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# Deconstructing Unmade Examining the capacity of Ayurveda to address India's mental health crisis

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# Deconstructing Unmade

Examining the capacity of Ayurveda to address India's mental health crisis

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*Though India does not have a credible, widespread system in place to recognize and focus on issues of mental health, especially in allopathic treatments, it is imperative to evaluate the existing practices and approaches in regards to mental health alongside the impact that these approaches may have on Indian society. In contrast to Westernized systems of medicine, the traditional Indian system of Ayurveda inherently addresses issues in mental health due to the holistic approach through mind-body medicine. This study evaluates the enormous potential that exists within Ayurvedic philosophy to provide adequate, culturally congruent, treatments and care in mental health, and it seeks to critique the context in which that potential is muted within the Indian health care system.*

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## INTRODUCTION

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There is a growing crisis in India regarding mental health as incidence rates of suicide escalate while reported cases of depression worldwide continue to soar. Many blame the growing mental health crisis on the economic burden that families face, societal pressure to keep up with the latest trends, familial pressure to enter certain professions, and changing family structures. Whatever the reason, the fact remains that India is not equipped to address such a crisis with its current biomedicalized systems of psychiatric and psychological care due in part to the lack of education on issues in mental health, the almost non-existent policies regarding mental health care, and especially due to the extreme deficiency in the number of practicing mental health professionals. As a country that is still developing, India's health care focus has targeted more visible diseases that are not necessarily as stigmatized in the public eye. However, the neglect of mental health care development especially through allopathic means does not necessarily reflect the historical and traditional approaches to mental health and wellbeing. In Ayurveda, India's 5000 year old system of medicine, mental wellbeing is addressed in synchronicity with physical wellbeing as a part of the tradition's psychosomatic philosophy, incorporating the mind-body connection in all approaches to promoting a healthy lifestyle and treating disease when it arises. The focus in Ayurveda is not merely a custodial treatment of the symptoms of the disease; rather, it is a curative approach that first addresses prevention and then treatment of the whole person through awareness and life enhancement. In targeting the mind and mental illness, Ayurveda educates an individual on how to use their mind properly, aiming to cure the root of the problem rather than just eliminate the symptoms. Ayurveda's emphasis on the mind-body connection and its intricate philosophical approach to the mind gives it a unique opportunity to address mental health and mental illness in a manner that is culturally congruent within a

traditional India, but it is unfortunately limited in its capacity to address mental health concerns due especially to stigma and continued development under Western influences.

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## METHODS

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This field study explores approaches to mental health care in an Ayurvedic context, examining the scope and efficacy of care in relation to perceived Indian need. Qualitative perspectives and discourses on mental health and Ayurveda were necessitated, and they were collected through a series of interviews across two localities. First, interviews in New Delhi with mental health professionals, policy makers, and educators structured the development of a theoretical framework surrounding mental health and Ayurveda policies; this is indispensable in examining the capacity of Ayurveda to address mental health concerns within a community in regards to policy, perceived access, and institutionalized perception. Second, interviews in Palampur, Himachal Pradesh with mental health and Ayurvedic professionals provided perspectives from both doctors and patients of Ayurveda and allopathy; this is crucial to building insight into the implementation, community access, and community perception of mental health. These qualitative perspectives were supplemented by thorough literature review and secondary readings.

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## FRAMEWORK

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### WHAT IS MENTAL HEALTH?

Appreciating mental health requires more than just an understanding of the definition administered by the World Health Organization, which describes mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a

contribution to his or her community”<sup>1</sup>. Furthermore, it is key for a standardized, global perception of mental health, and it establishes a foundation for the wellbeing and effective functioning of an individual and a community. This definition tends to echo community interpretations of mental health, especially amongst health care professionals, and in India, it appears as though the interpretation is in the midst of a great shift, which necessitates an exploration of these community understandings.

The evolution of Indian mental health care is predicated by ancient, traditional wisdom that has long established negative connotations surrounding those suffering from mental illness. These negative depictions persisted throughout British colonization and beyond Partition in 1947<sup>2</sup>; through the continued education of the Indian population, the perception of mental health has begun to change. Health care professionals ranging from psychiatric doctors, psychologists, specialists in complementary medicine, Ayurvedic practitioners, policymakers and lobbyists address mental health and wellbeing in a way that speaks to “harmonious equilibrium”<sup>3</sup> in one’s life, wherein a person has sufficient capacity to adjust to society, build relationships, and cope with adversity<sup>4</sup>. It is complete functionality of an individual<sup>5</sup> in which there is little to no distress such that emotions and personality are balanced in accordance with societal norms<sup>6</sup>.

Of particular note is the notion of “normalcy” within society. What is perceived as normal differs from culture to culture, and especially amongst the broader Indian

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<sup>1</sup> “Promoting Mental Health: Concepts, emerging evidence, practice,” *World Health Organization* (Singapore: WHO, 2005).

<sup>2</sup> Nizamie, SH & N. Goyal, “History of psychiatry in India,” *Indian Journal of Psychiatry*, vol 52 (2010): S7-S12.

<sup>3</sup> Dr. Anjali Capila, interview with the author, April 2015.

<sup>4</sup> Abdul Mabood, interview with the author, April 2015.

<sup>5</sup> VIMHANS professionals, interview with the author, April 2015.

<sup>6</sup> Dr. Vivek Katoch, interview with the author, April 2015.



community, a deviation from what is “normal” is emphasized as relating to mental illness<sup>7</sup>. Ancient Indian texts depict mental illness as the result of divine curses<sup>8</sup>, implying early in history that individuals suffering from mental illness are living in an impure way that is outside of what may be considered acceptable. Currently, it is acknowledged in educated communities that normalcy and mental illness in an Indian life is not under the direct impact of the divine<sup>9</sup>; rather, it is now believed that mental illness and mental disorders are unsettled conditions of the mind, involving barriers to understanding, consciousness, perception, memory, intelligence, character, behavior, and conduct<sup>10</sup>. Ayurveda claims mental illness most often affects individuals who have somehow compromised their lifestyles and the rules of healthy living as have been set forth by society<sup>11</sup>.

#### INDIA’S NEED FOR MENTAL HEALTH CARE

What should be in the forefront of the discussion on mental health is that the word “mental” is not commonly used in India as it generally refers to a very stigmatized view of mental health and mental illness in the form of madness<sup>12</sup>. This failure to acknowledge and understand necessary terminology for a person’s wellbeing demonstrates the perception of the greater Indian community towards mental health and mental disorders, indicating that it is not something to be acknowledged. It is true that there are systems in place that do not approach the issue in this way, but the battle to make mental health care a country-wide concern and to increase access to mental health services is in the infantile stages as stigma remains high.

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<sup>7</sup> Ibid.

<sup>8</sup> Nizamie, SH & N. Goyal, “History of psychiatry in India,” (2010).

<sup>9</sup> Dr. Vivek Katoch, April 2015.

<sup>10</sup> Varma, LP, MD, “Psychiatry in Ayurveda,” *Indian Journal of Psychiatry*, vol 7.4 (1965): 294-312.

<sup>11</sup> Dr. Ashutosh Guleri, interview with the author, April 2015.

<sup>12</sup> Dr. Anjali Capila, April 2015.

The Indian mental health care system is simply not equipped to address the growing mental health crisis in India. The services provided by the allopathic Western systems of medicine in terms of psychology and psychiatry are seriously lacking. India claims only one psychiatrist per 5,000 people, one psychiatric nurse per 10,000 people, and one psychiatric bed per 40,000 people<sup>13</sup>. In all of India, there are 4000 or fewer licensed psychiatrists and psychologists combined<sup>14</sup>, and these numbers reflect both the lack of priority given to mental health care in the Indian system and the stigma that limits the demand. This is in contrast to the 28 million people that are currently reported to suffer from mental health related illnesses in India<sup>15</sup>, a reality that illuminates the severe limitations in the ability for individuals to access mental health care in India.

Given the disproportionate ratio of mental health professionals in India, it is critical to have alternate systems in place to address issues in mental health. Serious psychiatric disorders may be universally acknowledged, but the ways they are addressed are dependent on cultural milieus, and consideration ought to be given to how best serve individuals from these varying cultural backgrounds. In some cases, Indian citizens will claim that there is not a need for an increase in mental health services due to a historical Indian culture of highly integrated family systems within the community<sup>16</sup>; however, these family systems are changing as family members migrate out of the home, transforming the communal system into an individual, nuclear system<sup>17</sup>. These changing family structures, combined with the continual development of Indian society and economy surely contribute to the increasing need for mental health care.

