The Indian concepts of lifestyle and mental health in old age

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ABSTRACT

Lifestyle is the perception of a particular person or entire society towards life and it is the way people live, think and behave. In Indian lifestyle, principles of Karma (action) and dharma (the righteous way to perform the work) are given significant value. In India, earlier, the life of an individual was being regulated harmoniously according to the stages (Ashrams) of life, i.e., studentship (Brahmcharya); householder (Grihstha); forest dweller (Vanprasth); ascetic (Sanyas) and was meant to maintain the discipline, peace and harmony in the family and society. However, revolution in the social milieu and political scenario changed the patterns of religious beliefs and lifestyle of individuals. And thus, the Indian lifestyle got colored with shadows of cults and cultures. The lifestyle affects the longevity and health in old age. Lifestyles also have role in developing cognitive disorders like Alzheimer’s disease (AD). AD found to be more common in socially isolated older adults. Deteriorations in health (especially mental health) are often the results of faulty lifestyles like smoking, alcohol intake, improper diet and lack of exercise as well as an adverse psycho-social milieu. Adopting the advocated principles of Indian concepts of lifestyle and paying proper attention to mental illnesses of older adults and recognizing their problems may preserve mental health in old age.

Key Words: Ashrams, dharma, karma, lifestyle, mental health, old age

PREAMBLE

India, one of the oldest civilizations around the world, is the country with a long history of almost 5000 years and extremely complex social structure. Most of the religious groups around the world like Hinduism, Islam, Buddhism, Christianity, etc., are present here and in addition, there are a variety of cultures and sections with different belief and rituals under the same constitution. Thus, Indian social matrix and cultural pattern is characterized by “Unity in diversity.”

INDIAN CONCEPTS OF LIFESTYLE

Lifestyle is the perception of a particular society towards life and the way its people live, think and behave. It includes dietary practices, physical-mental activities, cognitive exposure as well as cultural and environmental revelation. The “Vedantic” literature says that life is sacred and eternal and according to this belief when the life particles interact with material elements, various events like birth, disease, old age and death result. In Rig Veda, desire for longevity and health (mental and eternal physical) is best exemplified in the much quoted Atharva Veda sukt: “Pashyem sharadah shatam, Jivet sharadah shatam” (let me see 100 autumns, let me live 100 autumn).[1]

THE INDIAN LIFESTYLE AND ITS BASIS

The Indian lifestyle is embedded in the principles of “karma” (action) and “dharma” (the righteous way to do the work). In the past and at present, both “karma” and “dharma” are given maximum importance in all Indian activities and deeds. According to the ancient scripture writers (Shastrakars),
The dharma is based on four major factors i.e., (i) “Desa” (place, region); (ii) “Kal” (time); (iii) “Karma” (action, efforts, activities); and (iv) “Guna” (natural traits). It was the prevalent belief that a person should perform his “karma” as per the condition, demands, and experience of self as well as in perspective of “desa” and “kal.” In this frame, only the activities carried out as per time, place and condition were considered as “Dharma.” Indeed, “desa” and “kal” were significant factors contributing to dharma.

In Ayurveda, Shushruta advocates for “swasthya vритта” (positive health) recommending “dincharya” (daily routine), “ritucharya” (seasonal routine), diet, exercise and virtuous conduct for positive health. Spiritual dimensions of personality are recommended by “Upnishads.” “Buddhism’ favors to lead a well ordered life by opting middle course between self-indulgence and extreme simplicity, “Jainism” emphasized non-violence, vegetarianism, warmth and human sympathy. “Christianity” talked a lot about individual living style, systems and ways of salvation. “Yogguru Patanjali” advocated to follow eight-fold path of yoga to get insight and sublime purity of the soul. This could be achieved through adopting a particular lifestyle including 8 steps of “yoga” (1) “Yama” (self control) with five rules, i.e., non-violence, truthfulness, not stealing, chastity and the avoidance of greed; (2) “Niyam” (observance) through purity, contentment, austerity, study of Vedas and devotion of God; (3) “Asana” (posture) (4) “Pranayama” (control of the breath) (5) “Pratyahara” (restraint) (6) “Dhārana” (steadying of the mind) (7) “Dhyāna” (Meditation) and (8) “Samādhi” (deep meditation). All of these lifestyle concepts are being followed by various communities across the country till date.

