



# HISTORY OF PSYCHIATRY IN INDIA

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# Mental Health

A state of well being in which an individual realizes his or her own abilities and can cope up with the normal stressors of life , can work productively and is able to make a contribution towards his or her community.

(WHO)

# Mental Illness

- Mental and behavioral disorders are understood as clinically significant conditions characterized by alterations in thinking, mood (emotions) or behavior associated with the personal distress and/ impaired functioning.
- (WHO,2001)



# Historical Prelude in the world.

- Early Greek Literature & Mythology
  - Homer: Iliad- Ajax
  - Gods blamed for the “sacred disease”
  - Healing: prayers, sacrifices to Asklepios, god of healing
- Drama
  - Aeschylus, Sophocles, Euripides
  - Madness often results as “Psychic civil war becomes endemic to the human condition” and introspection begins to dominate drama
  - Medea
- Greco-Roman custom
  - Violence, cannibalism, grief seen as markers
  - No asylums; family responsibility for care
  - Fear of contagion from evil spirits (*keres*)
  - Cure for hysteria (“wandering uterus”): marriage
- Idea of “melancholy genius”
  - Plato, Aristotle

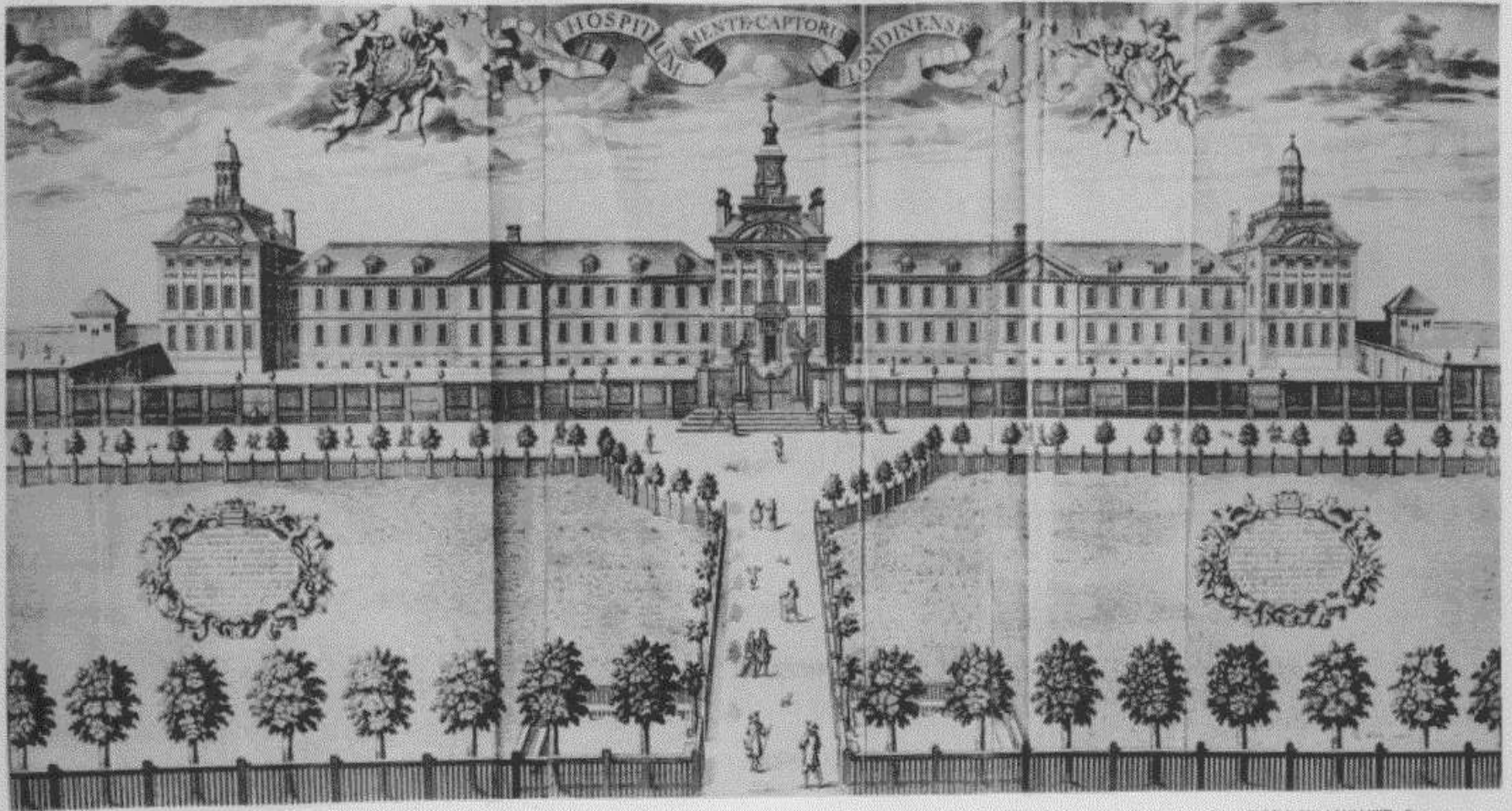


# Historical prelude of world psychiatry.

- . The fourth century AD witnessed the establishment of institutions solely for the mentally ill in Byzantium and Jerusalem
- Christian and Muslim religious orders established places of refuge for the mentally ill and patients were treated by a variety of procedures with a religious coloring.
