The relevance of ancient knowledge in light of contemporary insights

Sir,

The knowledge of the ancient concepts regarding the nature of the mind are increasingly being taken note of in contemporary psychiatry. In light of this, the article by C. Shamasundar on ancient Indian wisdom and its relevance to modern mental health is timely. I believe this article also has implications for the philosophical foundations of present-day psychiatry.

Each school of philosophy is based on certain principles that differentiate it from other schools. Though cross-pollination between different schools is often desirable and productive, it is sometimes not desirable or possible to extrapolate directly from one to the other simply because they are not the same. In this regard, I would like to comment on some of the examples and conclusions that have been drawn by the author of the article.

The mind, as contemporary psychiatrists and other bio-medical professionals understand it, is a collective term for aspects of the mental state that are functions of the brain and are manifested as combinations of thought, perception, memory, emotion, motivation, imagination and consciousness. These concepts are important in the study of the mind because they are easily definable, and more importantly are available for objective scrutiny and can be measured with relative ease. The author asserts that the mind is a subject of ‘academic apartheid’. It must be understood that the mind is a complex manifestation of different interlocking processes as has been pointed out above and it is not possible to talk about the mind as a unity without difficulty. Owing to this complexity, the study of the mind necessarily has to be broken down into components to make it simpler. It is expected that enquiry into the nature of these components can lead us to ‘bits’ of truth that can then be put together to get the ‘whole’ truth. As has been pointed out by the proponents of the ‘Decade of the Mind’ project, any such study would have to focus on four broad intertwined areas of mental health, higher cognitive functions, education and computational applications. Today the study of the mind is the study of the components of the mind and numerous examples can easily be found in any neuroscience journal. The notion of ‘academic apartheid’ is difficult to maintain in this light. What is becoming increasingly uncommon is research into the nature of the mind from the point of view of thinkers such as Freud. Concepts such as the structural theory of the mind have been highly influential in psychiatry for many decades and have led to the development of many insights, but zeal for these should be tempered by the knowledge of fundamentals of science. Science is the effort to discover and increase human knowledge of the basis of the physical world by means of observation, experimentation and interpretation of the results of the former. These models of the mind have lost some of their influence because of the fact that they simply could not stand up to scientific scrutiny in any replicable manner. One could argue that psychiatric nosological systems today are not valid but they have undeniable usefulness as regards etiological assumptions, course and outcome and treatment implications of the nosological entities that has led us to practice psychiatry the way we do today.

The author has also described the attributes of the mind as per the different literary sources. While it cannot be denied that these concepts are valid from the points of view of the systems from which they are drawn, drawing an analogy with the aspects of the biomedical construct of the mind is difficult. I would particularly mention the examples of subliminal stimulation, mind-mind interactions, mind-body interactions and reincarnation that have been cited. These phenomena are not accepted as within the fringe of science and as per contemporary knowledge cannot be taken as scientific fact. No one can have any objections to unfettered and unconventional thinking as a way to advancement of science. Indeed many important discoveries have been made as a result of serendipity and out-of-the-box thinking, but these have entered mainstream science only after validation by a scientific method. Indeed, the quest for proof is as old as civilization itself and claims such as those cited should come with a caveat about their current status. This also leads us to the question of what should be included in psychiatry and what should not. While it is difficult to exclude subjectivity from what a psychiatrist regards as the truth, it is important to be able to make a reasonable distinction between knowledge that can guide our actions and knowledge that can enable us to be aware of a contrary point of view.

The author makes a distinction between the ‘material’ and the ‘immaterial mind’ and claims that the latter cannot be recorded. Before recording the material or the immaterial mind, it is important to ask whether such a distinction exists or is indeed even desirable. The most striking example of such a distinction was propounded by Descartes who held that the mind is a non-physical substance endowed with self-awareness and consciousness that is distinct from the brain which is the seat of all intellect. This concept of dualism and its corollary that the brain is not the seat of the mind has had deleterious effects on psychiatry and the management of the mentally ill. Contemporary psychiatry would be best served by the model proposed by Kandel because it does...
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away with all etiological assumptions except that the mind is a function of the brain and that epiphenomenalism is false.

