

NEED FOR RESEARCH IN SYSTEMS OF
INDIAN PHILOSOPHY AND AYURVEDA
WITH SPECIAL REFERENCE TO
PSYCHOLOGICAL MEDICINE

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Introductory : This memorandum has been written in response to the kind invitation extended to me by the Committee on Indigenous Systems of Medicine, appointed by the Ministry of Health, Government of India, and presided over by Sir R. N. Chopra.

A few words of explanation are necessary at the outset, to explain why, I, who do not know Ayurveda, and with several other limitations, have still responded to this invitation. I must also make it very clear, that modern medicine, which is rational, scientific, progressive, and whose conclusions can be verified and modified, by experiment, and clinical observation, can never be supplanted by any other systems of medicine. But the inherent wisdom in Ayurveda, can certainly fill up many gaps in modern medicine.

The philosophy of medicine has received little attention until recently. And in psychological medicine, the present position is such, that, in spite of an accumulation of facts, attempts at integrating them into a scientific discipline have been very successful. And the speculation of psycho analysis, which makes such an attempt, are disappointing, and often are only a matter of faith.

Specific treatment for mental disorder (psychoses and psycho-neuroses) is unknown. The recent advances, as illustrated by shock therapy, and the various operations on the brain, have been merely triumphs of empiricism. And a new approach to the whole problem of treatment is necessary.

I have been engaged for some time in the study of Indian philosophical systems (Darsanas), and the theory of Ayurveda, in some of its essentials, has been derived from the Nyaya and the Vaiseshika Schools of Philosophy. And during my studies, I have been profoundly impressed with the analytical insight and powers of observations of the ancient Sages of India. Specially to be noticed in their writings is their emphasis on the psycho-somatic concept in medicine and philosophy, and the manner in which problems of personality, which forms the subject matter of psychological medicine, are dealt with by them.

* It is my conviction that at the moment India is in a singularly favorable position, to lead the world in psychological medicine. This it cannot do, by trying to emulate the West in their experimental or technical achievements. But it can do so, by offering the world a coherent system of interpretative psychiatry, which it lacks at present. And this can be realised, only if competent scholars are forthcoming to study intensively, but with an entirely different orientation, and with aims and objects totally different to what they have been accustomed to so far, the classic works in original of the different Schools of Indian Philosophy (Darsanas) and Ayurveda. The new orientation should be objective, and the aim should be to build from a mass of apparently unrelated, disconnected, and indifferently understood bundle of facts, a new discipline, a new system of scientific interpretative psychiatry.

Such an intensive study will also throw light on the psychological problems peculiar to India, and their treatment. So far we have had to depend upon the observations of European and American psychiatrists, on European and American patients, for guidance in treatment of Indian patients. These observations, have often been found inapplicable, and dangerous, in practice on Indians. Also there is not a single authoritative text book written by an Indian on psychiatry.

It is high time that such conditions were remedied, that we came to rely on our own observations, and drew our own conclusions from such observations on Indian patients.

These remarks, I believe, are sufficiently explanatory, as to why, in spite of my many limitations, I have responded to the invitation by the Committee to write this memorandum.

As regards the paper itself, after a preliminary survey of the basic problems in psychological medicine, and the lack of integration therein, and the unsatisfactory nature of psycho-analytic explanations, I have tried to show in some detail, how an intensive reorientated study of classical Sanskrit Darśanas, Ayurveda, and allied subjects, can help in building up a scientific system of interpretative psychiatry.

Basic Problems of Modern Psychological Medicine

It must be remembered that in spite of many advances, we are still at the descriptive level in psychological medicine. The various types of reactions designated as mental disorders are comparable only to syndromes in general medicine. They are not diseases in the sense that their etiology, pathology, clinical course, and treatment have been clearly understood. This difficulty in psychiatry arises chiefly from the fact that unlike in general medicine, the same group of stimuli can produce different types of reaction in different individuals. While undoubtedly, psychological stresses can produce mental illness, the biochemical methods are equally important. Hereditary factors, however, though important, are over-rated, and the statutory effects of training and environment are not sufficiently appreciated.

While discussing the importance of psychological stresses in the development of mental disorder, it has also not been sufficiently stressed that there is usually a period after such a shock, which corresponds to the incubation period in infective

diseases, and which must elapse before the mental illness becomes manifest, and if this factor is overlooked, others may be given undue preeminence. Another bewildering element in psychological medicine, is the simultaneous presence in mental patients of two varieties of reaction, one of which might be termed cortical and the other nuclear. Investigation of these problems in India is a matter of urgency.

