Chapter 18
Mental Health and Healing in India: A Retrospect

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Abstract This chapter traces the history of health and healing in India and the way mental health challenge was addressed since the ancient times. It is contended that health is viewed in a holistic manner as healing and well-being. The three overlapping traditions of Yoga, Āyurveda, and folk have evolved in the last 3–4 millennia to offer a wide range of health services till the colonial rule in India and the ascendance of Western system of medicine in the nineteenth and twentieth centuries. It is discussed how in the early decades of last century in the liberal Indian ethos Freudian psychoanalysis made a beginning in Calcutta with the initiative of Girindrasekhar Bose. Bose tried to assimilate psychoanalysis within Indian cultural tradition. The paper deliberates on the growth of psychoanalysis in free India to achieve the vision of Bose and the future of Western healthcare system.

Keywords Āyurveda · G. Bose · Folk systems · Healing · Health · Psychoanalysis · Spirituality · Well-being · Yoga

Like other ancient civilizations of the world, Indian society has also endeavored to find ways to overcome pain and suffering of the humankind. A wide range of indigenous healing systems have evolved, both within and across different regions to offer a range of therapeutic options. Many of these healing systems have survived and thrived in the long history and are practiced in the present times.

The three indigenous healthcare systems which are part of the sociocultural history of India are Yoga, Āyurveda, and folk systems. These systems went through an organic growth in last 3–4 millennia and were integrated in the Indian worldview and healing practices (Zimmer, 1951). The three features which they share in common may be mentioned here. One, all these three systems of health care are holistic in nature. They deal with all aspects of human suffering—physical, mental, social, and metaphysical. These four aspects are considered to be overlapping; one affecting the other, and thereby affecting the whole human system. In general, little distinction was made between physical and mental diseases, though Āyurveda treats *unmad* (insanity) as a distinct category of diseases. Two, in healing practices, little distinction

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is made between physical and metaphysical world. These are considered to be part of the same reality which impinges on the person. Three, health and illnesses are considered to be social events which affect the whole community; not just an individual. Thus, dealing with any one person's suffering becomes a collective responsibility of the whole community.

In this context, Kakar (1982) has stated that India is a country of healers. There are healers of all variety everywhere in the country. There are shamans, gurus, ojhas, tantriks, priests, and faith healers, who may specialize in dealing with diverse kinds of social and personal problems. The folk practitioners are found in all nooks and corners of the country. These folk healers of different types whose practices date back to thousands of years often work independent of Āyurveda, Siddha, and Yoga practitioners. Many alien systems of healing, like Unani, Homeopathy, Tibetan, and Chinese came to India at different points in history and were accepted by the people without resistance. In the long history of India, there are no instances of certain system of healing being debarred or prevented from practicing.

Health, Healing, and Well-Being

It should be clear that in indigenous systems health and healing are seen more in terms of overall well-being of the person. The WHO (1978) definition of health as a state of "complete physical, mental, and social well-being" is close to the way health is understood in ancient Indian medical texts. Sushrut, the ancient Indian scholar of surgery, defined health as a state of happiness and a feeling of spiritual, physical, and mental well-being (*prasnnanmendriyamanah swasth*, Sharma, 1981). According to the *Charaka Samhita*, the ancient text on the Indian system of medicine, a person is said to be happy if the person is not afflicted with any somatic and psychic disorder, is particularly youthful, capable with strength, energy, reputation, manliness and prowess, knowledgeable, and efficient functioning of sense organs (see for details Dalal, 2016).

In this light, healing implies more than curing and is understood as the *experience of an inner sense of well-being, harmony, balance, and peace* (Sinha, 1990). It is a process through which the harmony between mind, body, and spirit is restored. It is in this sense that the terms *swastha* (one who is stable in own-self) and healing share many characteristics. Both entail reconstruction of the self, a change in attitude, and (broadening of) one's vision and perspective. Thus, healing may not change the external conditions, but enables the individual to deal effectively with the crisis situation emanating from physical, supernatural, and environmental conditions. Both swasthya and healing engender hope, acceptance, release of trapped psychic energy, resolution of internal conflicts, and gaining new insights. Unlike modern medicine, healing primarily focuses on people who suffer, not on the problem they have been suffering from.

However, the larger scientific community and modern medicine have always remained critical and sceptical of the efficacy of these indigenous practices. The

folk practices are held as prescientific and considered to be subscribed by primitive and tribal people (Kothari & Mehta, 1988), or by poor, rural, and uneducated people who have no access to modern medicine. It is further argued that ignorance and backwardness are primarily responsible for adherence to these non-scientific practices. But, as Watts (1975) contended, traditional healing practices are called primitive, mystical, and esoteric because our education does not prepare us to comprehend their sophistication. As a consequence, the term healing is used in medical lexicon only for "wound healing," and a scan of indices of medicine books by Cassell (1991) reveals that the term is otherwise rarely used.