- The first psychiatric hospitals were built in the medieval Islamic world from the 8<sup>th</sup> century
- first hospital was built in Baghdad (705 AD)
- Bethlehem Hospital, was started/opened in 1247 in London



# Bethlehem Hospital 'Bedlem'()



BEDLAM HOSPITAL, MOORFIELDS, LONDON, ENGRAVED BY ROBERT WHITE. PLATES BY WHITE WERE APPROVED BY THE COURT OF GOVERNORS IN AUGUST 1677

*By Permission of the Guildhall Library*

# Late 18<sup>th</sup> and 19<sup>th</sup> century

- Pinel revolutionized care of the mentally ill by propagating a humane approach to care.
- Moral treatment—reformer of asylum approach
- Shackles to be removed
- Phillipe Pinel (1745-1826) at the Saltpetriere in Paris
- “Pinel Removing the Shackles





- Dorothea Dix proposed setting up of State run hospitals for treatment of the mentally ill based upon Pinel's moral approach
- Mid 1950s discovery of chlorpromazine
- deinstitutionalization of mentally ill persons and the evolution of the concepts of community psychiatry.



# Historical aspects in **India**

- **Psychiatry in ancient Vedic India**
- The Indian account of the mental illness is probably the oldest accounts
- They range from the **Ayurveda** , **Charak Sanghita**, **Shushruta Sanghita**.
- **Atharva-Veda**, mentions that mental illness may result from divine curses

- Great epics such as the Ramayana and the Mahabharata made several references to disordered states of mind and means of coping with them





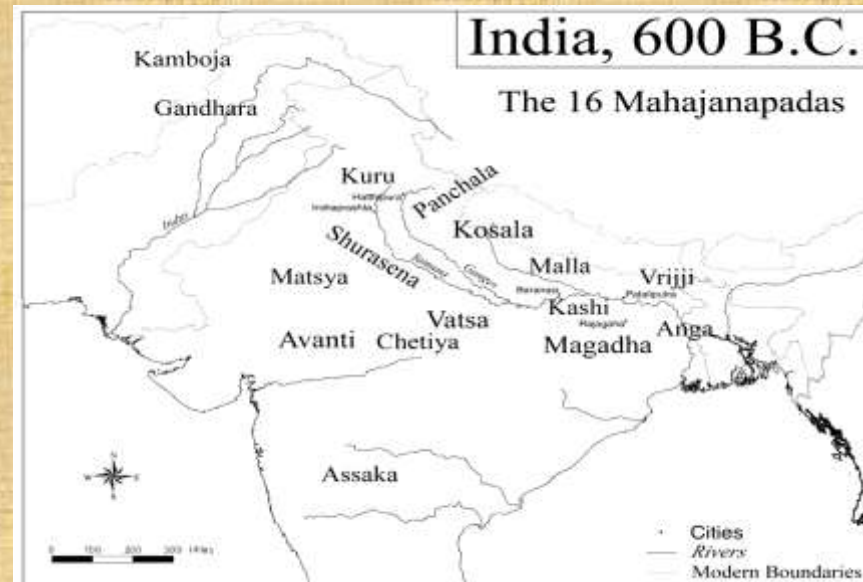
- The **Bhagavad Gita** is a classical example of crisis intervention psychotherapy