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<sup>13</sup> Dr. Jayanti Singh, lecture, March 2015.

<sup>14</sup> VIMHANS professionals, April 2015.

<sup>15</sup> Dr. Jayanti Singh, March 2015.

<sup>16</sup> Dr. Vivek Katoch, April 2015.

<sup>17</sup> Dr. D.C. Katoch, interview with the author, April 2015.

Perhaps the greatest argument for increased need that is sensitive to the parameters of Indian culture is reflected in the increasing number of suicides seen in India every year. India is home to the highest number of suicides in the world, accounting for 32% of the world's suicides in 2012<sup>18</sup>. It is recorded that there is at least one death by suicide every six minutes in India, with the number of suicide attempts calculated at a rate that is at least ten-times higher<sup>19</sup>, with the rate increasing from 7.5/100,000 in 1987 to 11.2/100,000 in 1999 to 20.3/100,000 in 2012<sup>20</sup>. The act of suicide is closely linked with psychiatric illness, and because it is often an impulsive act, it is highly preventable. The preventability of this tragic epidemic is high, indicating that more resources need to be allocated to the sector of mental health, including resources that aim to educate the Indian population on mental health in order to address and decrease the stigma surrounding mental illness. Because suicide is a visible manifestation of psychiatric illness, it is not clear why this major issue is not being addressed, but the fact that the narratives behind these suicides get erased and ignored is indicative of the invisibility of mental illness and an unwillingness to address mental illness in favor of more visible disease.

#### CULTURALLY CONGRUENT APPROACHES TO MENTAL HEALTH

In examining culturally congruent approaches to health, one must scrutinize that which is compatible within a particular cultural context based on values, traditions, and beliefs. What is perhaps the most relevant traditional Indian practice in the discussion on mental health is the system of Ayurveda, a natural science that is designed to create an enabling environment for the prevention of disease, the promotion of health, and better

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<sup>18</sup> "Promoting Mental Health" *World Health Organization*, 2010.

<sup>19</sup> Shrivastava, Amresh, "Suicidal Behavior – A Window to Mental Health: The Prerana Initiative," (New Delhi: SAGE Publications, 2003).

<sup>20</sup> Vijaykumar, Lakshmi, "SNEHA – Working with Suicide," (New Delhi: SAGE Publications, 2003).

management of health<sup>21</sup>. As one of the primary traditional methods of health care, the practice of Ayurveda is based on the concept of the balanced union of a physical body, the ten senses, one mind, and one soul<sup>22</sup>. This 5000-year-old traditional medical practice is often regarded as the “Science of Life”<sup>23</sup> or the “Science of Longevity”<sup>24</sup> because it uses experiential knowledge and observation to address the qualitative and holistic healing of the whole person, body, and mind, acknowledging that no life is entirely free of miseries and sufferings<sup>25</sup>. Ayurveda naturally has a focus on mental health and wellbeing without the associated stigma of allopathic approaches, but Ayurvedic practitioners do not necessarily focus on mental illnesses to the extent that may be warranted by community need.

The principle belief in Ayurveda is that the mind is at the “root” of all maladies and that body and mind are connected, meaning that any mental disturbance will result in a subsequent physical disturbance and vice-versa<sup>26</sup>. Ayurvedic treatments aim to target the root cause of any symptom, thereby targeting the mind, though in practice, it may only peripherally address specific mental illnesses or concerns<sup>27</sup>. Special attention is given to Ayurvedic psychiatry, *grahachikitsa*, which is one of the eight established branches in the Ayurvedic tradition<sup>28</sup>. This branch recognizes that the mind is a subtle organ whose health depends on the ability to obtain nourishment from the environment, including factors such as a person’s community structure and diet<sup>29</sup>. This crucial focus on the mind allows

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<sup>21</sup> Dr. D.C. Katoch, April 2015.

<sup>22</sup> Dr. Ashutosh Guleri, April 2015.

<sup>23</sup> Ibid.

<sup>24</sup> Samasundar, C. “Relevance of ancient Indian wisdom.” 2008.

<sup>25</sup> Ibid.

<sup>26</sup> Dr. Ashutosh Guleri, April 2015.

<sup>27</sup> Svoboda, Dr. Robert E., “Prakriti: Your Ayurvedic Constitution,” (Delhi: Motilal Banarsidass, 2010).

<sup>28</sup> Dr. Ashutosh Guleri, April 2015.

<sup>29</sup> Frawley, Dr. David, “Ayurveda and the Mind: Healing of Consciousness,” (Delhi: Motilal Barasidass, 2011).

Ayurveda to provide both preventative and curative treatments for mental illness in ways that allopathic approaches are unable to do.

Mental health, especially within the Indian context, is a holistic issue that needs to be attended to in ways that look not at specific disorders and treatment with medicines, but look instead at family, societal position, and power<sup>30</sup>. Ayurveda is one of the only systems that effectively does this, seeing individuals suffering from mental illness not as “mad,” but as individuals who simply do not know how to use the mind properly<sup>31</sup>, and in treating mental illness, Ayurveda seeks to educate individuals on the right way of living to facilitate optimal wellbeing<sup>32</sup>.

The question, however, is whether or not Ayurveda is truly effective in meeting the mental health needs of communities. Ayurveda is a historical system that is generally trusted in Indian communities<sup>33</sup>, though with a limited number of Ayurvedic psychiatrists currently practicing, this mind-body approach lacks focus on specific mental health illnesses. Despite the cultural congruency of Ayurveda, this crucial component may limit the efficacy of treating mental illnesses and disease because the necessary professionals simply do not exist. The discourse surrounding Ayurveda and mental health should acknowledge that traditional Ayurvedic knowledge, philosophy, and medical practices manifest the opportunity for increased access to mental health care within India. Ayurveda has great potential to address issues in mental health, but its capacity is limited by a lack of specialists, knowledge, economic burden, geographic location, and poor policy.

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<sup>30</sup> Dr. Anjali Capila, April 2015.

<sup>31</sup> Frawley, Dr. David, “Ayurveda and the Mind,” (2011).

<sup>32</sup> Ibid.

<sup>33</sup> Dr. Vivek Katoch, April 2015.

# AYURVEDA AND THE MIND

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## PHILOSOPHY

The philosophy of Ayurveda is paramount to understanding disease, pathology, and treatment. The philosophy begins with the theory of evolution according to Ayurveda and extends into what may be considered as the human composition, or *doshas*, the combination of qualities that constitute an individual; and the mind, a tool in perceiving and assessing the world. The *doshas* and the mind are interrelated through evolution, making the psychosomatic concept one of the principal philosophies in Ayurveda, stating that physical and mental entities symbiotically influence one another, thus shaping how treatment methods are approached in the event of disease.

### *Theory of Evolution*

Ayurveda states that before there was anything else in existence, there was the cosmos and within the cosmos there was *Prakriti*, the feminine Mother Nature, and there was *Parousha*, the masculine Cosmic Soul<sup>34</sup>. In this way, the primordial Mother Nature expresses the negative qualities of pleasure, pain, and delusion while the Cosmic Soul expresses the positive qualities of pure consciousness and awareness<sup>35 36</sup>.

From the union of the Mother Nature and the Cosmic Soul developed *Mahat*, the Wisdom, which evolved into *Abankar*, the Ego, which split into three different forms<sup>37</sup>. Stimulation amongst these three forms of Ego caused the continuation of evolution, resulting in the creation of the five senses of perception, the five senses of action, and the

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<sup>34</sup> Dr. Ashutosh Guleri, April 2015.

<sup>35</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

<sup>36</sup> Dr. Ashutosh Guleri, April 2015.

<sup>37</sup> Ibid.

mind<sup>38</sup>. At this time, the creation of the five atomic elements was also initiated, those being: ether, air, fire, water, and earth<sup>39</sup>.