Healing Practices in Pre-Vedic and Vedic Periods

The folk tradition has been around since time immemorial to deal with physical and mental diseases, and human suffering. In the long history, such healing methods and procedures naturally evolved within the prevalent beliefs, practices, and rituals of a society, and on their own understanding of the diseases and their causality. Primarily rooted in magico-religious ethos of the society in the early period, spirits, demons, and gods were all part of the healing systems, as were the invocations of gods, spirit possession, animal sacrifice, and penance. To this, as the knowledge and experience grew, medicinal plants, shrubs, herbs, and proper diet were added to the healing prescriptions for mental and physical illnesses to ensure well-being of people. Healing practices varied from region to region, as local gods, crops, weather, food habits, and social rituals varied. In the ancient societies, there was substantial accumulated medical which knows how to deal with the wide range of health problems. Some of this medicinal knowledge was later codified into the canonical texts of Āyurveda, but otherwise, it mostly remained fragmented, informal, and healer-region-specific. In the epics of Ramayan and Mahabharat, there is clear mention that tribes, forest-dwellers, and primitive people were engaging in primal treatment, witchcraft, herbal medicine, talisman, and charms. Since folk practitioners mostly came from the lower strata of society, having no authority and power or scholarly aura, they remained distant from the Brahminical ethos. Yet, as many of healers specialized in specific healing techniques, they were in demand and were respected. Though these two systems were distinct and independent, there was no marked hostility or rivalry between the two in ancient India. In fact, there are more references of mutual respect and exchange of knowledge and services.

Āyurveda as a new system of medicine gradually developed into a comprehensive scientific system of health care. In the Vedic period, the medicine men or healers were called *bhisaj*. A bhisaj, like a shaman, a medicine man, or a diviner, possessed knowledge of medicinal plants, could recite the appropriate incantations and could enter into trance states, being possessed by a god or a holy spirit (Kleinman, 1980; Zysk, 1998, p. 16). These bhisaj, however, were not considered on par with the priestly community. According to the *Rigveda*, in terms of hierarchy, they fell between carpenters (Takshans) and priests (Brahmins). Like an uneducated carpenter, a bhisaj repaired

injured or broken body parts, and like a priest, he had the knowledge of healing charms, rituals, and invocations. Another reason these bhisaj as were not considered on par with priestly class was because they did travel to distant places and came in direct contact with diseased persons and thus did not have ritualistic purity.

These nomadic healers remained on the periphery of the mainstream community life of the Aryans for almost a millennium. The *Atharvaveda* mentioned them as *chāran vaidya* (roving physicians). Organized in different sects and groups, depending on their specialization, these healers roam countryside and far off places to practice their art and gain knowledge about medicinal plants and healing techniques. These healers learned from practical experience and by exchanging data with other healers. They were coming in contact with non-Aryans in their travels to learn about new plants, herbs, and modes of treatment and were considered impure. By the time, Atharvaveda was assimilated as the fourth Veda, priestly class devised ritualistic ways to purify these charan vaidya and assimilate them back into their fold. They were the forerunners of Āyurvedic practitioners. Being part of the priestly class, they were qualified to participate in yagna and practice Yoga and meditation.

Three Streams of Indigenous Health Systems

In the last three millennia, from the postVedic times, the three major indigenous systems of health, healing, and well-being developed and practiced in India are folk, Āyurveda, and Yoga. If we go by the distinction made by Marriott (1955) between little and great traditions in a culture, folk will come under little tradition, and Āyurveda and Yoga will come under the great tradition. The little tradition refers to the socio-religious practices of the common men which are mostly informal, unwritten, and conventional but forms the basis of social life of any community, health, and well-being integral to it. On the other hand, the great tradition is that one which is formal, systematically developed, documented, and generally practiced by the privileged strata of the society. Āyurveda and Yoga as part of the great tradition started taking firm roots and was mostly subscribed by the higher strata of the society.

The oldest among these three is folk tradition, which is to large extent pre-Vedic and pre-Āryan. A scenario similar to what we witness today of conflict between indigenous health practices and modern medicine was prevalent in India two millennia back when Āyurveda fully established itself as a rational-empirical system of medicine. Folk healing was viewed as primitive by the practitioners of Āyurveda, mostly practiced by the serving class which was at the lower rung of the social hierarchy. These lower strata mostly constituted of tribes and people who had developed their own healing practices and rituals. These folk healing practices had no recorded history, no proponents, no divine beginning, no text to follow, and no official patronage. Their growth was always organic, based on trial and error, and shared knowledge. This knowledge was carried forward from one generation to another through inheritance or apparentiship. It remained part of the oral heritage and was preserved through folktales, folklores, myths, and legends. The songs, dances,

proverbs, ceremonies, sacred rituals, invocations, and festivals remained vehicles to transmit folk knowledge over the centuries. Folk and Āyurvedic practices peacefully coexisted, though an undercurrent of mutual mistrust always remained. Of course, in the long history due to local influences, there were distortions, diversions, and mutations in folk practices on the negative side, and improvisations, adaptations, and innovations on the positive side (Dalal, 2011).

