

Psychiatry in Ancient India: Towards an Alternative Standpoint.

This paper is dedicated to the late Santosk K Sahu, for his abiding humanist inspiration.

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Abstract

This paper attempts to study the historical sociology of psychiatry in ancient India. In the early Vedic Age, mental distress is located at the interface of man with the supernatural and physio-moral dimensions of Nature. Typically, this undifferentiated psychological-medical psychiatry required the intervention of a ritualistic or shamanistic expert. In the later phase of this period, when the early pastoral life showed signs of becoming sedentary, a philosophical-rational psychiatry emerges, and a rigidified social structure challenged by heterodoxies - the psychiatry (and medicine) which develops is more individualist and materialist in orientation. Mental distress is said to arise from imbalances in the mind caused by endogenous and exogenous reasons. The way out, thus, is to treat the bodily processes as much as the supernatural spirits. Whereas the early Vedic Age psychiatry reflects the emphasis on group relations, the later one reflects the challenge thrown to the 'Vedic' society by the heterodoxies and swift economic changes. The results of this power contest is best seen in the position of the new medico-psychiatry personage, viz the vaidya.

Key words -

**Historical sociology,
Magico-religious psychiatry,
Pastoral-egalitarian society,
Materialist psychological medicine,
Heterodoxies,
Monetarized civilization,
Caste,
Power**

This paper seeks to present the rudiments [1] of an alternative study of psychiatry in ancient India [2] from a sociological and historical perspective. An attempt is made to trace psychiatric developments in ancient India as a constituent of the significant economic, social and political forces of the times. In addition, some main trends in psychiatry and society of ancient India have been identified with the purpose of portraying the play of power in psychiatry. It is hoped that such an effort would contribute in the long run to the development of better mental health services in India today. N V K Warriar says that "research in the field of the social and cultural backgrounds of traditional theories, techniques and medicines are helpful not only for utilising them better with rationalistic understanding but also for tracing and unfolding with all aspects to improve our understanding to improve our understanding of the ascent of knowledge in different epoches as

per the objective backgrounds, which again will be helpful to plan our programmes with a correct perspective of the future" [3].

That contemporary psychiatry in all societies is a part and parcel of larger economic and socio-political processes has been, in a general yet definitive sense, accepted by most global studies done recently, a good example of which is the Harvard Medical School-prepared report *World Mental Health: Problems and Priorities in Low-Income Countries* [4]. The cultural contexts of mental distress have been highlighted by social psychiatrists and medical sociologists [5], whereas the works of Michel Foucault have led to a virtual flood of studies on the relationship between psychiatry (and medicine), knowledge and power in both medieval and modern Europe [6].

There is scarcely any major study on the history of psychiatry in early India. One of the main estimable reasons for this neglect is the mistaken notion that traditional Indian practices are inherently and entirely unscientific and superstitious [7]. At times, certain scientific elements in ancient Indian medical (and non-medical) thought and practices are recognized, although in a fundamental sense they are still taken to be lacking in scientific temper and methodology [8]. Furthermore, it is thought that these practices are prevalent amongst people who are marginal and backward, and amongst practitioners who are fraudulent and ignorant [9]. In fact, however, it is the blanket refusal to consider any but one particular form of psychiatry which is tantamount to superstition. As Richard D Laing asks: "Who could be so superstitious as to suppose that because one cannot see one's soul at the end of a microscope it does not exist?" [10] This difficulty applies not only to India but also to other non-Western societies [11].

A few studies, nonetheless, have been done on the ancient phase of Indian psychiatric history, [12], but they have seen developments in the responses to mental distress as a series of isolated events, highlighted by institutional and individual landmarks with no correlative associations of economic, social and political formations. History has been viewed mainly as a continuous and progressive flow of events without significant ruptures of discontinuities. Moreover, these studies have neglected the perceptions of the common people and of the subjects of psychiatric thought and intervention. Furthermore, the reactions of these groups of people to the economic, social and political mutations and continuities down the ages have been ignored.

By now, the necessity and advantages of studying the subaltern groups have been well-established [13]. Moreover, recent research has contested the linear, elitist and scientific nature of efforts such as these, and have shown - with much reasonableness - that "medicine (and psychiatry) becomes the locus of various dialects, heterogeneous figures, time lags, political struggles, demands and utopia, economic constraints, social confrontations" [14]. A position somewhat similar to this is, today, a fact even for mainstream Western psychiatry:

"In regard to its (psychiatry's) history a definite trend has emerged in the last few decades: a de-emphasis on the great-man theory - according to which important events are due to sudden unrelated flashes by individual men - and, conversely, an emphasis on the zeitgeist - the cultural factors that prepare the ground and make the occurrence of a certain event possible" [15].

Essentially, these shortcomings have arisen because psychiatric historiography in India has been mainly defined by those methods of Western historicizing which are idealistically oriented. The more materialist conceptions of history have not been explored, as a result of which the extra-subjective historical forces have come to acquire lesser importance. Furthermore, the potential of Indian historiography itself has not been tapped. Such historiography contained both idealist (e.g. Vendantic) and materialist (e.g. Lokayata or Samkhya) trends [16]. It contains - in contrast to the (Western) linear philosophy of history - a cyclical approach, wherein myth and culture play a centrally positive and psychological unifying role [17]. What is, therefore, needed today is what Krishna Chandra Bhattacharyya has called, "svaraj in ideas" [18].

The studies which come readily to mind for having tried to tackle some of these lacunae are the ones by Debiprasad Chattopadhyaya [19] and Kenneth G Zysk [20]. Chattopadhyaya has tried to study, in early India, the relationship between materialistic medicine and psychiatry with idealistic and caste-oriented forces, whilst Zysk has sought to show how some heterodox processes, especially that of Buddhism, have been the main source of the systematized 'Vedic' materialistic medicine and psychiatry. Chattopadhyaya and Zysk, as well as this paper, roughly arrive at the same conclusion, namely, the materialist and heterodox potential of ancient Indian medicine and psychiatry got preempted by idealistic and caste-oriented forces. However, besides the fact that both these attempts do not focus on psychiatry per se,

the approaches taken by these studies also differ. Chattopadhyaya tends to be textual, Zysk philological and social, whereas this paper attempts a slightly more comprehensive economic, socio-political and textual analysis.

After taking an analytical look at psychiatry in early Vedic India, the more materialist understandings (in the later Vedic epoch) of mental distress vis-a-vis the structure of personality and medical epistemology are surveyed. The economic and socio-political underpinnings of these relationships are ferreted out in broad strokes. Such an analysis is, further, linked to the role of the vaidya in late Vedic India. The paper focusses almost entirely on the crucial periods of historical disjuncture - the early and late Vedic eras - which set the agenda. The 'golden' Hindu and early medieval societies which, to a large extent, have followed the earlier agenda, have not been examined. In the last section, a few tentative remarks on the relationship between psychiatry and power in early Indian have been hazarded.

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Nature and Psychiatry: The Early Vedic Age

A preliminary examination of psychiatric developments in ancient India can be begun around 1500 B C., which is the time when the Aryans, a group of people different from that of the earlier Indus Valley civilizations (c. 3000 to 1500 B C), gradually started becoming an integral part of the geo-morphology of India, and new civilizations started unfolding themselves [21]. The systematic intellectual and social response to mental distress from c 1500 to 800 B C (the early Vedic Age, it may be called, for the want of a better term) concentrated on the 'mystical' and physio-moral dimensions to mental distress, whereas in the later phase of the early Vedic Age (i.e. from c 800 to 600 B C) the emphasis was on a more rationalized approach to mental distress.

The two main Vedic texts throwing light on psychiatry in the first phase of the early Vedic Age are Atharvaveda [22] and Yajurveda [23]. The broad parameters of psychiatric causality and therapy have been set out by the Atharvaveda thus:

- "1. This world has been created by the combination of one atom with the other. Various sorts of divine forces have been set free in the universe for creating living beings. Where Divine and temporal forces go out of order, and clash with each other, that chaos degrades, torments and ruins the souls.
2. That chaos, destroying each and every one, and being flesh-devourer, ruins common ignorant persons [24].

This framework, therefore, laid the foundation of a rather undifferentiated psychological-medical psychiatry requiring the intervention of a specialist or expert. Examining the texts in more depth, it is found that man was placed on two axes: the attack-defence axis and the man-Nature axis.

In the first category man was posited in, in some cases in a one-to-one, and in some cases in a one-against-three, relationship. Man faced, in direct opposition:

- (a) the demons, signifying the religious field;
- (b) sorcerers, signifying the magical field;
- (c) and other enemies in other fields of life, signifying the social field (these enemies included the political, familial and even the amoral).

In the second category, man was posited against the

- (a) physical dimension of Nature, where there were charms and procedures to obtain good crops, prevent death of cattle and prevent proliferation of insects harmful to cattle, and preventions of famines; and
- (b) physiomenal and moral dimension of Nature, where there were detailed hymns and paraphernalia

to prevent physical diseases and mental distress, sexual aberrations and ethical disruptions. Thus, in regard to both causality and therapy man was posited on these two axes.

W D Whitney has been reported to dissect the Atharvavedic content on mental distress thus: [25]

1. 'Yatudhana' or Sorcery and Witches: The description of Yatudhana is found in AV 1.7, 8, 28 and 8.3 hymns. Yatudhana, according to Whitney is a kind of sorcer (Rakshasa) which is believed to be induced by some enemy. The affected person becomes restless and violent (Upadravakari) his normal behaviour is destroyed (Ritamhanti 8.3.11) and he quarrels with everybody (streepumso parasparam Akroshati - 8.3.12) aggressive (Shoshuchatwan 8. 313).
2. 'Gandharva' and 'Apsara' or sex disorder among other characteristics of Gandharvas and Apsaras, they are also described responsible for bewildering the mind of man (Manomuhu), making him cry (Klandah) and extra-energetic (Tamisheechayah - 2.2. 5). The person attacked by Gandharava and Apsara finally becomes mad (Unmadaya 6. 130-4). Priest offers oblation to cure it (6.130.1).
3. 'Bibheeti' or Fear: Four types of pathological fear are mentioned in Atharva Veda. They are
 - (i) Fear from nature (Dyo, Prathivi no bibheeto 2. 15. 1; 6, 40, 1);
 - (ii) fear from germs of diseases or Krimi (7.332);
 - (iii) fear from water (4. 10) and
 - (iv) fear from death (19.33)
4. 'Rakshasaprah' or possession. In this state Rakshasa makes man suffer (peedaka) violent (Aghamsham 8. 3. 19) and smears himself with the flesh of men i.e., man becomes very lean (Ribisha Samankte 8. 3. 15)
5. 'Moha' or eroticism. Moha or eroticism and its abnormality has been dealt with in Atharva Veda 3. 21. 4, 3. 25. 6, 6. 130. 1-4 and few other hymns. The purpose of these hymns is two fold i.e., to lower down the degree of eroticism by means of prayer and sometime to arouse it in the loving one.
6. 'Shapa' or curse is mentioned in Atharva Veda 2. 7; 6. 37, 59, 61 and 67 hymns. It is a kind of bad word addressed to someone which was an hypnotic effect in the mind of enemy.
7. 'Manya' or fury is described as an excessive wrath imbalancing the mind (Avashah) caused by the behaviour of enemy (6. 42).
3. 'Unmada' or insanity. This mental disorder is clearly mentioned in the text with its aetiology and symptomology, two etiological factors are given viz. 'Devenasat' or sin against God and 'Rakshaspari' or influenced by a demon (AV 8. 3. 3). Authors like Whitney, Arsh, Satvalekar and Max Mueller have interpreted these hymns differently but a common understanding is there for the acceptance of symbolic and personifactory explanation of these two words.

The symptoms of unmada are mentioned as

- (i) talking irrelevant and incoherent (Lalapiti)
 - (ii) Preoccupied by previous thought (Pashaih Baddha);
 - (iii) excited (Uddutam manah);
 - (iv) thought block (Niruddha Prasarah) and
 - (v) crying loudly (Bhrashamrodanam 6.3. 1-2)
9. 'Grahi' or hysteria - Grahi means in sanskrit 'Seizure'. This is translated as hysteria by Whitney for the reason of its description in the text as the patient is attacked frequently by Rakshasa (2. 9. 1). Otherwise, the person remains alright. In fact, there are several kinds of Grahās which attack from time to time (4.37. 1-12). In this state, the patient becomes weak, unconscious, (8. 2. 12) and cannot speak anything (12.3. 18). It can be cured through amulet (2. 1. 2).

