# In Persuit of Indian Shastric Sources for Community Mental Health

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## Abstract

With the object of providing information about the concepts of Community Mental Health in ancient India, few ancient Hindu texts namely Vedic, Dharmashastric, Ayurvedic and Yogic are briefly reviewed. The application - with modification - of those ancient concepts in modern time is suggested as these thoughts still remain the guiding sources for rural India's social, religious and cultural behaviours.

Key words -
**Vedas,**
**Dharmashastras,**
**Ayurveda,**
**Community mental health**

Ancient Indian treatises, otherwise called 'Shastras' have been the fountain head of pragmatic thinking including that of community mental health. These thoughts, in the absence of experimental verification, no doubt, remained unexplored; they have always been the guiding source for India's social, religious and cultural behaviours.

The potential for using some of these thoughts in the management of mental health problems intrigued researchers and clinicians, because of their reported success in controlling of behaviour and the manipulation of milieu. For example, Dhyana or cognitive control [1] Asana and Pranayama or physical and psychophysiological practices of yogic tradition [2] and several psychotropic drugs of Ayurveda [3] have been able to achieve the same results (psycho-physiological parametric changes) that are claimed by modern therapies. But a large amount of this literature is still not utilised in their proper perspective. The analysis, explanation and interpretation of some of the systems on community mental health available in Dharamashastras, (Hindu code of conduct); in Smriti's (Hindu constitution of social laws) and in medical and yogic texts are awaiting their publication. It has been in this spirit that this paper has been ventured.

## Community Mental Health: An Ideal View of Life

The term 'Community Mental Health' refers to the movement towards helping a larger number of people restoring appropriate social and interpersonal functioning which departs from one to one 'patient-doctor' clinical setting and to the efforts designed to prevent mental illness [4]. Here, obviously the focus is on the 'mental health of a community' - a particular group of people who are ethnically, religiously or socially governed by almost the same set of norms. Therefore, norms and trends - abstract cognitive entities - in their mental health context denote community as a non-territorial

"Psychological oneness" of a group and not as a territorial bound human groups as usually misunderstood. And a field of knowledge that deals with the laws of psychological oneness (through prevention of illness, treatment and promotion of mental health) is or can be called Community Mental Health. Reflections on such aims leads, naturally, to the consideration of the question of ideal life and thus, Community Mental Health is nothing but an ideal view of life.

# Community Mental Health in Vedic Texts

The official recognition of community mental health may be new as Karno & Schwartz [5] claim that it is a third revolutionary development in the field of psychiatry, the aim of which is "to alter the ways in which society promotes the mental health of all its citizens and responds to mental illness in some of them", but each society in all times, creates, with deliberate intent, some or other means to alleviate mental health problems and restores happiness in its community. Recorded history of human race clearly shows that even before the advent of any formal system of medicine, people had developed concepts about mental illness and their possible ways of management.

In ancient India, for example, mental illness- like any other physical illness - was attributed to mechanisations of enemy, malicious influence of spirits - demons, angels and departed souls. Atharva Veda - the first text in psychiatry in India - describes 20 mental illness. Yatudhana or disorders due to sorcery and witchcraft; Rakshagraha or possession, Unmada or insanity, Grahi or hysteria, Manaspapa or schizophrenia (paranoid), Gandharva/Apsra or sex-disorder are some of them [6]. Interestingly, all these disease and their therapies mentioned are community oriented. In other words, the involvement of community either in inducing illness or remedying it was considered as an usual phenomenon. The earliest mode of therapy available in Rig Veda and Atharva Veda was to perform Yajna - a specific rite observed by whole community. The following techniques were used in performing Yajna.
1) Upasana or devotional worship.
2) Namaskara or bowing down in reverence.
3) Vandana or acknowledging the greatness of God.
4) Seva or social service and
5) Archana or offering gifts etc to God [7].

# Community Mental Health in Dharmashastras

But as time passed, new concepts emerged in the field of community mental health. The same vedic rites and rituals were systematised and rules and regulations for personal and social hygiene were laid down in the post vedic religious texts called Dharmashastras. This literature is very vast as it includes
(i) Dharmasutras or aphorisms on code of conducts written by Gautama, Apastamba, Baudhayan, Hiranyakshi etc;
(ii) Smritis or books on codes of conduct written by Manu, Yajnavalkya etc.
(iii) Srout Kalpa or books on ceremonial rules and
(iv) Grahyasutras or books on house holding of Gobhil, Katyayan etc. This great body of literature

studied the human behaviour in detail for the purpose of obtaining health, wealth and spiritual knowledge (Abhyudaya and Nishsreyas).

The content of Dharashastras may generally be grouped into 4 subjects, namely

(A) Achara or rules of conduct

(B) Prayashchitta or rules related to nature of sin and the methods of their expiation.

(C) Vyavahara or rules related to social and community behaviour and

(D) Rajadharma or politics [8]. I prefer to call them as systems for community mental health, as structure and functioning of vedic community was based on them which survived for ages together. A few words will suffice to describe how these helped in restoring community mental health.