Āyurved was a well formulated system of medicine by fifth–sixth century BCE, by the time of Buddha. The Buddha himself was seen as the "healing guru" (*Bhaishajyaguru*), and healing practices were part of the Buddhist monastic establishments. Monastic infirmities were established to cater to both—sick monks and lay persons. Surgery was also widely practiced at that time, as its textbook the *Susrut Samhita* evinces. Healing practices focused on both—physical and mental health, which together, in a holistic sense constitute well-being of an individual, and also that of the society. Vedas and Upanisadas have extensively dealt with the ways to achieve an ideal state of health and well-being. Āyurvedic theories and practices mark a paradigm shift in healing practices in India. With the development of Āyurveda, the medical paradigm shifted from magico-religious to logico-empirical approach. The *Charak Samhita* and the *Shushrut Samhita* were accepted as standard texts of the Indian system of medicine by this time. This official patronage and acceptance by the Brahmanical class led to the unhindered growth of the Indian system of medicine and surgery in the later period. Āyurveda got fully integrated within the Brahmanical fold. Āyurveda accepted the authority of Vedas, particularly that of the *Atharvaveda*, and its accompanying magico-religious and ritualistic practices. Many scholars argue that this was merely a superimposition in the later period on the scientific-empirical ethos of Āyurveda (Kakar, 1982; Misra, 2005; Svoboda, 1995). Others argued these religious and ritualistic practices in Āyurveda were attempts to indigenize this new medical system.

This was the time when Buddhism, Jainism, and other new ascetic and philosophical movements made waves in India. Many of these movements promoted free spirit of enquiry and experimentation in all fields of knowledge, including the medicine. We find early Buddhist and Jaina texts in Prakrit (also in Pali and other vernacular languages), describing the use of medicines, surgical procedures, trepanation, purges and emetics, practices, integrating them within the existing social order and value system. The early medical texts also recognized the importance of cultivating compassion and other humanistic values as being essential for health and well-being. Buddhist influence can be seen on classic text of Āyurveda, the Buddhist monk Vagbhata had brought out a widely referred commentary the *Ashtangahrdayam* on Charak Simhitā.

The knowledge and practice of Yoga was around by 1500 B.C., according to archaeological evidences. It is evident in the hymns of the Upanishads and, the Mahabharata, of which the Bhagavad Gita is integral part. Having been well established in Indian spiritual, meditational, and medical practices, Yoga was systematized by Patanjali in his Yoga Sutras (around 300–200 B.C.). Patanjali defined the purpose of Yoga as attaining knowledge of the true self and outlined eight steps for direct experience of the self. Many different Yoga schools came up in the long history differing

in their objectives and approaches. Hatha Yoga primarily aims at promoting mental and physical health through asanas, breathing exercises, and meditation. Another system known as Kundalini Yoga posited that there are seven chakras (centers of energy) located along the spinal column activated through systematic practice of asanas, pranayama, and concentration. Kundalini (dormant spiritual power) can be activated gradually, beginning from lower centers to higher centers. Another system of Yoga which Patanjali has called Ashtang Yoga refers to "eight limbs" or stages of Yoga, beginning from self-discipline to the last stage of samadhi (liberation, spiritual enlightenment). They developed Tantra Yoga, with radical techniques to cleanse the body and mind to break the knots that bind us to our physical existence. Tantra Yoga embraced physical body as the means of achieving salvation. Many of the practices of Tantra Yoga were appropriated by folk practitioners, or it is argued by many historians that it was the other way round. Whatever the case may be, Tantra Yoga served as a connecting link between yogic tradition and folk healing. In the present time, there are many schools and variants of the Yoga system all over the world.

By the beginning of Christian Era (AD), all three systems of healing were well established as independent and yet interacting systems, providing multimodel health care in the country. Chinese Buddhist traveler Faxian who came to India in the Fifth Century AD reported that in Patliputra, trading class established many shelters and healing centers for poor, destitute, and diseased. They were given care, food, and were attended by Vaidyas and were given medicine without any charge. There were ārogyashalas (health centers) all over India for nursing and treating sick people of all classes and communities, for which kings, rich, and affluent generously donated. Taxila (in Pakistan now) and Nalanda Universities were the major centers for the study of Āyurveda and training of vaidya by that time. Buddhist monasteries, temples, and shrines had become the major nodal centers for practicing Āyurveda and attending the sick. By the tenth century, medicinal practices were largely integrated within religious centers, both in southern and northern India.