10. 'Enas' or Durityani / Aparadha or guilt. There are instances for praying for relief from guilt in Atharva Veda. If debt is not paid back (6. 117.1); sexual offences committed (6. 18. 12) and prayer is not offered to deities (6. 119. 1-3), man is liable to have some problems. These obligations are mentioned with fear.
11. 'Papa' or 'Sin' dealt within various contexts in Atharva Veda. Sin, usually occurs through not paying the fees to priest (5. 18) not performing sacrifices (6. 114) and bad behaviour (6. 113). It is prayed that if knowingly or unknowingly we have committed sin, O God free us from that (6. 115. 2).
12. 'Irshya or Jealousy' is described as a sort of fire which burns and destroys the energy of mind and body (AV 6. 18. 1-3; 7.74. 3; 8. 45-47).
13. 'Nirityakapota' or birds of ill omen and
14. 'Krishnashakuni' or evil black bird - Hymns are addressed to Nirati and Goddess of destruction and Krishnashakuni or black bird for expiation. When one is defiled by a black bird of Omen (6. 27. 29, 7.64). This is a kind of evil eye caste on individual for creating mental disorder.
15. 'Krodha or aggression, the description of 'Krodha' is found in Atharva Veda 6. 42. 1. 3 and 6. 43-1-hymns. The symptoms of expressing 'Krodha' are grinding of jaws and teeth and the nerves of the face. 'Krodha' destroys like mindedness and friendship. In Krodha a person speaks ill. It is a functional disorder caused by increment of Tamas.
16. 'Manaspapa' or schizophrenia - paranoid type only three hymns are addressed to 'manaspapa' requesting him to go away as the mind in this stage wanders away from reality. It sees things unseen and wanders in false places in distressed mood (6. 45 1-3).
17. 'Uttaram' or superiority. Whitney has quoted 6. 54. 1 hymns for this disorder wherein an individual develops a distorted perception of looking at himself as a superior one.
18. 'Ahamsa or distress' Ahamsa is translated by Whitney as distress caused by sin or other factors. It can be treated through herbs whose king is some (6. 96. 12). Let this herbal medicine free the patient from distress (6. 96. 13).
19. 'Dhuswapna' or evil dream. Evil dream was considered a sign of death (6. 46. 1-3) and therefore seriously dealt with mantras and Brahman (6. 100. 1; 16. 7. 8).
20. 'Apasmar or epilepsy'. The attack of Jambha demon is said to cause Apasmara, closing the jaw, falling unconscious (Tomah), tearing the tongue (Bahirjihwa), struggling for life (Pramayuth) are the symptoms of Apasmara (8. 1. 16). It is prayed for such victim. "Here may come back your life, mind and spirit. We rescue you from the toils of Jambha demon by means of our prayer" (8. 13)".

The Atharvavedic and Yajurvedic understanding of psychiatry are elaborated in the Brahmanas, especially in Taittiriya Brahmana and Satapatha Brahmana. What was explicated in the main was the course of action to be taken when almost two equally relevant options were available. Etymology and mythology were pressed to the service of this end. This was, further, strengthened by ritual injunctions. Hence, a wealth of information along the lines of the two psychiatric axes were developed in the latent period of the early vedic Age [26]. It is worthwhile noting that medicine, as a separate area, had developed only in a rudimentary form in this phase [27].

The nature and imagery of the hymns of the Atharvaveda, Yajurveda and the Brahmanas show that the formation of the concepts of mental, physical and moral 'aberrations' were closely linked to certain societal conditions.

The early Vedic Age was primarily pastoral and tribal [28]. That is, cattle was considered to be

synonymous with wealth, and although a few scattered references to artisans, priests and farmers are to be found, society was nevertheless pastoral and largely egalitarian [29]. The spoils of war and cattle were the main sources of wealth, and in the absence of a strong agricultural economy, there were no permanent groups of priests and warriors who could subsist on the agricultural surplus. There were admittedly some inequalities in social ranks but social hierarchies were not distinctively rigidified. During this time people were more organized along tribal lines than along varna or caste lines. Tribal society was quite different from (the yet to develop) caste-oriented society on a number of fronts. Tribal people usually had a fixed tribal territory whereas (the latter) caste people had no fixed territory, but lived in segregated villages. Moreover, tribal society allowed almost all the occupational forms required for it whereas caste-oriented society was going to impose restrictions on occupations. In addition, tribal society was always political in nature whereas caste-oriented society was to define itself as primarily being social in nature. Furthermore, tribal societies were usually exogamous while caste-oriented society was to develop as an endogamous one [30]. Of course, the presence of dasas or dasyus was evident. The dasas were members of peoples who (in the earliest phase of Vedic society) were ethnically different from the Aryans, [31] and who (in the latter part of early Vedic Society) were captured by the expanding Aryans as well as the subjugated members within the Aryans [32]. Nevertheless, a serving order in the form of sudras was not evident [33].

This distinguishing feature of early Vedic society got reflected in psychiatry. The psychiatric personnel mostly consisted of shamanistic healers than priests. A shaman was not an expert who could be coopted by institutional processes. Rather, he was a combination of a mystic healer and an exorcist. He waited till the right moment and the right candidates came, to reproduce him or herself. The moment the shaman used the available institutional processes, he became a part of the everyday world, a priest. A priest had power and charisma but not subversiveness. He consolidated cultures whereas the shaman provided an alternative perspective on reality [34]. The shamanistic psychiatry, too, had its own theoretical and practical bases [35].

Again there are nine hymns (198 verses) in the Atharvaveda which aimed at safeguarding the rights of the brahmins and which were imprecations against the non-payment of fees to the priests. If adherence is made to the fact that most of the hymns of the text pertain to the early Vedic and even pre-Vedic Age, then the hymns might reflect the importance which had been given to learned personages who had truly attained the Brahman (hence, brahmin) without any emphasis on any particular privileged group or class called the brahmins or priests. If, however, it is kept in mind that all the Vedic texts were subject to interpolations and inflation [36], then those same hymns might reflect the formation, towards the latter part of the early Vedic Age, of a relatively privileged group of priests (calling themselves brahmins) who, by virtue of oral transmission of psychiatric knowledge and having a strong practice-oriented foundation, could claim a place of precedence over the other social groups. It becomes evident, therefore, that psychiatry and society were both enveloped in an egalitarian mould. Dovetailing these egalitarian trends, there arose, especially in the later phase of the early Vedic Age (c. 800 to 600 B C), a more philosophical and rational perspective on the mind and personality, which contained the grains of the more materialist philosophies of the later times. In contrast to the previous psychiatric approach, this new thought process was formed by a conscious effort to turn the gaze inwards, that is, by trying to constitute man as the proper study of man. For the first time the relationship between the internal world of man and the external world was spelled out in some detail [37], and the nature and constitution of the individual was identified with a moderate degree of

elaborateness [38]. This development reflected, perhaps, the transitory phase of the civilizational shift from collective oriented society to a more individual oriented society. In contrast to the earlier Vedic Age society, where there was immediate identification by man with everything in Nature (resulting in the weak differentiation between psychiatry and medicine), there arose now a greater consciousness of the individual by himself leading to a different sort of 'mentality' (and thereby to a medicopsychiatry straining to tear asunder) [39].

The main texts which reflected and made these formations were the Upanishads, whose labour - as did that of the later orthodoxy deriving inspiration from it - revolved around certain common axes, namely, reality of the world and self, law of karma, transmigration, samsara, initial pessimism and ultimate optimism, moksha, and sanctity of the Vedas [40].

The Upanishads began the transition from 'magico-religious' thought to thought oriented towards materialism by locating the heart as the source of mental functioning. As a matter of fact, the awareness of a separate identity called the mind evolved rather slowly within the Upanishads: "Originally manas had a more general meaning As such manas represents not infrequently the spiritual principle in general, and becomes sometimes a name for the first principle of things, Brahman or the atman" [41].

Therefore, 'mind' was 'consciousness', and it was accorded such functions as vijnana (understanding), meaha (retention), smriti (memory), drsti (intuition), manisha (reflection), mati (opinion), samkalpa (will) and kama (desire) [42]. Gradually, mind forged an identity of its own. Hence, for instance, the Brhadaranyaka Upanishad described the mind as one of the central forces of personality: "It is through the mind that one sees and hears. Desire, resolve, doubt, faith, want of faith, steadiness, unsteadiness, shame, intelligence and fear - all these are but the mind. Even if one is touched from behind, one knows it through the mind: therefore (the mind exists)" [43].

Again, the Svetasvatara Upanishad said that the mind was the root of the five sense organs which were subsumed under it: "We know the (river which has) five currents of water, which is made turbulent and tortuous by the five sources, which has waves in the form of five organs of action, which has as its origin that (mind) which is the root of the five cognitions, (and) which (river) has five whirlpools ... " [44].

Linking this new understanding of the mind, the Upanishads had arrived at a 'structural-functional' concept of the personality, when they said that personality was composed panch-kasa (several dimensions) which approximated towards some sort of an equilibrium in their collective functioning. It was the disequilibrium in this functioning which led to unmada (insanity). The dynamics of this functioning was explicated in the form of five dimensions, viz annamaya kosa (food-base of man), pranamaya kosa (animation with sensation), manomaya kosa (cognition, perception and memory), vijnana kosa (consciousness) and anandamaya kosa (state of bliss or ultimate tranquility) [45].

In addition, the Mandukya Upanishad discussed the different states of consciousness in terms of man's waking, sleeping, dreaming and blissful states. Dreams occupy an important place in the realm of mental distress because they helped in the release of tensions created by the constant desires of the body and the organs. Mental equilibrium was constituted as a state of self-realization through the active efforts of the self in relation to the various dimensions of man [46].

These sproutings of a more philosophical argument got constituted in and by a social context, which while not standing in sharp contradistinction to the earlier times, did have some different formations [47]. At this time there were territorial kingdoms rather than pastoral settlements, which were

chiefdoms where the strongest chief collected tributes from the smaller chiefs. On account of agriculture becoming slightly more prominent, the peasants paid their surplus to the nobility (who paid to the priests, who were constituted more and more as demi-gods who were supposed to have wrought victories, and prevented physical and mental disturbances by appeasing the gods with their prayers and rituals) and priests. In other words, "the [earlier] harmonious tenor of life was destroyed due to the discovery of the art of cultivation which enabled the people to produce more than they could consume. There began the tendency to store rice and the people appropriated to themselves by force and violence rivers, fields, hills, tree-shrubs and plants. For the first time they established their separate houses which required the sanction of the law. Rice fields were divided and boundaries were set up round them saying - "This is thine, this is mine" [48].

The tribal militia of the early pastoral society got replaced by the peasant militia of the semi-agricultural society, [49] and the priests and warriors joined hands to rule over the peasantry [50]. Hence, though society was not marked by sharp social differentiations because of the limited availability of agricultural surplus and overwhelming egalitarian tribal practices, certainly a congealing social hierarchization occasioned by a gradually stabilizing economy was the surface of emergence of a more contemplative understanding [51]. This distinction should not lead to the assumption that Indian medicine and psychiatry in the early Vedic Age was totally 'magico-religious'. It had 'empirico-rational' elements because the factual content of medical growth of the later phase was somewhat based on the early Vedic period. For instance, in the mainly religious Vedic Samhitas, there is a wealth of anatomical, physiological, and pathological views which are not 'magico-religious' [52]. However, it would also not be correct to hold that the later Vedic Age medicine and psychiatry was totally 'rational'. Ayurveda, for instance, contained 'magico-religious' components, especially mantras [53]. Till approximately 600 B C it is, therefore, noticed that there flourished psychiatric thoughts and practices which conceptualized mental distress as immanent in the 'supernatural' and physiomoral dimensions of Nature, against which man, as a somewhat special entity, was directly situated. Nonetheless, a new contemplative and rationalized argument emerged under relatively settled social conditions, even though 'magico-religious-oriented [54] and naturopathy-oriented practices may well have widely co-prevailed. This rational strain assumes more earthy overtones in the later Vedic Age [55].

3.

Materialism and Psychiatry: The Later Vedic Age

It was between c 600 B C and 200 A D that an epistemological rupture, conjoined with some new major social formations, took place at the philosophical level which resulted in new medical and psychiatric thoughts and practices [56]. This later Vedic Age, in which there was an overall transition from tribe to society [57], witnessed a greater systematization of the intellectual and social response to mental distress along materialist lines. Besides a deeper understanding of the psychological mechanisms in the human personality, medicine and the medical professional played a major role in the tackling of mental distress.