- **Atharva-Veda**, mentions that mental illness may result from divine curses.
- Descriptions of conditions similar to schizophrenia and bipolar disorder appear in the **Vedic texts**.
- A vivid description of **schizophrenia** is also found in **Atharva-Veda**.
- Other traditional medical systems such as **Siddha**, which recognize various types of mental disorders, flourished in southern India.

- According to Sushruta, the **physician** (chikitshak), the **drug** (dravya), the attendants or the **nursing personnel** (upasthata), and the **patient** (rogi) are the four pillars on which rests the success of the therapy.
- The highest patronage to the science of Ayurveda was given by the Buddhist kings (400-200 BC)



- Najabuddin Unhammad (1222 AD), an Indian physician propagated the Unani system of medicine as he described seven types of mental disorders:
  1. ; Sauda-a-Tabee (Schizophrenia);
  2. Muree-Sauda (depression);
  3. Ishk (delusion of love);
  4. Nisyan (Organic mental disorder);
  5. Haziyan (paranoid state)
  6. Malikholia-a-maraki (delirium)
  7. Psychotherapy was known as Ilaj-I-Nafsani in Unani Medicine.



- Agastya' formulated a treatise on mental diseases called as 'Agastiyar kirigai Nool', in which 18 psychiatric disorders with appropriate treatment methods were described.
- There are many revolutions in psychiatry like it was started to be thought occurring from witch craft, sin.
- Then later the approach became about the community psychiatry.

# Psychiatry in pre colonial India.

- During the reigns of King Asoka, many hospitals were established for patients with mental illness.
- According to the scribes of Asoka Samhita, hospitals were built with separate enclosures for various practices including keeping the patients and dispensing treatments prevailing during those times.
- A temple of Lord Venkateswara at Tirumukkudal, Chingleput, Tamil Nadu, contains inscriptions on the walls belonging to the **Chola period**.



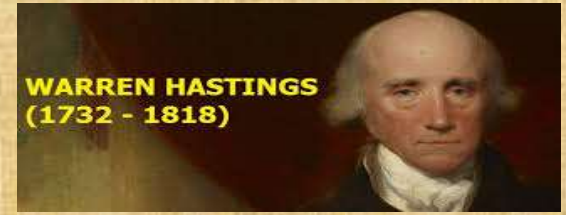
- There are some ancient evidences of propagation of alienation of mentally ill patients in Shahdaula's Chauhas in Gujarat and Punjab.
- not much evidence for development of psychiatry in the Moghul period,
- there are references to some asylums in the period of Mohammad Khilji (1436- 1469).
- some evidence of the presence of a mental hospital at Dhar near Mandu, Madhya Pradesh, whose physician was Maulana Fazlur Hakim.



