

Memoirs of Vaidyas

The Lives and Practices of Traditional Medical Doctors in Kerala, India (5)*

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Abstract

This article presents an English translation of interview with a doctor of traditional Indian medicine (*Āyurveda*), Nṛ*** Nampūtiri (1945~2006) in Kerala, India. The interviewee's specialized field is traditional psychiatry (*bhūtavidyā*) in *Āyurveda*. The contents of the interview are: 1. Background and History of the Family; 2. The Four limbs of Treatment and the Society; 3. Textual Tradition; 4. Diagnosis and Treatment of Mental Diseases; 5. 'Wandering Lunatics'; 6. The body and the Mind; 7. Understanding of the Mind.

Key words

Ayurveda, Traditional Indian Medicine, Psychiatry, Kerala

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Introduction

In this article, we present an English translation of one of our interviews of traditional Indian physicians in Kerala. The interviewee, Nī*** Nampūtiri (1945~2006), is a doctor of psychiatry, as it is practiced in traditional Indian medicine (*Āyurveda*).¹ We have made every attempt to prepare a literal translation of the interview, remaining as close to the original as possible. But, in order to promote better understanding, we have organized the stories that emerged in during the interview by topic and provide detailed explanations in the footnotes. The names of people and place names are shown by initial letters followed by asterisks to protect their privacy. This interview was conducted as one of the activities of the Indo-Japanese research project, PADAM (Program for Archiving and Documenting Āyurvedic Medicine) directed by the authors (Yamashita and Manohar) and supported by Japan Society for the Promotion of Science (JSPS) and Mishima Kaiun Memorial Foundation, Japan.

Data of the interview

Date: 20th September 2002

Place: the interviewee's residence in Kerala, India

Interviewee: Nī*** Nampūtiri (1945~2006), Psychiatrist of *Āyurveda*

Interviewer: P. Ram Manohar

Video-record: PADAM VT, G025, about 50 minutes

Original Language: English and Malayalam

Additional Interview (for confirming the contents, not directly recorded in this article)

Date: 20th January 2007

Interviewees: Na*** Nampūtiri (Nī*** Nampūtiri's younger brother) and Sa*** Kumār (Nī*** Nampūtiri's son)

Place: Nī*** Nampūtiri's former residence in Kerala, India

Interviewers: Tsutomu Yamashita and Madhu K. Parameswaran

Translator: P. Ram Manohar

Editor: Tsutomu Yamashita

Editor of the English version: Anthony Cerulli

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¹For psychiatry in traditional Indian medicine (*Āyurveda*), see Meulenbeld [1997].

Editor's note

[] : Supplementary explanation by editor

() : Paraphrase of the previous word by editor

Abbreviations

AHS: Aṣṭāṅgahṛdayasaṃhitā

AS: Aṣṭāṅgasamgraha

BhS: Bhelasamhitā

Ci: Cikitsāsthāna or Cikitsitasthāna

CS: Carakasamhitā

Mal.: Malayalam

Ni: Nidānasthāna

Śā: Śārīrasthāna

Skt.: Sanskrit

SS: Suśrutasaṃhitā

Sū: Sūtrasthāna

Utt: Uttarasthāna or Uttarantra

Vi: Vimānasthāna

Interview with Nī* Nampūtiri****1. Background and History of the Family**

[Originally in English]

— Can you briefly explain the origin of your tradition and the background in which you learnt this tradition from your forefathers?

We don't know exactly when [our tradition of] the treatment started. Actually, since time immemorial, the treatment has been here. And some mythology is connected with our tradition, about Naranath Bhranthan (Nārāṇattu Bhrāntan or eccentric Naranath). I don't know exactly how it is connected. Even then it is said that there is some connection with Naranath Bhranthan, or his lore or something like that.²

²Naranath Bhranthan (Nārāṇattu Bhrāntan or eccentric Naranath) is a character of folklore in Kerala. He is assumed to be one of the twelve children of a legendary figure, Vararuci and famous for his eccentricities. Koṭṭārattil Śaṅkuṇṇi's famous legendary stories in Malayalam, the *Aitihyamāla* or *Garland of Legends*, introduces Naranath Bhranthan as follows: "Though an eccentric, Naranathu Bhranthan, another son of Vararuchi was divine in

— Legend?

Yes, maybe, like that. Actually here, we do only Āyurvedic treatment.

— Now, this Naranath Bhranthan, is there a name associated with him?

Actually our *mana* (Mal.),³ it is Poonkudil Naranamangalath (Pūṅkuṭil Nārāṇamaṅgalattū) *mana*.

— So, [the name of] Naranamangalath refers to Naranath Bhranthan?

Maybe, Naranamangalam is connected. Some Naranamangalam is mentioned there. Even then, centuries ago, our ancestors were residing in an ancestral house (*taravāṭṭi* Mal.) and there was a partition. We got [a separated segment]. It is our [segment's] duty to treat [patients]. And the duty of the other [segment of] the ancestral family, is to perform ritualistic activities (*tāntrikam* Mal.), something connected with worships (*pūjā* Skt.) and other things.

— So, it (your ancestral family) was divided into two segments (ritualistic segment and medical segment)?