A. Personality and Mental Distress

The most important and fundamental rupture took place in the understanding of the mind and the body.

Much unlike early Vedic Age concepts (where the mind and the body were integrally subsumed under the envelop of Nature), the new philosophy sought to base itself more on "lantern-jawed Reason" [58]. It effected a dichotomy between the mind and the body, and gradually between the mind, body and self. The self or atman was formulated as the governing force of both mind and body, on the basis of an argument similar to the following modern exposition:

"A body has different parts including different sense organs and innumerable nerve paths. Information obtained through these organs and nerve paths are synthesized in the brain. But there are different parts of the brain, however well-coordinated they may be. And all these parts do not perform the same task. Now who organizes and coordinates the diverse activities being so rapidly performed by the different parts of the brain? ... there is a certain teleology, some purposeful being which works from behind and directs coordination and synthesis at a higher and deeper level" [59].

The manas (i.e. mind) was separated from the body consisting of the five sense organs. Later, it got conceived that manas and atman whilst working on each other produced intelligence or knowledge. Furthermore, the mind, which was the rational strain in man, was posited against the heart which was the emotive strain in man. In addition, this new idea of the mind got its somatic sanction when it was said that the heaviest part of the indigested food went to form the excrement of men, the medium-weight food went to form his flesh and body whereas the lightest or most subtle part went to form his mind [60].

It has been recently argued that a study of the body should "deal with the essentially social nature of human embodiment, with the social production of the body, with the social history of the body, and finally with the complex interaction between body, society and culture," [61]. An analogy can, therefore, be drawn between the changing concepts of the mind-physique body and the social body. During the fag end of the Vedic epoch and the beginning of this (i.e. the later Vedic period), the varna system had developed with the brahmin as the head, and the ksatriya, vaisya and sudra as the limbs of the social body. At the same time, the mind was being conceived as being the controller of (and superior to) the five sense organs. Later, the concept of the self was introduced, as something which was even superior to the mind, which in turn controlled the five base sense organs. Therefore, the notion of the brahmin as someone subservient to an even higher Being (God) and who is superior to the Ksatriya, vaisya and sudra and untouchable according to the divine sanction of the newly-constituted Being, was introduced.

This analogical change may well be based on the concrete change from the arya-dasa dichotomy (of the Vedic times) to the new arya-sudra dichotomy, and on the strong purity-pollution concept [62]. According to the prevailing orthodox doctrine of this time, moksa (individual salvation) lay in achieving an equilibrium between the three life principles of dharma (laws of social order), artha (laws of wealth) and kama (laws of pleasure).

For the strengthening caste system [63], dharma was particularly important. Dharma meant the differentiated norms of conduct incumbent upon each member of each caste. That is, to act according to this precept meant that each person had to accept his position in society on the basis of the caste into which he was born and the rules of such a caste. Obligations were stressed more than rights and this personal insignificance was aggravated by the strong extended family. Dharma was constituted as a pre-ordained master plan for the smooth functioning of a complex society wherein a person questioning his role and status would lead to chaos. Nevertheless, the fact was that the rules of this precept were framed by the brahmins claiming divine sanction, who strained to maintain their

purity-superiority. Hence, economic, social and juridical powers and privileges declined with a decline in the social ladder. In other words, equality before the law was not recognized so that human rights could be claimed only by the upper castes whereas the crushing burdens of society fell on the lower castes [64]. Conjoined with the precept of karma (whereby one's position in after-life was determined by one's acts in this life and whereby one's present position was determined by one's position in the life before). the caste structure restricted individual mobility and led to strong social ramifications [65]. The new philosophy [66], based substantially on a materialistic orientation, considered the mind to be the sense-organ of the self, which itself was material arising as it was from prakriti [67]. The material world has conceived as being composed of the sattva (mind-dimension), tamas (matter-dimension) and rajas (energy-dimension), which can flow into either of the other two dimensions. This material world was reduced to a molecular structure, whereby one molecule was composed of the sattva, tamas and rajas. Further, each tamas was composed of tamas-nucleons which had the features of fluidity, radiation, attraction, repulsion and space. Each sattva was composed of sattva-nucleons which had the features of self-judgement, mental dynamism and self-consciousness. The mind represented the dynamics of the material world where the sattva-nucleons gained precedence over the tamas-nucleons, the rajas-nucleons (featured by dynamism) giving the whole process energy.

The mind, by this philosophy, got further classified into five categories:

- (i) ksipta (unstable) manas, wherein the rajas and tamas qualities predominated leading to a stronger desire for external objects and control over them, and which was subject to rage, anxiety, and aggression and which realized its own limitations but failed to control them;
- (ii) mudha (dull) manas, wherein tamas and rajas qualities dominated but wherein the tamas qualities overwhelmingly predominated because the rajas dynamism got almost wholly attached to the tamas qualities, and which was subject to dreams, neurosis and over-sexuality, and which did not realize its own limitations, creating a fertile ground, thus, for mental distress;
- (iii) viksipta (meta-stable) manas, wherein the rajas dimension was predominant and which has control over its environment, thus being the ground for a healthy personality;
- (iv) ekagra (stable) manas, wherein there were no rajas or tamas qualities but only sattva, and which was reflective, conscious of the outer world and of the self and was inherent in a religious personality; and
- (v) niruddha (neutral) manas, wherein the sattva, rajas and tamas qualities got subsumed under a 'Non-Consciousness', which was superior to all 'Consciousness' and which was the most desirable mind.

This new philosophy of the mind and personality was not unconnected to the historical context in which it occurred. It had appeared in response to the urban civilization of the Gangetic Plain.

The new urban civilization was based on iron, domestication of the horse, extension of plough agriculture and a more detailed market economy. During this period (i.e. c 600 B C to 200 A D) a major agricultural change took place. Large estates (with more consequent emphasis on land and money) in the rural tracts owned by ksatriya families surfaced with a parallel increase in the number of slaves and hired labourers. The continued boom in agriculture was helped by innumerable minor irrigation projects [68]. This intensification led to the growth of towns in the Gangetic Plain, towns which became the operative centres of rich traders and financiers (using promissory notes, coins and scripts) who formed guilds. In fact, it is these guilds (and not state mints) which used to issue the coins [69]. These guilds acted as centres of professional and kin cohesion, with the gradual acceptance of the

customary law of the guilds as political law, and with their increasing caste status [70].

Two co-existent but opposing systems of economic redistribution had formed. One, which at the level of the state was based on taxes, tributes, awards, salaries and public expenditures. And the second, which derived its income from finance and trade, and which redistributed it in the form of capital investments [71]. Politically, new forms of political organizations came into being (oligarchical or monarchical) with the coalescing of the janapadas into territorial states [72].

The development of a more agriculture surplus-based monetary economy became possible largely on account of the oppressed castes who, in increasing numbers, "pursued various useful industries, owned lands and villages, and gained in influence and power" [73]. It is these increasingly powerful masses who gave a boost to the new socio-religious doctrine (i.e Buddhism and Jainism) which threw a severe challenge to the orthodoxy. These two doctrines had emphasized on the rights of the individual. The apparent involution of the critical gaze was based on their ideas of causality according to which the elimination of human suffering could be achieved, for example, by the elimination of desire by following the Buddha's Eight-Fold Path or the Middle Way [74]. In other words, a person had the opinion (if the circumstances were not too propitious to, forgo renunciation and choose the Buddhist Dharma so that moral responsibility became the choice of particular actions by man himself. Hence, it would be reasonable enough to hold that social change got located within the individual.

At the end of the day, the development of a material economy and the emphasis on the individual got strongly located in the new philosophy of the mind, which looked more inwardly than outwardly for causalities. This new science, as it were, "[did] not simply lead us out into the world of objects; it [served] rather as a medium in which the mind [developed] its own self-knowledge" [75]. Along with these changes, therefore, the epistemological rupture resulted in a shift of sorts from a 'magico-religious' foundation to a more material foundation. However, the structuring of these foundations (which was less prominent in the Vedic period) got strengthened, vitalized and elaborated after the rupture. The detailed breakdown of the mind and its functions is, therefore, noticeable.

The breakdown, it may be said, was not only occasioned by a more stable market economy and emphasis on the individual but also arose out of a fear of anarchy, especially after the new philosophy effected a mind-body dichotomy (more in the psychiatric and medical fields). And this fear is borne out by the societal obsession for detailing down everything including the arts (e.g. temple-architecture, music, dance) and sexual practices, to the last finity [76].

The body acquired the features of unbridled 'mad' passions (and so the concept of the heavier parts of the ingested food constituting the body, the lighter parts the mind) and mind acquired the qualities of a rational controller of passions. The fear arose that if the mind was not able to control the body then the individual would disintegrate. In other words, the failure of the mind was the base for the fear of anarchy, a fear which was quite absent in the early Vedic Age when the strict mind-body dichotomy did not exist, when there was no Other to pose as a challenge, a threat or a partial existence to be controlled.

This fear got reflected in the social body wherein a strengthening of the caste structure and of political organizations is noticeable [77]. For, although Buddhism and Jainism rose in open revolt of the orthodox doctrine, they did so at an ideological plane in such a fashion that it, in effect, contributed to the strengthened functioning of the caste structure by accepting it as an economically viable and socio-legal framework. This, in turn, led to doctrinal contradictions: "The idealistic deviation of the Buddhist philosophy was caused by its having enlisted the patronage of the upper classes [78]. One

cannot ignore the fact, too, that their popularity had a fairly direct correlation with the growth of the first empires [79]. This complicity (of Buddhism and Hinduism) of sorts, is further illuminated by the fact that once Buddhism completed its civilizing mission, that is, providing the impetus for a higher level integration of the scattered village communities, through the message of universal religion, society and economy, it underwent a decline [80].

B. Medicine and Mental Distress

Therefore, even if the new philosophical discourse was necessarily theoretical or ideational, it is important to comprehend it because the formation of medicine [81] which took place in the same period was firmly based on the core of the new philosophy. In a general sense, medicine conceived an identity of the evolution of the universe with that of the person [82]. The novelty of such a medicine lay in the fact that "Practically everything considered worthwhile for their [i.e. practitioners of this medicine] science was understood by them in terms of matter and its transformation... This placed the ancient doctors among the pioneers of the materialist outlook in Indian history" [83].

Hence, the cosmic similarity between the person and universe was explained in materialist and molecular terms. This materialist-oriented medicine could develop also because of the lingering existence of the proto-materialist or crude materialist frameworks of the ancient Carvakas (or, the philosophy of Lokayata) and Ajivikas which had contended that everything in Nature flowed from matter [84]. It is well-known fact that the cosmogonies of the Caraka-Samhita and Susruta-Samhita were based on the materialistic perspectives of the Nyaya-Vaisesika and Samkhya-Yoga Schools [85]. The new medicine - or 'sarira-vicaya' ("analytical knowledge of body"), as Cakrapanidutta called it [86] - constituted the human as being composed of modified ether, fire, air, water, earth and consciousness. The foetus itself was said to be composed of the father's semen, the mother's blood, the atman (consisting of air, fire, water and earth) and the manas. This composition of the foetus got further constructed into agni (heatpower), soma (fluid-power) and sattva, rajas and tamas (qualities of the mind). When the foetus developed into a child and took a human body, it was said to be comprised of mala (disintegrating qualities) and prasada (sustaining qualities). The mala was further sub-divided into vayu (air), pitta (bile) and kapha (phlegm). These dosas, so to speak, if maintained in a proper balance, did not harm the body but rather helped in sustaining the dhatus of the body, but if one or two got precedence over the others then the body disintegrated [87].

Perhaps, it would be right to claim that the concept of the dosas and their function arose from the prevailing orthodox doctrine of the times, that of dharma, kama and artha. Just as a proper and measured functioning of these three principles were necessary for a balanced society, so was the controlled operation of the three dosas essential for a healthy body: "All vata, pitta, and kapha, in normal state, endow the person with unaffected sense organs, strength, complexion and happiness and also with a long life-span as virtue, wealth and enjoyment pursued properly endow the person with great well-being here and in the world hereafter; on the contrary, in abnormal state, they give rise to severe abnormalities as three seasons, when abnormal, produce harmful effects in the world particularly at the time of final destruction" [88].

Moderata durant, as it were. Therefore, the justification of controlled society operating on dharma, kama and artha [89] got incorporated in medicine with the development of the tridosa theory. This integration is pushed farther when ayurveda itself incorporated karma as a possible explanation for several health problems which it could not tackle medically. Moreover, in a more positive sense, the inclusion of karma helped ayurveda to use the larger cosmologies to objectively tackle physical and

mental distress [90].