Chattopadhyaya (1977) argues that such empirical, data-based-rational system of Āyurveda led to the development of a sound medical epistemology that is unique to Indian medicine. Their empirical orientation also led to the inclusion of environmental factors, daily routine, and social factors in their understanding of causality and remedy of the diseases (Zysk, 1998). Developments in the field of Yoga and meditation to harness mental and spiritual energy contributed significantly to overall well-being of people. Yoga and meditation were found useful for a wide range of mental disorders. Āyurvedic medicines combined with yogic exercises were used in treatment of psycho-neuroses, anxiety, drug addiction, and psychogenic headache. Exogenously the causes were attributed to certain mythological gods or demons. In the Charak Samhita, psychiatry is known as "Bhuta Vidya" (ghost knowledge), the term borrowed from the folk tradition. The practicing psychotherapies were holistic in nature, incorporating talismans, charms, prayers, and invocation and rituals. Āyurvedic texts have elaborated on the treatment of mental diseases by combining care, counselling, medicine, meditation, and spiritual practices (Charak, 1962).

Of the three systems of healing, Āyurveda and Yoga belong to great tradition and continued to be endorsed by high caste, whereas folk practices were mainly subscribed by the lower castes and non-Aryans. These two traditions were distinct in their orientation, patronage, and practitioners. In the long history of 3–4 millennia, these two traditions came in conflict with each other. Many of the healing practices of folk healers, such as animal sacrifice, obscure rituals, spirit possession, emulates, and other social practices were seen with scepticism and shunned by the Brahmanical class. The attitude of vaidyas remained ambivalent throughout the history. On one hand, local healers were a major source of information and learning for these vaidyas to acquire knowledge about new diseases and their treatment. But such closed contact between these two classes of healers was not approved by the priestly class. Manu wrote in the *Manusmriti* (in first BCE) very strongly that it is bad to eat food offered, even as alms by a medicine man or a surgeon who was in contact with folk healers.

It may be noted that though folk and Āyurveda belong to two independent traditions of healing and complemented each other. From the Vedic time, there was substantial cross-fertilization, mutual learning, and acceptance. The folk healers served to that section of the society which did not have access to professionally trained vaidyas and surgeons. Both the *Charaka Samhita* and the *Sushruta Samhita* urge physicians to seek the help of cowherds, hunters, and forest-dwellers for procuring and preparing medicinal plants. Being close to the nature, folk healers specialized in the treatment of natural calamities, such as treatment of poisoning and snake-biting, bone-fixing, and wound healing. They were consulted by vaidyas and patients for other diseases as well, and in the similar vein, many Āyurvedic preparations were used by the folk healers. There are many instances suggesting that the Tantra Yoga was popular among certain sections of folk practitioners. The dynamic interaction between the little and the great traditions was, however, a continuous process, and as far as it was mutual, both traditions were enriched. There is a history of an undercurrent of suspicion and competition, but their peaceful coexistence continued. The difference between two traditions was that while the great traditions of Yoga and Āyurveda had official patronage, had formal texts and institutions, folk knowledge, and practices remained part of the oral culture and sustained on only popular support. A good deal of this folk knowledge is lost due to lack of documentation, while Āyurvedic texts grew in number.

Āyurveda survived a long history of three millennia and is still widely practiced in India. One of the major reasons for continued practice of Āyurveda has been that it has always remained a living tradition which was never resistant to change. As Svoboda writes, "Over the centuries mainstream Āyurvedic beliefs and practices have deviated substantially from those of the ancient texts" (1995, p. 21). Because of this flexibility and adaptability, many new schools and systems in Āyurveda came up in different regions, and many old practices were replaced with the new one. During the Kumbha Mela in Allahabad, Āyurvedic practitioners use to assemble at the riverside and used to hold assemblies and conferences to exchange their experiences of new medicines and modes of treatment. As an individualized science, each practicing vaid within Āyurvedic system has enough flexibility to tailor-make the therapeutic regime, keeping in view a holistic assessment of the patients and their needs.

Features of Indigenous Healing Systems

All three systems of healing and well-being have evolved in the long history of Indian subcontinent and have their roots in the prevailing cultural ethos. All these systems have distinct identity and differ in their philosophy, theories, and practices, and level of advancement. Still, there are many features which are common to them all.