Yes, divided into two segments.

his own right. He had his own and very unique ideology about life and worldly activities. His main hobby was to roll big stones up a hill and then leave them free to roll down. He might have wanted to teach the world some valuable lesson about human life. He lived the life of a vagabond and earned his living by way of alms. It was his habit to make a hearth wherever he reached in the evening, cook some gruel, have it and sleep on the same spot. At day break he would again be back to his game of rolling stones. In the afternoon he would go begging. At dusk as usual he would settle down wherever he had reached. ... ” (Translated by Sreekumari Ramachandran in Sankunni [2010], Vol. I. p.50); A. Sreedhara Menon gave an account of Naranath Bhranthan as follows: “Another famous character who figures in a similar tradition is Naranath Bhrandan (the eccentric Naranath). His main pastime was to roll heavy stones up to the top of the hill and then roll them down in order to emphasise the simple truth that it is not easy for men to reach the top but not at all difficult to lose the position.” in Menon [1979] p.141.

³The Malayalam word *mana* literally means ‘house’, and it refers especially to the traditional houses of Nampūtiri Brāhmins and their patrilineal descent groups.

— One [segment works] for ritualistic worship (*pūjā*) and the other [segment] for medical treatment?

Ritualistic worship and medical treatment. Yes, and from there (ritualistic segment) again, one more segment has come. That is for ceremony (Chattirangam or Cāttiraṅgam Mal.; Śāstrāṅga Skt.) and all that, they are known as Kallil Naranamangalam (Kallil Nārāṅamaṅgalam).

And hereditarily, we (medical segment) have got some medicines. We trust in our medicines and our deities with the blessings of our deities.

— So it is a combination of ...

Actually, whatever be the medicines and the blessings of the deities, that is the most important thing. And the medicines, we prepare. We have our own medicines. We can't have the medicines from outside. Our medicines and the blessings of our deities. And we think apart from [the view of] academic *Āyurveda*. You know that insanity (*unmāda* Skt.) is divided into six [types, namely that caused by] *vāta*, *pitta*, *kapha* ... *āgantū* and poison (*viṣa*).⁴ And even in modern medicine, it has its own divisions, but we think about [insanity] separately from such academic views. We can say from a layman's view, a person who is deviated from the reality of life, we don't know the exact reason, due to known or unknown reasons, one person is deviated from the reality of life. Then, we can say that is mental illness. To bring back to the real track or to the reality of life, that is psychiatry. This is a layman's view. We don't know, sometimes due to known or [sometimes due to] unknown [reason]. Sometimes the unknown things will be known in the future. But even then, the unknown [reason] will be there. So, due to known or unknown [reason], one person is deviated from the reality of life. That is abnormality. That is mental illness. To bring back to the real track, it is our view (aim), it is my own view (aim). Don't think this is [our] family's (*illam* Mal.) view. So, for any mental disease, whatever it may

⁴ *Unmāda* (insanity) is classified into six types, namely, *unmāda* caused by each individual *doṣa* (*ekaika doṣa*), all *doṣas* (*sama doṣa*), mental suffering (*mānasa duḥkha*) and poison (*viṣa*) in SS Utt 62.4-5ab; *unmāda* caused by each three *doṣa* (*prthagdoṣa*), accumulated three *doṣas* (*nicaya doṣa*), mental affliction (*ādhi*) and poison (*viṣa*) in AHS Utt 6.1; *unmāda* caused by each *doṣa* (*vāta*, *pitta* and *kapha*), all *doṣas* (*saṃnipāta*), mental affliction (*ādhi*) and poison (*viṣa*) in AS Utt 9.2. However, CS Ni 7.3 and CS Ci 9.8 divide insanity into five types, namely, *unmāda* caused by each *doṣa* (*vāta*, *pitta* and *kapha*), all *doṣas* (*saṃnipāta*) and exogenous factors (*āgantū*).

be, love, affection and the medicine; proper diagnosis, treatment and love, that is the remedy.

I think there will be no vaccination or something for immunity; there will be nothing [like them] in the future also. It cannot be done. No vaccination will be there to prevent mental illness. Similarly, there will be no drops or something like that. Like polio, there will be no drops to prevent such a mental illness.

2.The Four Limbs of Treatment and the Society

— You were mentioning last time that the four limbs (*catuṣpāda* Skt.) of treatment⁵ for mental diseases are different [from those for physical diseases].

Yes, the four limbs (*catuṣpāda*) [of treatment]. Here, according to the Āyurvedic treatises (*śāstra* Skt.), the patient himself must be able to obey the rules; the physician must be so careful. And [the patient] must be punctual to take the medicine, but here (in the four limbs) the mind is lacking. Here, there is society. Society is the fourth limb (*pāda* Skt.) in the case of mental patients. Even society itself brings the patient to a psychiatrist. The psychiatrist's duty is only to treat the patient, to determine the category of the disease and to prescribe medicine. But actually, an abnormality is detected by society. And [the one who seems to be abnormal] is brought to the psychiatrist. And, in fact, that is why he needs to be reinstalled in the society.

— Rehabilitation?

Yes, there should be rehabilitation. He (the patient) should re-enter society itself. Not somewhere, not in the halfway home, or some other. When he is normal, he can resume all the things done in the past. He must be capable to do that.

— Is that when we say that a patient is completely cured?

Cured!

⁵For the four limbs (*catuṣpāda*) of treatment, see BhS Sū Chapter 9; CS Sū Chapters 9 and 10; SS Sū 34.15cd-24. CS Sū 9.3: physician, drugs, attendant and patient constitute 'four limbs'. It should be known that if they have good qualities, they become causes for alleviation of diseases. (*bhīṣag-dravyāṅy-upasthātā rogī pādacatuṣṭayam/ guṇavat kāraṇaṃ jñeyaṃ vikāravypaśāntaye//*)

— So, were you saying that normalcy is misunderstood.