Hence, the normality-abnormality axis of the physical body was based on the functioning of the three dosas, subsumed as it was under the normality-abnormality axis of the social body based on the functioning of dharma, kama and artha. The psycho-somatic aspect of the new medicine is evident not only when it held that fear, grief and delirium originated out of a malfunctioning of vayu but also when it thought that a man's body and personality could be categorized as vata-prakriti, pitta-prakriti and kapha-prakriti according to the predominance of the type of dosas [91].

An awareness of power, in its negative and positive senses, in the society of the times, got reflected in the minute details of the operation of the tridosa theory. Treatment primarily depended on classifying properly the comparative strength of the components of the dosas, and the relative strengths and proportions of each dosa amongst themselves:

The original source [of illness] is imbalance of dhatus which is known by the emergence of the disorder. Examination of this and the material cause of the disorder (dosas) consists of the observation of the characters of their diminution or aggravation and also of those denoting curability, incurability, mildness and severity of the disorder" [92].

If one goes by the hypothesis that the elaborate structuring and new power relationships in society were both in response to certain economic development and were the product of man's mind, then one would easily notice how those same developments got reflected in the medical construction.

Despite its psycho-somatic aspect, the new medicine aggravated the mind-body dichotomy. The operations of manas and karma on the human body ran parallel to the operations of the dosas on the human body. The atman directed the manas, which interpreted its contact with the objects of pleasure and pain in the external world. The manas was molecular in nature in the sense that it could display one quality at a time, and the fact that it displayed different qualities at different times was a result of its contact with and interpretation of different objects at different times. The body, senses, mind and the self operating on and through each other resulted in the dynamic called life [93].

The classificatory schema constituted by this medical perspective leads to some interesting hypotheses. On the basis of prthaktva (difference), the diseases were to be understood in terms of spatial difference, difference of character, and difference of identity owing to numerical differences [94]. How important these principles could have been in the detailed structuring of society going on in these times is easily noticeable. To distinguish the upper castes from the lower castes, space, number and character in society had necessarily to be taken into consideration.

In addition, the operation of the principles (and the publicized hopes) of dharma and karma got reflected in the samyoga classificatory scheme whereby the compounding of two or more substances could be done on the basis of parimana (measurement by weight), samskra (production of new qualities) and abhyasa (habits developing out of constant practice) [95]. For, avowedly, an individual could follow his norms of conduct and secure for himself a better station in his after-life, by generating new and desirable qualities within its caste norms and by practising them with due sobriety [96].

There are elaborate discussions on the manas but briefly the new medial thought constituted the manas as having four functions:

"(1) Indriya bhigraha: the direction of the indriyas or sensory (and the motor) organs. The view is that the indriyas are inert and can only be activated by manas. When manas acts in conjunction with the sense organs it perceives the external world, the indriya arthas constituted of the five elements.

"Indriya bhigraha can be translated as the direction or coordination of the senses"...

- (2) Svasya nigraha: control of itself. Manas is said to be active and ever-moving from one object to another while it is also in control of itself...
- (3) Uha: reasoning or "the capacity of the mind to produce perception by combining with the sensory organs on the one hand and the soul on the other..."
- (4) Vicara: deliberations, judgement, discrimination, i.e., "to consider the usefulness and uselessness of [97]

Again, manas was supposed to have the following qualities: - sattvika (e.g. mercy, truthfulness, intelligence, self-control), rajasa (e.g. suffering, pride, passion, anger), and tamasa (e.g. dullness, viciousness, sleepiness) [98]. These concepts formed the base of the psychiatric perspective of this period. More importantly, it is necessary to identify the linkages and departures between the philosophical and medical perspectives.

From the philosophical angle, the classificatory scheme operated on the precepts of samanya (i.e. class concept) and visesa (i.e. specific properties separating one atom from another), whereas from the medical angle samanya meant concrete things having similar constituents and characteristics, and visesa meant concrete things having different constituents [99]. The material principles of causality of the philosophical schools were more directly used here and in psychiatry whilst drawing three kinds of inferences, viz. occurrences of disease from a knowledge of the presence of the causes of the disease; inference of the specific kinds of unhygienic irregularity from the specific kind of disease of the patient; and, inference of disease from its early prognostications [100]. Again, the linkage between the two becomes evident when one witnesses the intense logical speculations of the medical perspective, which had strong affinities to those in the new philosophy. These debates were required to be mastered by the physicians in order to impress the rich patients and patrons, who constituted their market in the main [101]. True to the spirit of the medical thought, this need for the debates was given a 'scientific' angle to the minutest detail. Nonetheless, these two practices departed from each other in one important sense.

Medicine introduced itself as the instrument to deal with the physical aspects of life, which when taken proper care of, went a long way in mitigating the effect of karma. In other words, medicine said that the maintenance of health, satisfaction of one's desires, and efforts to achieve a happy after-life were the three main concerns and springs of human action (and that medicine is the instrument for achieving this) [102] whilst the philosophical perspective considered false knowledge to be the root of most of man's actions. Hence, in medicine, will appears to be the fundamental principle than that of feeling or knowledge.

But there were two points of contact, with medicine and society. Firstly, a strong cause-and-effect link between disease and morality was maintained because going against the values of the day would have meant challenging the spiritual authority of the powerful groups in the social structure. Secondly, in the medical notions of the good life, the mind was paid much importance along with the body, and everything was to be done in moderation [103]. This emphasis on moderation was reflective of the social changes of the times which made it imperative to maintain the existent social order (or at least to prevent a social eruption) along with the growing materialism and new economies. The rules of conduct prescribed by medicine strengthens this contention. In other words, the 'golden mean' was taken to be the ideal of excellence [104].

Hence, this new medical perspective, which had a strong reductionist approach in which the philosophical and social field of statements got solidly lodged within the body space of the individual

whilst still maintaining an overt moral stance, considerably influenced the formations of the psychiatric thoughts and practices of this period.

The psychiatry in ayurveda [105] considered mental distress as arising from imbalances in the functioning of the mind, understanding, consciousness, perception, memory, intelligence, character, behaviour and conduct. Caraka classified mental distress as unmada (insanity), apasmara (epilepsy), durmana (neurasthenia), madatya (alcoholism) and emotional disturbances resulting from anxiety, fear, jealousy, anger and greed. In general, these problems resulted: in derangement of understanding, and of the capacity to discriminate between good and bad, and between right and wrong; derangement of memory; and, derangement in will and motivation.

Mental distress (especially unmada) was caused by "Antagonistic, defective and impure food; insult to gods, teachers and brahmanas; mental shock due to fear or exhilaration and difficult postures..." [106]. These factors led to the "dosas [getting] vitiated in the person having small proportion of sattva [guna] and affect hrdaya, the set of intellect. Therefrom reaching the mind-carrying channels they derange the mind of the person quickly" [107].

Mental distress was broadly of two types, endogenous and exogenous [108]. Endogenous mental distress reflected the medical trend in psychiatry because it held that mental distress was caused by tridosa malfunctioning. Endogenous mental distress was of three types, namely, vattonmad, pittonmad and kaphonmad, depending on which dosa got precedence in the formation of the mental distress.

Vattonmad was understood thus: "aggravated by the intake of rough, deficient and cold food, excessive evacuation, wasting of dhatus and fasting affects the mind which is already afflicted with anxiety etc and thus deranges intellect and memory quickly.

Inopportune laughing, smiling, dancing, singing, speaking, movement of body parts, weeping, roughness, emaciation, reddish complexion and aggravation of the disease after digestion of food. These are the symptoms of the insanity caused by vata" [109].

As far as pittonmad was concerned, "Pitta accumulated by the intake of uncooked, pungent, sour, burning and hot edibles and intensely aggravated takes shelter in the mind of the person without self restraint and thus gives rise to violent insanity quickly as said above.

Intolerance, agitation, nakedness, terrorising, excessive movements, heat, wrath, desire for dense shade, cold food and drink and yellowish lustre - these are the symptoms of paittika insanity" [110].

Kaphonmad was found "In the person with excessive saturation and slow activities, kapha along with heat (pitta) increased in mind impairs intellect and memory and thus by deranging mind produces insanity.

Slow speech and movements, anorexia, liking for women and loneliness, excessive sleep, vomiting, salivation, aggravation on taking meals and whiteness of nails, etc. - these are symptoms of kaphaja type of insanity" [111].

In contrast to these severe disturbances, the lighter forms of unmada took place when a "person experiences a sudden panic, or incurs loss of wealth, or sustains bereavements by the death of friends, or if one fails to obtain a woman or any other desirable object upon which one has set one's heart, the mind becomes powerfully affected and the result is insanity. Such insanity is classed as grief-born. The patient loses the sense of propriety of conduct. He reveals the secrets of his heart, and sings, or laughs, or weeps without apparent cause" [112].

The symptomatology of the endogenous types, therefore, seemed to be based on two principles:

- (i) moderation-excess, in which excess of emotions and in eating were considered to forebode evil, and moderation in everything was the sign of a balanced mind; and
- (ii) respect-disrespect, in which openly revolting against the gods, scriptures, brahmins, priests and the upper orders were sure signs of mental distress, whilst respecting them revealed the balance functioning of the mental dosas.

Hence, it is evident that the medical trend of psychiatry directly incorporated the medical thoughts discussed earlier. A more or less similar tridosaic etiology was found in the cases of apasmara, durmana and madatya [113]. Unfortunately, much as in the case of modern psychiatry, there was no attempt to find if mental distress did not have a positive functionality, that is, if it did not act as a defence mechanism of the body and mind to prevent worse afflictions [114].

On the other hand, the exogenous causality reflected the conceptions which have been examined in the more ancient times and of the common people because it held that evil influences of the 'spirits' and 'supernatural' beings led to mental distress [115]. In this, man was posited on the same attack-defence axis of the early Vedic Age response to mental distress. For instance, "Insult to gods, sages, gandharvas, pisacas, yakshas and forefathers; unmethodical performance of religious duties and vows etc. and past deeds are the cause of exogenous insanity" [116].

The therapeutic measures included, amongst others, psychotherapy (e.g. words of comfort, hypnosis, use of amulets, charms), physiotherapy (e.g. baths, massages, clean environment), and medications (e.g. ghee, herbs, condiments). In extreme cases, physical threats and manhandling were not ruled out [117]. Alternatively therapy could be visualized as consisting of faith ['magico-religious'] therapy (daivavyapasrya), rational [medical] therapy (yuktivyapasrya), and psychotherapy (sattvavajaya), of which sattvavajaya aimed at covering the following areas of psychotherapy: - assurance, replacement of emotions, regulation of thought process, reframing of ideas, channelling of presumptions, correction of objectives and ideals, proper guidance and advice for taking the right decisions, and proper control of patience [118].

P. Kutumbiah provides a comprehensive contemporary summary of the mechanics of ayurvedic mental distress therapy: "When, however, the accidental [i.e. exogenous] variety [of mental distress] supervenes on any of the constitutional [i.e. endogenous] varieties, these should be treated with medicines that depend for their action upon the deities and invisible influences. Among these are mantras, herbs and plants of invisible virtue, gems, auspicious rites, sacrifices, expiatory ceremonies and other rites, fasts, etc. The disharmony of the dosas of the body is to be treated in the rational way and the derangement of the mental dosas by mantras and other theurgic practices, i.e., in a supernatural way...

After ascertaining the disturbance of the dosas from the symptoms of the disease, one should treat such diseases as are curable with medicine, diet, and practices possessed of virtues contrary to the cause, to the disease or to both cause and disease. Here Charaka speaks of treating not only the symptoms of the disease but also the cause by contraries. This treatment by contraries is of three kinds:

- (1) treatment of measures which are contrary to the causes of the disease and which operate for its removal (hetu vipareetham);
- (2) treatment by measures which are contrary to the manifestations of the disease and operate for their removal (vyadhi vipareetham);
- (3) treatment by measures which are contrary to both cause and the symptoms of the disease and operate for their removal (hetuvyadhi vipareetham)

Charaka mentions another kind of treatment which is by use of such medicines, diet and practices as, without being actually contrary to cause and disease, lead to recovery or cure. This is called vipareeta arthakarinaam" [119].

Relatedly, but more importantly, the issue of 'truth' and the will to truth seemed to pervade the responses to mental distress of these centuries. At the level of the proposition, the division between true and false, right and wrong, good and bad, desirable and undesirable, was neither arbitrary or institutional. At the level of logic and systems, however, the question of why is there a need to know and on what is this will to knowledge based arises.