Dramatic success attained by methods of physical treatment such as those effected by chemically induced convulsions, and by the surgical division of the white matter in the frontal lobes, have been triumphs only of empiricism. As Henderson and Gillespie put it, they seem to be often based on reasoning that paradoxically appears the more culty, the more their practical successes are examined. Before arriving at a diagnosis one should of necessity take into account all factors, both cross-sectional and longitudinal. And no method of investigation, psychological, physical, pathological, or biochemical should be neglected. And in India, the organic factor, statistically speaking, is perhaps more important than the purely psychological.

Functions of the Brain

The study of the functions of the brain is confronted by a problem that is unique, and of great difficulty. In every other tissue and organs, except brain and bone, function and metabolism can be correlated. The brain, silent and motionless, traffics with the imponderable (Fearon). Structurally speaking there is no difference between the brain of a genius and that of an average man. And biochemically slices of both their brains utilise the same amounts of oxygen, glucose and other chemicals. The bone also has its own unique problems, which however need not detain us here.

In the case of other tissues, intensity of function will be in proportion to energy produced or heat liberated as in the case of muscles, or will be in proportion to the osmotic

pressure generated, as in the case of the kidney or the other glands.

But that is not so in the case of the brain. And there is no known physical method of gauging its functions; psychological methods are unsatisfactory, and fundamental work is required. There was some hope that the methods available for measuring oxidation reduction potentials, now being used for purposes of determining tissue respiration, would throw some light on the subject, but they have not been realised.

Electro-encephalography has so far thrown no light on problems of mental functioning, either normal or abnormal. A new approach is essential, and fundamental research, theoretical and practical is awaited. And if such an approach is even but glimpsed by an intensive study of Sanskrit systems, it will be great future for world psychiatry.

Approach to the Problem of Personality

The world owes a debt of gratitude to Freud for demonstrating that (1) mental illness can be caused by purely situational or psychological factors; (2) that symptom formation in such illness is not always due to conscious processes; (3) that speech and language can be utilised as powerful therapeutic aids; and (4) that the analytical method can be applied not only to patients but also to all phenomena of human life. From such an analysis an insight into the customs, traditions, dreams, pictures and poems of a nation is obtained, especially into the unconscious motives and mechanisms which produced them. Freud also discovered the technique (free association) for relieving distress of psychological origin. He demonstrated that all surface materials were related to sub-surface materials by complicated and consecutive links operating according to principles that could be definitely stated and related. He affirmed the law of psychic determinism that nothing psychological happens by chance but only as the result of a number of existing factors and forces operating in a causal chain.

A slip of the tongue or occasional fancy, even the apparent nonsense of dreams of night, all according to him have definite meaning. His work and writings are equally that of a great poet as of a great scientist. He had a breadth of vision and great understanding of human nature. In his writing, the words are arranged to produce the maximum effect, and can rarely be improved. He had, besides one virtue of a great scientist, namely the courage of conviction to confess when he was wrong.

In spite of all these great qualities, his method is but only one method of approach to the problems of personality and it certainly is not perfect. Many basic teachings of Freud are no doubt applicable to all the members of the human race. But the customs, traditions and civilisation of India and the East are so different from those of the West that another method of approach is not only valid but necessary. Some time ago while editing the chapter on Mental Diseases of the Bhole Committee report, I defined "Positive mental health as discriminative self-restraint associated with consideration for others." It was my impression at the time that it was a very original definition. Subsequently while reading Shankara's *Vivekachudamani* the first verse defines Viveka as discrimination, and continues to include in it much more than more people could have foreseen or expressed.

Many psychological doctrines and results of modern research have been anticipated and commented upon with great insight by ancient sages of India. They have stated categorically that in the ultimate analysis, selfishness on the psychological side and starvation on the physical are responsible for disorganisation in the individual and society alike. This fact stands as true to day as it was enunciated centuries ago and forms a pivot around which psychology revolves. But to the ancient sages the problems of personality and of mind, as we understand it, were only aspects of the general problem of ultimate reality and

are treated as such. Hence the impression that Indian psychology is subjective, mystic and philosophical. But there is nothing to prevent students of modern psychology to study it in a purely objective manner, which under present conditions is imperative. Such a study is sure to furnish valuable approaches to the problems of the functioning of the human mind in general and that of psychological medicine in particular.

