LETTERS TO THE EDITOR

Historicizing Indian Psychiatry

DEBASHIS CHATTERJEE*

Sir,

Amit Ranjan Basu’s article ‘Historicizing Indian Psychiatry’1 and the commentaries on it by Paul Hoff2 and Sridhar Sharma3 invoke some critical comments.

Dr Sharma completely misses the point of ‘historicism’ (as noted by A.R. Basu himself) and provides an ‘account/appraisal’ of Indian history that has little relevance to the issue. Or may be, in an ironical sense, this brings forth the importance of Foucault’s methodology in understanding/managing our past. Even as a simple historical story telling, the article contains some gross inaccuracies and sweeping generalizations that need critical reflection.

1. The battle of Buxar in 1764 was not ‘between the East India Company under the leadership of Lord Clive and Nawab Sirajjudaula’. Sirajjudaula was defeated in 1757 battle, apprehended within a few days by the company sepoys and was murdered by Mohammedi Beig at the instigation of the company. The 1764 battle was between the company on one hand and Mir Kasim, Shah Alam II and nawab of Audh on the other. Neither was Clive the leader of the company forces at that time. He was in England though he came back soon afterwards at the helm of the company.

2. Neither Charaka nor Hippocrates were individuals in history but represent schools of thought and systems of medicine. Hippocratic times were 600 to 300 BC. The Hippocratic oath that we know of today was formulated sometime in 3rd century BC. Ayurvedic times are taken as 8th century BC to 8th century AD. The Charaka Samhita (a compilation of the then thoughts and practices) is a product of 1st century AD. It is definitely post-Alexander. Thus the claim that Indian humor theory predates Greek one is completely untenable. The glaring fact that is being ignored is that at that time there was a fair bit of business and cultural exchange between west and east and all ideas, be it about medicine or astronomy or mathematics evolved in an environment of exchange.

3. ‘Philosophy in India is essentially spiritual’—this often quoted sentiment is itself a post-colonial construction that arose from the need to create an east-west dichotomy As a strategy of recovery of pre-colonial self it is flawed and is historically completely incorrect.

4. Dr Sharma mentions, in a general way, a multitude of psychotherapeutic theories and practices mentioned in ancient Indian text, many in as yet untranslated Sanskrit texts. It will be nice to have definitive examples to represent a glorified and sanskritized one-dimensional version of past in this subcontinent is a crypto-political move that has been going on for too long. Invoking and interpreting Gita and some such other texts in exclusivity to construct our psychiatric past by other authors reflect the same phenomenon. Psychiatry is a product of post-industrial paradigm and there can be an (ancient) history of psychiatry but there cannot be an ancient psychiatry .

Both Paul Hoff and Sharma tend to equate Foucault with antipsychiatry. This reflects a rather poor reading of Foucault and antipsychiatry both. Given that Laing latched on to Foucault’s work, Szasz was rather non-committal. Both of them attacked the then psychiatry from an Existential point but Szasz’s was a Judeo-Christian moralistic over interpretation of Sartre while Laing was notorious for continuously shifting his theoretical positions and practices. On the other hand Cooper was a member of South African Communist Party and his criticisms were made from that angle. Foucault himself had little to say about antipsychiatry (or psychiatry for that matter) and his study of madness and unreason was an example to demonstrate a larger project of unraveling historical development of ‘ideas and practices’.

In Basu’s writing ‘Indian Psychiatry’ and ‘psychiatry in India’ are used interchangeably and without any specificity. Does he consider the two to be equivalent? I think that will be rather naïve and anti-Foucauldian in itself. Basu is also, rightly, concerned about the construction of lack resulting from the power play that goes behind the development of episteme in a Foucauldian sense but does not distinguish it from the power play that generates in colonial exchange that precludes dialogue and fosters silence. He is also rather vague in pointing out how to address this lack and listen to it in a turn around of Foucauldian method. That is a bit disappointing. In trying to be too Foucauldian, Basu also ignores Derrida’s criticisms of Foucault’s reading of Cartesian reason–unreason.

Indian Journal of Psychiatry 2006; 48:272–275
Sir,

Dr Debashis Chatterjee raises four points, regarding my commentary on Amit Ranjan Basu's article on 'Historicizing Indian Psychiatry', while doing so, he misses some of the basic issues. I would briefly reply the same:

1. One of the basic observation in my article was that the early establishment of mental hospitals in the Indian subcontinent reflected the need and demand of 'European patients' and to manage and treat Englishmen and Indian Sepooyees employed by the British East India Company. The location of the first hospitals were in proximity, where the battles were fought.

2. Secondly, his view that 'Indian civilization and Ayurveda' is not antedated but 'post-Alexander' and is a product of Greek civilization is possibly based on the source of his information and probably based on colonialistic viewpoint. The study of history is not simply a restoration of the past events but is also its proper evaluation in a most objective manner. This is a challenging task, as there is no authentic source book of ancient Indian civilization. We greatly depend on the observations written by western writers, guided by different approaches, viz. (a) the orientalist viewpoint, (b) the administrative perceptions, and (c) the missionary writers approach, and also (d) by communist writers' perception. Any objective reconstruction of the history of civilization may take different paths and different conclusions. This viewpoint is beautifully illustrated by the two radically different forms taken by two group of writers are: one, the History of mankind published by UNESCO and second the series published by the Columbia University Press under the title Introduction to Oriental Civilizations.

The Ayurveda is believed to be upveda or a branch of Atharvaveda, in this we find ample references to the medicine, principles of treatment and descriptions of the different parts and organs of the human body, and the time is calculated as one to two thousand years before Christ. The exact time of Atreya and Sushruta who contributed richly to Ayurveda can not be definitely fixed in the absence of necessary evidence but there is a general inference that Atreya belonged to the 6th or 7th century BC. These periods are agreed to, as there is material available for fixing the time of Lord Buddha, who was born in 557 BC and in the literature of that time there is reference to two great Indian universities one at Kasi and another in Takshashila where Ayurveda was taught. This helps us to fix the time of Ayurveda.

3. Thirdly, there is rich evidence regarding the multitude of psychotherapeutic theories and practices, in vogue in ancient India. Due to paucity of space, I would mention only about Mantra vidya. Mantra vidya is a major, self-sufficient and independent method of Indian psychotherapy and it is one of the oldest methods. Mantra is related to manas or mind. Mantra may be in the form of coherent words or single letters, arranged in a certain order. It is not only a conjoined word but a particular sound body of consciousness with a definite meaning and energy in itself. According to some, it is the sound body, a power charged with the intense vibrations of the spiritual personality of the creator or the seer of the mantra. This therapy is in usage since vedic times and is a valuable tool, which is practiced widely in India. Mantra are of two types: • Vedic mantra and • Tantric mantra. The vedic mantras are older and derived from vedas are longer and have a meaning while tantric mantras are of later origin and are used for japa (repetition) and for keeping with oneself in the form of yantra.

4. Similarly, various techniques of 'suggestion' were used in

REFERENCES
1. Basu AR. Historicizing Indian Psychiatry [Viewpoint]. Indian J Psychiatry 2005;47:126-9.
2. Hoff P. Psychiatry must not be separated from its historical and cultural context [Commentary]. Indian J Psychiatry 2006;48:107-9
3. Sharma S. Psychiatry, colonialism and Indian civilization: A historical appraisal. Indian J psychiatry 2006;48:109-112