Therefore, the power of psychiatry depended on not so much as what it was or what it did, but more on what is said, who said it, and how it was said. It would not be amiss, thus, to hold that the strong strain of morality and 'quest for true knowledge' reflected the upper caste attempt to maintain their superiority by generating knowledge on an idealized normal personality, approximating towards the qualities supposedly possessed by the upper orders. The 'truth' on human normality, at this time, did not impose itself on a pure and receptive mind - rather, it got sought after. In other words, in the field of psychiatry, power and truth were interrelated That is,

"Truth in itself is not power at all, in spite of all that, flattering rationalists are in the habit of saying to the contrary. Truth must either attract power to its side or else side with power, for otherwise it will perish again and again" [120].

Psychiatry, then, could be viewed as a new form of the will to truth - new arrangements of the mentally distressed person, new functions and positions of the practitioner and priest, and new structures and material investments in the development of this knowledge in the form of elaborate medical schools, treatment kits, etc. Therefore, a whole institutional base, the form of the new training in a definite educational system, on which the will to truth operates, emerged.

C. The 'Vaidya' and Mental Distress

These medical and psychiatric thoughts and practices led to the insertion of a new personage - the vaidya or physician - in the social space [121]. Nevertheless, the contradiction of the times operated on the vaidya [122]. Although this term was traceable in the early Vedic Age [123], it acquired specificities only after the epistemological rupture. The rise in the importance of this health professional was reflective of the increasing divesting of power from the hand of the masses and its transfer into the hands of a few. Individuals became more dependent on the vaidya, or on "resource external to himself for the achievement of good health" [124]. However, the greater investment of power in the vaidya was not initially bolstered by institutions such as hospitals and retreats. These practitioners were more or less itinerant ones or, at best, were attached to powerful households and courts. They could also be found settled in small establishments in villages and towns. It was only towards the beginning of the post-Vedic times that hospitals surface [125].

The vaidya formed a recognized craft group, not yet a caste, but often following the profession of their fathers and forefathers [126]. The vaidya had not only religious or divine sanction for his craft [127], but he could also easily follow the three doctrines of life, dharma, kama and artha [128]. The vaidya's training was analogous to that of the brahmin student, whereby he lived in the home of his teacher and had a personal relationship with him. He was almost always a member of the upper castes. Even then efforts were made to give a higher status to him within the upper caste, as reflected in the initiation procedures which aimed at making the student trija (thrice-borne), whilst the other upper caste members were only dvija (twice-born). Considerable secrecy enveloped his education-process, which

involved learning from a teacher, direct observation and inference, and seminars, held only amongst the professionals and privileged groups.

The vaidyas had, by societal obligation, to treat the brahmins free of charge, but they had a special relationship with the royalty. There were many enterprising physicians for the royalty operating under the raj vaidya (court physician). It is interesting to note that equal power and status were given to the chief court physician and chief priest, but when differences arose, the chief priest had the final say. As far as the ritual status was concerned, the vaidyas were considered to be ritually pure and of high status, even though they had to break some upper caste taboos.

The Manusmriti, however, says that, there was a non-brahminical group called ambastha which was solely permitted to treat orthodox brahmins [129], though it is probable that with the passage of time, the gradations amongst these practitioners became based more on monetary and political accessibility than on purity-pollution ideas.

Hence, although this new personage got constituted by the new knowledge of medicine and psychiatry, the social dynamics, it is conceivable, removed him more and more from the common people. The exogenous causality of the psychiatry of these centuries, and the references in some texts which advise the vaidyas to gain knowledge of unusual herbal remedies from hillmen, herdsmen and forest-dwelling hermits [130], leads one to think that there were other service-providers who met the felt-need for psychiatric services of the common people. Furthermore, Kautilya's Arthashastra mentions psychiatric and medical practices (many of them employed for the purposes of government) which were 'magico-religious' and naturopathic in orientation [131].

In the later Vedic Age, therefore, the focus of psychological insight shifted from the external world of Nature into the inner domain of man. This shift was part of the individualizing trend arising out of the development of the monetarized economy of the time. The emphasis on the individual and on materiality led to the growth of the medical understanding of mental distress, the social response to which took the form of professionals or vaidyas.

4.

Psychiatry and Power: Some Concluding Remarks

To recapitulate : from c 1500 to 600 B C in ancient India, mental distress got constituted as a part of the 'supernatural' and physio-moral dimensions of Nature, against which man gets posited, though in the later stages of the period a more philosophical and rationalized argument emerged, correlative with comparatively settled economic, social and political conditions. However, with an epistemological rupture between c 600 B C and 200 A D., there is noticeable the emergence, and later the prevalence, of a more materialist philosophy as well as a more materialist medicine and psychiatry immanent in the distinct and sweeping social changes (of the time) such as the use of iron, prevalence of agriculture, spread of trade and finance, and rigid social structures - all of which were progressively less present in society as one receded into the past.

The developments in the social responses to the mental distress reveal the operation of certain power relations. The comparatively egalitarian society of the Atharvavedic and Yajurvedic times was featured by psychiatric thoughts and practices which were prevalent amongst the majority of the people and which constituted two oppositions (viz attack-defence and man-Nature). Power relationships

established thus reveal not only the tendencies of domination or subjugation (e.g. increasing sexual potency). The power relationships then were not only repressive but productive too. In other words, the psychiatric discourse subjected the minds and the bodies not to render them passive merely but to make them more active:

"it is already one of the prime effects of power that certain bodies, certain gestures, certain discourses, certain desires, come to be identified and constituted as individuals. The individual, that is, is not the vis-a-vis of power; it is...one of its prime effects [132]".

Under more stabilizing and organized social conditions, a more philosophical approach to the mind and body emerged, which tended towards the formation of oppositions and balances within man, rather than between man and man or man and Nature. The distinctly materialist-oriented philosophy, psychiatry and medicine (whose traces were found in the earlier philosophical perspective) which emerged between c 600 B C and 200 A D., whilst continuing the coding of the mind and the body for positive ends, effected an involution of the gaze of human explanation and a mind-body dichotomy, both of which resulted in a strategical shift - the self and mind became parts of concrete body space set against itself. The fear of anarchy was constituted, and to the extent man had a self and mind, power from the outside need not have been directly applied.

This new power relationship was as much immanent in the growing materialism and monetarization of the times, as in the challenge of the heterodoxies to the 'Vedic' doctrine and the resultant configurations. The new knowledge of psychiatry and medicine became political not only because such knowledge became politically utilitarian but also because the new power relationships formed the very basis of its emergence.

This inter-relationships between power and knowledge got exemplified by the personage of the vaidya who was constituted by the new knowledge which was a part of the responsive effort to usurp the orthodoxy but which got subsumed considerably under the prevailing politico-economic and social interests having affinities with the selfsame orthodoxy. That is, the new knowledge of psychiatry immanent in the emergent politico-economic and social changes which were wrought largely by the common people was, as it were, eventually appropriated by the brahmins and other upper castes who employed it to promote their own health and welfare, and to increase their hold over people subject to such knowledge [133]. As Max Weber has it, "It became the peculiar objective of the priesthood, when these had the power - ritualistically - as was the case in India - to organize the social order to their personal situation [134]".

The above analysis of psychiatry in ancient India, therefore, provides glimpses of a pattern of power relationships having implications for the theory and practice of contemporary psychiatry. Along with the development of more definite and detailed economic and socio-political structures, the responses to mental distress become enmeshed in power relationships which have tended to serve and are formed by the interests of certain privileged groups or classes of people. In other words, the responses to a health problem could be affected by extra-health processes both at the theoretical and practical levels.

Therefore, whilst taking pains to improve mental health services in India today, it would be worth the while to search for the possible sources of unfavourable imbalances in the logic of psychiatric sciences itself and attain a clear recognition of the power relations possibly at work within the structures of the mental health services. Such efforts are, likely to go some way in making the existing mental health services more responsive to the needs of the masses.

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1. Owing to the preparatory nature of this paper and due to its specific objectives, not all works on ancient Indian psychiatry (and medicine) have been covered in an equal even manner. An effort is made to remain confined, as much as possible, to sources emanating from the phases of Indian history which are being studied. Moreover, written sources on ancient Indian health and social life are scanty, as is the case with medical historiography in general.

In addition, the theoretical tensions between the several historians on early India have not been taken into account in a very detailed manner here. For a comprehensive survey of the different positions held by these historians, see Jaiswal Suvira. *Studies on early Indian social history: trends and possibilities*, *Indian Historical Rev* July 1979- January 1980, 6 (1-2): 1-63.

2. Two preliminary remarks are in order here. First, the focus of the paper is on the northern parts of early India because the historical database (in English) on the north appears to be more extensive than that on southern India. Moreover, as other societies and psychiatries are outside the scope of the paper, the relationships between psychiatry and power in other early societies which were co-terminus with Vedic India (e.g. Egypt, China, Central America and the Middle East), and their similarities and differences with the Indian situation, are not being covered.

Second, the impact of Buddhism and Jainism (especially their understandings and practices of health) on the orthodoxy has been rich and resilient. However, in this restricted study, the emphasis is on the changes in the Vedic psychiatry (and medicine). The developments (i.e. the main ones) in Buddhism especially is seen chiefly to the extent and the manner in which they initiated transformations in 'Vedic' psychiatry. A wider study is likely to profit much from an examination of the variations in conceptual strategies and interventions of both 'Vedic' and 'non-Vedic' psychiatries according to the changing fortunes of Hinduism. Buddhism and Jainism arising out of their complex, protracted and somewhat internecine struggle. In such a study, furthermore, care should be taken not to neglect the very important role of the other traditions (i.e. Tantra) falling outside the above Schools.

3. Warrier, N V K. Social and cultural research on traditional medicine. In: Biswapti Mukherjee et al, eds. *Traditional medicine: Proceedings of an international seminar*, New Delhi: Oxford & IBH 1993; 283.

4. Robert Desjarlais et al. *World mental health: Problems and priorities in low-income countries*, New York: OUP 1995. Also see Varma. Vijoy K. Cultural psychodynamics in health and illness *Indian Journal of Psychiatry*, 1986; 28(1): 13-34.

5. Fabrega Horacio Jr. The position of psychiatric illness in biomedical theory: cultural analysis, *Journal of Medical Philosophy*, 1980; 5(2): 145-68; and Ajita Chakraborty Culture, colonialism, and psychiatry, *Lancet*, 1991; 337: 1204-7.

6. See, for instance, Michel Foucault *Madness and civilization: A history of insanity in the age of*

reason, London: Tavistock 1967; Michel Foucault. The order of things: An archaeology of the human science, London: Tavistock 1971; Michel Foucault The birth of the clinic: An archaeology of medical perception, London: Tavistock 1973; Michel Foucault Discipline and punish: The birth of the prison, London: Tavistock 1977; and, Michel Foucault Power/knowledge: Selected interviews and other writings, 1972-1977, New York: Pantheon [ed. Colin Gordon] 1980.

7. Recent advanced research challenge the contention that traditional psychiatric thought and practices are unscientific. For example, see the following studies, Sati Nand D. A comparative study of scientific and religious psychotherapy with a special study of the commonest shivite symbolic model in total psychoanalysis. *Indian Journal of Psychiatry* . 1961; 3(4): 261-73 Ramachandra Rao S K. [The conception of stress in Indian thought, 1. The theoretical aspects of stress in samkhya and yoga systems], *NIMHANS Journal* 1983; 1 (2): 115-21; Ramachandra Rao S K. [The conception of stress in Indian thought, 2. The practical involvement in Gita and ayurveda], *NIMHANS Journal* 1983; 1 (2): 123-31; Pushpangadan P. Traditional medicines of India, 1. The role of mind and autosuggestion in the efficacy of magico-religious practice of tribal medicines, *Ancient Science of Life*, 1984; 3(4): 213-15; Balodhi J P. [Holistic approach in psychiatry: Indian view], *NIMHANS Journal* 1991; 9(2): 101-4; James McClenon The experiential foundations of shamanic healing. *Journal of Medical Philosophy*, 1993; 18(2): 107-27; David J Hufford. Epistemologies in religious healing *Journal of Medical Philosophy*, 1993; 18(2): 175-94; and Ramakrishna Rao K. Anomalies of consciousness: Indian perspectives and research. *Journal of Parapsychology*, 1994; 58(2): 149-87.