Aims and Objects—Suggestions for Research

Certain objectives of study should however be kept prominently in mind, lest it become pedantic, discursive, metaphysical and aimless. The most helpful research would be that directed towards the elucidation of problems relating to (1) the psychosomatic concept in medicine; (2) mental mechanisms, and interpretative psychiatry; (3) personality, its alteration in diseases; (4) mental hygiene; (5) postulation of concepts on the functions of the brain and nervous system, which should be capable of verification by experiment and observation; (6) treatment of neuro-psychiatric illness, by psychological and physical methods.

The whole system of Ayurveda is based on the psychosomatic concept in medicine. It is a matter for admiration, that without the aid of a microscope, without any modern instrument, with but primitive knowledge from present day standards, of the basic sciences of physics and chemistry, with only their intuition and their clinical observations to guide them, our ancestors should have built up a well integrated system of medicine. This also explains in part, why Ayurveda should be so one sided in its development and its indebtedness to philosophy. Modern medicine is now beginning to appreciate the usefulness of the psychosomatic concept of health and disease.

Hughlings Jackson's concept of levels in the nervous system, their integration in health, and disorganisation in disease, is in a general manner anticipated by the Sankhya

School of Philosophy (refer Sankhya Tattwa Kaumudi by Vachaspathi Misra). Problems of consciousness are dealt with in a penetratingly analytical manner in Mandukya, Chandogya, and Prasna Upanishads.

Taittiriya anticipated the importance of speech as a therapeutic aid centuries before Freud. Considerable similarity can be noticed between the Nirvikalpa theory of cognition and perception of the Nyaya School of Philosophy and the recent Gestalt School of Psychology.

The Yoga sutras of Patanjali, the Yoga-Vasishta, the Mahabhashyas of Patanjali and Sankara, the commentaries on various Darshanas by Kumarila Bhatta, Appaya Dikshitar, and Vachaspathi Misra, to mention only a few, are rich store-houses of learning for the student of psychological medicine. The Buddhist works on Philosophy are equally important and are perhaps a little more objective in character.

The Yoga-Vasishta begins with a story which possesses considerable psychological insight. A student went to the hermitage of sage Agastya, and asked him whether knowledge or work was the direct cause of peace of mind and of salvation. Agastya replied that as a bird flies with two wings, so a man attains peace only through knowledge and work.

Far surpassing all text-books on mental Hygiene are, the Santi Parva in Mahabharata, and the great Bhagawadgita, both of which concern themselves also with problems of conduct, whose solution is a pressing necessity for man, if he is to live without enmity, tumult and discord, which is attained only by mastery over self. They insist on meticulous discharge of social obligations, and teach equanimity, and balance of mind. Centuries later Osler gave his address on Equanimity, which is considered to be a medical classic.

Charaka gives us a scheme of life in which he traces, the springs of all our action to the three fundamental motives or biological instincts of life-preservation, worldly desire of

acquiring riches for enjoyment, and other worldly aspirations of self-realization. According to him these three fundamental desires sum up all springs of action. On this view, our knowledge will appear to be more fundamental than feeling. Charaka does not seem to begin from the old and stereotyped idea that false knowledge is the starting-point of the world. His is a scheme of a well-balanced life which is guided by the harmonious play of these three fundamental desires and is directed by perfect wisdom and unerring judgement. Evil and mischief creep in through errors of judgement, by which the harmony of these desires is broken. All kinds of misdeeds are traced, not to feelings of attachment or antipathy, but to errors of judgement or foolishness (prajnaparadha). This prajnaparadha may be compared to the moha or avidya of the Nyaya and Yoga. But while Nyaya and Yoga seem to refer to this moha or avidya as a fundamental defect inherent in our mental constitution and determining its activities as a formative element, Charaka's prajnaparadha is not made to occupy any metaphysical status, but expresses itself only in the individual lapses of judgement. This sounds familiar to students of modern abnormal psychology, reminiscent of Freud, Adler and Jung, but formulated in a more acceptable manner by Charaka at least a thousand years before them.

In the history of Science and Medicine, one observes that modern medicine has evolved naturally from Latin and Greek origins. Both Latin Greek cultures have been completely exploited during the process, and in that sense, Latin and Greek are considered to be outworn cultures, and the languages, dead languages.