In certain cases, especially the boundary between the normality and abnormality is so thin. It is so thin. In such cases, maybe the time, the time will be the criterion to know whether he was abnormal or not, because the boundary is so thin. And according to the treatises [of *Āyurveda*] (*śāstra*), certain deviations are allowed. In certain conditions, certain deviations for the mind are also allowed.

When the deviation is great or more than the allowed thing, only then will, it be [abnormal]. In society there will be a system, some rules (*vyavasthā* Skt.) are there.

And about the former [personality], before he becomes abnormal, his nature was there; his behaviour and everything were there. Some differences [arise] in his behaviour. And [when] it is not compatible with the social system, then it is possible to think whether he is abnormal or not. Society has an eye for understanding whether someone is abnormal or not.

— Would you say that society always decides? Society can also mistakenly label somebody as an ill person.

Society means ... society may not be greatly intellectual or like that, [but] society also goes along with such eccentricities. It is allowed. But when the disease becomes danger to a person, the family, or society.

— That is the criteria.

Ah! That is the condition when abnormality wounds a person and his daily life is damaged. In such cases, it creates confusion ...

— So when the eccentricities are damaging to the individual, to the family or to society ...

When it is smooth and goes harmoniously with daily life, then an eccentricity is alright. There is abnormality, eccentricity, or illness. When it wounds a person, the family, the society, or the nation, it will be different. This will be treated. If it is harmless, harmless to a person, to his future, to the family, to the society, or to the nation. Ah, such a [condition] may be, to some extent, creative. It is like some poet or something like that. It is an expression maybe creativity, not destruction.

— You mean eccentricities sometimes are indications of creativity.

To some extent, the eccentric is thinking; he is imaginative and highly imaginative. But he must be concerned with the family or with social life. When he becomes unconcerned about society or its laws or the like, then we consider him to be abnormal.

[From this point onwards the interview was originally in Malayalam]

3. Textual Tradition

— These books (Āyurvedic texts) like the *Aṣṭāṅghaṛdayam*, do you read them?

To read the books means ... my grandfather and his ancestors were very learned; my grandfather did not even need a book. It has been some time now since he passed away. We learnt only a few portions [of the books] in the beginning. We are not as informed as they were. As our tradition lengthens (our tradition passes generations), [our] knowledge content is becoming thinner. We don't have the knowledge that our grandfather had.

— So, you have not learnt the texts?

Yes, we also learn. Whatever is required has been told to us, because this (our specialty) is psychiatry, knowledge of texts is necessary indeed. But there are things beyond the scope of textual knowledge. Now, insanity (*unmāda*) caused by *vāta*, *pitta* and *kapha* and all these [disorders] will not be seen in the [Āyurvedic] texts. It is not seen practically. We cannot assign such conditions to a watertight compartment. Many symptoms appear and disappear in unpredictable ways. This is also very important. We read and learn the texts indeed. But that is just study; the experiential insights that we obtain from the old generation and the insights that we gain in the course of our clinical practice [are important]. All of this is combined with the backdrop of the blessings of the deities. This is the real treatment. This is what we are doing here.

The textual knowledge given to us by our ancestors, their experiences, and our clinical experiences are all combined with spiritual blessings. That is the kind of treatment that we do here. That is what we are doing. Only with the divine blessings, will healing take place. Sometimes, it is not enough to have an accurate diagnosis. If the treatment has to be fruitful, some blessings are needed, right? We cannot say otherwise. Patients come here after seeing many doctors. Such cases don't get relief, not because of the lack of competence or

knowledge of those doctors.

4. Diagnosis and Treatment of Mental Diseases

— Some diseases will never get cured whatever we do. Do we need to do something extra?

Yes, we need to do that.

Then, there has to be a clear diagnosis, because the disease has to be properly evaluated. For example, imagine that a patient has come with epilepsy; both the patient and those who came with the patient say that it is epilepsy. The physician should have the skill to determine whether it is really epilepsy or not. There may not be a chance for the patient to get an attack of epilepsy in front of the physician. To put it humorously, the physician may not be 'lucky' enough to see the patient in a fit of epileptic attack. So, the situation arises where one will have to treat based on what the patient or the bystanders report. So, if there is no clear knowledge of differentiating between what is epilepsy and what is not, then this will lead to mistakes in the treatment.

We have this concept, the condition is epilepsy, only if certain symptoms are present. These symptoms are stored in our mind. Only if we confirm that the condition matches with what we have learnt and experienced about epilepsy, then we treat the condition. Or we will report that it is not epilepsy. This is compulsory [knowledge]. This is fundamental knowledge. Otherwise, there will be difficulty in differentiating between certain conditions of fainting and epilepsy. Conditions in which the mind is afflicted may simulate epilepsy. This may be misunderstood as epilepsy. There is a specific symptomatology for epilepsy. To distinguish and understand this is a fundamental requisite in treatment. All of this is taught in the beginning. Then, [we can] understand what it is. Will it come under insanity caused by *vāta*, *pitta* or *kapha*? Even if we do not know such things, it is possible to do many things on the basis of experience. That is experience. If there is blessing of the goddess, then [we can] understand what it is, the insanity and the patient.