It is exceptionally important to note that these five elements each pertain to one of the five senses of perception, and they are simply qualities<sup>40</sup>. These qualities are what drive the experience of human life and existence, determining how individuals perceive and engage with the world on both a physical and mental plane<sup>41 42</sup>. Each of the five elements represents specific qualities that may appear in varying concentrations within an individual. Of particular note is the recognition of the mental and psychological impact of these qualities:

- ❖ Ether is the particle of sound, having the quality “not to block anything,” which influences mobility, and on a psychological level it gives the mind background capacity for all mental functions and impressions.
- ❖ Air is the particle of touch, having the quality of mobility, in which the psychological impact may be a deeper feeling nature or sensitivity.
- ❖ Fire is the particle of vision, containing the quality of heat as it relates to perception and imparting psychological impacts of illumination, understanding, and discrimination.
- ❖ Water is the particle of taste, representing liquidity and giving psychological qualities of emotion, empathy, and feeling, with the ability to connect to the external world.
- ❖ Earth is the particle of smell, having the quality of solidity and contributing to psychological impacts of memory, attachment, and identification.

### *Theory of Doshas*

While the entire world is composed of the elements ether, air, fire, water, and earth, these elements should only be appreciated according to the qualities they represent.

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<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Frawley, Dr. David, “Ayurveda and the Mind,” (2011).

<sup>42</sup> Dr. Ashutosh Guleri, April 2015.

According to Ayurveda, all physical manifestations within the cosmos are merely replications of particular qualities that relate to one of the five elements<sup>43</sup>. As such, the human body also should be recognized as a replication of the cosmos. The elements play an integral role in the composition of a person's physical and psychological constitutions by means of the three *doshas*, controlling both the biological forces that command the human body and the mental aspects that command the human nature<sup>44</sup>.

In Ayurveda it is believed that these physical and psychological *doshas* are responsible for health and illness<sup>45</sup>; an imbalance in the *doshas* can affect a person's mental wellbeing, causing disturbed emotion and thought which would generally also be reflected in the person's physical wellbeing<sup>46</sup>. Often, the three *doshas* may be likened to three biological humors, the forces that consistently function in the human body and influence a person's way of living<sup>47</sup>. Each of the three *doshas* is comprised of a combination of two elements, with each element contributing qualities which interact with the other to create a *dosha's* particular characteristics<sup>48</sup>.

Space and air combine to form the first *dosha*, *vata*<sup>49</sup>. From a psychological perspective, the quality of mobility in *vata* individuals makes the mind hyperactive and increases the potential for the mind to delve into confusion and indecision<sup>50</sup>. These individuals are prone to anxiety, stress, and depression<sup>51</sup>. This may be balanced by cultivating

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<sup>43</sup> Dr. Ashutosh Guleri, April 2015.

<sup>44</sup> Nathani, Sunil Kumar & Neeru, "Preventative and therapeutic measures of Ayurveda for mental health care," *Pharma Science Monitor*, vol 5.1, (2014): 176-183.

<sup>45</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

<sup>46</sup> Ibid.

<sup>47</sup> Dr. Ashutosh Guleri, April 2015.

<sup>48</sup> Ibid.

<sup>49</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

<sup>50</sup> Dr. Ashutosh Guleri, April 2015.

<sup>51</sup> Ibid.



flexibility and adaptability within *vata*<sup>52</sup>. Fire and water join, forming the second *dosha*, *pitta*<sup>53</sup>. Psychologically, the quality of heat predominates in *pitta* personalities, manifesting through intense focus and anger, making them prone to aggression, obsessive-compulsive disorders and mania<sup>54</sup>. Intellect, wit, and passion may help to balance wellbeing<sup>55</sup>. Water and earth unite to form third *dosha*, *kapha*<sup>56</sup>. The psychological contradiction of liquidity and solidity manifests in stubbornness and rudeness, social seclusion, depression, and eventually suicidal tendencies<sup>57</sup>. Balance may be increased through a capacity for love, compassion, and adaptability<sup>58</sup>.

Within traditional Ayurvedic healing circles there is much talk about the necessity of “balancing the doshas”<sup>59</sup>. Especially within a psychological context, it is evident that there is a certain balancing act that is required in fostering and maintaining health. Because these *doshas* account also for a person’s psychological composition in addition to a person’s physical composition, they provide explanations for the ways in which individuals interact with the environment and the people around them, illustrating why a person might behave in the way that she does. What is particularly important about the *doshas* is their capacity to account for all physiological and psychological aspects of an individual, allowing one to speculate the future impact of various events and lifestyle choices. By feeding one *dosha* over the others, an imbalance is created, which may have both physiological and psychological impacts<sup>60 61</sup>. It is recognized in Ayurveda that ongoing imbalance can result in mental illness,

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<sup>52</sup> Ibid.

<sup>53</sup> Frawley, Dr. David, “Ayurveda and the Mind,” (2011).

<sup>54</sup> Dr. Ashutosh Guleri, April 2015.

<sup>55</sup> Ibid.

<sup>56</sup> Frawley, Dr. David, “Ayurveda and the Mind,” (2011).

<sup>57</sup> Dr. Ashutosh Guleri, April 2015.

<sup>58</sup> Ibid.

<sup>59</sup> Dr. Ashutosh Guleri, April 2015.

<sup>60</sup> Frawley, Dr. David, “Ayurveda and the Mind,” (2011).

indicating that maintaining a proper balance of the *doshas* within each individual is critical to maintaining complete mental health. Due to the insight that the *doshas* provide to an individual's overall physiological and psychological composition, there is immense possibility given to Ayurveda to address disease before it manifests. In this way, it is possible to educate individuals on the right way of living according to their particular *dosha* to “save them from their traits”<sup>62</sup>. Understanding the impact of the three *doshas* is critical in taking care of health and the healthy being, also providing a means through which to address illness should it manifest, and giving Ayurveda a heightened capacity to not only prevent mental illness through lifestyle education, but also to address and cure disease in the case that it develops.

### *The Mind*

What is the difference between the mind and the brain in Indian philosophy? The brain is merely a collector of information, a database from which one can draw upon in order to make judgments<sup>63</sup>; the one that constantly engages into analysis, collects information, draws comparatives, and sends this information to the brain, is known as mind<sup>64</sup>. Ayurvedic philosophy recognizes the mind as linking the senses and the brain, that which is known as the higher intellect<sup>65</sup>. However, other than describing the mind as a bridge between the senses and the brain, it is difficult to say exactly what the mind is. The mind is not a physical entity, and as such, it does not have any one particular location, and there is no concrete means to prove that the mind and the brain are different beings. Despite this,

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<sup>61</sup> Varma, LP, MD, “Psychiatry in Ayurveda,” (1965).

<sup>62</sup> Dr. Ashutosh Guleri, April 2015.

<sup>63</sup> Ibid.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

Ayurveda maintains that it is the mind that makes judgments and that perception and non-perception of knowledge is the only necessary sign of the presence or absence of the mind<sup>66</sup>.

The mind in Ayurveda is merely an instrument, a tool through which humans may experience the world after having gathered information and knowledge through the senses<sup>67</sup>. The general understanding is that the mind is composed of the *vata*, which renders it hypermobile by nature<sup>68</sup>. When highly focused, the mind has unlimited capacity to perceive knowledge and make judgments<sup>69</sup>; yet, due to the hypermobility of the mind, it is but a flickering entity, highly perceptible to attachment and delusion<sup>70</sup>. The hypermobile nature makes it such that the mind is constantly under stress to focus, which may eventually lead to the exhaustion of the mind and ultimately mental illness<sup>71 72</sup>.

The recognition in Ayurveda of the importance of the mind regardless of physiological and psychological symptoms indicates that Ayurveda has an increased awareness of the capacity and the potential of the mind. Though Ayurveda is a medical system designed to address all disease, it does so in a way that ensures proper functioning of the mind, maintaining faculties of thinking, consideration, reasoning, concentration, and determination, simultaneously ensuring that the roles of the mind to direct the senses and control the self are intact<sup>73 74</sup>. It follows that living in such a manner that promotes the proper usage of these functions and does not abuse either them or any of the senses in any

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<sup>66</sup> Ibid.

<sup>67</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

<sup>68</sup> Dr. Ashutosh Guleri, April 2015.

<sup>69</sup> Ibid.

<sup>70</sup> Ibid.

<sup>71</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

<sup>72</sup> Dr. Ashutosh Guleri, April 2015.