- The political instability prevailing in the 1700s saw development of lunatic asylums in Calcutta, Madras and Bombay
- It is interesting to observe that these three cities grew up in the beginning largely with British enterprise which conceptualized the segregation of mentally ill patients in mental asylums and their supervision by trained people more in sync with the western conceptualization



INSANE ASYLUM



- The need to establish hospitals became more acute first to treat and manage Englishmen and Indian 'sepoyees' employed by the British East India Company.
- Warren Hastings, the first Governor General, during his regime in 1784 introduced the 'Pitts India Bill'
- according to which the activities of the Government of the East India Company came under the direction of a "Board of Control"
- actions were taken during Lord Cornwallis (1786-93) rule. It was during his rule that there is a reference of the first mental hospital in this part of India at Calcutta recorded in the proceedings of Calcutta Medical Board on April 3, 1787,
- reference point of inception of colonial influence on development of psychiatric care in India.

# Psychiatry in Colonial India

- 'less conspicuous form of social control'
- Mental hospitals (or asylums as they were called)
- greatly influenced by British psychiatry and catered mostly to European soldiers posted in India at that time.
- function was more custodial and less curative.
- Development of lunatic asylums was apparent in the early colonial period from 1745 to 1857 till the first revolution for Indian Independence was started.





- The earliest mental hospital in India was established at Bombay in 1745, which was made to accommodate around 30 mentally ill patients.
- Surgeon Kenderline started one of the first asylums in India in Calcutta in 1787.
- Later, a private lunatic asylum was constructed, recognized by the Medical Board under the charge of Surgeon William Dick and rented out to the East India Company.
- The first government run lunatic asylum was opened on 17 April 1795 at Monghyr in Bihar, especially for insane soldiers.

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- The first mental hospital in South India started at Kilpauk, Madras in 1794 by Surgeon Vallentine Conolly.
- During this period, excited patients were :
  - treated with opium,
  - given hot baths and sometimes,
  - leeches were applied to suck their blood.
- Music was also used a mode of therapy to calm down patients in some hospitals.
- The mentally ill from the general population were taken care of by the local communities and by traditional Indian medicine doctors, qualified in Ayurveda and Unani medicine

# The mid-colonial period from 1858-1918

- witnessed a steady growth in the development of mental asylums.
- This period was significant for the enactment of the first Lunacy Act (also called Act No. 36) in the year 1858.
- The Act was later modified by a committee appointed in Bengal in 1888.
- During this period, new asylums were also built at Patna, Dacca, Calcutta, Berhampur, Waltair, Trichinapally, Colaba, Poona, Dharwar, Ahmedabad, Ratnagiri, Hyderabad (Sind), Jabalpur, Banaras, Agra, Bareilly, Tezpur and Lahore.





## ♦ ASYLUMS

WERE BUILT AWAY  
FROM THE CITIES

WITH HIGH  
ENCLOSURES

SUCH AS

BARRACKS LEFT BY  
THE MILITARY

"SEPOYEES".

William J. Taylor

- Techniques of 'moral management' systems which were developed and implemented in this period in the west were also adopted in India.
- Drug treatments for psychiatric conditions were also introduced into India in this period, e.g., chloral hydrate.
- These were largely aimed at controlling patient behaviour and also of allowing the patient some respite from his/her condition through sleep.
- The onset of World War I in 1914 signalled the beginning of a new and distinct period in which strands of continuity were pulled up, in which significant changes took off in the Indian psychiatric system

- Under the Indian Lunacy Act 1912, a European Lunatic Asylum was established in Bhowanipore for European patients, which later closed down after the establishment of the European Hospital at Ranchi in 1918.
- It was the far-sightedness, hard work and the persistence of the then superintendent of the European Hospital (now known as the Central Institute of Psychiatry), Col Owen A R Berkeley-Hill, that made the institution at Ranchi a unique centre in India at that time which attracted many European patients for treatment.
- Berkeley-Hill was deeply concerned about the improvement of mental hospitals in those days.



SELECTIONS  
*from Year 1852* ①  
THE RECORDS  
OF  
THE GOVERNMENT OF BENGAL.

Published by Authority.

N<sup>o</sup>. XXVIII.

REPORTS

ASYLUMS

EUROPEAN AND NATIVE INSANE PATIENTS

AT  
BHOWANIPORE AND DULLUNDA

FOR  
1856 AND 1857.

