PSYCHOPATHOLOGY IN THE EARLY AURVEDIC TEXTS*
(With Special reference to unmada)

by

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Abstract: - The medical texts by Caraka and Susruta describe the symptoms, etiology, theory, treatment and prognosis of four types of mental disorders—unmada, bhutonmada, apasmara, and murcha. The present discussion is restricted to unmada—its theory, treatment and prognosis with an indication of the scope of analysis with reference to the Western psychiatric nosology.

There are four disease categories discussed by Caraka and Susruta which may be viewed as types of mental disorder. (1) Unmada signifies insanity and madness. As technical term it denotes psychosis. Mada is used to characterize a less severe disorder which may occur at a preliminary stage of unmada, but in many contexts it merely denotes alcoholic intoxication. (2) Bhutonmada is a psychotic condition caused by the assault of a spirit or demon. (3) Apasmara refers to a range of disorder from simple memory loss to epilepsy and organic psychoses caused by systemic infections, such as malaria. (4) Murcha is a condition characterized mainly by sudden and frequent loss of consciousness, often accompanied by other mental symptoms.

The medical texts describe the symptoms, etiology, theory, treatment, and prognosis for each of these disorders, but the following discussion will be restricted to unmada.

The Susruta Samhita analyses unmada in terms of six sub types: one for each of the three bodily elements in their pathogenic state acting singly and a fourth for their combined action. These are the dosas; vata, pitta, and kapha. Anxiety and mental stress cause the fifth sub type and sixth is caused by visa (poison).

In all types of unmada there is characteristic impairment of buddhi the faculty of intellect-judgement and smrī-memory (Car. 6 9 7-7; Su6. 62, 4). There is an uncontrollable, restless agitation if manas (the mind) and emotional responses may be inappropriate or distorted. The patient loses all sense of morality, pleasure and pain. Inappropriate speech, delirium and uneasiness, rolling of the eyes, despondency, and a feeling of emptiness in the heart are also symptomatic.

Premonitory symptoms which may signal an attack of unmada include ringing of the ears, fit of unconsciousness, agitated states, of

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mind, aversion, to food, emaciation, and certain kinds of dreams, such as ‘eating filthy things’. Excessive energetic activity and heart palpitations also indicate the imminence of an attack.

More specific clinical descriptions are elucidated for each of the six subtypes: With Vata unmada, (pathogenic) Vataj (psychosis) (Car. 6,9,10; Su. 6,62, 5) the patient laughs without reason, shouts, and wanders about. He may read while clapping his hands, sing and dance at inappropriate times cry without cause, foam from the mouth, and walk about constantly. He might also adorn himself with unsuitable things, become shaggy in appearance and use harsh language. His limbs may jesticulate wildly, his breathing becomes labored, joints experience a throbbing, and his skin may become dry, rough and dark red. The patient becomes emaciated, but when he does eat, he is stronger.

From pittaja Unmada, pathogenic pitta psychosis (Car. 6. 9. 12: Su. 6. 62. 5) the patient assumes a posture of anger and hostility in his relationships with others, and he lacks self-control. He has a predilection for nudity dense shade, bathing, and food and water. His body becomes yellow and he is hot; he suffers a burning sensation, thirst, perspiration, insomnia and hallucinations, which may take the form of an imaginary fire in cold water or stars in the sky during the day time. His appetite is greatly increased.

From unmada, pathogenic kaphaja psychosis (Car. 6.9.14: Su. 6.62. 6) there is a loss of appetite which may be accompanied by vomiting and slobbering Characteristically, the patient’s speech and actions become lethargic he spends much of his time sleeping and has decreased interest in sex. The body nails, and face become pallid, and he is fond of warm things. This disease is aggravated at night, but as in the case of vata; he is stronger after eating.

Sannipatika unmada, compound psychosis results from a combination of the dosas. The symptoms of all the above may be present which makes this a particularly severe subtype.

Soka unmada psychosis caused by grief (Su. 6.62.9.) is characterized by melancholia, unintentional weeping, lamenting and other symptoms of depression. The patient’s speech may be incoherent and he may laugh, sing, or cry without apparent cause.

The symptoms of Visa Unmada, psychosis caused by poison (Su. 6. 62. 10), include weakness and feeling faint. He becomes emaciated, and his eyes are red. The face and body become yellow and blue. The patient suffers depression and may remain in one position always looking downward or upward.