INDIAN LIFESTYLE VIS A VIS NEEDS AND ACTIVITIES

The life of an individual was being regulated harmoniously according to the stages of life. It was believed that an individual life is to be lived for 100 years and therefore, has been demarcated into four stages (Ashrams) “Brahmacharya” (studentship); “Grihstha” (householder); “Vanaprasth” (forest dweller); “Sanyas” (ascetic) depending upon physical, psychological, familial, social and spiritual needs. This concept is still practiced by many individuals in India. This system was meant to maintain the discipline, peace and harmony in the family and society. Each of the stages was intended to prepare for the next.

Brahmacharya proposed to achieve all round developments (including formal, informal education) of the child. This stage was to facilitate the individual to stand on his own feet in later stages of life.

The second stage, Grihstha (householder life) was planned to perform all the duties and debts according to dharma (right functioning). In this stage of life, it was suggested that one should acquire the Artha (wealth) by utilizing their wisdom and learned skill as well as satisfy kama (sex desire) in a righteous manner, according to dharma. Proper upkeep, stability, growth and development of human race, enjoying worldly life, earning money, having children, taking care of the family and its welfare, and performing various duties required by family and society’ were the major activities of this stage of life. Vanaprasth was intended to handover the household duties to one’s successor, and leave the worldly life, luxuries and enjoyments. Manu Smriti describes this stage in following manner:

- “Gṛhaḥastu yada pasyed vāli politam atmanah; Apatyasyaiva capatyam tadārayamā samarasrayat” (When so ever a householder gets to see wrinkles on his body, white hair on his head, and has his grandchildren, he should resort to the forest).[3]
- “Svadhyaye nityayuktah syay danto maitrāh samahitāh; Datta nityam-anadāt sarvabhidukam kampakāt” (He should be engaged in regular study, control his senses, keep friendly behavior with everyone, and have a tranquil mind. He must give charity, should not accept gifts from others, and have mercy on all living beings).[4]

The fourth Sanyasa (ascetic) ashram was meant to give up everything and exclusively perform intense “sadhana” (deep meditation). The aim was to reach the final goal of human life: “moksha” or freedom from all the activities of the worldly life and be in a peace-or realization of the God. According to Manu Smriti.

- “Vanesu tu vihṛtyaiyam trtiyam bhagam-ayusah; Catuḥtham-ayuso bhagam tyaaktva sangam-parivrajet” (After spending the third portion of one’s life in the forest, the fourth portion of life should be spent as a sanyasi, by surrendering all attachments (for the world).[5]
- “Adhyatma-ratir-asino nirapeko nir-amishah; Atmanaiva sahayena sukharthi vicared-ihā” (Delighting in meditation on the Supreme, independence from others, giving up all desires, with only the Self as companion, seeking supreme bliss, shall live like sanyasi).[6]

Among the four Ashrams, “Vanaprasth” and “Sanyas” basically relate to old-age lifestyle. Few persons may directly move from “Brahmacharya” to “Vanaprastha” or “Sanyas.” The practice/performance related to “Vanaprastha” is to devote one’s heart and soul for intellectual activities and meditation; at the same time, he has to lead a life of self-control, friendliness and altruism with intention to give to charity. “Dharma” and “Moksha” become the main concern of life in the “Vanaprastha.” In “Sanyas” ashram, the Sanyasi becomes fit to achieve immortality by not possessing any materialistic thing, by restraining his senses, by casting out the love and hatred from him, and by living a life of harmlessness to living beings.
The “Mahabharat” describes the duties and obligations of these ashrams in almost similar terms and Kautilya too summarizes them in his “Arthashastra” in the same manner. The third and fourth ashrams were largely neutral phase from the point of views of an individual as well as of a group (community). The functions of the individual in 3rd and 4th ashrams are to deal with the super-normal and the life within. And, the function of the member in the group becomes gradually thinned out and almost comes to nil till the last ashram. In Sanyas ashram, the individual who is now completely free from any social obligation has to achieve the ultimate goal of the life, i.e., “moksha” through “aatm chintan” and “aatm gyan.” In the third stage, the individual starts a preliminary journey for self-search; and gives up formerly essentially required management affairs of the group (family) life. In the fourth stage, the individual retires all together from group activities and seek to find, find and realize the self that hides within the core of his being.

The ashram system and associated duties/obligation shows that highest order of obligations is attached to last two ashrams (“vanaprasth” and “sanyas”) providing ways to attain Moksha, the ultimate goal of mankind. In the ashrams concept, the physical abilities go on decreasing with age and duties related to ashrams become more intellectual in nature. So the old age is more related to intellectual activities in the Indian ashram system.

