny (Vajikaranam)[1]

We may also look at the mental disorders noted in Caraka Samhita's Unmada Nidanam and its association, similarities & disparities to modern psychiatric perspective. The list of mental disorders as noted in Diagnostic and Statistical Manual of Mental Disorders (DSM) of American Psychiatric Association together with International Statistical Classification of Diseases

[1] Courtesy Wikipedia

and Related Health Problems (ICD) of World Health Organization have been taken up for comparative analysis. The nature of possible disposition to the affliction of men to insanity has been categorized and deciphered in the light of modern psychiatry. The symptoms of mental disorders, both incubatory and distinctive have been compared with those of modern psychiatry. The Paper abstains from any analysis of remedies as they are more oriented to the branch of pharmacology in nature, less to do with psychiatric/psychological approaches of treatment. The assumption of Caraka on mental disorders on the possible grounds of being curable and incurable has been subjected to appraisal in the Paper. Some of the Supra-human causes, symptoms and cures noted in the Unmada Nidanam have been contrasted with the field of Para psychological approaches. The more probable implications of Supra-humanely mental disorders as psychoanalytic in mode has been subjected to discussion in the Paper. The psychoanalysis method of ideas developed by Austrian physician Sigmund Freud and strengthened by later thinkers have been corresponded in the Paper. The resolution of how Caraka's Unmada Nidanam dealing on mental disorders may be useful to the advancement of modern psychiatry and its applied branches, together with the synthesis of theoretical knowledge-base

enhancement of conventional as well as parapsychological studies is worth noting too.

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 Atri2, the section on insanity or Unmāda3 is being deliberated upon. An aphoristic reference to the contextual significance and utility4, 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.

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

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:-

"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."5(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:-

- Subnormal general intellectual functioning
- Impairment of learning and social adjustment
- 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

[5] DSM II. P. 14

behaviour, acts and practices."6 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, manifested either in symptoms of emotional distress or in abnormal behaviour."(Italics mine). The two factors noted in this definition are:-

- Symptoms of emotional distress
- Abnormal behaviour

Both these aspects have been covered by Caraka in his definition of the same.7

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[6] Unmāda Nidānam 5
[7] Ibid

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[8]. Thus, the following classification is being made:-

- Born out of the Wind
- Born out of the Bile
- Born out of the Phlegm
- The Combination
- 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[9], 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

[8] Unmāda Nidānam 4
[9] Unmāda Nidānam 18

towards the afflictions. These may be viewed with diverging factors of cognitive maladaptation. Some of the other factors noted are the metaphysical and physiological. On these grounds, the following division may be pertinent:-

Physiological causes:- food imparities, sunken body, disease, wounds, and wind affliction leading to heart crisis.10

An affinity to this may be found as:-

A.4 Mental and behavioural disorders (F00-F99)11

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

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

F06.7		

Psychological causes:- affliction of timidity, fear, lust, fury, greed, joy, sorrow, cares and anxieties.12

This may be compared with the following:-

A.4 Mental and behavioural disorders (F00-F99)13

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

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

	F43.1 Post-traumatic stress disorder	

Metaphysical causes:- “Rajas” and “Tamas” affliction to “Sattva”, imbalance of fault proportions, unattending to “Prakriti”, “Karma” and “Samyoga” causes, and “Tantric” violations, obnoxious practices.14

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 these physical conditions are known, they should be indicated

[14] Ibid

with a separate diagnosis in addition to the one that specifies the mental disorder found."15(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 should not be the only criterion 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."16(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:-

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

"Characteristic manifestations include such symptoms as overactivity, inattentiveness, shyness, feeling of rejection, over-aggressiveness, timidity, and delinquency."17 (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:-

Physiological impairments:- Empty head sensation, murky eyes, humming in ears, short breath, water secretion discharge from the mouth, appetite loss, indigestion, heavy chest, horripilation, fever, high pulse-rate, frown, eruptions, urticaria evanida18, and restless eyes.19

Cognitive impairments:- Over-thoughtfulness, over-toil over objects, wondering at indifferent things, and excitement.20

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.21

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[17] DSM II. P. 50

[18] "…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

[20] Unmāda Nidānam 6

[21] Unmāda Nidānam 6

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

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”22

Together with these, the “distinctive symptoms”23 as noted by Caraka of affinity with modern psychiatry are as under:-

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.24

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

Moving of the eyes and eyebrows stretching of organs without cause	300.3 Obsessive compulsive neurosis The actions vary from simple movements to complex rituals such as repeated handwashing. 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.25
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.26
7. indulgence in boastfulness	

[25] DSM II P.42
[26] DSM II P.43

8. Incapacity to bear least annoyance	301.0 Paranoid personality This behavioral pattern is characterized by hypersensitivity, rigidity, …27
9. dislike to talk, desire to be alone, sitting in one place and short walk, seclusion in shady place, cold water and food Continued…	301.1 Cyclothymic personality ((Affective personality)) This behavior pattern is manifested by recurring and alternating periods of depression and elation.28
	301.2 Schizoid personality This behavior pattern manifests

[27] DSM II P.42
[28] Ibid

	shyness, over-sensitivity, seclusiveness, avoidance of close or competitive relationships, and often eccentricity.29
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.30
11dislike and aversion for purity, craving for unused things and even	301.82 Inadequate personality

[29] Ibid
[30] DSM II P.43

food.	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.31
12. redness, coppery, green or yellow of the eyes	Contusion and crushing with intact skin surface (920-929) 921 Contusion of eye and orbit32

[31] DSM II P.44
[32] 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.).33
14. burning sensation	305.5 Psychophysiologic gastro-intestinal disorder

[33] DSM II P.43

	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.34
15. excess of sleep	VH. SPECIAL SYMPTOMS (306) 306 Special symptoms not elsewhere classified 306.4 Disorder of sleep35
16. swell of face	Contusion and crushing with intact skin surface (920-929)

[34] DSM II P.47
[35] DSM II P.48

	920 Contusion of face, scalp, and neck except eye(s)36
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.37

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

[36] DSM II P.109
[37] DSM II P.34

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.

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