1. **Integral to the Cultural Beliefs**
   Health beliefs in India seldom stand independent of the other cultural beliefs. They, in many ways, are intricately weaved into the other beliefs about child rearing, marriage, personal tragedies, morality, and metaphysics. These beliefs provide basis for the community life and are widely shared by its members. Such cultural beliefs provide explanations for onset and recovery from an illness.
2. **Spirituality is at the Core**
   Faith in supernatural, including the beliefs in gods-goddesses, is at the core of all indigenous healing systems. Many socio-spiritual beliefs, rituals, and practices create the necessary conditions for fostering positive mental state of hope, optimism, and initiative. Faith provided the basis for various healing institutions where the supernatural forces/entities are invocated. They serve as important inner resources to combat illness and other related adversities, and thereby enhance the efficacy of indigenous medicine system also.
3. **Liberal, Accommodating, and Experimenting Ethos**
   Indian culture and society has always remained an open society with diverse and multiple healing traditions. These are the living traditions which not only have survived and thrived in the long history but have kept innovating and enriching their healing expertise. There are no standardized treatment procedures in indigenous systems but are tailor-made according to the nature of health challenge and expectations of the patients and their families. This kind of liberal ethos leaves much space for the alien systems to have a foothold inside the community.
4. **Holistic in Nature**
   Indigenous healing practices are holistic, aiming at the overall well-being of the person. The focus of healing is the person, not the health problem. Healers know that mind, body, and spirit should be in a dynamic equilibrium, and one cannot remain healthy if there is disturbance in any one domain. Holistic approach takes into consideration values, emotions, beliefs, social interaction, and spiritual orientation of a person in their healing practices.
   Indigenous healers know from their personal experience that treating the person is not enough. Unless the family and the community to which the person belongs change, any improvement in his or her mental health will be short lived. Very often the problems for which people come to a healer have their genesis in unhealthy social relationships. It is therefore imperative that all concerned parties participate in the healing process.

5. **Restoring Balance (Equilibrium)**
   In both healing systems, the implicit assumption is that men is embedded in the environment they live. Therefore, a harmonious relation between man and environment is essential for health. This inclusive view also recognizes the continuity of the body and universe. The continuity of microcosm and macrocosm, and there sharing in terms of five basic elements (*pancha mahabhuta*s) needs to be recognized. The interconnectedness and complementarity inherent in nature is the key to unlock the principles of health and wellbeing.
   Healing also entails restoring equilibrium between the mundane and supernatural worlds also. Gods, ancestors, and evil spirits are considered to be significant parts of the healing process, more in the case of folk healing than in Āyurveda. Different healing practices involve sacred (not religious) performances and rituals.
6. **Healing as a Social Service**
   All along the history, alleviation of physical and mental suffering was considered a social service. The Charak Samhita mentions that those who practice medicine out of compassion, not for gains and gratification, stand above all others. Helping people to healing was not considered a profession or as a means of livelihood. In fact, folk healers and vaidyas generally had some other work or occupation for their livelihood. Healing services offered to the needy were part of their social obligation, for which they were not supposed to charge. They were often compensated in terms of offerings once the person has healed.

Alien Medicinal Systems in India

In the open and liberal ethos of the Indian society, many alien healthcare systems made their entry. Most of such systems which came to India in the early period got assimilated in the indigenous systems, primarily in Āyurveda. In the medieval and later period, distinctly different medical systems made their entry in India. Prominent among these were Unani, Tibetan, Chinese, and Homeopathy with their distinct conception of nature, human body, causation of illness, and treatment options. These alien healthcare systems were received in India without any resistance and were welcome as additional options of treatment and health care in multicultural Indian society. Vishwanathan (1998) has stated that Indian society celebrates diversity and contradiction and has the tradition and resilience to absorb new systems and practices.

The Tibetan and Chinese medical systems are as old as the Ayurveda is; and there was long association between the two since Tibetans turned to the Buddhism, in the later period when many Tibetan scholars and medical practitioners visited Nalanda University. It embraced the traditional Buddhist belief that all illness ultimately results from the three poisons: ignorance, attachment, and aversion. Tibetan medical theory states that it is necessary to maintain balance in the body's three functions—(a) circulate of physical (e.g., blood), energy (e.g., nervous system impulses), and the non-physical (e.g., thoughts) substances, (b) heat producing substance in the body

and their source, and (c) cold producing substance in the body and their source. Tibetan system employs a complex approach to diagnosis, incorporating pulse and urine analysis, and treats by behavior and dietary changes, medicines composed of natural materials (e.g., herbs and minerals) and physical therapies.