Ashram scheme is devised as an instrument of life, as the best means towards the fulfillment of what was conceived to be the fullest and the most efficient management of individual, social and economic orders as a whole. In principle, it was designed to attain “Moksha.”

In changing structures of socio-political power and patterns of religious belief, lifestyle of individuals gradually began to change. During the time of Buddhism (around 500 BC) a naïve understanding of old age –continued growth to a more sophisticated way was brought into existence. The old age was characterized by decline and decay of body and its functions along with illness and death. The early “Buddhism” saw the ageing life as an incessant agony and monotony culminating in death. It was also perceived that elderly irrespective of their geographical limits remain in distress and turmoil. During Buddhist period, it was repeatedly declared “Dukkhe lokottithito” (world is created by sufferings). “Buddhism” consider humans to be independent beings possessing free will bestowed to them by nature. However, the true nature of human beings is suffering because of egoistic desires which arise from spiritual ignorance. The Buddhist doctrine of dependent co-origination or “paticca samuppada” contains the basic Buddhist insight into the Nature and the working of reality. The Buddhist approach to problems associated with the old age is to recognize the nature of the human condition, which is common to all people.

During the time of Asoka, hospitals were set up for care and proper upkeep of the society. However, no marked development was observed for the care of elderly. After the advent of Mughals, the conditions in the society remained more or less the same. It was during the British-Raj when the structure of society changed in a noted way. The concept of nuclear families came into existence as individuals became more centralized and concerned towards the well-being of their immediate families. In the long run, this culture became widespread and elderly were ignored to a great extent. They were left to fend for themselves and their needs were overlooked. The trend is still prevalent in large masses, but awareness is now slowly seeping in to motivate individuals in the society to look after the elderly.

The entire literature provides details for a male life, no where comments are made about a female life. It was assumed that a wife would follow her husband faithfully in his move through different stages. In ordinary social intercourse, a person would be considered old when his children were married and he had grandchildren, regardless of his chronological age. Indian culture, like many other Asian cultures, emphasized “filial piety.” It was considered the duty of a son to respect and care for his parents.

The joint family with three to four generations of a single-family living together has always been an accepted and strengthened body of the Indian society. Each of the members of the family supposed to follow the rules and regulations; generally male members were holding head position of the family as traditional values support gender role preferences. Each member of the family has his or her own role and all the members were emotionally bonded with each other. There used to be a very strong support system for the family members. The changing socio-economic, political, technological environment has dramatically influenced the entire current scenario. In search of economic gains and livelihood, population has started moving from their own places to distant places. In the name of modernization, the changing circumstances are influencing the interpersonal relations, outlook towards life in an adverse manner. The modernization and emergence of nuclear families is gradually eroding these traditional living patterns.

**INDIAN LIFESTYLE AND MENTAL HEALTH IN OLD AGE**

India is a country which has bred a number of religious sects at different stages of its civilization and also adopted some alien religion and culture. Aryan, Hindu, Sikhism, Jainism, Buddhist and some not very popular religions and culture took its birth on Indian soil. Religions and culture like Christianity, Islam, Bahai, Yahudi, Parsians, etc., were adopted in the country from alien nations. As a result, the lifestyle in India got colored under the shadows of cults and cultures. Added
to that, India also witnessed development of sects based on the thoughts of Yogguru Patanjali, Adiguru Shankeracharya, Swami Ramkrishna Paramhans, Swami Vivekanand, Swami Dayanand, Sai Baba, Jagurudev, etc., Consequently, the contemporary Indian lifestyle is the conglomeration of a number of lifestyles.

Every lifestyle has its positives and negatives. Following a particular lifestyle may be smooth as well as stressed. In ancient Indian situations people knew their specific roles to be performed during different stages of life and that left little room for development of psychogenic (exogenous) mental-health problems. Although biological (endogenous) mental-health problems were almost equally prevalent as “unmad” (mania); “avsaad” (depression); “sannipat” (delirium); “smritibhranshi” (dementias); etc., as are today. A number of religions, sects, cults and the influences of the western world (like industrialization, urbanization, demographic movements) without any set patterns of lifestyle have become prevalent in the country. And, these factors are leading to conflicts and confusions and providing more opportunities to conflicts between soma, psyche and environment, which are leading to a variety of mental illnesses.

The lifestyle affects the longevity and health in old age. The “Atharva-Veda,” believed that mental illness might result from divine curses and it also provides the description for mental illness like schizophrenia. In Vedic period, mental health was described in two well-known Ayurvedic scriptures, the “Charaka Samhita” by Charaka, and the “Sushruta Samhita” by Sushruta. Both of these scriptures have established the roots in modern Indian medicine.