Now, in the case of a patient, when we admit the patient here, he becomes a part of our family. We make it a point to listen to all of the complaints and problems of the patient very tolerantly. We are not alien to them. What to say, we are like their own people. For the same reason, these patients are willing to open up their minds and tell us anything. There are no barriers here. Now, our treatment is very transparent. We are able to treat [patients], because of the cooperation of the local people. Whenever there is a problem, the local people refer patients to us. The treatment here is a combination of the local people, ourselves, blessing of deities, and medicines. If the local people are not favour-

able, how can we treat the patients? If a patient tries to go out, the local people keep the patient back. They tell the patient to wait till his relatives come to pick him up or advise him to talk with us and assure him that he will be allowed to go home. The local people have the goodwill and love to intervene like this. One cannot treat [patients] without the cooperation of the local people.

— Is there such cooperation?

Yes, in all our activities, there is cooperation with the local people.

— Do you also have the cooperation of allopathic doctors (the physicians of modern medicine)?

We do not request any cooperation from allopathic doctors.

— We have heard that some allopathic doctors came here, studied your tradition and made attempts to write articles about it.⁶

Yes, some people have come and tried. All of the psychiatrists who have come here have behaved in a very loving way with us. They have love for us. And we respect them, too. Our treatment method is *Āyurveda* and theirs is modern medicine. That is the difference. We have no difference in opinion. We go in this way. They go in their way. Sometimes, even our diagnosis of the condition may not vary. When I say it may not vary, I mean if we say epilepsy, there is no difference [between *Āyurveda* and modern medicine]. So that will not be different, but the medicines will vary. Then, we don't keep the patients here [who are] at the stage that modern medicines are required, because, if the medicines are stopped, there will be problems [for the patients]. We don't keep the patients here who are heavily drugged. We advise them to see the doctor [of modern medicine] if there are problems. We don't keep them here. This is not just talk, we do only this.

— So, you don't use any modern interventions?

No, we don't. Till today, no one of our family (*illam*) has done that.

— But if there are problems with modern medications, do you advise [the patient] to stop taking them immediately?

⁶See, for example, Tarabout [1999], Shankar and Unnikrishnan [2004].

No, we tell them (the patients) to take them (modern medicines) at home. If the patients are taking modern medicines at home, we advise them to take our medicines too. We tell them to take modern medicines according to the advice of their doctors [of modern medicine]. We don't interfere with them. We give our medicines and ask [patients] to tell their doctors [of modern medicine about our medicines]. As per the instructions of the doctor [of modern medicine], those [our] medicines may be tapered, [but] we don't say anything. We tell them (the patients) to ask the doctor [of modern medicine]. If the patient is heavily drugged, then we may not give anything. After coming here, if the patient has to be prescribed medicines by the doctor [of modern medicine], that is a failure for us. In such a case, what is our use? That never happens.

This we do. If the patient is taking modern medicines, we tell them that they can gradually taper them. We advise them to go and consult with the doctor [of modern medicine]. And we never make it happen that the medicine is given or stopped on account of [our treatment]. This we used to say.

— Are there any special textbooks dealing with [traditional] psychiatry in Kerala?

It's true. There might be some texts on mental diseases [in Kerala]. There may be a text for the [traditional] treatment of insanity (*unmāda*), but many of the texts are not available here. The reason is, I am told, is that our ancestral home was segmented. I don't know if this segmentation happened due to ill will.

Our ancestors knew a lot of things and have transmitted them by word of mouth.

Now, it is not difficult to get other books like the *Aṣṭāṅgahṛdayam*.

We have been advised is to behave with love towards the patients. Take pains to understand the disease properly and then administer treatment. Pray sincerely that the disease should get cured. Tell this to the patients also. Then it will become fruitful. And I have seen this be successful.

— So, the two types of treatment (religious treatment and medical treatment) are done together here?

Now, these types of treatment will be here as long as the society believes in them. They will be reflected in the therapy. The beliefs of the society will have an influence on the patient. The patient will have beliefs whatever is in vogue in society.

The role of the physician is to eliminate the wrong beliefs and attitudes of the patient. What you are doing is wrong, it is not reasonable. We have to make them (patients) understand this. This is what we have to do. Make them to think in the proper way. So, for example, there are the five sense organs and they function in a proper way. Without impaired vision, audition, olfaction, touch and taste, he should have properly functioning sense organs. Only such an individual can respond in a wholesome manner to society at large. To make the person responsive in this manner is the most important thing in treating mental diseases. It does not matter whether this is achieved by counselling, medicines, or any other means. The patient has to be made capable of living in society and to be a person who can mingle and live harmoniously in society. The goal of treatment is to make such a person. Everything is done for this. This is the principle behind education also. What is the purpose of giving knowledge and educating an individual? It is to make him work for society and to create his unique personality. To bring the patient to a state that existed before the manifestation of disease as well as to prevent further disease, medicines are given [to the patient]. And to make sure that the [patient's] mind is no longer injured, we instruct the family members [of the patient] and the society.

There was a time when the society believed that [mental] diseases were created by evil beings and ghosts. Eventually, through the progress of science, the evolution of society and so on, many changes took place. As a result, teachers [of *Āyurveda*] like Caraka divided treatment into [three categories, namely] treatment based on reasoning (*yuktivyapāśraya* Skt.), treatment based on Gods (*daivavyapāśraya* Skt.), and self-command (*sattvāvajaya* Skt.).⁷ Caraka did not emphasize any one. In olden times, treatment was a combination of all.

Not only this, they (physicians in the past) also advised about prevention of mental diseases. When the mind has a preponderance of purity (*sāttvika* Skt.),

⁷For the three categories of treatment, see CS Sū 1.58, 11.54; AS Sū 12.3.