Transcultural efforts, backed by extended work in field-settings, also challenge condensing understandings. See, for example, Erna M. Houch Sources and resources: A western psychiatrist's search for meaning in the ancient Indian scripture, Delhi: Book Faith India, 1993; and, Bartholomew Robert. Tarantism, dancing mania and demonopathy: The anthropological Aspects of mass psychogenic illness, *Psychological Medicine*, 1994; 24(2): 281-306.

Broadly, it can be stated that the many findings of modern research in psychology and psychiatry have been anticipated by the philosophies of early India:

"Hughlings Jacksons' conceptions of levels in the nervous system, their integration in health and disorganisation in disease is in a very general manner anticipated in the Sankhya System. Problems of consciousness are dealt with in a penetratingly analytical manner in Mandukyam, Chandogya and Prasana Upanisads. The Yoga Vasishtha, Sankara's Vivekachudamani, the commentaries on various Darsanas by Kumarila Bhatta and Appayya Dikshitar are rich storehouse of learning for the student of psychological medicine. The Buddhist works on philosophy are equally important and comparatively more objective character...there is nothing to prevent students of modern medicine and psychology to study it [i.e Indian psychology] in a purely objective manner..."

Govindaswamy M V. Indian scriptures and psychiatry, *Health for the Millions*, 1994; 20(4):July-Aug (back cover page).

Traditional psychiatry need not be perceived only as proto-science. It can be also understood as another mode of science. 'Magico-religious' practices seemingly (a) lay a more thorough going emphasis on the determinism which characterizes science, and (b) unconsciously assuming this determinism they devise intervention which, therefore, appear beyond validation and hence magical, Cf. Claude Levi-Strauss *The Savage Mind*, London: Weidenfeld and Nicolson, 1972; 9-16.

However, no attempt is being made in this paper to ascertain (and develop) the validity and utility of early Indian psychiatric thoughts and practices. Rather, the effort is to show the contextual

relationships of socio-political and economic developments in ancient India with psychiatric thoughts and practices of that period.

8. Bhargava Pushpa M, Chakrabarti Chandana. The scientific temper and the scientific method in science in India through history, with special reference to biology. In: Chattopadhyay D P & Ravinder Kumar eds. Mathematics, astronomy and biology in Indian tradition: Some conceptual preliminaries, New Delhi: PHISPC - Munshiram Manoharlal, 1995; 55.

The only exception to this pessimism is Brajendranath Seal. The positive sciences of the ancient Hindus, Delhi: Motilal Banarasidass, 1991; 244-95. Seal feels Indian sciences and medicine had strong methodological, causal and scientific premises.

9. Danner Clouser K, David J. Hufford Nonorthodox healing systems and their knowledge claims. *Journal of Medical Philosophy*, 1993; 18(2): 101.

10. Laing R D. The politics of experience and the bird of paradise. Harmondsworth: Penguin, 1984; 19.

11. See, for instance, Unschuld Paul U. Concepts of illness in ancient China: The case of demonological medicine *Journal of Medical Philosophy*, 1980; 5(2): 117-32.

12. See for instance, Deb Sikdar B M. Glimpses of medico-psychological practices in ancient India, *Indian Journal of Psychiatry* 1960; 250-59; Varma LP. Psychiatry in ayurveda, *Indian Journal of Psychiatry* 1965; 7 (4): 292-312; Jaggi OP. Indian system of medicine, Delhi: Atma Ram 1973; Jaggi O P. Yogic and tantric medicine, Delhi: Atma Ram 1973; Jaggi O P. Folk medicine, Delhi: Atma Ram 1973; Venkoba Rao A. India In: Howells J G. World history of psychiatry, New York : Brunner / Mazel, 1975; 624-49; Venkoba Rao A. Psychiatric thought in ancient India, *Indian Journal of Psychiatry* 1978; 20: 107-19; and, Pranjivandas Mehta M. History of Indian medicine In: Pandit Shiv Sharma ed. Realms of ayurveda: Scientific excursions by nineteen scholars, New Delhi: Arnold-Heinemann, 1979: 47-85.

13. See Gramsci Antonio History of the subaltern classes: methodological criteria In: Quintin Hoare and Geoffrey Nowell Smith eds. Selections from the prison notebooks of Antonio Gramsci, London: Lawrence and Wishart, 1991; 52-90.

14. Kevin White. The sociology of health and illness, *Curr Sociol* 1991; 39 (2): 65.

15. Mora George. History of psychiatry In: Harold I. Kaplan and Benjamin J. Sadock eds. *Comprehensive textbook of psychiatry / IV, Vol. 2*, Baltimore: Williams & Wilkins 1985; 2034.

16. Misra GSP, Beliefs, underlying the ancient Indian conception of history, *J Indian Hist* 1979; 57(1): 1-11.

17. See Radhakamal Mukherjee The culture and art of India, New Delhi: Munshiram Manoharlal, 1984; 34-43.

18. Fresh modes of analysis which are more true to the complexity and thematic content of psychiatric history in India would prove to be more beneficial. In the general case of Indian epistemology, this has been highlighted in Bhattacharyya Krishna Chandra Svaraj in ideas. *Indian Philosophical Q*, 1984; 11(4): 385-93.

19. Debiprasad Chattopadhyaya Science and society in ancient India, Calcutta: Research India 1979.

20. Kenneth G, Zysk Asceticism and healing in ancient India; medicine in the Buddhist monastery, Delhi: OUP 1991; Many of Zysk's contentions find support in an earlier classic work by Jyotir Mitra A critical appraisal of ayurvedic material in Buddhist literature with special reference to Tripitaka,

Varanasi: The Jyotirlok Prakashan 1985. Also Raoul Birnbaum The healing Buddha, Boulder: Shambala 1979.

21. This has been the accepted position. However, it has been recently challenged by Romila Thapar according to whom the Aryans need not have developed in India as an intruder race but as a result of interaction between people with different cultures. See Thapar Romila The first millennium B C in northern India In. Romila Thapar ed Recent perspectives of early Indian history, Bombay: Popular Prakashan, 1994; 85-88. Also see Romila Thapar Interpreting early India, Delhi: OUP 1994; 3-22.

Interestingly, Isvarachandra Vidyasagar had contended long back - on the basis of linguistic studies of Sanskrit (supposedly the language of the Aryans) - that ancient India was the original home of the Aryans. Cf. Isvarachandra Vidyasagar Sanskritabhasa O sanskritasahityashastrabhisayak prastabh In: Prafulla Kumar Patra ed. Bidyasagar Rachanabali, Calcutta: Patra's 1992: 161.

22. Although the Atharvaveda is considered to be the last of the four ancient texts called the Vedas, much of its contents date to times before even the Rgveda. Cf Sukumari Bhattacharji Literature in the vedic age, Vol 1: The Samhitas, Calcutta: Bagchi K P. 1984; 286.

23. The psychiatric or 'magico-religious' content of the Rgveda itself (and also the samaveda) is less:- "with very few exceptions the Rgveda is a book in which magic is not dealt with: a few late hymns are indeed found there, but these stand out as exceptions in a [primarily] religious milieu" Of Arthur Berriedale Keith The religion and philosophy of the Veda and Upanisads, Delhi: Motilal Banarsidass. 1970; 379.

The following editions of the Atharvaveda and Yajurveda have been consulted:- Devi Chand (trans. & ed) The Atharvaveda, New Delhi: Munshiram Manoharlal, 1982; and, Devi Chand (trans & ed.) The Yajurveda, New Delhi: Munshiram Manoharlal, 1980. In the philological aspects of the analysis of the Vedic texts, particularly helpful has been J Gonda The vision of the vedic poets, New Delhi: Munshiram Manoharlal, 1984.

24. The Atharvaveda, p. 95 (3. 27. 1-2)

25. Balodhi J P, Roy Chowdhary J Psychiatric concepts in Atharva Veda: A review, Indian Journal of Psychiatry 1986; 28 (1): 65-7.

26. Sukumari Bhattacharji Literature in the vedic age, Vol 2: The brahmanas, aranyakas, upanisads and vedanga sutras, Calcutta: Bagchi K P., 1986; 1-141.

It needs to be noted, however, that recently a case has been made for the relative independence (i.e from the Atharvaveda and the Brahmanas) of the Yajurveda, in the medical field. Cf. Thakar VK, Gleanings from Sukla Yajurveda, Bull Indian Inst Hist Med 1992; 22(1): 1-9.

27. For a concise description of Atharvavedic medicine, see Surendranath Dasgupta, A history of Indian philosophy, Vol 2, Delhi Motilal Banarsidass, 1975; 284-301. It becomes clear from this description that medicine and psychiatry, in both thought and practice, could not be neatly separated. In a sense, it is precisely because of this haziness between psychiatry and medicine, and the predominance of psychiatry, that the term 'religious' or 'supernatural' could be used as a suffix to the term 'magic'. For, it is possible to say that what is magical or religious, is also supernatural. See Hultkrantz Ake. The concept of the supernatural in primal religion. History of Religions. 1983; 22(3): 231-53.

28. Ram Sharan Sharma. Material culture and social formations in ancient India, New Delhi: Macmillan 1985; 22-35. For the economics of the early and the late Vedic Ages, also see Ram Sharan

Sharma Perspectives in social and economic history of early India, New Delhi: Munshiram Manoharlal, 1983; 105-57.

Thapar would like to see (rather controversially, as it happens to be) the tribal society of early Vedic times as lineage society because 'tribal' is too wide a connotation, whereas 'lineage' better explains the centrality of lineage in the (a) distribution of power and resources, and (b) the formation of the caste system. Cf Romila Thapar. From the lineage to state: Social formations in the mid-first millennium B C in the Ganga valley, Delhi: OUP 1990: 18.

29. The egalitarian nature of the society of this time gets exemplified also in the field of knowledge, when one reads the constant exhortions of the Atharvaveda to disseminate Vedic knowledge and not withhold it. See, for example, The atharvaveda. 559-67 (12. 4. 1-53).

However, some historians are of the opinion that there did exist (especially at the time of the Satapatha Brahmana) kings, although their punitive functions were restrained by ethical codes. See, for instance, Bhasker Anand Salestore. Ancient Indian political thought and institutions. Bombay: Asia, 1963; 24-5.

30. Max Weber. The religion of India: The sociology of hinduism and buddhism, New York: The Free Press, 1958; 30-3.

31. Jaiswal Suvira, Stratification in rgvedic society: Evidence and paradigms, Indian Hist Rev, 1989-90; 16(1-2): 14-5.

32. Damodar Dharmanand Kosambi An introduction to the study of Indian history, Bombay: Popular, 1975; 97-100.

33. Ram Sharan Sharma, 1985; 36-55.

34. Nandy Ashis, Shamans, savages and the wilderness: On the audibility of dissent and the future of civilization, Alternatives, 1989; 14(3): 265.

35. For instance, James George Frazer explains 'magic in the following way:-

James George Frazer. The golden bough: A study in magic and religion, abridged edition, London: Macmillan, 1993; 20.

36. Sharma RS. Reconstructing of ancient Indian history, Ann Bhandarkar Oriental Res Inst, 1974; 55(1-4): 3. Also see Kosambi, 1975; 133-34.