The Ayurvedic texts referred “smrti kshaya” and “medha kshaya” (deterioration in memory and intellect), which describes properties of dementia and Parkinson’s disorders. Treatment measures are also provided for dementia in different herbal medicines which includes triphala, brahmi, amalaka (Indian gooseberry), amrit kalasa, etc.[7] Ayurveda describes that mind (manas) is a link among the huge amounts of information gathered by five sense organs (indriya) which are processed by intelligence (buddhi) for delivering proper action (karma). Three states of mind are described: “sattva,” “rajas” and “tamas.”[8] The satvic mind remains alert, enthusiastic, courageous, stable, and thus intelligent. “Rajas” described a mental state dominated by anger, passion, greediness, constant action, excessive work and anxiety, whereas tamasic mind tends to develop delusion and has been described as dull, ignorant and slow. Tamsic characteristics of AD include slow cognition, poor memory and difficulty in performing tasks. Rajasic imbalance (“sun downing”) is present during frustrated outbursts, periods of agitation.

It is also described that health related problems take place due to imbalance in nutritional intake. Ayurveda advocates consumption of whole grain foods, fruits and vegetables for better mental health. Studies show that food with low amounts of life energy (prana) like over-ripened, overcooked, highly processed, frozen and refined food products should be avoided.

Lifestyle (dietary habits, mental exercise, social networking, etc) also have role in preventing/developing cognitive disorders. Alzheimer’s is more common in the community where elderly are socially isolated,[9,10] whereas it is less common, where supports are available.[12]

Physical activities also decrease the chances of AD. Yoga, meditation, exercises etc., help preventing cognitive disorders. Alternate nostril breathing is a good exercise to prevent AD.[13] Ramayana and the Mahabharata the great epics describes several disordered states of mind and means of coping with them as well.[14,15] Lord Dasharth’s fatal grief following Ram exile and Dhritrastra’s doting are some of the examples. The Bhagavad Gita is highly acknowledged for its strategic psychotherapeutic properties.

The fear of death or the despair of the absurd, ignorance of life’s meaning (apivarga in ayurveda) and the sadness secondary to loneliness were believed to be three common sufferings of old age.[16] According to Sushruta, physician (chikitshak), drug (dravya), attendants or nursing personnel (upasthata), and the patient (rogi) are the four pillars on which the success of the therapy rests. The highest support to the science of “Ayurveda” was given by the Buddhist kings (400-200 BC). In ancient systems, diagnoses (nidana) of illnesses were based on cause, premonitory indications (purvarupa), symptoms (rupa), therapeutic tests (upashya) and natural history of the disease (samprapti).[18] Keeping the body in good health and free from diseases were very much persuaded in ancient Indian thinking. Ayurveda believed “old age is the foundation of all wisdom, virtues, enjoyments (bhoga) and the source of all ‘purusharth’ (dharma, arth, kam and moksha).”[19] Disease due to senile degeneration causing decline in memory and intelligence (smritikhasay and medhakhasay) are referred in modern time as AD and other dementias.[20] The health related problems were thought to be the result of divine curse, seasonal factors or bad deeds (dosh bal, daiva bal or kal bal pravritti). To maintain health, healthy ways of life were advocated by “Ayurveda.”[21]

Different mental-health conditions occurring in the old age are also featured in Indian epics.

Decline in the old age mental-health, however, is often the results of faulty lifestyle like smoking, alcohol intake, improper diet and lack of exercise as well as environmental and other external factors. Hence, this decline can be slowed down or even reversed at any age through the appropriate interventions to modify individual lifestyle or adverse environmental factors.
CONNOTATION

Cultural heritage of India is very rich and have its constant impact on every feature of the society including lifestyle. Presentation, diagnosis, management, course and outcome of mental illnesses are influenced by cultural factors.[22] Mental illnesses in old age are very common than other age groups; one fifth of the older adults (20.5%) are suffering from one or other mental illnesses.[23] Therefore, to understand mental-health in old age, one should be aware of lifestyle aspects as well as familiar with ancient Indian perspective in addition to clinical abilities. Traditional beliefs and values are still transferred by one generation to other generation; which affect the clinical presentation of mental illnesses and their management.

The Indian model of the society has excellent concepts regarding the all round development of an individual with proper stress on the importance of caring for the ageing members of the family. Wisdom through the ages and ancient concepts has survived because of their sheer practicality and because they are capable of transforming society into something it should ideally be. The old age deserves the recognition and attention they have been deprived of. And going back to our Indian roots is the only way, which goes down deep enough to tackle every single issue regarding elderly.