<sup>73</sup> Lavekar, Dr. GS, "Glimpse of Mental Disorders and Treatment in Ayurveda," *Ayurveda & Health Tourism*, (n.d.): 24-30.

<sup>74</sup> Nathani, Sunil Kumar & Neeru, "Preventative and therapeutic measures" (2014).

way, a person should be able to avoid and prevent any psychiatric or psychological illness. By addressing the mind as a tool to direct the senses, Ayurveda also acknowledges that the mind's basic purpose is to experience information and that illness develops when the mind becomes attached to worldly perceptions<sup>75</sup>. This acknowledgment, alongside the recognition of how the mind is governed by the *doshas* allows Ayurvedic practitioners to approach the mind and mental illness in such a way that may redirect the mind from attachment to truth and awareness, thus creating the opportunity to cure mental illness.

## AYURVEDIC PSYCHIATRY

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Ayurvedic psychiatry is one of the original eight branches of Ayurveda. Though Ayurveda first promotes the health of the healthy person, this branch specifically addresses the course of action in the event that mental illness manifests within an individual. It recognizes that mental diseases tend to arise mostly from internal factors, such as over or under use of the senses and the accumulation of negative emotion without proper release<sup>76</sup>, and it approaches disease by means of prevention, treatment, education, and awareness<sup>77</sup>. Not only does the mind-body philosophy of Ayurveda naturally address mental health, but the inculcation of Ayurvedic psychiatry into mental health treatment paradigms has immense potential to increase access to positive and curative approaches to mental health. The existence and continuation of Ayurvedic psychiatry cements Ayurveda as a viable system through which mental illness can be addressed, treated, and cured, especially in relation to an Indian society that is holding on to its traditional heritage.

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<sup>75</sup> Dr. Ashutosh Guleri, April 2015.

<sup>76</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

<sup>77</sup> Dr. Ashutosh Guleri, April 2015.

## PREVENTION

Ayurveda's first initiative is to ensure and prolong the health of the healthy, making prevention through a right way of living essential. The "right way of living"<sup>78 79 80 81</sup> echoes the theology behind the *doshas* since these biological forces illuminate the potential for disease. With knowledge of the risk of disease according to each *dosha*, it is possible to regulate lifestyle in order to prevent the manifestation of disease<sup>82 83</sup>. Once a person understands their own *doshas* and traits, especially the psychological traits associated with their *doshas*, it is possible to prevent the onset of psychological illness such as depression or even schizophrenia<sup>84</sup>.

This prevention is key, though it necessitates that a person receive proper advisement and that they follow through in order to avoid situations that may flare up the diseases to which they are prone. The fact that Ayurveda focuses so heavily on prevention indicates that there is a consideration for the life as a whole rather than immediate health. This consideration is key especially in mental health, when the imbalances in the mind and the negativity experienced on a day-to-day basis often build up over time before finally manifesting in disease. Ayurveda's focus in prevention recommends that individuals follow the proper diet, seasonal regimens, codes of conduct, and control of bodily and psychological urges in order to avoid disease<sup>85</sup>.

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<sup>78</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

<sup>79</sup> Dr. Ashutosh Guleri, April 2015.

<sup>80</sup> Lavekar, Dr. GS, "Glimpse of Mental Disorders," (n.d.).

<sup>81</sup> Wujastyk, Dominik, "The Roots of Ayurveda," (New Delhi: Penguin Books, 2001).

<sup>82</sup> Dr. Ashutosh Guleri, April 2015.

<sup>83</sup> Dr. D.C. Katoch, April 2015.

<sup>84</sup> Dr. Ashutosh Guleri, April 2015.

<sup>85</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

The prevention of disease is Ayurveda's main approach to addressing mental illness. For those who follow the recommendations set forth in the ancient texts and by Ayurvedic practitioners, it appears as though an Ayurvedic way of living does effectively prevent mental illness; however, the positive correlation between a right way of living according to Ayurveda and positive mental health does not indicate that Ayurveda and the right way of living are the cause of the positive mental health. It is possible that Ayurveda promotes mental health through the advisement on a right way of living, indicating that Ayurveda could indeed have a great capacity to eliminate the root of psychological suffering before it manifests into disease, though the actualization of that capacity is dependent on whether or not an individual follows an Ayurvedic way of life prior to the onset of disease.

#### DISEASE

Disease in Ayurveda is considered as having four stages<sup>86 87</sup>. The first stage is reversible, where the patient can appreciate the symptoms, and healing can occur without trouble<sup>88</sup>. In the second stage, the signs and symptoms of disease become more evident, and it requires effort to cure, but it is also reversible<sup>89</sup>. Chronicity develops in the third stage of disease, and though much effort must be exerted it is curable<sup>90</sup>. In the final stage of disease, the fourth stage, there is no cure, and the disease is only manageable at best<sup>91</sup>. It is believed that all diseases go through this progression of severity, including such diseases as cancer and mental illness. Given that the first three stages of disease are curable, it is crucial that patients seek treatment during the initial stages. However, it is not common in Indian culture to seek

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<sup>86</sup> Dr. Ashutosh Guleri, April 2015.

<sup>87</sup> Dr. D.C. Katoch, April 2015.

<sup>88</sup> Ibid.

<sup>89</sup> Ibid.

<sup>90</sup> Ibid.

<sup>91</sup> Ibid.

treatment early in the disease process, especially when a person is suffering from mental illness<sup>92 93 94</sup>. This gives the disease time to progress into the third and fourth stages, manifesting into higher severity and making treatment difficult. Prognosis appears to be good in the early stages of mental health management and treatment should prevention fail, but once illness progresses, neither Ayurveda nor Westernized allopathic systems can completely eradicate the disease<sup>95 96</sup>.

In Ayurveda, there is only one classification for all forms of mental illness: *unmade*. The first and foremost sign of *unmade* is confusion and the inability to recognize people, places, things, or events due to disorientation and the hyperactivity of the mind. As symptoms progress, a person will begin to experience extended lethargy throughout the day; instability of the eyes, which represents a loss of focus and control; and a loss of patience, which can be a symptom in anxiety, obsessive, and bipolar disorders<sup>97</sup>.

The broad classification of *unmade* encompasses all minor and major issues of mental illness, literally translating to “lost mind”<sup>98</sup>. Historically, *unmade* is perceived as psychosis and insanity, or “madness,” of mind that is caused by the deviation or imbalance in the *doshas*<sup>99</sup>. While these imbalances are the root of mental illness, there are various contributing factors that increase a person’s susceptibility to developing *unmade*. The factors contributing to a person’s propensity towards developing *unmade* include such things as repetitive and excessive consumption of food, especially food that is unhomologous; remaining unhygienic

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<sup>92</sup> Dr. Ashutosh Guleri, April 2015.

<sup>93</sup> Dr. D.C. Katoch, April 2015.

<sup>94</sup> VIMHANS professionals, April 2015.

<sup>95</sup> Dr. D.C. Katoch, April 2015.

<sup>96</sup> VIMHANS professionals, April 2015.

<sup>97</sup> Dr. Ashutosh Guleri, April 2015.

<sup>98</sup> Dr. Ashutosh Guleri, April 2015.

<sup>99</sup> Wujastyk, Dominik, “The Roots of Ayurveda,” (2001).

and eating unclean food; disrespecting God and religious rituals; disrespecting teachers and being disrespected by others; overexposure to excessive happiness; and psychological shock and trauma<sup>100 101</sup>. This thinking reflects the necessity to live in a right way, indicating that failure to do so results in the vulnerability of the mind. The need to eat healthful foods echoes the long-term principles of nutrition, and the significance of respect in Ayurvedic wisdom represents society's influence upon the mind; living in healthful ways both physically in terms of nutrition and cleanliness and also living in mutually respectable ways within society can have significant long-term effects upon overall health, wellness, and mental wellbeing. These principles are recognized amongst both Ayurvedic and allopathic medical professionals, further indicating that Ayurveda can address mental health and mental illness from a foundational understanding of human experience. However, the single classification of mental illness as *unmade* is questionable as treatment cannot be standardized for all mental illnesses, especially considering differences in severity between specific diseases.