Traditional Chinese medicine also adopts a holistic approach to understanding normal function and disease processes and focuses as much on the prevention of illness as it does on the treatment. It focuses on individual who is like an antenna between material and metaphysical world. The material world is believed to be constituted of five elements: water, earth, metal, wood, and fire. The world is taken as a single unit, and its movement gives rise to yin and yang, the two main antithetical but complementary aspects. The four bodily humors (qi, blood, moisture, and essence) and internal organ systems (zang fu) are considered to play an important role in balancing the yin and yang in human body. Traditional Chinese medicine includes acupuncture, remedial massage, exercise and breathing therapy, and diet and lifestyle advice. Both Tibetan and Chinese medicines were practiced in India for more than two millennia; their popularity was confined to north-eastern region of India.

Another system of medicine which is widely practiced in India is known as Unani system. This system is based on the teachings of Greek physician Hippocrates and Galen, and in the later period, it developed into an elaborate medical system as it moved to Arab countries and Iran in middle age. It was popularly known as Islamic medicinal system and was brought to Indian by the Muslim invaders in 11–12th Centuries. Unani system thrived in India during the Delhi Sultanat and was later spread all over India during the Mughal Empire. Unani medicine is based on the concept of the four humors: Phlegm (Balgham), blood (Dam), yellow bile (Ṣafrā'), and black bile (Saudā'). Accurate pulse reading is considered very important in Unani medicinal system. There were many eminent Unani practitioners, known as *hakim*, in the long history. As a regular practice many hakims include Āyurvedic medicines in their treatment of the patients. Gupta (1998) observed that Āyurvedic practice changed a good deal because of the influence of Unani system.

Yet another system of mental and physical health care which is also of Western origin in India is Homeopathy. It was founded by a German doctor Samuel Hahnemann at the beginning of the nineteenth century who believed that believing that diseases have spiritual, as well as physical causes. India is probably the only country outside Europe where homoeopathy received an amazing acceptance as an alternative system of medicine. A major advantage of homoeopathic therapy is its simplicity of learning and the quick possibilities for self-help. The philosophical ideas of homeopathy are easy to grasp, and then, the less cost of treatment goes in its favor. Homeopathic medicines are prepared by repeatedly diluting a chosen substance in alcohol or distilled water; dilution usually continues well past the point where no molecules of the original substance remain. Homeopathic medicines are believed to aggravate symptoms of the diseases initially before treating it. Homeopathy is almost rejected in the West as unscientific, but it is quite popular in India in the present times.

Modern Medicine and Indigenous Systems

As mentioned earlier, medical plurality has been Indian ethos, and systems from other cultures and regions were accepted by the masses as alternative mode of treatment. These alternate systems never posed any threat to the mass-base of Āyurveda and folk healing. But the case of Western medicine, which is also known as allopathy or modern medicine, or scientific medicine was different.

The modern scientific medicine has built on the advances in biological sciences and human physiology in the last two centuries. It is based on the Cartesian division of mind and body, focusing on body as a machine to be mended, while ignoring psychological, social, and environmental aspects of illness. In this reductionist approach, disease is taken as caused by the invasion of microbes, and thus, the focus of treatment is on antibiotics and chemical-based medicines.

During the colonial rule, the East India Company initially and the British government later brought Western medicine to India. They needed treatment facility for their army and administrators. The physicians and surgeons who came along with the colonial rulers did establish hospitals in their cantonments, the facilities which were extended to their local collaborators in the later period. There were many tropical and other diseases for which services of indigenous practitioners were also sought. The Christian missionaries who arrived later also contributed to the spread of Western medicine in India. During this period, with the help of missionaries, the colonial government established lunatic asylums all over the country. This kind of custodial care of the insane was held as a civilized form of treatment (Weiss, 1983). Initially, the criminals and wandering insane from lower class constituted majority of inmates in these asylums. Throughout the history of India, family and community had looked after mental patients. Few who were abandoned by their families lived in shelter houses or in open on the periphery of habitation and were fed by the community. Some lived in temples, dargarh, or other holy centers which specialize in the treatment of mental illnesses. This institutional care was a new arrangement in the colonial India.

However, till the beginning of twentieth century, Western medicine was not very popular in India as a mode of treatment for mental and physical diseases. Weiss (1983) noted that competition between the Western and more popular indigenous medical practices was intense, and British medical staff had condescending view of indigenous practices. The colonial government started medical colleges along with Āyurvedic colleges and hospitals to popularize Western medicine. Many incentive schemes were introduced to attract people to use Western medicine. The Indians accepted British law and educational system with less opposition than the British medicine (McRobert, 1929; Royle, 1837). There was resistance to accept Western medicine which was completely antithetical to the holistic indigenous and alternative medicinal practices. Gradually, the scientific basis of Western medicine attracted many urban-educated Indians. In fact, there were two opposing responses to Western medicine. The nationalist groups who were opposing the colonial rule were opposing Western education, medicine, and other symbols of colonialism. There were other

upper class elite Indians for whom Western science provided tools for analyzing their own culture, and also as opportunity for upward mobility. There were others who saw Western science and technology as means to modernize India and use it to fight against colonial rule.