Calcutta.

PRINTED BY THE CALCUTTA MENTAL OFFICE.

1858.



- The Parsees during that period were keen to spend large amounts of money to guarantee care in modern psychiatric institutions for those who were considered insane in their own community, often guided by financial rather than therapeutic reasoning.
- The origins of psychiatric rehabilitation in India can be traced to innovative service programs, which were initiated at the Central Institute of Psychiatry (CIP) in 1922
- Occupational Therapy Unit started at this place.
- Hydrotherapy started in 1923
- public in mental hygiene and prophylaxis, taking initiatives in preventive aspects of psychiatry.
- Techniques similar to token- economy were first started in 1920 and called by the name “Habit Formation Chart”.
- Girindra Shekhar Bose first founded the Indian Psychoanalytical Association in 1922 in Calcutta and Berkeley-Hill started the Indian Association for Mental Hygiene at Ranchi

- Hill was one of the earliest practitioners of psychoanalysis in India who used this technique to help British patients to adjust to their lives after the ravages of World War I.
- **CIP** was one of the first centers outside Europe to start Cardiazol-induced seizure treatment in 1938,
- Electroconvulsive Therapy (ECT) in 1943 and Psychosurgery in 1947. Rauwolfia extracts in the form of Santina, Serpasil and Meralfen were also used for treating psychotic conditions in late 1940s.



- In the year **1922**, CIP got affiliation from the University of London to start **Diploma in Psychological Medicine**.
- Grant Medical College, Bombay (now Mumbai) had a Professor of Psychiatry, significantly an Indian, by the year 1936.
- A memo noted in the archives shows that the number of visits he was to make to the NM Mental Hospital, Thane was to be 'two per week during the term, when he also gave instructions to the students of the Grant Medical College, Bombay.
- A library on mental health started in 1918 at CIP with 300 books and journals which dated back to 1910.

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- **Child guidance clinic** was first established in 1937 at Sir Dorabji Tata Graduate School of Social Work in Bombay.
- Establishment of Mental Health organization under the Directorate of Health Services was **first recommended in 1946 by the health survey** and development committee of the Indian Government.
- The first psychiatric outpatient service, precursor to the **present-day general hospital psychiatric units (GHPU), was set up at the R.G. Kar Medical College, Calcutta in 1933** by Ghirinder Shekhar Bose.
- This was followed by a surge of such units with **Masani opening one at JJ Hospital, Bombay in 1938** and **Dhunjibhoy opening one day weekly clinic** at Prince of Wales Medical College (**now Patna Medical College**) in 1939.

# Bhore Committee (1946)

- Bhore committee presented a report on the mental health services and gave a few recommendations.
- 5 mental hospitals were set up
- Amritsar(1947) Hyderabad(1953), Shrinagar(1958), Jamnagar(1960)and Delhi(1966).
- All India Institute of mental health was established (currently NIMHANS)



# PSYCHIATRY IN INDEPENDENT INDIA: THE FORMATIVE YEARS

- A new phase of development of mental hospitals started after India's independence in 1947.
- The government of India focused upon the creation of GHPUs rather than building more mental hospitals.
- Emphasis was placed upon improving conditions in existing hospitals, while at the same time encouraging outpatient care through these units.
- A few new mental hospitals, notably at Delhi, Jaipur, Kottayam and Bengal, were added.
- Mid-1950 witnessed rapid development in the spread to GHPUs in India.
- In 1957, Dutta Ray started a psychiatric out-patient service at Irwin Hospital (now G.B. Pant Hospital), in New Delhi.

- In 1958, **N.N. Wig started the first GHPU at Medical College, Lucknow**, with both in-patient and out-patient psychiatric services and a teaching program as part of the Department of Medicine.
- Neki started a similar unit at Medical College, Amritsar a few months later.
- In the next 25 years most of the teaching hospitals and major general hospitals in the private or government sector had GHPUs which were managed by emerging mental health professionals joining services after completing their post graduation in psychiatry.