Etiology

Unmada is attributed to the following factors; prohibited, spoiled or unclean food; poison, trying to do the impossible, excessive, grief and sorrow, and the attack of gods, Brahmins, and gurus. Great fear or joy may precede the on break of confusion in a stricken mind (Car. 6. 9. 4. Wise, 279). Caraka associates agantu unmada- exogenously based psychosis attributable to
demonic assault—vows, promises, and activities in a previous (karma) (Car6. 9. 16).

Vataja unmada appears to be related to an undernourished condition. Foods which are dry, cold, or of insufficient quantity are cited, as well as strong purgatives and fasting.

Pittaja unmada is caused by foods which are indigestible, bitter sour, or hot: and a delirious person (anatman) is particularly susceptible to this disorder.

Kapha unmada is due to an excessive accumulation of pathogenic phlegm in the vital organ (i.e. the heart, hrdaya) of an individual whose activities have been slowed by fullness in the stomach, sampurna, possibly a result of over-eating or more likely a digestive disturbance.

Soka unmada may result from the loss of such things as wealth or property friends, a beloved wife, or the love of a particular woman. Another factor cited as a cause is fright from a robber tyrannical government official.

**Theory of Unmada**

At one point in a previous Chapter Caraka repeated a puranic myth which states that unmada first arose as a result of the fear, alarm, and grief during the destruction of the sacrifice of Daksa (Car. 2.8.11; see also Dikshitar. Vol. 2. pp.58-60). Unmada is primarily a disease of manas, the mind organ, which may occur when one or more of the three bodily elements becomes deranged. The pathogenic dosa first affect buddhi and smrti which are located in the heart, and then travels to manas through the srota—which may be viewed as a functional circulatory or nervous system, or possible some sort of hybrid combination of nerves and blood vessels. Upon reaching manas it causes one’s thought processes to become confused (Car. 6.9.5: Su. 6. 62. 2)

**Treatment of Unmada**

For all forms of unmada, the physician is to first attempt to restore peace of mind. Purificatory procedures including a variety of purgatives enemta, emetics, errhines, and sudorific ointments are recommended. Caraka advises that a patient’s body be cleaned anointed with mustard oil, and that he eat ghee for some days followed with purgative emetics, and errhines. Caraka 16. 9. 28 states:

By means of emetics and the rest the deart sense organs, head, and visceara are thoroughly cleansed; the mind (the patient) regains his memory function.

Purgatives are not as freely prescribed for vata unmada as they are for pittaja and kaphaja, though mild forms are to be used when necessary. Light food such as barley and kanji water, a sour gruel, are also suggested.

For the first three sub types, which are associated with the pathogenic accumulation of one of the three bodily elements, therapeutic procedures to specifically counteract that dosa were employed. For example, pitta is hot and sour while melted butter is cold and sweet; therefore ghee has
negative action on pitta. Cooling foods and beverages and specific decoctions of ghee are also recommended for the pittaja subtype. In treating soka unmada the cause of grief should first be removed, and for visa unmada those sections of the medical texts devoted exclusively to poison should be consulted.

Generally, diet and the medicinal use of flora and fauna are emphasized for all the subtypes. Caraka, Susruta Bower Manuscript and many other texts describe a variety of interesting preparations which are primarily decoctions of herbs oils, and ghee (Car 6. 9. 32-79; Su 6. 62 11-14; Bower 2. 101. 123, 142, 285, 333, 341, 729). The following is an example of caraka outlining the preparation of garlic ghee:

A medicated ghee should be prepared of 400 tolas of garlic, 30 fruits of chebulic myrobalan, 4 tolas of three spices and 64 tolas of the ashes of cowhide in 512 tolas of cow’s milk and urine and 64 tolas of old ghee. When cold it should be mixed with 4 tolas of asafoetide and 64 tolas of honey and used.

This ghee results in a quick cure in cases of insanity due to internal and external causes, irregular fevers and epilepsy, when used as a potion, inunction or nasal medication (Car 6. 9. 49- 51, Gulabkunurvba trans., Vol 5 pp. 613 – 4)

Susruta also recommends blood-letting from the chest, outer corner of the eyes and forehead (Su. 6. 62. 15), Blood-letting from the temple is recommended by Caraka for cases of pitta unmada (Car. 6. 9. 75), general fever (jvara) and apasmara. Caraka also suggests contingency measures for difficult cases:

If even after purification, the disorganized behavior persists,
strong nasal and eye medications, flagellation and giving shock to his mind, intellect, and body are advised.