On the same analogy, Sanskrit is said to be a dead language, and that nothing could be gained from its further intensive study. It is a false analogy, and a total misreading of history. Due to a break in ancient Indian civilisation, because of Mohammedan invasion of India, and subsequent British conquest, there has been no natural evolution of Indian culture, science or medicine, from ancient Sanskrit

culture. The knowledge laboriously gathered by our ancients, is still there to benefit any one who seeks for it. In that sense Sanskrit is not a dead language, but very much alive. And if we have to maintain our dignity, and self-respect as an independent nation, contributing to the culture of the world, an intensive study of Sanskrit is essential.

And psychological medicine is still in its infancy and there is plenty of scope in it for intelligent speculation. This can only be achieved by an intensive research and application of Indian philosophical systems, in the original.

Summary

An attempt has been made in the above paragraphs, to emphasise: (1) The comparatively undeveloped state of psychological medicine. In spite of many advances, the etiology, and pathology of mental disorder are not well understood, and hence the classification of mental diseases, is arbitrary, empirical and often delightfully vague.

(2) Interpretative psychiatry, as practised at present, is not very satisfactory. Psycho-analytic theories which attempt to interpret signs and symptoms of mental disorder, are often an excessive strain on one's credulity. And at the moment there is no other theory, offering an alternative explanation.

(3) Specific treatment for functional mental disorder (psychoses and psycho-neuroses) is unknown.

(4) Intensive research in systems of Indian philosophy (Darsanas), Ayurveda, and allied subjects, may provide:

(i) A scientific terminology, and a sequential explanation of mental mechanisms, leading to a more scientifically acceptable interpretative psychiatry, and of the various problems of personality.

(ii) An acceptable programme of mental hygiene for individuals, groups and nations.

(iii) Because of interpolated, irrelevant, and often apocryphal material, which detract from the value of the texts, strict examination of the original Sanskrit texts is essential to purge them of such material. It is a task for competent scholars.

(iv) I have laid more stress on research in Indian philosophy, and not merely in the narrow field of Ayurveda for the following reasons: (a) Ayurveda is based on it, and the Darśanas can be exploited with better advantage, (b) Ayurveda however eminent as a system, a thousand years ago, is in many respects outmoded because of recent advances in the basic sciences, technical advances and experimental knowledge brought about with the help of various instruments, (c) Ayurvedic pharmacology is submerged in general pharmacology, and research in it is research in pharmacology, (d) for psychological medicine, philosophy is as important, if not more, than Ayurveda. (e) I am, however, open to the conviction that research in Ayurveda will provide newer methods of treatment of mental disorder as well as of other diseases.

(v) Lastly, it must be emphasised that all research undertaken in this field, will be of great historical importance as unravelling a glorious period in the history of medicine.

Conclusions

An attempt has been made in the above pages to point out the need for research in Indian philosophy and Ayurveda, in the original Sanskrit texts, with special reference to psychological medicine. It is hoped that from such a research may be found a coherent explanation of disconnected mental phenomena, and psychiatry may evolve into a scientific discipline. I have refrained from being unnecessarily technical, partly because of lack of knowledge, but as well because this is not a monograph, but only a memorandum presented to a committee engaged in determining the value of an ancient system of medicine in a modern world.

PSYCHOMOTOR (TEMPORAL LOBE) EPILEPSY: A STUDY OF 47 CASES

I. Introduction

The credit for the earliest description of what is now called psychomotor or temporal lobe epilepsy must go to Jackson who as early as 1888, with remarkable insight, recognised that these symptoms were a result of an epileptic discharge in the region of the uncinate gyrus, and he called the condition the "uncinate group of fits." The sagacity of this remarkable man received full confirmation with the advent of electro-encephalography. In 1937, Gibbs, Gibbs & Lennox described a peculiar type of electrical abnormality in the E.E.G. as characteristic of such clinical attacks. They called this combination of a clinical and EEG picture "psychomotor epilepsy." Their description of the EEG pattern was further clarified by Jasper and Kershman in 1941 and the latter worker went further to say that the abnormality was often in the temporal lobe. The terms psychomotor epilepsy and temporal lobe epilepsy then were used as synonymous and interchangeable terms. However, discharges arising outside temporal lobe may also be associated with automatisms. The temporal lobe origin of an attack can only be determined by the characteristic aura which precedes the attack proper. These are of two main types, the sensory (epigastric, auditory and olfactory) and the psychical. These psychical auras consist of a conglomeration of illusions and hallucinations, often combined with disturbances of mood and autonomic disturbances. The present paper confines itself to such attacks of temporal lobe origin only and hence perhaps temporal lobe epilepsy would be a more accurate title for this communication.

Temporal Lobe Epilepsy is therefore a form of focal epilepsy and the clinical pattern of the attacks varies with