It was the discovery of penicillin and other sulfa drugs in the early decades of twentieth century which were found effective in controlling many epidemics that the popularity and acceptance of Western medicine dramatically increased. That established superiority of Western medicine over the indigenous healing systems. The ascendance of Western medicine relegated Āyurvedic, folk, and other systems of treatment and healing to a secondary status.

Girindrashekhar Bose: Pioneer of a New Theory of Mental Health

Colonial rule started in India from Bengal in 1757, and Kolkata became the capital of British India. Because of the colonial influence and many social movements, Bengal was in sociopolitical upheaval in the last half of the nineteenth century. Social reformers and activists were campaigning to modernize the age-old Indian society. The upper class of Bengal was getting attracted to Western education and scientific developments, including in medicine. Hospitals and medical colleges on the British pattern were established in Kolkata—prominent among them being the Calcutta University, medical college, and the Institute of Psychiatry. A mental hospital came up in Ranchi with Berkeley Hill as its first superintendent. When the first psychology Department was established at Calcutta University in 1915–16, Girindrasekhar Bose, a psychiatrist by training, joined as a lecturer. Bose taught abnormal and clinical psychology.

Bose wrote his Ph.D. thesis on the Concept of Repression. It is said that at the initial stages of his work, he was not much aware of Freud's work (Nandi, 1995). It was later that he extensively read and got fully converted to psychoanalytic school. In 1921, Bose's thesis on repression got published, and he sent a copy to Freud who was pleasantly surprised to know that there was someone outside Europe who was so knowledgeable about psychoanalysis. In 1922, the Indian Psychoanalytic Society was established and recognized by the International Psychoanalytic Society in its Berlin Congress. Initially, it had 12 members with Bose as its secretary. That was the first such association outside Europe. In 1932, Bose founded the Indian Psychoanalytic Institute, and in 1940, the Lumbini Park Hospital for which Bose's brother donated land and a house. Bose applied stringent requirements for the training of psychoanalyst along the lines of Freud's specification—200 h of self-analysis and two cases of 100 h long. A journal the Samiksha was started in 1947.

Bose did not see colonial rule as a demon (like the nationalists) but created a more flexible and nuanced space for developing an internal critique of the colonial discipline of psychiatry on a broader canvas (Basu, 1999). He was genuinely interested in

Freudian psychoanalysis for dealing with mental health cases and wanted to apply it as a tool to understand Indian people and culture. Bose was not a blind follower of Freud. He tried to combine his readings of psychoanalysis, clinical experience with his knowledge of Hindu intellectual traditions. He was deeply rooted in Hindu spiritual and philosophical tradition. He had already published a translation of Patanjali's Yogasutra in Bengali, wrote a comprehensive commentary on the Bhagavad Gita, and large number of articles on various cultural, social, and philosophical issues. He differed from Freud on some of the basic cultural assumptions of psychoanalysis and, in a way, laid foundation for a truly Indian psychoanalytical understanding of the Hindu modal personality.

The most significant contribution of Bose was his theory of duality of wishes. In his view, a conscious wish is always accompanied by the opposite subconscious one. There are other kinds of duality as well. For example, one wish may be passive, other may be active; one is object related, whereas the other may be subject related. A conscious wish may be to hurt the other person that is active and associated with repressed unconscious subject-related wish to hit oneself (Bose, 1951). Bose's theory have no biological base, as the Freudian "drives" do, and that these wishes cannot be sublimated but continues to exist until unfilled.

Bose and Freud never met but corresponded for long years (1922–1933). Freud was polite in his responses, but seldom agreed with Bose's alternative, cultural reformation of his theory, nor did he directly address seven to the cultural specifics of Bose's formulation. Freud, like his other European contemporaries, was more interested in theoretical conquest than in Indian mental life as elaborated by Bose (Akhtar & Tummala-Narra, 2005). Bose, though highly influenced by Freud's theory, was trying to integrate Indian philosophy within the Freudian notion of unconscious to provide a cultural perspective which was not appreciated by Freud and other neo-Freudians. Psychoanalysis has built on the premise of individualism. Bose perceived individuals as essentially embedded in the culture; potentially united with other human beings, animals, plants, and nature (Basu, 1999; Hartnack, 2001).

His contemporary Owen Berkeley Hill (Ranchi) and Claude Dangar Daly (both army officers) wrote in psychoanalytic tradition to justify colonial rule in India. Daly psychoanalyzed Indian revolutionaries of early decades without ever meeting them and concluded that they were driven by deeply hidden incestuous desires which expressed in their passion for Mother India (Daly, 1930). British psychoanalysts used psychoanalysis to justify colonial rule, whereas Indian psychoanalysts, contemporaries, and students of Bose used it to build a case for the freedom of India.