CS Sū 11.54: There are three types of treatment, [treatment] based on Gods (*daivavyapāśraya*), [treatment] based on reasoning (*yuktivyapāśraya*) and self-command (*sattvāvajaya*). Among them, [treatments] based on Gods include [recitation of] mantras, [wearing of] herbs and gems, oblation of auspicious offering, oblation with fire, observance of rules, atonement, fasting, blessings, reverence, pilgrimage and so on; [treatment] based on reasoning involves a [proper] diet, the application of medicinal plants and drugs; self-command demands the restraining of the mind from unwholesome objects. (*trividham auśadham iti, daivavyapāśrayaṃ, yuktivyapāśrayaṃ, sattvāvajayaś ca. tatra daivavyapāśrayaṃ, mantrauśadhimaṅgalaḥ balyupahārahomaṇiyamaṇḍapavāśasvastyayanapraṇipātagamanādi, yuktivyapāśrayaṃ, punar āhārauśadhadravayānāṃ yojanā, sattvāvajayaḥ, punar ahitebhyo ṛthebhyo manonigrahaḥ.*)

then mental diseases will not afflict it. So, mental diseases can be prevented by cultivating the quality of purity (*sattva* Skt.). The qualities of passion (*rajas* Skt.) and darkness (*tamas* Skt.) are seen as faults of the mind.⁸ And to eliminate faults of the mind, cultivation of the intellect (*dhī* Skt.), courage (*dhairya* Skt.), and knowledge of the self [and so on] (*ātmādivijñāna* Skt.) have been advised.⁹

Now, one should have intellect (*dhī*), courage (*dhairya*), and knowledge of the self [and so on] (*ātmādivijñāna*). This will prevent [mental] disease from occurring. It will also prevent disease from recurring. So, one has to cultivate intellect (*dhī*), courage (*dhairya*) and knowledge of the self [and so on] (*ātmādivijñāna*). Similarly, [the physician should] present auspicious things that are pleasing to the [patient's] mind. Make them to go to temples and the like and, at the same time, to counteract the malefic influence of planets, make them to wear some gems. There are verses (*śloka* Skt.) [explaining this kind of treatments].¹⁰ To wear amulets and so on, then, [one should also] do some compensatory rites. To eliminate the bad effect of past actions, some rituals are to be done. We do these kinds of interventions also here. Now, there are some diseases that don't get cured in spite of treatment. In such cases, these things are done. This (condition of the disease) will be shared by the people (the family or the companions) of the patient; or when we feel it necessary, we do it.

When we talk about mind and science, if a patient says that his disease is due to an artificial poison (*gara* Skt.), then one has to give a treatment to counteract that artificial poison. If the cause of the disease is an artificial poison, then we should give a treatment to counteract it. We cannot follow a prescribed syllabus and cannot tell the patient that it is all superstition. Which approach is more scientific? We even doubt it at times.

⁸ CS Śā 4.34: There are three morbid entities (*doṣa*) of the body: *vāta*, *pitta* and *śleṣman*. They vitiate the body. And there are two morbid entities of the mind (*sattva*): *rajas* and *tamas*. They vitiate the mind. When the body and mind are vitiated [by the morbid entities], disorder is caused. When they are not vitiated, [disorder] is not caused. (*tatra trayāḥ śarīradoṣā vātapittaśleṣmāṇaḥ, te śarīraṃ dūṣayanti; dvau punaḥ sattvadoṣau rajastamaś ca, tau sattvaṃ dūṣayataḥ. tābhyāṃ ca sattvaśarīrābhyāṃ duṣṭābhyāṃ vikṛtir upajāyate, nopajāyate cāpraduṣṭābhyām.*)

⁹ AHS Sū 1.21cd=AS Sū 1.42cd: *Rajas* and *tamas* are said to be the two morbid entities (*doṣas*) of the mind. (*rajastamaś ca manaso dvau ca doṣāv udāhṛtau.*). Cf. CS Śā 3.13; SS Śā 1.18; AHS Śā 3.7-8; AS Śā 5.12-15.

AHS Sū 1.26cd=AS Sū 1.47cd: Intellect (*dhī*), courage (*dhairya*) and knowledge of the self (*ātmādivijñāna*) are the best medicines for disorders of the mind. (*dhīdhairyaātmādivijñānaṃ manodoṣauśadhaṃ param.*)

¹⁰ See, for example, CS Sū 11.54; CS Ni 7.16; CS Vi 3.36; 8.87; AS Sū 12.3.

The purpose of treating [mental diseases] is to eliminate false notions entertained by the patient. Now, our treatment should do this in any way possible. That is the real way. We need a combination of both (treatment based on reasoning (*yuktivyapāśraya*) and treatment based on Gods (*daivavyapāśraya*))¹¹ in treating of mental diseases. It is not possible to treat mental diseases like diseases of the body. Generally, it is said that mental diseases are difficult to cure compared to bodily afflictions. That is the reason why one bows to the unparalleled physician (*apūrvavaidya* Skt.) first.¹²

So, the treatment should accord with the condition of the patient. It is not necessary to do this in all cases. You cannot blame these beliefs on the name of science, because these beliefs are in vogue in the society. It could be different in Kerala, in India, in Africa. Anywhere there will be such beliefs. Man has always grown in the shade of beliefs. The belief that was prevalent 1,000 years ago may not be the same that was prevalent 10,000 years ago. That is all.