#### PATHOLOGY

In the discussion of *unmade* in the ancient Ayurvedic text of the Charaka Samhita, it is recognized that there are three origins of mental disease: those produced by an imbalance in bodily *doshas*, those produced by an imbalance in mental *doshas*, and those produced by a combination of the two<sup>102</sup>. This provides further evidence to the psychosomatic principles of Ayurveda, tying together the mind and body through the *doshas* and indicating that *doshas* of either type may contribute to mental illness. The recognition here may be acknowledged also as Ayurveda's attempt to understand mental illness according to its qualities, and though

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<sup>100</sup> Dr. Ashutosh Guleri, April 2015.

<sup>101</sup> Wujastyk, Dominik, "The Roots of Ayurveda," (2001).

<sup>102</sup> Lavekar, Dr. GS, "Glimpse of Mental Disorders," (n.d.).



*unmade* is an umbrella under which all mental illnesses fall, the influence of the *doshas* precipitate particular disease symptoms that may be addressed in treatment also according to the *doshas*.

*Unmade* is dependent on the *doshas*, for whenever they block the channels of the mind it disrupts the normal thinking process, leading to symptoms which are not assumed as common, justified actions by the individual and society<sup>103</sup>. Each *dosha* influences the mind in unique ways according to the qualities of the *dosha*. As previously acknowledged, *vata* induces hyperactivity in the mind, and a mind that is predominated by *vata* would result in seclusion, insecurity, confusion, and eventually severe attention disorders<sup>104</sup>. Under the hyper-influence of *pitta*, the mind would become excessively aggressive and destructive with tendencies towards obsessive compulsions, hysteria, and bipolar disorders<sup>105</sup>. When *kapha* prevails in the mind it goes into depression, expressing stubbornness and lethargy, and the individual may have suicidal tendencies<sup>106</sup>.

When in balance, the mind is at peace and is less likely to develop worldly attachments, but when imbalanced, the mind falls into delusion and disease<sup>107 108</sup>. One must realize how the *doshas* become imbalanced because it is not enough for these factors to simply exist in the mind. That which is similar causes increase, meaning things that have the qualities of *vata* will increase *vata* in the body, and likewise with *pitta* and *kapha*<sup>109</sup>.

Understanding these *doshas* and their manifestations and repercussions in the event that they are imbalanced is absolutely essential to understanding and addressing mental illness, and

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<sup>103</sup> Dr. Ashutosh Guleri, April 2015.

<sup>104</sup> Ibid.

<sup>105</sup> Ibid.

<sup>106</sup> Ibid.

<sup>107</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

<sup>108</sup> Nathani, Sunil Kumar & Neeru, "Preventative and therapeutic measures" (2014).

<sup>109</sup> Dr. Ashutosh Guleri, April 2015.

only qualified Ayurvedic professionals have the capacity to fully comprehend these issues, with Ayurvedic psychiatrists having a distinctive ability to address the mental health concerns directly.

## TREATMENT

It is clear that Ayurvedic professionals do not regard mental illness as something that is easy to treat. The importance of treating mental illness and addressing the mind in a holistic approach to wellbeing and health is necessary, but psychological and mental disorders are perceived as problematic because the mind cannot be segregated from the body<sup>110</sup>. Despite the basic foundations for recognizing and addressing *unmade* that are present in the most basic forms of Ayurvedic philosophy, this distinctive capacity even amongst Ayurvedic professionals limits the availability of mental health treatment as not all Ayurvedic professionals may have the same scope of practice or the same understanding of mental illness. However, treatments for *unmade* are present should a client in need have access to a practicing Ayurvedic professional who is willing to provide treatment that is not just peripheral to treatments for designated physical ailments.

These treatments for *unmade* revolve around balancing the *doshas* in ways that focus on modifying a person's lifestyle and eliminating factors contributing to disease. The most important principle is to remove the causative factors for disease and then continue with treatment as necessary<sup>111</sup>. What is most indicative of Ayurveda's capacity to address mental health is the process of *sattva avajaya chikitsa*, the process of "winning over the mind"<sup>112</sup>. Though there are four pillars of treatment, including physical, psychological, social, and

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<sup>110</sup> Dr. Ashutosh Guleri, April 2015.

<sup>111</sup> Ibid.

<sup>112</sup> Ibid.

spiritual aspects of health, by far the most important instrument in the approach to treating mental illness is psychological counseling and behavior modification<sup>113</sup>. The principles in this approach are similar to approaches in Western psychology, and they aim to learn the process through which the client understands the varying aspects of her nature and how to then modify her actions for optimal wellbeing<sup>114</sup>. In providing security to one's mind, Ayurvedic professionals are able to cultivate an environment and a relationship with a patient that fosters optimal opportunity to create discourse on mental and emotional stresses and disturbances while monitoring and regulating a client's thought processes.

Perhaps the most important means through which to counsel and modify behavior is through the teaching of awareness. From the Ayurvedic theory of evolution, it should be clear that there are two charged aspects in the cosmos, which evolve into two charged aspects within the human body – the positive aspect and the negative aspect<sup>115</sup>. At the psychological level, this means pessimism, due to the negative presence of the pleasure, pain, and delusion contributed by the Mother Nature; and it means optimism, due to the positive presence of the awareness contributed by the Cosmic Soul<sup>116</sup>. This presence of awareness regulates whether or not an individual is able to remove themselves from worldly attachments that are created by pleasure, pain, and delusion. In learning and fostering that awareness, one may bring balance to their life simply by changing how they relate to the world<sup>117</sup>. In balancing one's life through spiritual awareness, it is believed that consciousness may be reached, and eliminating attachments will also eliminate suffering<sup>118 119</sup>.

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<sup>113</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

<sup>114</sup> Dr. Ashutosh Guleri, April 2015.

<sup>115</sup> Ibid.

<sup>116</sup> Ibid.

<sup>117</sup> Lavekar, Dr. GS, "Glimpse of Mental Disorders," (n.d.).

<sup>118</sup> Frawley, Dr. David, "Ayurveda and the Mind," (2011).

However, this spiritual awareness is not the only route by which to treat mental illness. In addition to cultivating awareness, Ayurveda practitioners stress the benefits of a proper diet because the digestive process influences the psyche similar to the way emotions affect the digestive process<sup>120</sup>. Since all food has characteristics that may be qualified by the *doshas*, food has great potential to both cause and mediate imbalances in one's psyche, and food is used as a major tool through which to resolve disease and instill balance<sup>121</sup>. Though this practice is not all-encompassing and would need to be paired with counseling in cases of severe mental illness, controlling one's food intake is observed to have large, positive effects on both physiological and psychological functioning<sup>122</sup>, indicating that diet is an important component in developing and maintaining positive mental health.

What is significant about Ayurveda in its ability to address and treat mental illness is that it is not limited to diet and counseling. Purifying treatments in the form of *panchkarma* may also be used to balance the *doshas*, using a mixture of medicated oils, massage, and steam techniques<sup>123</sup>. Various combinations of technique and oil may be used in order to induce the desired effect<sup>124</sup>. These treatments are particularly useful for inducing relaxation and righting any physiological illnesses that may have occurred secondary to the main mental illness<sup>125</sup>.

Though they are rarely used, and though one must be careful during use, pharmacological treatments do exist within the scope of Ayurveda through the means of Ayurvedic plants and herbs<sup>126</sup>, further improving Ayurveda's power to adequately provide

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<sup>119</sup> Dr. Ashutosh Guleri, April 2015.

<sup>120</sup> Rhyner, Hans H., "Ayurveda: The Gentle Health System," (Delhi: Motilal Banarsidass, 2003).

<sup>121</sup> Ibid.

<sup>122</sup> Svoboda, Dr. Robert E., "Prakriti," (2010).

<sup>123</sup> Dr. Ashutosh Guleri, April 2015.

<sup>124</sup> Ibid.

<sup>125</sup> Ibid.

<sup>126</sup> Rhyner, Hans H., "Ayurveda," (2003).

proper mental health care regardless of severity in *unmade*. Pharmacological treatments are used less than 20% of the time<sup>127</sup>, indicating either that in most cases of *unmade* there is not a need for pharmacological aid or that practicing Ayurveda doctors prefer to forego the use of such treatments, do not have access to proper herbal remedies, or do not know how to use them. Some may argue that these natural remedies would not work in severe cases of mental illness, such as in extreme anxiety disorders or in schizophrenia, but such herbal treatments such as *brahmi*, *ashwagandha*, and *Sarpahandha rauwolfia* do exist in order to treat memory impairment, anxiety, and schizophrenia respectively<sup>128</sup>. These herbs, amongst others, have a range of functions that can be used in treatments for illnesses of varying severity, and if a doctor is willing to prescribe them and can also ensure that they are completely natural and without contaminants<sup>129</sup>, Ayurveda proves to be extremely capable of treating *unmade* regardless of severity.