37. Sarvepalli Radhakrishnan formulates this relationship in the following form:-

Subject (Atman)

Object (Brahman)

1. The bodily self (visva)

1. Cosmos (Virat or Vaisvanara)

2. The Vital self (Taijasa)

2. The soul of the world (Hiranyagarbha)

3. The intellectual self (Prajna)

3. Self-consciousness (Isvara)

4. The intuitive self (Turiya)

4. Ananda (Brahman)

Radhakrishnan S. Indian Philosophy Vol. 1 , Delhi : OUP 1990 ; 182

38. Raju P T. The concept of man in Indian thought In: Radhakrishnan S. and Rjau PT eds. The

- concept of man: A study in comparative philosophy, London: George Allen & Unwin, 1960; 224-37.
39. This shift has been extensively examined by Lucien Levy-Bruhl *How natives think*, New York: Alfred Knopf.
40. Jadunath Sinha *Outlines of Indian philosophy*, Calcutta: New Central Book Agency, 1985; 8-17.
41. Paul Deussen. *The philosophy of the Upanisads*, Delhi: Oriental, 1972; 271.
42. Aitareya Upanisad In: Swami Gambhirananda (trans.) *Eight Upanisads*, Vol. 2, Calcutta: Advaita Ashrama, 1990; 63 (3. 1. 2).
43. Swami Madhavananda (trans.) *The Brhadaranyaka upanisad*, Calcutta: Advaita Ashrama, 1988; 147 (1. 5. 3).
44. Swami Gambhirananda (trans.) *Svestasvatara Upanisad*, Calcutta: Advaita Ashrama, 1986; 65-66 (1. 5).
45. Venkoba Rao A. 1978; 110-11.
46. *Mandukya Upanisad and karika* In: Swami Gambhirananda, 1990; 167-405.
47. For a more materialist-oriented interpretation of the early and later social milieu, especially in relation to the varna or caste system, see Damodaran K. *Indian thought: A critical survey*, Bombay: Asia, 1967; 56-72.
48. Sharma Ram Sharan. Role of property, family and caste in the origin of the state in ancient India In: Brajadulal Chattopadhyaya ed. *Essays in ancient Indian economic history*, New Delhi: Munshiram Manoharlal, 1987; 4-5.
49. Ram Sharan Sharma, 1985; 83.
50. Damodaran, 1967; 44
51. Rama Sharan Sharma, 1985; 69-88. The collaboration between the priests and the warriors, conjoined with an increasing internally differentiated subjectivity - which started around this period, only to become a fullblown system in the later Vedic Age - has been studied from a more pro-caste but nevertheless psychological, perspective by Ananda K. Coomaraswamy *Spiritual authority and temporal power in the Indian theory of government*, New Delhi: Munshiram Manoharlal, 1978. According to him just as there was a need for a collaboration between warriors and priests for maintaining civic order, so was there to be an "internal economy", whereby the contemplative and inner self of an individual (i.e. the priest) could be reconciled with the outer and active self (i.e. the warrior).
52. Henry E. Sigerist. *A history of medicine*. Vol 2: Early Greek, Hindu, and Persian medicine, New York: OUP, 1987; 162.
53. Zysk Kenneth G. *Mantra in ayurveda: A study of the use of magico-religious speech in ancient Indian medicine*. In: Harvey P. Alper ed. *Understanding mantras*. Albany: SUNY Press, 1989; 123-43.
54. 'Magico-religious' practices is being used to denote psychiatric thought and practice in the early Vedic times, only for the want of a suitable term. Presently, no better capsule term is available. 'Magico-religious' is problematic because, "Anthropological theories about the techniques broadly labeled magic and such related practices as sorcery, witchcraft, divination, and curing (which utilize magic) are in need of reformulation. Theoretical considerations of these phenomena have been distorted by a lack of awareness and/or acceptance of the basic assumptions of magical belief. Furthermore, the investigation and attempted explanation of magical phenomena have been seriously biased by Western cultural assumptions"

Winkelman Michael Magic : A theoretical reassessment, *Curr Anthropol*, 1982; 23 (1) : 37

55. This new psychiatric (and medical) tendency has also been widely identified in other societies (e.g. the African and American ones), which faced similar social changes. Cf. Ari Kiev *The study of folk psychiatry* In: Ari Kiev ed. *Magic, faith and healing: Studies in primitive psychiatry today*, New York: The Free Press, 1964; 14-5.

56. Walter Ruben. *Outline of the structure of ancient Indian society* In: Sharma RS. Vivekananda Jha eds. *Indian society: Historical probings in memory of D D Kosambi*, New Delhi: People's 1984; 90-1.

57. Kosambi D D. *The culture and civilisation of ancient India in historical outline*, New Delhi: Vikas, 1992; 96.

58. Plath Sylvia. *The death of myth-making* In: Ted Huges ed. *Collected Poems*, London: Faber and Faber, 1981; 104.

59. Mukhopadhyay P K. *The nyaya view of mind*, Seminar, 1994; 415: 28.

60. Jadunath Sinha. *Indian Psychology, Vol 2: emotion and will*, Delhi: Motilal Banarsidass, 1986; 1-27; and, Saraswati Chennakesavan. *Concept of mind in Indian philosophy*, Delhi: Motilal Banarasidass, 1991.

61. Bryan S. Turner. *An introduction to the Sociology of the body*, Colchester: Department of Sociology, University of Essex (mimeo), 1991; 8.

62. Ram Sharan Sharma. *Sudras in ancient India*, Delhi: Motilal Banarasidass, 1980; 9-89.

63. In contrast to the understanding of the caste system which follows, and which is generally reflected in this paper, is the idealistic interpretation, which seeks to clinch the issue broadly for the caste system with the contention that "inspiring ideas are always larger than the historical forms which embody them". Cf S. Radhakrishnan *Eastern religious and western thought*, Delhi: OUP, 1988; 351. A more sociological justification is the one which states that it is precisely the orderly and co-operative nature of the caste system which protected Indian villages (i.e. Hindu economy and society) from the vagaries of political fickleness. See Nirmalkumar Basu *Hindusamajer Gadan*, Calcutta: Visva-Bharati Publication, 1995.

A more materialist preliminary contemporary account of the caste system has been provided by Morton Klass. For an overview, see Satya P Sharma. *A materialist thesis on the origin and continuity of the caste system in South Asia*, *Eastern Anthropologist*, 1983; 36(1): 55-77.

It is also important to recognize that only a general account of dharma in relation to the caste system is being given here. Dharma has got several meanings in the different Schools of Indian thought. See Surendranath Dasgupta. *A history of Indian philosophy, Vol 4: Indian pluralism*, Delhi: Motilal Banarsidas, 1975; 2-11.

64. Romila Thapar. *Ancient Indian social history: Some interpretations*, New Delhi: Orient Longman, 1987; 29-32.

65. For one of the better studies on karma, see Sukumari Bhattacharji *Niyatibaad: Udbhab O bikas*, Calcutta: Campo, 1994.

66. The new philosophy which originated and developed in this period was essentially composed of a number of schools of thought including Buddhism, Jainism, Samkhya, Mimamsa, Nyaya, Vaisheshika, Vedanta and Yoga. These Schools were related to each other in the following manner:-

Adapted from : Satischandra Chatterjee and Dharendra Mohan Datta *An introduction to Indian Philosophy*, Calcutta: University of Calcutta Press, 1984; 7.

The complexities of these Schools set them off from each other to a great degree but almost all of them displayed some basic features which were new to the orthodox Vedic philosophy. They recognised the existence of an objective external world which was subject to certain physical laws more than to 'magico-religious' laws. Furthermore, the Schools believed in the human-perceptual base of epistemology and rejected epistemology's esoteric base. In addition, according to them, man - who was the subject and object of all knowledge and action - was composed of molecular or atomic structures. Thus, it could be said that the new philosophy was essentially material in nature not only because of its awareness of properties of worldly matter and the physical laws operating on and through worldly matter, but also because the individual himself got atomized and the gaze of introspection turned inward into a concrete individual.

It is not that the early Vedic Age philosophy (and psychiatry) did not reveal materialist trends. There are enough allusions to materialist thoughts and practices in the Veda corpus [Cf. Dale Riepe *The naturalistic tradition in Indian thought*, Delhi: Motilal Banarasidass, 1994; 15-32], but the system of materialism gained visibility all of a sudden only in the later Vedic Age.

This perspective on materialism did not, however, mean that it walked lock, stock and barrel into the problems associated with early Indian materialism. Bhattacharyya, for instance, feels that one of the difficulties associated with crude materialism is its collapsing of all phases of subjectivity (i.e. 'bodily', 'psychic' and 'spiritual') into one form, namely, body-subjectivity. Cf. Bhattacharyya Krishnachandra. *The subject as freedom*. In: Gopinath Bhattacharyya ed. *Krishnachandra Bhattacharyya. Studies in Philosophy*, Delhi: Motilal Banarasidass, 1983; 412.

As seen before, the new materialistic philosophy (and thereby, the new psychiatry) did effect a complex internal differentiation of the personality wherein the mind and the atman had a considerable role to play. Hence, it could be contended that the new (i.e. later Vedic) materialism did not enwrap itself with body-subjectivity, thus avoiding one of the main problems of ancient materialism or Lokayata.

It needs to be noticed, however, that some schools (e.g. Vedanta) was not materialist and, thus, did not play much of a role in the development of the psychiatry of this phase of Indian history. For the significant differences between Vedanta and one of the primary (materialist-oriented) Schools which influenced the psychiatry of the times, see Aranya Hariharananda Sankar darshan O samkhya In: Hariharananda Aranya et al eds. *Kapilashramiya Patanjali Jogdarshan*, Calcutta; West Bengal State Book Board, 1988; 707-41.

The Bhagavad-Gita (which may have been formulated in the later Vedic Age) contains valuable psychological insights which could be much helpful in understanding the psychiatry of that period. However, although it was apparently based on Samkhya Yoga philosophy, it has been subject to the most detailed idealist (notably Vedantic) interpretations. On account, therefore, of the hardened conceptual positions on it (i.e strong foreclosures), it falls outside the scope of this introductory paper.

67. The following elucidation of the more materialist philosophy/psychology of mind is based on the excellent work by Amalendu Bagchi. *The Indian definition of mind*. In: Ram Nath Sharma ed. *Indian Psychology*, Meerut: Kedar Nath Ram Nath, 1971; 135-75.

68. Puri B N. *Irrigation and agricultural economy in ancient India*, *Ann Bhandrakar Oriental Res Inst*, 1968; 48-49: 383-90.

69. Sircar D C. *Media of exchange in ancient and medieval India*, *J Ancient Indian Hist*, 1976-77;

10:11.

70. Thapar, 1987; 43-5. Also see R.C. Majumdar et al eds. The history and culture of the Indian people: The age of imperial unity, Bombay: Bharatiya Vidya Bhavan, 1980.

71. Thapar, 1987; 46-7.

72. See Majumdar R C. Ancient India, Delhi: Motilal Banarsidass, 1982; 95-6. Also see Altekar AS. State and government in ancient India, Delhi: Motilal Banarsidass, 1972.

73. Ramesh C Dutt. Civilisation in the Buddhist age: BC 320 to AD 500, Delhi: Low Price, 1993; 3

74. Thapar, 1987; 51-2.

75. Ernst Cassirer The philosophy of the enlightenment, Boston: Beacon, 1951; 37.

76. Basham A L. The wonder that was India, Calcutta: Rupa, 1992; 172, and 348-87.

77. Babasaheb Ambedkar had hinted albeit in a some what different sense - at the relationship between psychology and the processes of the caste system

"This hierarchial organization of the caste system is responsible for producing a social psychology which is note worthy. In the first place it produces a spirit of rivalry among the different castes for dignity. Secondly, it produces an ascending scale of hatred and descending scale of contempt."

Ambedkar Babasaheb. Philosophy of Hinduism In: Vasant Moon ed. Dr. Babasaheb Ambedkar: writings and speeches, Vol. 3, Bombay: Education Department, Government of Maharashtra, 1987; 48.

78. Roy M N; Materialism: An outline of the history of scientific thought, Delhi: Ajanta, 1982; 99.

79. Irfan Habib Caste and money in Indian history, Bombay: University of Bombay Press 1987. Also see Thapar, 1994; 55-6.

80. Kosambi D D. The decline of Buddhism in India In: Kosambi DD. Exasperating essays: Exercises in the dialectical method, New Delhi People's, 1992; 63-6.

81. The new medicine was epitomized in the ayurveda (literally, 'the science of life') which initially was a mere upanga or sub-part of the Atharvaveda (for details of the debate on this issue, see Dasgupta, 1975; 2: 273-84] but which, in this period, got constituted as the central body of knowledge on medicine and psychiatry.

"Thus the fundamental postulates of Ayurveda are: 1) everything in nature takes place according to the laws inherent in nature, 2) though immutable, these laws are nevertheless knowable, and 3) the knowledge of these laws... means ensuring a long life."

Debiprasad Chattopadhyaya, 1979; 183.

This became the focus of the classical medical Schools established around 600 B.C. at Taxila and Kasi. The former was led by Bharadvaja and Atreya, and the latter by Dhanvantri and Susruta. The Taxila School specialized in medicine and the Kasi School in surgery. Caraka (the main exponent of the Taxila School), Susruta and Vaghabhata had formed the vrdda trayi (i.e. medical trinity) of early India. See S.K. Ramachandra Rao. Encyclopaedia of Indian medicine, Vol. 1: Historical perspective, Bombay: Popular Prakashan. 1985.

It has also been argued that ayurveda was not so much a development from the Atharvaveda as an importation from the more developed medical systems and societies which existed in the Himalayan regions from the pre-ayurvedic times. See, for instance, Dwarakanath C. Some significant aspects of the origin and development of medicine in ancient India, Indian J Hist Sci, 1970; 5(1): 1-12.