## (A)Achara or rules of conduct Dharmashastras

recgonised two kinds of Acharas i.e. simple and complex. Under the first category, 5 principal daily duties for everybody are prescribed. They are

(i) Brahmayagna or reading sacred text every day,

(ii) Pitrayajna or offering water to dead ancestors, pronouncing their names,

(iii) Devayajna or idol worship,

(iv) Bhutayajna or offering food to other creatures and,

(v) Manushayajna or honouring guests. Complex Acharas were those performed on certain occasions for the well being of the community . Darsh Poornamasya or full moon day rite Ashwamedha Yajnas or horse sacrifice rite are examples of it.

On individual level, 16 Samskaras were introduced [9]. These Samskara cover the whole span of life and even after life. The whole life's behaviour of an individual was ritualised. For the present topic, I want to discuss a few Samskaras with special reference to their application in mental health profession. Garbhadham or the first pre-natal rite - was observed when the pair were prepared for cohabitation. Here, the man approaches wife with a definite purpose of procreating child in a definite manner calculated to produce the best possible progency and with the religious serenity. The rite was thus, connected with sex-hygiene and eugenics on one hand and psychological support to the lady on the other. Similarly, Vivaha or marriage-rite used to regulate a number of sexual and social problems by laying down definite rules on the types and forms of the marriage. It prepares the bride to accept the new environment as the ritual breaks the inhibitions. Further, it creates an atmosphere for the girl to be accepted in her in-laws house. Anxiety and tension - which are anticipated by the bride are relieved through this system.

Anteshti or death ritual is another psychological means to avoid a certain type of trauma caused by death at home. In this ritual, dead body is garlanded and new clothes are laid upon it. On the thirteenth day, the whole community is fed, psycologically speaking, this ritual is some sort of cultural defence - i.e denial and keeping it out of one's awareness.

## (B)System of Prayaschitta or expiatory rites.

If a person does not perform his obligatory duties and/or his actions are directed by sexual urge, anger and greed, he commits sin and develops a sense of guilt that ultimately leads to mental problems. So, the removal of sin and guilt is essential for a person aspiring for positive mental health - say Dharamshastras [10]. In that case, expiatory rites are to be observed which include self-physical torture i.e fasting, and paying fine in form of mass feeding or gift. It is a kind of penance the sinner has to undergo for the purification of his mind and body and re-integrate himself into the social order.

Psychologically speaking, the system of Prayaschitta is a form of social support as well as abreaction.

(C)**Vyavahara or social behaviour.**

The Dharmashastras also provide special guidelines and instructions regarding social, religious and cultural life of an individual in terms of his Varna (mental quality) and Asrama (stage of growth) [11].

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# Indian Traditional Medicine and Community Mental Health

In parallel to the above mentioned socio-religious systems, traditional systems of medicine also developed in India at the same time. Influenced by the then prevailing cultural thoughts, the exponents of these systems viz. Ayurveda and Siddha provided a complex and rational theoretical basis for health and illness. Their approach to medical science was ethno-medical in nature as they believed that illness- psychiatric or other - is a cultural construction of reality. Therefore, they gave more importance to the prophylactic measures, i.e. maintenance of perfect bodily and psychic health through community support. Disease according to Ayurveda, for example, is due to deficient, excessive or perverted use and incidence of senses and mind, in community, which further causes imbalance in inner physical constituents known as Dhatu i.e blood, bone, marrow, etc. leading to illness [12]. The methods of treatment, therefore should be community based only. Ayurveda has generally classified mental therapy into three groups:

(1) Divine therapy (Daiva Vyapasraya)

(2) Rational therapy (Yuktivyapasraya) and

(3) Psychotherapy (Sattvajaya) [13].

Divine therapy consists of

(A) Mantra (chanting of words),

(B) Mani (the touch of precious stone),

(C) Mangala (benediction),

(D) Bali (self denial/sacrifice),

(E) Upahara (greetings),

(F) Homa (fire sacrifice),

(G) Niyama (observance),

(H) Prayashchitta (atonement),

(I) Upavasa (fasting),

(J) Pranipata (submission),

(K) Aushadha (drug) and

(L) Yatragaman (pilgrimage)

Rational therapy (Yukti Vyapasraya) includes: Five karmas namely - cleaning nasal passage (Nasya), vomitting (Vaman), purgation (Virechana), enema (Nirodha Basti) and taking ghee etc. (Anuvasan vasti), oil massage, bath, special diets and herbal drugs.

A number of metals and minerals have also been incorporated in Ayurvedic Pharmacopoeias. There are quite a number of herbs which are used for the treatment of mental illness. These herbs are classified as follows:

(A)**Brain tonics (Medhma):**

The herbs suggested for this are: Shankhapushpi (convoluulus mycrophyllus) Mandookparni (Centalla asiastica) and Brahmi (Bacopa monnieri).

**(B)Depressive herbs (Madakari):**

These are herbs which produce calmness by inducing depression - Cannabis in a very little quantity is suggested for tranquillity.