The use of pharmacological treatments on severe cases of mental illness, such as in instances of schizophrenia, schizoaffective disorders, and manic depressive psychosis may be necessary since cognitive and behavioral therapy alone may not be able to address the immediate needs of the client<sup>130</sup>. If an Ayurvedic practitioner is not able or is unwilling to provide pharmacological treatments to a client in need, a person's only choice may be to seek care from an allopathic psychiatrist in order to control primary symptoms. While Ayurveda stresses that eliminating the causative factor should be the first step in any treatment plan, some mental illnesses may require immediate pharmacological attention in order to bring the individual into a state from which they can then address causative and

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<sup>127</sup> Dr. D.C. Katoch, April 2015.

<sup>128</sup> Rhyner, Hans H., "Ayurveda," (2003).

<sup>129</sup> VIMHANS professionals, April 2015.

<sup>130</sup> Babu, C. Kumar, "The Relevance of Yoga and Meditation in the Management of Common Mental Disorders," *Restoring Mental Health in India: Pluralistic Therapies and Concepts*, (Oxford: Oxford University Press, 2003).

lifestyle factors. This is especially true for those that have reached stage three or four in severity due to the increased difficulty of treatment at that point.

Practicing Ayurvedic doctors seem to believe that even *unmade* in the form of schizophrenia may be treated and permanently altered<sup>131</sup>. While one must have faith in the medical system if one is to be cured<sup>132</sup>, it is essential that individuals suffering from mental illness, especially those suffering from severe mental illness, have access to practicing physicians who are able to approach their treatment through means that allow them to develop peace of mind, simultaneously providing them a space from which they can address, perfect, and balance the causative factors of disease. This is only possible if the practicing physician is aware of the available herbs, is willing and able to use those herbs, and if they are also able to provide sufficient and adequate counseling for lifestyle management and the cultivation of awareness.

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## ACCESSIBILITY AND BARRIERS

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The principle belief in Ayurveda is that the mind is at the “root” of all maladies and that body and mind are connected, meaning that any mental disturbance will result in a subsequent physical disturbance and vice-versa<sup>133</sup>. Ayurvedic treatments aim to target the root cause of any symptom, thereby targeting the mind, though in practice, it may only peripherally address specific mental illnesses or concerns as physical concerns generally take priority<sup>134</sup>. This crucial focus on the mind, even in a tangential context, allows Ayurveda to provide both preventative and curative treatments for mental illness in ways that allopathic approaches are unable to do. Though peripheral care is not ideal in the case of mental health

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<sup>131</sup> Dr. Ashutosh Guleri, April 2015.

<sup>132</sup> Ibid.

<sup>133</sup> Ibid.

<sup>134</sup> Svoboda, Dr. Robert E., “Prakriti,” (2010).

emergencies, it may still facilitate the delivery of mental health care to individuals who are unable or unwilling to seek allopathic health care due to belief, cost, location, or perceived stigma. Regardless, this peripheral care highlights a lack of focus on specific mental health illnesses, and despite the increased cultural congruency of Ayurveda, this crucial component limits the efficacy of treating mental health issues. The discourse surrounding Ayurvedic relevancy to mental health should acknowledge that traditional Ayurvedic knowledge, philosophy, and medical practices manifest the opportunity for increased access to mental health care within India. However, this manifestation is not adequately realized in the scope of mental health practice.

#### GEOGRAPHY

The one factor that promotes Ayurveda as a reliable and credible source for adequate mental health care when considering geographic proximity to mental health care seekers is that people living in rural areas tend to prefer traditional medicine to Western medicine<sup>135</sup>. Continually increasing awareness of the need for mental health care has allowed India to begin increasing access to mental health facilities across the country. However, the expansion of psychiatric facilities that have been more custodial than curative<sup>136</sup>, and which are not culturally congruent with Indian traditions, may have spawned further advances in the development of Ayurvedic psychotherapy practices in order to promote more culturally congruent mental health care. While Ayurveda is not at the forefront of targeted mental health care, traditional Indian systems of medicine are more prevalent in rural areas. There is established colocation of Ayurveda, Yoga, Unani, Siddha, and Homeopathy (AYUSH) facilities at Primary Health Centers, Community Health Centers, District Hospitals, and

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<sup>135</sup> Dr. D.C. Katoch, April 2015.

<sup>136</sup> Nizamie, SH & N. Goyal, "History of psychiatry in India," (2010).

there are also integrated AYUSH hospitals in these same areas<sup>137</sup>. These traditional systems of medicine are stressed in particular as positive delivery methods of health care because they are culturally congruent within the larger scope of India, simultaneously offering greater accessibility to medical treatments within physical and financial reach of patients<sup>138</sup>.

Ayurveda may be a more culturally congruent means of treatment especially for individuals who ascribe to more traditional Indian beliefs and for those who do not have access to allopathic psychologists and psychiatrists given the exceptionally limited number of practicing mental health professionals in India, but geography also provides barriers to those seeking mental health care from both Ayurvedic and allopathic professionals. In India, each licensed Ayurvedic practitioner is responsible for about 2000 people<sup>139</sup>, with the majority of practitioners located in metropolitan areas<sup>140</sup>. This indicates that despite the growing implementation of Ayurvedic facilities and colocation within rural hospitals, there are not enough Ayurvedic doctors to serve the community. When only a small fraction of those practicing Ayurvedic doctors specialize in Ayurvedic psychiatry, it is clear that the Indian community is unable to access Ayurvedic mental health care due to a huge volume of demand and an exceptionally limited volume of supply that is mostly concentrated among the metropolitan elite.

## ECONOMY

The main argument for the spread of traditional Indian medicine into rural communities is that AYUSH systems cater to primary health care needs at a fraction of the

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<sup>137</sup> National AYUSH Mission, “Operational Guidelines – AYUSH Services,” (Government of India, New Delhi, 2015).

<sup>138</sup> AYUSH, Ministry of Health and Family Welfare, “National Policy on Indian System of Medicine and Homeopathy,” (Government of India, New Delhi, 2002).

<sup>139</sup> Dr. D.C. Katoch, April 2015.

<sup>140</sup> Ibid.



cost of Western medicine<sup>141</sup>. It is no secret that Ayurveda is a cost effective way of personalized medicine that considers all aspects of lifestyle, nutrition, self-awareness, and society<sup>142</sup> Ayurvedic medicines can be grown at home in one's garden, making medicinal treatments exceptionally inexpensive, with other treatments requiring payment only for labor and the use of oils, milk, ghee, or medications<sup>143</sup>. The limited supplies that are required for Ayurvedic treatment practices are readily available<sup>144</sup>, making the treatments themselves very inexpensive also. This facilitates an economically sustainable approach to healthcare that may provide means for individuals in lower castes and classes to access mental health care facilities and treatments.

What is unfortunate about the economic status of Ayurveda within India is that on a community level, people do not have the time to access facilities and undergo treatment. Clients at Ayurvedic hospitals have discussed at length the amount of time that it requires to undergo treatment for physical ailments<sup>145</sup>, and it appears as though the duration of treatment depends on the severity of the disease, the chronicity, and the environment with which the patients surround themselves. The treatment process tends to be slower than in Western systems because Ayurveda does not believe in symptomatology and symptomatic treatment<sup>146</sup>. Rather, it aims to first isolate and correct the causative factor, subsequently remedying the physiological and psychological factors and symptoms<sup>147</sup>. Time is evidently the hindering factor in accessing Ayurvedic mental health services. While any Ayurvedic doctor can administer treatment for *unnade* provided he is able and willing, very few people

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<sup>141</sup> Ibid.

<sup>142</sup> Nathani, Sunil Kumar & Neeru, "Preventative and therapeutic measures" (2014).

<sup>143</sup> Dr. Ashutosh Guleri, April 2015.

<sup>144</sup> Ibid.

<sup>145</sup> Clients at Kayakalp interview with the author, April 2015.

<sup>146</sup> Dr. Ashutosh Guleri, April 2015.

