

The concepts of the symptomatology of Manasaroga (mental/mental illnesses) in classical Ayurvedic medicine and in modern psychiatry

A conceptual comparison based on the writings of the
classical Ayurvedic medicine and modern medicine

Master thesis

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तदर्थातियोगायोगमिथ्यायोगात् समनस्कमिन्द्रियं विकृतिमापद्यमानं यथास्वं-
बुद्ध्युपघाताय संपद्यते; सामर्थ्ययोगात् पुनः प्रकृतिमापद्यमानं यथास्वं बुद्धि-
माप्याययति ॥ १५ ॥

"The sensory faculties and the mind are impaired by too much, too little or wrong use, which leads to obstacles and perceptual disorders. If they are balanced used, this leads to normality."¹

मनो मनोर्थो बुद्धिरात्मा चेत्यध्यात्मद्रव्यगुणसंग्रहः शुभाशुभप्रवृत्ति-
निवृत्तिहेतुश्च; द्रव्याश्रितं च कर्म; यदुच्यते क्रियेति ॥ १३ ॥

"Thinking is the task of the mind. Too much, too little or wrong use of thinking leads to abnormal mental mental state. The balanced use leads to normal mental psychological state."²



¹ CarSaSu, 2016, vol. 1, ch. 8, verse 15, p. 169

² CarSaSu, 2016, vol. 1, ch. 8, verse 16, p. 170

Foreword

Ayurvedic medicine means for me the connection to my home country Sri Lanka, one of the countries of origin of Ayurveda. I have treated patients in Sri Lanka, but also in Switzerland, and have been able to experience this scientific, millennia-old traditional system of medicine for myself, first in my home country and then in various cultural circles, then studied it and tried to understand it further and further. In Switzerland, I worked for more than 21 years in modern medicine, especially in acute and social psychiatry, in addition to internal medicine. It was therefore my concern to shed more light on these two worlds and to link them. As I myself come from a traditional background, it was important for me to focus on the classical scriptures of Ayurveda medicine, the Samhitas, as these represent the basis and core of applied Ayurveda medicine up to the present day.

This Master's thesis is intended as a contribution to promoting the exchange between Ayurvedic medicine and modern psychiatry.

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Abstract

The mind-focused (mental) diseases, the so-called manasarogas of Ayurvedic medicine are described in the classical Ayurvedic scriptures; however, these descriptions are not easily accessible. They are embedded in the chapters on internal diseases and a comparison with today's modern psychiatric symptoms and diagnoses is insufficiently available.

This master thesis offers a conceptual comparison of selected terms in the field of manasaroga based on classical Ayurvedic scriptures and modern symptomatology (esp. ICD-10).

The terms Unmada, Vishada, Apasmara, and Madatyaya/Panatyaya and their symptom descriptions were researched and collected from classical Ayurvedic scriptures. They were then contrasted with the associated modern diagnoses of schizophrenia, depression, epilepsy, and addiction/alcoholism and their symptomatology, so that similarities and differences could be identified.

Unmada is a collective term for various mental illnesses such as schizophrenia, schizotypal and delusional disorders. The study shows which other mental illnesses could be included in the term Unmada. In Ayurvedic scriptures, Vishada is subordinated to Vata diseases and is not understood as a symptom complex in Ayurvedic medicine. It was interesting to note that depression could also be found in the collective term of Unmada, which was noted by some scientists and also reflected in the classification in this work. However, in this work, the Vata influence on the symptom descriptions of depression is verified by the assignment of the characteristics and the doshas. Apasmara has clear similarities with the grand mal seizures of epilepsy (generalised tonic-clonic seizures), but also with other types of seizures in epilepsy. Madatyaya/Panatyaya primarily refers to the intoxicated state of alcohol and alcoholism, which today in modern psychiatry is classified as a dependency disease. Various modern concepts of alcoholism are contrasted with the Ayurvedic approach.

Through the intensive detailed examination, the physical components and the possible Ama aspect of these manasarogas are also crystallised.

The discussion has shown that the classical Ayurvedic writings offer a detailed and differentiated approach to psychiatric illnesses that can contribute to today's scientific discussion. However, the approach of Ayurvedic diagnosis and symptomatology differs significantly from that of modern psychiatry.

The focus of this work is on the comparison of the symptoms of the chosen terms and not their treatment concepts. In the countries of origin of Ayurveda, the Manasarogas have been treated

for a long time with the treatment concepts of Ayurvedic medicine, which is only rudimentarily the case in private institutions in western countries. It would be a further step to increasingly integrate these treatment concepts in modern medicine in western countries as well. Although Ayurvedic medicine is increasingly gaining integration in modern countries, an empirical justification is needed to possibly one day apply it in modern psychiatric hospitals to support the general population. Although the treatment methods of Ayurveda medicine are not explicitly dealt with in this work, the treatment approaches of Ayurveda medicine are interesting for today's needs in addition to the symptom descriptions.