If the patient continues to behave in an irresponsible manner, then he should be made gentle by soft but strong bandages and put into a dark room free from metallic and wooden articles (lest he should harm himself with these). Intimidation, terrorization, coaxing, exhilaration, pacification, frightening and astonishing – these being causative of forgetfulness – serve to reclaim the mind to normality from its insane fixation (Car. 6/9. 29-31, Gulabkunurvba trans. 5p. 612: see also Car, 6-9-80-84).

Thus, we find a rationale for pre-electric “shock therapy” in the Caraka Samhita. Other drastic measures which may be resorted to when the medicinal preparations fail include procedures similar to those mentioned above by Susruta (Ibid.): Curious and wonderful exhibitions are made before the patient. Servants of the kind might take him into the open air and threaten him with death. He might be beaten, frightened by the alarm of robbers, thrown into a well without water and left to remain hungry there, tied with his face upward in the sun, branded with glowing iron, scalded with boiling oil or water or chastised and lashed and thrown in to a grove, or left in a dark empty place and frightened with serpents whose poison tooth has been extracted or by tamed lions or elephants.

Although it is difficult to determine just how wide spread such procedures actually were, the contemporary practice of Ayurveda continues to employ at least some of them, including branding with a red-hot ceramic rod to restore consciousness to the present time and place in severe cases of unmada (R. Svopoda). The overall emphasis of the therapy, however, may have been more humane than some of the above would suggest patients were to be “cheered” with friendly talk and treated with kindness and consideration whenever possible.

Ayurvedic therapeutics also considers astrological signs, the season of the location of the patient’s residence, his age, cooperation, and his individual strength and weaknesses in addition to the character of the problem (Car. 6. 9. 87). Caraka advises certain ritualistic procedures, which are most efficacious for cases involving demonic assault. Sacrificial rites the use of magic herbs and talismans, truth-telling, and propitiation of gods, cows, Brahmins, and gurus are suggested (Car. 6-9-93-94) worship of Rudra and Isvara results in freedom from the fear of insanity (Car. 6-9-91-92). The Adharva Veda hymn 6. III shows that similar practices can be traced to an earlier period (Weiss, April 1975, P 3).

Prognosis

In a discussion of diagnosis in a preceding section of his text, Caraka optimistically stated that:

The physician who is expert in the differential diagnosis of all diseases and possesses the thorough pharmacological
knowledge cures all diseases and is never confused (Car. 2. 9. 15 Gulabkunverba Vol 5 p 274).

This optimism notwithstanding various fatal signs for unmada are enumerated. When the patient stares at the ground or sky, becomes thin or emaciated, is unable to sleep, and becomes so courageous he will throw himself from a height, the he will die (jolly. P. 179). Other fatal signs include reverie, weariness, inopportune excitement, delusion, indifference to things, and loss of strength. One who detests food and has lost his wits will die by a violent attack of unmada. Violent, fatal unmada is also the prognosis for one who dance in his dreams with crowds of demons and drowns in water. When extreme irritability great terror or sudden smiles, frequent fainting, and great thirst are all present in the same case, the prognosis is also fatal (Car. 5 5. 18-21).

Sannipatika unmada is the most difficult subtype to cure, although Susruta states that it may occasionally be successfully treated (Su. 6. 62. 8).

Caraka offers a regimen for the maintenance of mental health. He who avoids meat and intoxicating beverage, who has wholesome desires, and who is pious and undefiled this pure one does not contact unmada, neither the exogenous (nija) nor the endogenous (agantu) variety (Car. 6. 9. 96).

One who has been cured of Unmada is said to be at peace with the material world as well as buddhi, atman and manas. His bodily elements have been restored to the normal healthy condition (Car. 6. 9. 97) And his memory is restored (Car. 6. 9. 28).

Concluding Remark

As I conclude I would like to note that each of the subtypes of unmada which have been discussed here as well as the subtypes delineated in the texts for the other broad catagories of mental disorder-bhntonmanda, apasmara and murcha - - are all subject to analysis with reference to the Western psychiatric nosology (Weiss, March 1976), but that is beyond the scope of the present communication.

REFERENCES


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