82. Surendranath Dasgupta Natural science of the ancient Hindus, Delhi: Motilal Banarsidass, 1991;

81-3.

83. Debiprasad Chattopadhyaya, 1979; 50. The writings of Chattopadhyaya adequately bring to awareness the materialistic heritage of the Indian tradition. With regard to early Indian medicine and psychiatry specifically, Chattopadhyaya considers it to be more materialist on the following grounds:- (a) from the medical perspective everything is made of matter; (b) body-matter is but a transformation of natural-matter; and (c) consciousness is also matter, in the sense that the mere presence of sense organs in a substance makes it conscious whilst their absence makes it unconscious. Cf Debiprasad Chattopadhyaya, 1979; 59-79.

84. Debiprasad Chattopadhyaya. In defence of materialism in ancient India: A study in Caravaka / Lokayata, New Delhi: People's, 1989; 108. For an elaboration of the nature of the thrust to science which, in philosophical terms, ancient materialism provided, see Debiprasad Chattopadhyaya. What is living and what is dead in Indian philosophy, New Delhi: People's, 1993; 421-90. For an overall study of ancient materialism, see Debiprasad Chattopadhyaya Lokayata: A study in ancient Indian materialism, New Delhi: People's, 1992. Also see A.L. Basham History and doctrine of Ajivikas: A vanished Indian religion, Delhi: Motilal Banarsidass. 1981.

It would be profitable to note here that recent efforts in Lokayata studies have sought to overcome (in an even manner) the simplicity with which - as Chattopadhyaya had thought - ancient materialism was afflicted. For instance, the Caravaka understanding of pramanas is strong enough to have a value-oriented this-worldly attitude and, at the same time, to make a critique of other theories of pramanas. See Gokhale Pradeep P. The caravaka theory of pramanas: A restatement Philosophy East West, 1993; 43(4): 675-82.

Gokhale's attempt is laudable in the sense Paul Feyerabend, after having given a defence of baseline (i.e. crude) materialism, sees it:- "A common feature of all the arguments [against materialism] is [that] they try to criticize a theory before this theory has been developed in sufficient detail to be able to show its power. And they make established modes of thinking and of expression the basis of this criticism. I have pointed out that the only way of discovering the faults of established modes of thinking is by resolutely trying out a different approach."

Paul K. Feyerabend. Realism, rationalism and scientific method: Philosophical papers, Vol.1, Cambridge: CUP, 1985; 175.

85. It would be of much significance to the history of psychiatry, philosophy and society in ancient India if an attempt is made to study the reverse case, namely, the contribution of ayurveda to the development of the materialist and analytical trends in Indian philosophy and society, and differences between ayurveda-inspired philosophy / society and philosophy-inspired philosophy / society. See Satya Prakash Founders of sciences in ancient India, New Delhi: The Research Institute of Ancient Scientific Studies, 1965; 189-99.

86. Commentary of Cakrapanidatta In: Priyavrat Sharma ed. Caraka-Samhita, Vol.3, Varanasi: Chaukhamba Orientalia, 1981; 369.

87. Dasgupta, 1975; 2: 302-39; and, Pal Madhabendranath. The tridosha theory, Ancient Science of Life, 1991; 10(3): 144-55.

It has been argued that the dosas are not (the Greek) humors because the dosas include both mental and physical processes which humors seemingly do not. Cf. Trimurti Rao Bahadur T.S. A brief account of the history of pathology, Proceedings of the Indian science Congress (26th Session), Lahore, 1939; 234-6.

88. Caraka-Samhita, Vol. 1, 84 (13. 13). In the reading of this samhita, also helpful has been: Priyadarajan Ray and Hirendra Nath Gupta Caraka Samhita: A scientific synopsis, New Delhi: National Institute of Sciences in India. 1965.

89. These three principles were, perhaps a justification of the emphasis on temperance in the socially-sanctioned practices of human desires, done in order to prevent anarchy. For let alone the precedence of the craving for wealth and other desires (which is revealed by a faithful perusal of the conceptualizations and prescriptions of the several religious texts), an excess of dharma and religiosity would easily have led to a form of anarchy where the very existence of society would be threatened.

90. Weiss Mitchell G. Karma and ayurveda, Ancient Science of Life, 1987; 6(3): 132.

91. Dasgupta, 1975; 2: 325-39, especially fn. 2, 334.

92. Caraka-Samhita, 1: 373 (8.88) and 334-40 (7.1-22).

93. Dasgupta, 1975; 2: 366-9.

94. Ibid., 370.

95. Ibid.

96. For instance, if a man born in a cobbler caste had been lax in paying respect to the upper castes, he could follow his dharma and karma by developing a respect for the upper castes, thereby generating a quality, which when practised with enough gravity and regularity would lead to moksa or liberation.

97. Obeyeskere Gananath. The theory and practice of psychological medicine in the ayurvedic tradition, Culture, Medicine & Psychiatry, 1977; 1:157.

98. Cf. Dasgupta, 1975; 2: 367.

99. Cf. Ibid., 371.

100. Cf. Ibid., 396.

101. Cf. Ibid., 401-02.

102. Cf. Ibid., 402-23.

103. In etiology, diagnosis, therapy and rehabilitation, almost all of Caraka overtly or covertly indicates the necessity and virtue of moderation. Indeed, moderation could be said to be the essence of Caraka's understanding of 'the good life'. This emphasis on moderation is set very much against the larger Vedic context in which Caraka was embedded. The Vedas

... coinciding with the natural desire of social intercourse implanted in the human constitution, as the original cause of sympathy with others, require of man to moderate those appetites and regulate those passions, in a manner calculated to preserve the peace and comfort of society, and secure their future happiness... For each person to indulge without restraint all the appetites and passions, would be destructive of the harmony of society, which mankind is naturally desirous to preserve."

Roy Raja Rammohun. The brahmical magazine of the missionary and the brahmun In: Kalidas Nag and Debajyoti Burman eds. The English works of Raja Rammohun Roy, Calcutta: Sadharan Brahma Samaj, 1946; 176.

104. Moderation is taken to be the ideal way of life in the arenas of health and social life. Aristotle's description of moderation (or mean) as excellence well illustrates this Indian point:

"Excellence, then, is a state concerned with choice, lying in a mean relative to us, this being determined by reason and in the way in which the man of practical wisdom would determine it. Now it is a mean between two vices, that which depends on excess and that which depends on defect; and

again it is a mean because the vices respectively fall short of or exceed what is right in both passions and actions, while excellence both finds and chooses that which is intermediate. Hence in respect of its substance and the account which states its essence is a mean, with regard to what is best and right it is an extreme."

Aristotle Nichomachean ethics In: Jonathan Barnes ed. The complete works of Aristotle, Vol.2, Prince-ton: Princeton University Press, 1985:1748.

105. Interestingly, Cakrapanidatta was of the opinion that ayurveda and the Atharvaveda were one and the same because both had the same purpose. Cf. 'Commentary of Cakrapanidatta' in Caraka-Samhita, Vol 3, 262.

106. Caraka-Sambita, 2: 160 (9.4).

107. Ibid., 160 (9.5).

108. Although emphasis here is being made on Caraka, the surgical thinkers had a similar understanding of the endogenous and exogenous sides to mental distress. See Kaviraj Kunjalal Bhishagratna (trans. & ed.) The Sushruta Sambita, Vol. 3, Varanasi: Chaukhamba Sanskrit Series Office, 1963; 373-91.

In the reading of this samhita, also helpful has been:-

Gupta HN, Ray P, Mira Roy Susruta Sambita: A scientific synopsis, New Delhi: Indian National Science Academy. 1980.

109. Caraka-Samhita, Vol.2, pp. 160-61 (9. 8-10).

110. Ibid., 161 (9. 11-12).

111. Ibid., 161 (9.13-14).

112. Kabiraj Nagendra Nath Sen Gupta. The ayurvedic system of medicine, Vol. 1, Delhi: Neeraj, 1984; 236. For all the forms of mental distress described here, see also Unnikrishnan K P. Unmada: Insanity, Indian Journal of Psychiatry, 1964; 6(1): 29-32.

113. For instance, for apasmara, see CarakaSamhita, 2: pp. 172-3 (10.3-13).

114. Nesse Randolph. Sickness can be good for you, The Times higher education Supplement (London) 1995; 18-9.

115. Caraka-Samhita, 2: 161-4 (9. 16-18 and 9. 21).

116. Ibid., 161 (9.16).

117. Ibid., 165-71 (10.24-98).

118. Cf. Murthy A R V, Singh R H. The concept of psychotherapy in ayurveda with special reference to satvavajaya, Ancient Science of Life, 1987; 6 (4): 255-61.

119. Kutumbiah P. Ancient Indian medicine, Bombay: Orient Longmans, 1969; 143.

120. Friedrich Nietzsche. The dawn of day, London: George Allen & Unwin, 1924; 363.

121. Although the vaidya was the main healer, there were other healers too, such as shaila vaidyas (surgeons), bhisakt (physicians), bhisagatharvans (magic doctors), etc. Cf. Kaviraj Kunjalal Bhishagratna. Introduction In: The Sushruta Samhita, Vol.1, 1963; xiii.

122. Whereas the growing materialism and heterodoxies resulted in greater practice oriented discourses with an individual emphasis, much of the new ideological efforts got subsumed under the changed politico-economic interests, and in many cases, reinforced earlier trends which they were aiming to oppose.

123. The Yajurveda, for instance, appeals:

"O physician, the dispeller of ailments, chief amongst the learned, the teacher of the first class science of medicine, the remover of diseases by diagnosing them, the sure banisher of diseases deadly like serpents, with efficacious medicines, preach unto us the laws of health, cast away all drugs, that aggravate the disease, and lower our vitality."

The Yajurveda, p. 187 (16.5).

124. Richard M. Titrnuss. Essays on the welfare state, London: George Allen & Unwin, 1959; 34.

125. An hospital, named Vira - Cola, was established around 1062 A.D. It was run by one physician and one surgeon whose families were involved in the health profession for a long time. These professionals were assisted by two nurses and one assistant. In addition, different types of medicine were stored in the hospital. Cf. Radhakumud Mookerji. Local Government in ancient India, Delhi: Low-price, 1989; 275.

126. Basham A L. Practice of Medicine in Ancient India In: Charles Leslie ed. Asian Medical System: A comparative Study, Berkeley: University of California Press, 1979; 23.

127. The tale of origin of Indian medicine says that 100,000 medical verses were given by Brahma to Prajapati, who passed them to the two divine healing twins - the Asvins - who, again, had passed them to Indra, of whom Bharadwaja and Dhanvantri were direct descendants. For a detailed note on the divine lineage, see Bhisagacarya Girindranath Mukhopadhyaya. History of Indian medicine, Vol.1, New Delhi: Oriental, 1974; 173-88.

128. This account of the vaidya is derived from Basham, 1976; 23-39.

129. Panchanan Tarkaratna ed. Manusamhita, Cal-cutta: Sanskrit Pustak Bhandar, 1983; 295 (10. 45-46).

Debiprasad Chattopadhyaya explains this by stating that the law makers of early India had much contempt for the vaidyas. This was so mainly because the science of the vaidyas went against the scriptural and idealist-oriented learning of the orthodoxy. Cf. Debiprasad Chattopadhyaya, 1979; 220-2. It has been argued, however that the ambasthas and vaidyas were intermixed castes. See Majumdar R C et al. Society In: Majumdar R C. ed. The history of Bengal, Vol.4 1: Hindu period, Dacca: The University of Dacca, Publications, 1943; 590-1.

130. Cf. Banerji R D. Prehistoric, ancient and hindu India, Bombay: Blackie, 1946; 30.

131. Cf. Kangle R P. (trans. & ed.) The Kautilya Arthasastra, Part 2, Bombay: Bombay University Press, 1963; 573-92 (14. 1-4).

132. Foucault, 1980; 80.

133. This was perhaps done by drawing a sacred relationship between power and society:-

"The relation of power to society is... essentially imbued with sacrality, for every society links its own order to an order beyond itself, and, in the case of traditional societies, to the cosmos. Power is sacrality because every society affirms its desire to be eternal and fears a return to chaos as the realization of its own death."

Georges Balandier. Political Anthropology, Harmondsworth: Penguin, 1972; 101.

134. Weber, 1958; 333-4. Also see Beni Prasad Theory of government in ancient India, Allahabad: Central Book Depot, 1968; 335-67