REFERENCES

1. Bagvatgeeta S. Shloka 13 to 20 (verse 13-20). Dwitiyoadhyay. Chapter 2: Geeta Press Publication; p. 36-40.
2. Chapter 36 Hymn 21 in the Textbook of White Yajurveda. In: Griffith RT, editor. 1899. p. 292 Available from: http://www.sanskritdocuments.org/all_pdf/manusmriti.pdf. [Last accessed 2nd July 2012].
3. Manu smriti: The laws of manu, Chapter 6 Hymn 2. In: Buhler G, editor. pg 34. Available from: http://www.sanskritdocuments.org/all_pdf/manusmriti.pdf. [Last accessed 3rd July 2012].
4. Manu smriti: The laws of manu, Chapter 6 Hymn 8. In: Buhler G, editor. p. 34. Available from: http://www.sanskritdocuments.org/all_pdf/manusmriti.pdf. [Last accessed 1st July 2012].
5. Manu smriti: The laws of manu, Chapter 6 Hymn 33. In: Buhler G, editor.p. 35. Available from: http://www.sanskritdocuments.org/all_pdf/manusmriti.pdf. [Last accessed 2nd July 2012].
6. Manu smriti: The laws of manu, Chapter 6 Hymn 49. In: Buhler G, editor.p. 36. Available from: http://www.sanskritdocuments.org/all_pdf/manusmriti.pdf. [Last accessed 2nd July 2012].
7. Rao AV. Ageing-Glimpses into ancient Indian texts. J Indian Academy of Geriatrics 2005;2:53-6.
8. Sudhi V, Goldsmith T. Rasayan herbs, sattvic food choices, and panchkarma therapies: Ayurvedic approaches to prevent and manage Alzheimer Disease. 2012. http://www.VitalNutrient.net. http://ndnr.com. [Last accessed 2012 June 25].
9. Barnes LL, Mendes de Leon CF, Wilson RS, Bienias JL, Evans DA. Social resources and cognitive decline in a population of older African Americans and whites. Neurology 2004;63:2322-6.
10. Holtzman RE, Rebok GW, Saczynski JS, Kouzis AC, Wilcox Doyle K, Eaton WW. Social network characteristics and cognition in middle-aged and older adults. J Gerontol B Psychol Sci Soc Sci 2004;59:278-84.
11. Science Daily. How Early Social Deprivation Impairs Long-Term Cognitive Function. 2012. Available from: http://www.sciencedaily.com/releases/2012/09/120913141413.htm. [Last accessed 29th June 2012].
12. Fratiglioni L, Wang HX, Ericsson K, Maytan M, Winblad B. Influence of social network on occurrence of dementia: A community-based longitudinal study. Lancet 2000;355:1315-5.
13. Weiss M. History of psychiatry in India. Samiksa 1986;11:31-45.
14. Bhugra D. Psychiatry in ancient Indian texts: A review. Hist Psychiatry 1992;3:167-86.
15. Durkheim Van GK. Eastern influence in recent trends in western spirituality. In: Jawaharlal Memorial lectures (1967-1981). Bharatiya Vidhya Bhavan; 1998. p. 267-28.
16. Sharma S. Psychiatry, colonialism and Indian civilization: A historical appraisal. Indian J Psychiatry 2006;48:109-12.
17. Nizamie HS, Goyal N. History of psychiatry in India. Indian J Psychiatry 2010;52:7-12.
18. Rao R, Daronodaya SK. Early Indian Thought. Bangalore: Kalpatharu Research Academy; 1999. p. 150-217.
19. Warrier PK. Alzheimer’s Disease International, 14th International Conference. An Ayurvedic Approach to Alzheimer’s Diseases. In: Gopinathan VP, editor. Souvenir, Cochin, Ed: 1998.
20. Das Gupta SN. Speculations in the medical schools. A History of Indian Philosophy. Vol. 2. Cambridge: Cambridge University Press; 1968. p. 273-423.
21. Gautam S, Jain N. Indian culture and psychiatry. Indian J Psychiatry 2010;52:5309-13.
22. Chaturvedi SK. Neurosis across cultures. Int Rev Psychiatry 1993;5:179-91.
23. Tiwari SC, Pandey NM. Status and requirements of geriatric mental health services in India: An evidence-based commentary. Indian J Psychiatry 2012;54:8-14.

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