

Advances in Psychiatry

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PSYCHOLOGICAL illness has existed ever since the beginning of the human race. Ancient literature makes references to it. There are references in *Vedas Papyrus* of ancient Egypt and in Greek mythology. In India famous physician Charaka and Surgeon Sushuratha have treated mental illness with herbal medicines. *Sepgandha* is an example and there were centres for their treatment, some of these were located at temples. In ancient Europe also mental patients were treated humanely by herbs and many other means.

In Europe mental patients were considered witches (persons visited by evil spirits) in Middle Ages and were persecuted and killed mercilessly. This dark period gradually yielded to a period in which mental patients were isolated in mental hospitals which were established for their care. Here they were kept in dark dungeons, behind bars, chained and fettered.

It was only in the late 18th and 19th centuries that mental patients were released from their chains and restraints were abolished. They once again were treated humanely. This movement of humane treatment of mentally ill was led by Pinel in France, Tuke and Murray in England, Firccke and Reill in Germany and Bond, Kirkbride and Rush in America.

This change of attitude towards mentally ill opened further avenues of progress in the understanding of mental illness. In the nineteenth

century in the absence of effective means of treatment of mentally ill, progress was limited to improved custodial care. Better ventilated and clean accommodation, with better clothes and food and other creative comforts were provided to them. Along with this increased attention, the psychiatrists interest in them resulted in keener observation of their behaviour. This more detailed observation of mentally ill yielded to a better understanding of the various mental illnesses and slowly out of these emerged the descriptive psychiatry and classification of mental illnesses.

With increasing interest in mental illnesses a number of workers studied the organ of mind, the brain in detail. Thus grew the knowledge of details of anatomy, physiology, biochemistry and histology of the brain. With the development of clinical knowledge of mental illness on one side and of details of brain structure on the other—a dagged attempt on finding correlations between these was the natural next step. This step yielded enough information to help neurology to grow but in the field of psychiatry these efforts were not fruitful. Functional psychiatric syndromes could not be understood in this way. So far beyond yielding tentative hypotheses information gathered in these areas has not been illuminating.

Further progress which helped psychiatry to grow came from psychology. Here concern about the motivational aspects of human behaviour was yielding results. Sigmund Freud's contribution stands as an important landmark. Theory and technique

of psycho-analysis opened up new areas which helped to understand mental illness. Working of human mind both normal and abnormal and dynamics of its functioning could be better understood after this progress. This also placed a new tool of management, psychotherapy, in the hands of psychiatrists. Developmental aspect of psycho-analytic theory increased interest in the child and child psychiatry has developed from this. Freudian theory has not only helped in the understanding of individual's functioning, but it has also made human relationships in general more easy to understand. Freudian theory and its modifications have advanced the knowledge to a great extent.

Advances in the learning theories and its application to the understanding and modification of human behaviour are the more recent developments.

There has been progress recently in the management of mental illness. In the thirties convulsive therapies were developed as well as Insulin Coma Therapy. These empirical physical therapies greatly improved the management of very disturbed and psychotic patients. Development in psycho-pharmacology more recently has given us further means of alleviating the sufferings of mentally ill. Major tranquilisers and physical methods of treatment have dramatically changed the mental hospital ward atmosphere. Disturbances in the ward by excited patients with destruction of furniture, crockery, linen and garments is no more a common occurrence in the inpatient management of psychotic patients. Anti-depressants have greatly improved the management of depressed patients. Minor tranquilisers are giving help to the increasing number of neurotic patients. These pharmacological agents used in conjunction with physical therapies on the one hand and psychotherapy on the other have improved the treatment of psychiatric illnesses.

(Contd. on page 274)

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