<sup>147</sup> Ibid.

are willing to spend time on personal healing<sup>148</sup>, and most are more willing to seek help from allopathic Western systems of medicine when they are in need of medication because medication is fast-acting and effective at suppressing symptoms<sup>149</sup>. The economic divide in Ayurveda is between time and money. Do individuals in need of care have the time to devote to improving their health? Can they afford to take time off work in order to continually seek counseling and advice from Ayurvedic doctors while simultaneously trying to manage their daily regimens, diet, and lifestyle? Or is it worth it to spend the extra money up front in order to have the symptoms reduced and managed by Westernized biomedical approaches that have been scientifically tested and certified as effective on a shorter timeline? The choice is not always clear, but in an Indian society that is developing to meet the needs of a growing population and a busy world, it often appears as though people are more keen to spend the extra money if they are able in order to have a quick-fix solution rather than spend the time on affordable health care. When a low price tag comes at the expense of time, people are often willing to spend money, using the extra time they gain to make more money and feel better faster.

## SOCIETY

In general, Indian society is not very cognizant of issues concerning mental health. Most individuals are unable to describe their perception of mental health<sup>150</sup>, and those that can are still generally unable to provide means through which to cultivate it or ways in which they can access mental health facilities if it is needed<sup>151</sup>. What people are aware of is the mind-body philosophy of Ayurveda, even though they may not know about the high

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<sup>148</sup> Ibid.

<sup>149</sup> Abdul Mabood, April 2015.

<sup>150</sup> Clients at Kayakalp interview with the author, April 2015.

<sup>151</sup> Ibid.

theoretical capacity of Ayurveda to cultivate mental health and treat mental illness<sup>152</sup>. Clients of Ayurvedic physicians see health as holistic, and they seek practitioners who can provide that kind of treatment<sup>153</sup>, also looking for practitioners who can offer them more natural health care with treatments that are not associated with as many side effects as are reported in allopathic medicines<sup>154 155</sup>. Unfortunately, this kind of education is not widespread. Not only are people not educated about the potential for Ayurveda to have massive positive impacts in the field of mental health, but people are also not educated properly about the risks of chemical drugs due to their promotion by pharmaceutical companies through advertisements, research, physicians, and psychiatrists<sup>156</sup>. This emphasis on biomedical approaches to treatment, especially within mental health care, masks the impacts that Ayurveda and other traditional medical systems may have simply because they do not have the resources to properly educate society about the benefits of natural and holistic approaches to health.

Partly, a lack of education surrounding mental health may stem from the shroud of stigma that has persisted through history. Ancient Indian texts depicted mental illness as the result of divine curses<sup>157</sup>, implying early in history that individuals suffering from mental illness should be marginalized under this shroud of taboo. Continual evolution of this concept of mental health care later presented disciplines as described in 1500 BC<sup>158</sup> whereby traditional Ayurvedic Indian philosophy recognized that human life necessarily consisted of

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<sup>152</sup> Ibid.

<sup>153</sup> Dr. D.C. Katoch, April 2015.

<sup>154</sup> Clients at Kayakalp interview with the author, April 2015.

<sup>155</sup> Dr. Ashutosh Guleri, April 2015.

<sup>156</sup> Abdul Mabood, April 2015.

<sup>157</sup> Nizamie, SH & N. Goyal, "History of psychiatry in India," (2010).

<sup>158</sup> Shukla, B. & V.J., "Indian System of Medicine: A Brief Profile," *Ar. J. Trad.*, (2007): 319-337.

misereries and illnesses<sup>159</sup>. This traditional philosophy began to take a curative approach to mental health care by rebalancing the *doshas* of an individual<sup>160</sup>, but many people do not perceive Ayurveda as scientific<sup>161</sup>, which is one factor which may cause individuals seeking care to avoid Ayurvedic treatments in favor of something that is proven to eliminate symptoms and return them to a socially acceptable standard of living. Often, the stigma attached with mental illness causes patients to prefer to consult general physicians with somatic complaints rather than with psychological complaints<sup>162</sup>.

Especially within Indian society, the choice to spend more money on a quick-fix approach to treating mental illness is likely influenced by the extreme stigma that pervades the Indian way of thinking. Awareness and education of mental health issues are clearly not high, and this is one of the greatest concerns in mental health according to both mental health and Ayurvedic professionals<sup>163 164 165 166 167</sup>. Of course, this lack of awareness further contributes to the existing stigma surrounding mental health, and the first step towards eliminating stigma derives from education. Until educational systems that can address mental health concerns are in place, mental illness will continue to carry disabling stigma for those affected. Ayurveda may give individuals a chance to avoid this stigma by seeking care with doctors who are also equipped to treat physical ailments, thereby taking a holistic approach to their mental health treatment, but this requires individuals to know about the facilities and systems of medicine that are available to them.

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<sup>159</sup> Samasundar, C. "Relevance of ancient Indian wisdom." 2008.

<sup>160</sup> Shukla, B. & V.J., "Indian System of Medicine," (2007).

<sup>161</sup> Dr. D.C. Katoch, April 2015.

<sup>162</sup> Vikram, Patel & R. Thara, "Meeting the Mental Health Needs of Developing Countries: NGO Innovations in India," (New Delhi, SAGE Publications, 2003).

<sup>163</sup> Dr. Ashutosh Guleri, April 2015.

<sup>164</sup> Dr. D.C. Katoch, April 2015.

<sup>165</sup> Dr. Vivek Katoch, April 2015.

<sup>166</sup> Abdul Mabood, April 2015.

<sup>167</sup> VIMHANS professionals, April 2015.

## POLICY

In a country with only 3,500 psychiatrists for 1.27 billion people, the mental health policy in India is lacking. Historically, the 1858 Indian Lunatic Asylum Act and the 1912 Lunacy Act were largely custodial<sup>168</sup>, and the 1987 Mental Health Act that was initiated to take a more curative approach is not enforced<sup>169</sup>. Many professionals would also agree that it is a penal act that continues the custodial approach to mental health care<sup>170 171</sup>. These policies have served only to continue and proliferate the stigma surrounding mental health and mental illness. While the asylums and mental hospitals attempted to raise the quality of care, the conditions deteriorated, leaving the hospitals in appalling conditions<sup>172 173</sup>. In 1982 the National Mental Health Care Programme was launched, and in between 2009 to 2013 a bill was drafted to provide universal access and education to mental health care<sup>174</sup>. While this is promising for the state of mental health care in India as a whole, it does not address Ayurveda. Contrarily, the emphasis on psychiatry and psychology within the documents only minimize the role that Ayurveda could play when focusing on mental health.

Lack of policy leads to a lack of education, which creates a trickle-down effect and prohibits individuals from making informed choice. When individuals cannot make informed choice about the kind of health care they wish to receive because of provisions that are made at a policy level, the health of the entire community suffers. Even the Ministry of AYUSH does not have specific policy promoting mental health care through Ayurveda or

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<sup>168</sup> Sebastia, Brigitte, "Restoring Mental Health in India: Pluralistic Therapies and Concepts," (Oxford: Oxford University Press, 2009).

<sup>169</sup> Abdul Mabood, April 2015.

<sup>170</sup> Ibid.

<sup>171</sup> Sebastia, Brigitte, "Restoring Mental Health in India," (2009).

<sup>172</sup> Sebastia, Brigitte, "Restoring Mental Health in India," (2009).

<sup>173</sup> Vikram, Patel & R. Thara, "Meeting the Mental Health Needs," (2003).

<sup>174</sup> Press Information Bureau, "Country's first ever Mental Health Policy unveiled," *Government of India* (2014).

other traditional systems<sup>175</sup>, indicating that specific mental health is simply not a priority within the Ministry of AYUSH and further contributing to the lack of country-policy and education on the possibilities that Ayurveda could afford to individuals when seeking mental health care. It is also indicative of the Western influences that have been placed on the government departments of health, which further inhibits access to culturally congruent, traditional approaches to health unless individuals are aware of and have access to other sources of health care due to family or community knowledge.

The mental health policies that are in effect do not reflect the philosophies of country's own traditional systems of medicine. By completely neglecting these systems, India's mental health policy negates the potential that they have to address mental health in favor of supporting Western systems that are tested and proven effective. By supporting these Western systems, Indian policy is also supporting an industry that is guaranteed to make a profit, and in doing so it all but eliminates the competition from traditional medicinal systems by making them invisible in the public eye in cases regarding mental health.