5. 'Wandering Lunatics'

— You were referring to 'wandering lunatics'. Is there any difference in the treatment for them?

Now, so-called 'wandering lunatics' (*bhrāntan* Mal.) are due to chronicity [of the mental disease]; patients become like wanderers who have shaken off from themselves worldly feelings and obligations (*avadhūta* Skt.). That is the stage [of mental disease]. When you say wandering lunatic, it is difficult to say how long they have been wandering. They will not be constant. They will stay in one place for some time and then will move to some other place. You can identify them by their dress and behaviours. They will not be very quarrelsome. They like to dress themselves in a fanciful way, like a *kathakali* (traditional dance-drama in Kerala) actor or something. They live in a peculiar way. They are unconcerned not only about themselves but also about everything. The family causes such wandering persons to some extent. We cannot even say whether the family is concerned about such people who have been wandering for long time. Nobody knows. If the person has been wandering for long time, there will

¹¹ See Footnote 7.

¹² The interviewee here seems to refer to the opening verse of AHS addressed to the unparalleled physician as follows, AHS Sū 1.1: Obeisance be to the unparalleled physician (*apūrvavaidya*), who has destroyed all the diseases that are continually associated with, pervading all over the body, consisting of passion and so on, and give rise to desire, delusion and distress. (*rāgādīrogān satatānuṣaktān aśeṣakāyaprasṛtān aśeṣān/ autsukya-mohāratidāñ jaghāna yo 'pūrvavaidyāya namo 'stu tasmai//*).

be a doubt [for the person's family] as to whether he is alive. Due to wandering, migration may also take place. A patient from Kerala may reach Madras or North India, and from there they may reach Kerala [again]. If somebody boards a train thinking it will go to Trivandrum, [south of Kerala], it (the train) may be going to Delhi and he will get down in Delhi. Even there (a different place where the person wants to go), the person does not feel any discomfort. He does not feel alienated in this new and unexpected place. And he lives there just as he lives anywhere else. Now, there will not be anybody to look after such a person and nobody knows what to do with him.

These [wandering] people are very unlikely to be harmful. They do not normally quarrel or become violent. If we say something they don't like, they will just go away. If somebody scolds them or behaves indifferently to them, they will walk away. Otherwise, they will never stay at one place. Sometimes after two or three years, they will move to another place. They will stay only for one or two years in one place. After that, they will go. Where they will reach, nobody enquires about them; nor do they enquire about anybody. They have only minimum needs and requirements. They don't need a special place to stay or specific things to eat. They will eat something and lie down somewhere. When they become desperate they may ask somebody for help. People will see them regularly and, for that matter, feel strange, but they may feel sympathy towards them and may buy some food for them. If the person is regularly seen in front of a teashop, there may be some compassionate persons who may buy a cup of tea for him. Things could happen like this too.

6.The Body and the Mind

— Regarding the relationship between the body and the mind, can derangement of the body cause mental illness?

Yes, indeed.

— Because in the Ayurvedic texts, it has been advised to perform *pañcakarma* and the like [for patients of mental disease].¹³

Yes, it is so. That the body and the mind are not different is what *Āyurveda* is all about; it is like the two sides of the same coin or it is like heated ghee and the vessel. Both are possible. If the mind is afflicted and disturbed, then the stomach becomes upset. This can happen, can't it? Now, when serious conditions like typhoid and so on occurs, there is mental delusion, is there not? If the

¹³Cf. CS Ni 7.8-9; CS Ci 9.24-33ab; SS Utt 62.14-15; AHS Utt 6.18-20ab=AS Utt 9.15-16.

person has fever and is in a state of delirium, he may speak incoherently. Is this not a mental aberration? When the person becomes febrile and, similarly, when the person has certain defects of the brain, like the growth of a tumour, the person will show signs of mental illness. This need not really be mental illness. It is caused due to the tumour. In such a way, because of certain biochemical changes in the body, due to changes in the chemical composition of the cells or their growth, such symptoms may manifest. Now, alcoholism, or consumption of liquor, also causes chemical changes in the body. When one consumes alcohol and there is inebriation of the mind, we cannot exactly call that mental illness. Is this not an induced abnormality? Such abnormality can happen due to various causes, can it not due to alcohol, fever and all that? The only thing is that the situation may differ. A lawyer may imagine that he is in a court when inebriated. If he is a farmer, he may talk about replanting rice saplings. That is all that happens, though the stage is the same. Therefore, derangement of the body can affect the mind, and that of the mind can affect the body. To speak of mental derangement, if someone imagines that his food is poisoned, it will affect him. Both are interlinked and interconnected.

We cannot think of the mind ignoring the body. Are we not treating mental diseases with medicines that have a physical action, and do they not act on the body? We cannot act directly on the mind other than through the medium of the body. The psychiatrist also tries to act through the five sense organs of the patient and tries to pacify and approach his mind by talking. This is like reaching into the personality of the patient through the sense of hearing. Similarly, [this is done] through the senses of touch and vision. When we pat on the back of the patient by saying, “everything is fine”, are we not influencing the patient through the sense of touch? Therefore, by influencing the five sense organs, even Ayurvedic medicines strengthen the five sense organs. Now, concerning medicines, we say that Ayurvedic medicines will never weaken the sense organs. The five sense organs have their original modes of functioning, which is neither deficient nor distorted. The eyes should have normal sight, ears normal audition, without hearing abnormal sounds. Or if the sense organs are malfunctioning or have some deficiency, we give medicines that will make them function properly. Only through the sense organs can we gain proper awareness of the universe. The aim of Ayurvedic treatments is to optimize the functioning of the five sense organs. By disciplining and pampering the sense organs and by administering medicines, this is achieved through Ayurvedic treatment. Patients are being shown reality – “Look here, this is life; here is your wife and children that you have to protect and nurture. See with your own eyes. Listen to their cries. Instead of ignoring and alienating them, experience their tender touch.” Is this not what we do? Is that not what this means. Then, [patients] also