I would congratulate the writer for his deep knowledge, lucid exposition of body-mind relationships and definition of mental health as per Indian systems of thought regarding the nature of the mind and the body. Indeed, such concepts are likely to be useful in the psychotherapeutic management of selected patients.

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REFERENCES
1. Brown DP. Mastery of the Mind East and West: Excellence in Being and Doing and Everyday Happiness. Ann N Y Acad Sci 2007 Sep 29. [Epub ahead of print].
2. Rapgay L, Rinpoche VL, Jessum R. Exploring the nature and functions of the mind: A Tibetan Buddhist meditative perspective. Prog Brain Res 2000;122:507-15.
3. Shamasundar C. Relevance of ancient Indian wisdom to modern mental health-A few examples. Indian J Psychiatry 2008;50:138-43.
4. Kandel ER. A new intellectual framework for psychiatry. Am J Psychiatry 1998;155:457-69.
5. Albus JS, Bekey GA, Holland JH, Kanwisher NG, Krichmar JL, Mishkin M, et al. A proposal for a Decade of the Mind initiative. Science 2007;317:1321.
6. Spitzer M. Deacde of the mind. Philos Ethics Humanit Med 2008;3:7.
7. Kendell R, Jablensky A. Distinguishing between the validity and utility of psychiatric diagnoses. Am J Psychiatry 2003;160:4-12.
8. Rosselli D. The Buddha and the search for evidence. Med J Aust 2002;176:404.
9. Kendler KS. Towards a philosophical structure for psychiatry. Am J Psychiatry 2005;162:433-40.
10. Kendell RE. The distinction between mental and physical illness. Br J Psychiatry 2001;178:490-3.

Towards 'Single window therapy model'

Sir,

Psychiatry has moved from mental hospitals to community, resulting in increasing awareness about mental health. \[1\] Schizophrenia, which used to occupy a major part of psychiatrist's work, has been surpassed by other types of mental disorders particularly mood disorders and anxiety disorders. Stress-related mental disorders and adjustment disorders are increasingly managed by the psychiatrist.

Awareness about child and women's mental health are gaining more importance.

In 1982, the Government of India adopted the 'National Mental Health Policy', which aims to ensure availability and accessibility of minimum mental health care for all in the foreseeable future as well as integrating mental health with general health. It recommended the promotion of 'self help' among the patients with psychological conflicts. In order to achieve this, innovative approaches to mental health care has been suggested. \[2\]

There is another suggestion that the mentally ill can be managed with alternate systems of medicine like yoga and other traditional methods of treatment in addition to drugs and psychotherapy, as well as conduct mental health camps and to take up other mental services at the community level. \[3\]

We have partly succeeded in creating awareness of about mental health and illness, despite the deep rooted stigma about psychiatry itself. The stigma is not about mental illness alone, but also towards psychiatrist, psychiatric drugs and to drug compliance. The classical teamwork of psychiatric therapy, with the involvement of the clinical psychologist and psychiatric social worker is difficult to implement in the community. Multiple consultations with the members of the team pose problems for patients in terms of time and expenses.

In my private practice, I concentrate on the individual's lifestyle as it plays an important role in the causation and outcome of the disorder. After initial evaluation, my prescription included dos and don'ts first and then the prescriptive drugs. The implementation of the dos and don'ts are emphasized over the drug prescription indicating that this process ensures relief. At each follow-up, I enquire after each item as to its fruitfulness. Though in the beginning there was no perceptible difference, after three to four months of follow-up, patients observe the improvement due to the lifestyle changes. This approach reduces the stigma about the psychiatrist (as a prescriber of sleeping pills) and improves drug compliance. It also encourages self help, as the onus of responsibility is on the patient and his attendants. It also stimulates motivation by the patient significantly. Multiple consultations are avoided. This approach acts as a 'Holistic Approach' and can be called as 'Single Window Therapy Model'. Further systematic work requires to be done before universal acceptance and implementation at the community level.

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REFERENCES
1. Mahal AS. Presidential address. Indian J Psychiatry 1975;17:1.