## A CASE STUDY: MENTAL HEALTH CARE IN PALAMPUR

The state of Himachal Pradesh includes 12 districts and is home to about 6.86 million people. According to a local psychiatrist in Palampur, Kangra, there are only about ten psychiatrists in the entirety of Himachal Pradesh, which is lower ratio than the meager ratio that is boasted by the whole of India<sup>176</sup>. To a large extent mental health care facilities are not perceived as necessary outside of the metropolitan areas within Himachal Pradesh due to the nature of joint families<sup>177</sup>, but it is clear that should individuals need or desire to

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<sup>175</sup> Dr. D.C. Katoch, April 2015.

<sup>176</sup> Dr. Vivek Katoch, April 2015.

<sup>177</sup> Dr. Vivek Katoch, April 2015.

seek treatment, the vast majority would be unable to do so, which is revealing of the whole of India.

In comparison, Ayurveda and traditional systems of medicine are much more well-equipped to treat individuals and address mental health concerns given their prevalence within the region<sup>178</sup>. Of particular note is Kayakalp, the Himalayan Research Institute for Yoga and Naturopathy, which specializes in *panchkarma* Ayurveda, naturopathy, physiotherapy, and yoga, with particular emphasis on diet and meditation. Discourse with clients and practicing physicians suggests that most clients seek treatment primarily for physical ailments, but they also experience mental rejuvenation and increased clarity of mind<sup>179</sup>. Unfortunately, in speaking to the staff it was revealed that most people come to Kayakalp as a last resort after having tried various allopathic medicines, and they perceive this as a common trend within Indian systems of medicine because by the time they arrive at Kayakalp, people have generally exhausted all other options and have seen no results<sup>180</sup>. Specifically, the Ayurvedic specialist at Kayakalp acknowledged that most clients arrive at the facility when they are in stage three of disease, and while the diseases are generally lifestyle diseases, they are often closely linked with emotional and psychological distress<sup>181</sup>. These illnesses are addressed in an inpatient setting that facilitates rest, rejuvenation, and healing, and upon discharge clients are provided with diet plans, recommendations for a healthy lifestyle, and medications are commonly given in the case of mental illness<sup>182</sup>.

Mental health at Kayakalp is integrated into treatment schemes, but it is clearly not the focus of the facility. Kayakalp is not equipped to treat severe mental illnesses as it has no

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<sup>178</sup> Dr. Vivek Katoch, April 2015.

<sup>179</sup> Clients at Kayakalp interview with the author, April 2015.

<sup>180</sup> Dr. Ashutosh Guleri, April 2015.

<sup>181</sup> Ibid.

<sup>182</sup> Ibid.

psychiatric inpatient program nor an Ayurvedic psychiatrist on staff, but it may be effective in managing severe mental illnesses once a patient becomes stable. Kayakalp does have access to herbal Ayurvedic drugs which are historically used to treat mental illness by either sedating and calming a patient or promoting various mental faculties such as memory and cognition<sup>183</sup>, but medications in general are used sparingly at this facility and tend to only be given once a patient is discharged from the facility unless otherwise needed<sup>184</sup>. The director of Kayakalp has spoken on the issue of mental illness, and though he will treat individuals who present with symptoms of anxiety and depression, he has also admitted to screening mental health patients. He agrees to treat only voluntary patients who desire treatment and refusing to treat individuals who use their illness as a means through which to attract attention and care from outside parties. The presence of medical tourists at Kayakalp, combined with statements given by various patients seeking treatment at the facility, indicate that this is a place where people may come for rest, relaxation, and rejuvenation in addition to being a facility that specializes in treating chronic lifestyle diseases<sup>185</sup>. This echoes the effects of the mind-body approaches in Ayurveda, indicating that even though individuals may intend to receive treatment and care for physiological illnesses, they also reap the benefits of Ayurveda's curative approach in healing the mind, which provides for a more relaxed and rested mental state that is free from external stressors.

Lacking a focus on mental health, there is only so much that Kayakalp can offer regarding mental health care. Given that the doctor will screen patients when they present with mental illness and that there is not an Ayurvedic psychiatrist on staff, it follows that Kayakalp is not a place to which people will commonly choose to go in order to receive

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<sup>183</sup> Ibid.

<sup>184</sup> Ibid.

<sup>185</sup> Clients at Kayakalp interview with the author, April 2015.



psychological treatment. Kayakalp can offer basic services and treatment to patients who are not in critical condition, and it may be able to aid in the prevention of mental illness manifestation from physical ailments, possibly providing a means through which to cultivate long-term change in the minds of individuals suffering from severe mental illness who have already been stabilized by medication. However, Kayakalp cannot target this acute mental illness alone. While its Ayurvedic practitioners are equipped with counseling and diagnostic techniques, and while purifying therapies in *panchkarma* exist in conjunction with awareness-building therapies in yoga and meditation, the only mental illnesses that Kayakalp is equipped to address are those that are not so severe that they need psychiatric stabilization. Ayurvedic philosophy and the cultivation of a healthy mind is paramount to Kayakalp's functioning, making it a place where people may seek treatment for less acute mental health concerns, but it is not a place where they will find peace when in critical condition.

## LIMITATIONS

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This study provides the basic theoretical framework from which one may begin to better understand the application of Ayurveda and traditional Indian systems of medicine within a community context. It is lacking especially in a focus on community perceptions of mental health and mental illness, which should be addressed in future work. Though valuable knowledge was gained regarding policy and practice, the interviews conducted were devoid of an Ayurvedic psychiatrist, and this limits the credibility of information regarding Ayurvedic practices. In future studies an Ayurvedic psychiatrist should be consulted in order to confirm treatment practices and parameters in their application to the broader Indian public. Also, the locality of this study was in Himachal Pradesh where health indicators are good and at an established and respected Ayurvedic facility where the focus is not in mental

health, meaning that the facility offers only a glimpse of the relevancy and power of Ayurveda to address mental health. While this glimpse may present a more accurate depiction of the state of affairs in India regarding mental health, it cannot be generalized to all of India due to the very specific parameters in place at Kayakalp such as the privileged clientele they treat and the restricting in-patient policy.

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## CONCLUSION

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Given the detailed philosophy of Ayurveda and the comprehensive treatment schemes that take into account all aspects of a person's life, it should be understood that Ayurveda has a great capacity to treat mental illness and cultivate positive mental health, but this capacity still needs to be realized from under the reign of biomedicalized practices. In order for Ayurveda to manifest its true potential within the scope of mental health, it is critical to continue building education and awareness surrounding mental health, especially in order to inform people of the choices they have between biomedicalized and Ayurvedic approaches. However, the efficacy of Ayurveda to fully prevent, address, and cure severe mental illnesses is largely unclear and unsubstantiated, meaning that it may also be necessary in some cases to integrate these two systems. The integration of systems could provide clients with the necessary biopsychosocial approach of Ayurveda with the philosophy of the mind-body connection in long term treatment while also providing immediate medical care for initial stabilization. Of course, the high capacity that Ayurveda may have to engage in discourse on mental health issues is also dependent on the knowledge of practitioners to do so and the willingness of patients to seek treatment. Access to mental health care is limited on all fronts within India, even in allopathic systems of medicine. It is not possible to definitively say whether allopathic medicine or Ayurveda has better approaches to mental

health care. Though there is more readily available research in the field of allopathic psychiatry and psychology, Ayurveda provides promising opportunities in mental health that may be manifested through increased education and awareness, and these may ultimately increase access to mental health care and do so in a way that is more culturally congruent to an Indian way of life.

## CONSIDERATIONS FOR FUTURE RESEARCH

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Given the theoretical framework put forth in this study, future consideration needs to be given to the application and integration of Ayurveda and traditional Indian systems of medicine into the field of mental health. In doing so, it will be critical to develop a community understanding of mental health and mental illness, focusing first in smaller localities before generalizing across India. Of particular interest, one might start at the root of mental illness and examine the origins of stigma, tracing it through colonization, mental health policy, and how it may impact community perceptions and treatment practices today. In an even more directed approach, one might examine the Government Ayurvedic Mental health Hospital in Kottakkal, Kerala and the scope of their practice in comparison to allopathic facilities.

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