consume medicines. Is this not the theory and principle behind the treatment of mental diseases? If not, if the mind does not have enough courage, then are not people being led to suicide and such attitudes of the mind? Is this not a very sad thing? Even more than AIDS and such other dreaded diseases, including cancer, is not suicide a more frightening disease? Or when a person is developing a homicidal tendency, to prevent all this, society has to do something. In the coming millennium, is this not the most serious thing that is to be done? [When a person has] a state of mind in which he cannot trust anyone, in order to [prevent] all this, a lot of changes have to take place in society. Is that not how things should be?

When someone commits suicide, we say that his past haunts him too much. [If] the present is unbearable, the future will be dark and gloomy. Haunting past, unbearable present and dark future from this point, there is not much distance to suicide. It is very near. So, what can be done here? What should be done? Should we not create a good future for them? Is it not [the right thing to do]? Should we not change the unbearable present? [Provide] something like a sparkle for the future or a silver lining in the dark clouds at least. In this enveloping darkness, should we not create a small glow of light? That is what should be done. We can do at least this much.

There should be love in society. The most important thing is to have love. If love it is not there, then everything is lost, is it not? Really, all that is required as a remedy for anything is human love.

— That is what gives lubrication to life?

Definitely yes. If not, there will not be the desire to even live.

— Do you do *pañcakarman* here?

No we don't do it nowadays. We used to do it. If such a need arises, we refer [patients] to [the other Āyurvedic institutions] in Kottakkal or some such other place. Now, if there is such a real requirement, we get it done through some Ayurvedic doctor (*vaidya* Skt.). We don't do it here. The main reason is that we don't have the time to do this.

— You don't need this in all diseases, do you? Is there any need to do this as part of routine treatment?

No, the need does not arise.

—— Purification of the body? Don't you have to do this?

No, such a need does not usually arise. It is not compulsory for mental diseases.

—— Will the basic medicines of your tradition suffice?

Yes, they are enough to treat most of the conditions. What matters is to identify what type of insanity (*unmāda*) it is, and also one has to take into consideration the symptoms. We will have to look at the prevalent circumstances, the symptomatology, and the chronicity of the condition. We have to decide what has to be done at that particular moment. The condition in which the patient has come here, the severity of the disease and the [physical] health of the patient should be considered before administering treatment. When a patient comes here, we will intervene according to the condition of the patient prevailing at that point in time. More important than the remote causes is the condition of the patient at that time, is it not? Now, the causes may become insignificant in that context. We might not be able to deal with some of the causes. Suppose that someone's mother dies. Is it possible to give the mother back to the person? We cannot counteract all the causes. Some can be and some cannot be [deal with].

Imagine that a person has fallen down. He may have fallen from a bus or a tree, [but] is the location from where he fell important? Is it not on the basis of the wound condition that one decides what to do, whether to stitch it up or not? It is not important to know from where he fell. Similarly, it is not so important to know how the mental illness developed sometimes. What we have to understand is what the [mental] condition is at that time. Is this not treatment?

Yet, we will have to take all the causative factors into consideration – the mental causes, the family background and all the factors. And we have to do anything that can help and save the patient.

Psychiatric treatment is a combination of what the physician and the relatives of the patient do together. It is not done independently. We need people to properly administer medicines and take care of the patient. It is essential that there are people to shower love and take the patient's hand, literally to bring him to normal life. It is not enough to merely administer medicines. Such a relationship is essential. Human bonds, relationships and capability of taking the patient by his hand to bring him back to normal life in society are the essential requirements. Along with that, medicines should also be administered. This is the real treatment.

—— So, you make the family members to get involved in the treatment. Do you make them participate in the treatment?

Yes, the family members have to stay along with the patient. We don't allow the patients to stay here alone.

— Even in other treatments, do you make the family members to get involved in the treatment?

Yes, someone from their family has to stay back not just as a bystander. They should know the problems. Sometimes, the patient will be in an angry mood. Then, the family members will tell us to stand aside and they will administer the medicines. Then, they will become more cooperative. That is all. We cannot make the patients stay alone. There is no custodian care here. The relatives of the patients have to stay with them.

— Nowadays, people say that there is greater relevance for *Āyurveda*. Generally speaking, *Āyurveda* is considered to be helpful in skin diseases or arthritis. People say that *Āyurveda* is useful in such conditions. In a similar way, do you think that there are any specific areas in the context of mental diseases where *Āyurveda* has great relevance?

If you say so, according to us, *Āyurveda* is the most perfect approach to mental illness. More than any medical system that is prevalent today. I don't deny that in some contexts, there are limitations, but from a general perspective, the method to get back to normalcy without unwanted biochemical changes in the body is outlined only in *Āyurveda*. We cannot say otherwise.

— Is this because of some fundamental differences between *Āyurveda* and allopathy (modern medicine)? Is that why *Āyurveda* has an edge over other systems?