**(C)Resuscitative herbs (Sanjna Sthapaka):**

Thses herbs help in bringing back consciousness. These include Jatamansi (Nardostachys Brathini or Bacopamonnier).

**(D)Analgesic herbs (Vedana Sthapaka):**

Suchi (Balladonna and Aconite) and pepper are prescribed as pain killer herbs.

**(E)Spinal stimulant herbs (Uttejaka):**

Some other herbs like Kupilu (seed of strychonous nuxvomica) etc are used for treating sex disorders.

**(F)Anti-convulsant (Akshepa):**

If patient is having convulsions, opium, Belladona and camphor have been found prescribed in Ayurvedic texts [14].

In psychotherapy, Ayurveda has many psychological ways like intimidation, gifts, exhilaration, pacification, frightening and astonishing the patient. Thus, we find that all the three of the therapies are community oriented [15].

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# Yoga and Other Philosophical Schools

Yoga - the best Indian therapy for mental illness, though is the science of personal growth of an individual, its techniques mentioned in the texts can be very much used in mental health profession. For example, Patanjali in his Yoga sutra described life stresses as the cause for mental illness, and this is due to Avidya or ignorance on the part of individual because he develops egoity (Asmita) attachment (Raga) and aversion (Dwesha) in his community and feels insecure (Abhinivesha). The right way to get rid of this insecurity and emotional imbalance is to have a good conduct in community. For this purpose, Patanjali had chalked out the scheme of eight path of which the Yama and Niyamas (mechanism for behavioural control in community) are the pre-requisites. Right living and right thinking constitutes the body of Yama and Niyamas. Asana or posture, Pranayama or deep breathing exercises, Pratyahara or withdrawing organs from their sense objects, Dharana or concentration Dhyana or meditation and Samadhi or contemplation can bring about the changes toward right perception and healthy living [16].

Very close to the yogic eightfold discipline, Poorva mimansa and Uttar mimansa (Vedanta) offer us the way of keeping good mental health in community. The avowed aim of the mimansa school is to understand the nature of Dharma or duty so that if a person regulated his actions according to it, he would be happy in community. Vedanta prescribed endeavour (Achara darshan) moral wealth of control over the senses and mind (Niyamas) right knowledge (Adhigama) and taking refuge in God (Prapatti) for community mental health [17].

## Present Scene

During the past four decades, there has been a continuous dominance of western theories and concepts including the medical over the Indian thought and development of any indigenous methods, techniques or tools. This is a great challenge to Indian professionals. However, if the number of treatment centres are any indication, the ancient Indian science of medicinal herbs and plants is the most popular alternative cure after homeopathy. According to estimates available in 1983-84, there were almost 2,40,000 Ayurvedic registered practitioners, 12,000 dispensaries, 1,452 Ayurvedic hospitals and 100 postgraduate colleges teaching Ayurveda in our country [18]. Also, there are many centres of naturopathy and yoga - systems of drugless healing through nature cure and yogic Asanas (exercises), Pranayama (deep breathing exercises) and Dhyana (meditation). Thus, despite the rapid cultural change brought on by India's recent technological development and western medical education, it does not prevent us from appreciating Ancient Indian System of medical science and its relation to current knowledge.

## Future Directions

There are 4 directions that I understand clinically oriented research in Community Mental Health could profitably pursue. First, I believe we need to look more carefully at the context of Indian spiritualism. In particular, this would involve an understanding of individual expectations in learning spiritualism - i.e, Hindu spiritualism, for instance, have a series of preparations that must be made available to the individual who is ready for spiritual practice. These preparations range from the highly structured and complex - changing dietary habits, observing very strict moral and ethical rules, cultivating positive feelings and decreasing negative feelings like selfishness and greed - to much less complex preparatory lectures and instructional training which include: conducting prayers in community halls, starting camps on meditation and other techniques of Yoga, orientation classes in schools and colleges on spiritual values of life, inculcating altrustic spirit in youth camps and few more...

Second, for the middle aged and aged persons, principles of naturopathy should be adopted and adjusted on religious lines. For example: Fasting (Vratasa and Upavasa), walking to temple or piligrimage (Teerthatan), bathing in sacred rivers, penance (Tapas), and many more rituals can be used as psychotherapeutic tools for the maintenance of Community Mental Health and prevention of mental disorders.

Thirdly, Ayurvedic methods of treatment should be introduced in all PHCs. The traditional healer who has a deep knowledge of his people and their culture and enjoys the high degree of confidence from his clients, should also be allowed in the medical team for his pastoral services and lastly, the general promotion of mental health of community should be achieved through the interruption of the psychopathogenic trains of events by eliminating stress which lead to disaster. To elaborate: if people are taught to recognize their thoughts, feelings and anxiety, if they can develop greater tolerance of frustration and stress (through the teachings of Vedanta, theory of Karma, rebirth etc.), if they can be given skills in how to control their thoughts and relax more easily (through Yoga, Bhajana and Harikatha) then, these Shastric injunctions will contribute towards the prevention of at least some of

the common psychological disorders.

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