Postindependence Developments

After independence, many continued to work in the psychoanalytic tradition in India. British psychoanalysts Carstairs and Masion devalued Indian culture and personality and considered Indian religion psychopathological and Indian personality as "infantile" and "inferior" (Akhtar, 2005). Indian psychoanalysts failed to evolve

an Indian school of psychoanalysis compatible with native belief system and practices. As Hartnack (2001) argued, Indian psychoanalysts were culturally assertive but professionally defensive. Many of them carried forward the spirit of Bose to develop indigenous versions of psychoanalysis without compromising its essential premises. The most salient contribution is that of Kakar in later years. As Kakar (1994) observed that by mid-fifties, Indian psychoanalysis entirely lost its salience in academic psychiatry and hardly grew in the next 50 years. It was considered colonial, and there was a phase of reaffirming spirituality and metaphysics, and Indian cultural identity. In Western psychoanalysis, religious faith and beliefs were pathological which is core of the Indian knowledge tradition. One of the criticisms of psychoanalysis is that remained elitist and not accessible to lower social class (Akhtar & Tummala-Narra, 2005; Kakar, 2003; Kumar, 2012) and consequently remained closer to great tradition of Āyurveda and Yoga. Psychoanalysis has no explanations for pervasive poverty, unemployment, and inequality in the Indian society. It is confined primarily to beg metropolitan owns. Psychoanalytic practice failed to Indianize. As Sarin (2013) observed, it got isolated from local and international discourse and failed to engage in any critical and practical thinking.

Notwithstanding, as concluded by Vahali (2011), "… within a span of less than half a century, psychoanalytic scholars in India have come to create a body of knowledge that affirms and validates non-Eurocentric facets of life, as experienced by Eastern people. In this respect, psychoanalytic contributions have upheld and realized the dream of the first Indian psychoanalyst Girindrashekher Bose to create psychoanalytic knowledge such that its roots will remain located in Indian tradition, culture and philosophy" (p. 72).

In the Independent India, Western (or modern) medicine was adopted as the official healthcare program of the country. Striking decline in epidemics and increase in lifespan in the last century led to the ascendance of modern medicine to this status. Rapid strides in surgical technology further contributed to the efficacy of modern medicine. It is accepted and promoted as the official heathcare system by almost all countries of the world. In India, more than 90% of the national health budget is allocated for medical treatment. Health policies and programs are primarily controlled by medical professionals, as is the highest governing body—Indian Medical Council, with most of the research budget allocated for Western medicine. To promote indigenous systems, a separate Department of Ayurveda, Yoga, Unani, Siddha, and Homoeopathy (AYUSH) was created in 2003 within the Ministry of Health and Family Welfare with additional funding. Both that is not enough. Indigenous systems are struggling against the dominant status of modern medicine in public healthcare program. Another scenario which is noticeable is the resurgence of Āyurveda in recent time as a public movement. Realizing that Western medicine has only palliative treatment for chronic diseases, patients are more frequently gravitating toward Āyurveda and alternative medicines. Similarly the popularity of the folk medicine can be gauged from the fact that attendance at traditional healing centers is on rise. As Joshi (1988) contended, Indian patients go to the medical doctor for the organic causes of their diseases, as the same set of patients go to a faith healer for metaphysical causes of their suffering. There are no research studies but one can expect

that among the same lot many would be practicing Yoga and meditation also. Indian patients rarely confine themselves to one mode of treatment. Given the scenario that medical doctors including psychiatrists are often unable to cope with the quantum of patients, they have to handle every day in government hospitals. They hardly have time and skills to deal with patients' fears and anxieties, and often patients remain dissatisfied with the mode of treatment (Nanda, 2009). They resort to traditional practitioners and feel comfortable in communicating with them. Indian patients are pragmatic and plurality of healthcare systems in the country is of great advantage.

Looking back at the preceding 100 years of journey of Western medicine and psychoanalysis in India, two lessons are clear. One, the progress of indigenization of Freudian psychoanalysis that began with Girindrasekhar Bose needs to be understood in the light of four millennia long history of Indian healthcare systems and its liberal tradition. We need to take lessons from our own history. Psychoanalysis is on decline worldwide in last 5–6 decades, but it is not likely to perish from India but would survive in some indigenous form. Two, in accommodating a new system of medicine, the existing systems also undergo change to create space in which a new system may locate itself. This process will have its ups and downs, and new turns in coming times and may, follow similar pattern as are observable in other traditional, liberal, and dynamic societies. Only history will tell whether Western medicine and psychoanalysis will continue in India as independent and parallel systems of health and healing, or will survive as alternative systems in future.

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