In *Āyurveda*, thoughts about the body and mind are stated in a peculiar and particular way. There is a difference in the approach of Freud, for example. Freud's approach, you know what it is. There is not much relevance of Freud's approach where medicines are involved. Is it there? I don't think so. Just for some mental problems, it paved the way for psycho analysis and psychotherapy. It is doubtful whether Freud reached into the realm of mental diseases through the agency of medicines. For small and minor problems of the mind, to discover the reasons, to enter into the being, to provide solace and to find out the causes, these have created a pathway for evaluating the mind. That's all. Other than them, it is doubtful whether he has reached brain chemistry or body chemistry.

The same thing has been done here. If you ask what that is, the goal is that the mind should be calm and happy. So, medicines should also be given, but these medicines are not given to debilitate the sense organs, but rather to invigorate them. Now, sometimes [in allopathy] sedation is given and the shutter drawn on the eyes to prevent the patient from seeing and experiencing the world, [but] we don't draw the shutter down in *Āyurveda*. What is done [here] is to activate the sense organs and help the patient to face reality and discover the right path.

7. Understanding of the Mind

— You mentioned sometime back that there is a difference in the way of modern science and that of ancient schools of thought to understand the mind. How did the Ayurvedic school of thought understand the mind?

It has not been codified into a book. When we talk about the eastern view, the Indian view of the mind, it has not been written in a book. It is scattered in various places and disciplines. Even if we want to enquire about the mind, even the transcendental state of the mind and all these things about the mind have not been described in the *Upaniṣads* and all [these books].

After going through the wakeful, dreaming and sleeping states, they have reached the transcendental state. Regarding the powers of the mind, through the powers of the mind, the ability to control and influence the universe is an unimaginable method. That much is there. To influence the universe, not just influencing others, but the whole universe and to influence the whole of nature — [these are] the abilities of the mind.

Then, can we say that a person like Vyāsa [as the author of the *Mahābhārata*] did not know psychology — the psychology of women, the psychology of hatred and the embracing power of love? No, we cannot. There is no other epic in the world with such variety. There is no other epic bearing the name of the country [than] the *Mahābhārata*. Different individuals with their unique individuality have been given life through a small narrative by the touch of a brush as it were [in the *Mahābhārata*]. [Vyāsa] had created all these characters by the stroke of a brush and described them. How can we say that such a person like Vyāsa did not know about psychology?

In the *Bhagavadgītā*, when [Kṛṣṇa tells Arjuna] to stand up, the message is to not lose strength and fall somewhere. It is to wake up and act. This is what is in there. Will this not qualify as the first psychotherapy in the world. Is there a psychotherapy older than this? [It instructs us] not to become drained and collapse; do not break down in front of the problems of day-to-day life.

— It is a clarion call for this?

Is it not a clarion call, indeed? When one collapses like this, it leads to minor mental illness. When the collapse is more severe, it leads to severe mental illness. Some such things we will have to face in life. The understanding of life by Indian philosophy is a combination of both happiness and sorrow.

There is a realm in which we can attain the highest potential of the mind. Is there not? When we say that we acquire knowledge, it is the subtle relationships between the individual and society [that we come to understand] — oneself, one's family, the immediate society, the larger society, the nation and the global scenario. Relationships are built in this manner. It has to embrace the whole universe. We have to turn inwards. There is the exploration of the subtle and subtler levels of inner being and the gross levels of outer being. This journey is part of mental evolution. For us, the human mind will always remain an enigma, a miracle. The reason is that there is no energy more powerful than the mind. Mind is actually a form of energy. It travels even faster than light. With respect to our earth, it is light that travels fast or components of light that travel like that. The mind is a faster manifold. If one wants to go to the moon, it happens very fast. If we want to shake hands with Mr. Bush (the U.S. President), we can do this in fractions of seconds using the mind and come back. For such a powerful entity, which is of the nature of energy, everything can be done. We have to be frightened only when such potentials are expressed. Man can develop all abilities. Suppose a person has the ability to develop and channel these powers of the mind in a proper way, he can grow really big. But the ordinary person does not need this. With efforts, anybody can.

Does not everything come from the mind? Now, if one wants to start a war, does it not first happen in the mind? Does it happen outside? Where are war and peace? Are not both war and peace in the mind? Does not the mind envisage the expressions of war within itself? Peace is also like that, is it not? Are not war and peace the creation of the mind? So, one has to work for good, strive for that. Even the study of light will not be completed. The study of the mind will forever remain incomplete.

But for the sake of understanding and study some generalizations and categories have been made. But the human mind is different from person to person. Now we make generalizations about fever. But when we go into the accurate measurement, there will be differences. We cannot say that all individuals have the same temperature. We cannot say that the heart rate is the same in all individuals. This is how it is generally. That's all, is it not?

What we think as one, may actually be different. If we arrange lotus petals and pass a needle, it appears to pass at once, but it is not the case. There is difference in units of time the needle penetrates each petal. There is a time gap to move from one petal to the other. There is a time interval for penetration and

for passing through. For the one who studies time intervals properly, there are many notions about the division of time like one thousandth of the time taken for a healthy person to wink his eye once such calculations are there. The mind will go even faster. So, the study of the mind will always remain incomplete. We will be able to understand many things, that's all.

— Then, do we understand through experiences? We handle things according to each one's experiences, is that right?

There is a lot of truth in what people say about the mind in books and all that. There won't be the complete truth, but there will be partial truth. One will be able to go into the matter to some extent, but not completely. Every human being is different, the thoughts are different. Not only that, the thought of an individual itself has many components.

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