- By the 1960s, traditional institutions like CIP (Ranchi) and Madras Mental Hospital/Asylum offered a range of specialized services,
  - including child and adolescent clinics.
  - Geriatric, epileptic
  - neuropsychiatric services
  - complete range of comprehensive OPDs.
- Another important innovation in the 1960s was the concept of a day hospital.
- Slowly, alternative accommodations were explored for patients who had recovered, but could not return to their families.
- CIP started the Department of Clinical Psychology in 1949 which happens to have the first clinical psychology laboratory in the country.



- CIP also took initiatives in community mental health services as one of the earliest rural mental health clinic was started at Mandar near Ranchi in 1967.
- An industrial psychiatric unit was started at Heavy Engineering Corporation (HEC) at Hatia, Ranchi in 1973.
- Opening of psychiatry units in general hospitals gave psychiatrists an opportunity to demonstrate their knowledge and skills in the management of neurotic and psychosomatic disorders

- On the recommendation of the Bhore committee, All India Institute Mental Health was set up in 1954,
- which became the National Institute of Mental Health and Neurosciences (NIMHANS) in 1974 at Bangalore.
- The first training program for Primary Health Care was started in 1978-79.
- During 1978-1984 Indian Council of Medical Research funded and conducted a multicentre collaborative project on 'severe mental morbidity' in Bangalore, Baroda, Calcutta and Patiala.

- Various **training programmes** for psychiatrists, Clinical Psychologists, Psychiatric Social Workers, Psychiatric nurses and Primary Care doctors were conducted at **Sakalwara unit during 1981-82.**
- Combating stigma and widening the social network of patients were regarded as core elements of a successful rehabilitation programme.
- During the **last 50 years** mental health activities have moved from care of the mentally ill to include **prevention and promotion of mental health.**
- Keeping with the reforms in community psychiatry, the **first psychiatric mental health camp in India was organized in 1972**, at Bagalkot, a taluka of Mysore



# PSYCHIATRY IN INDEPENDENT INDIA: ERA OF CONSOLIDATION

- As the Government of India embarked on an ambitious national health policy that envisioned “health for all by the year 2000,”
- early drafts of the National Mental Health Program were formulated,
- adopted by the Central Council of Health and Family Welfare, in 1982.
- Since its inception, there has been development of a model District Mental Health Program, and development of training materials and programs for practitioners and academicians.
- .

# Drafting of the MENTAL HEALTH ACT.

- The first draft of Mental Health Act that subsequently became the Mental Health Act of India (1987) was written at Ranchi in 1949 by R.B. Davis,
- then Medical Superintendent of CIP, S.A. Hasib, from Indian Mental Hospital, Ranchi and J Roy, from Mental Hospital, Nagpur.
- Initial attempts by the Indian Psychiatric Society to bring about change were unsuccessful.
- In 1959-60, reforms were considered but no consensus was reached. In the 1980s, there was a resurgence of activity resulting in the passage of the Mental Health Act in 1987

# The Erwadi tragedy

- In 2001 a horrific incidence took place at Erwadi in which 26 persons with mental illness died in a tragic fire accident.



# Research in Psychiatry

- commencement of publication of first journal dedicated to mental health, The “Indian Journal of Neurology and Psychiatry” in 1949.
- The Indian Journal of Psychiatry started in 1958 and has now completed 50 golden years of continuous enrichment in the field of psychiatry in India.
- The journal got indexed in National Library of Medicine, the Catalogue of Index Medicus as the present review has been written in 2009.
- Psychoanalytically oriented literature and theoretical texts dominated the research literature from 1947 to 1960.
- During the second phase of psychiatric research (1960- 1972),
- distinctive trend emerged as research publications moved from individual psychopathology to the interface between the individual and society and group behaviour.

- **Among the major epidemiological studies of the early days included those of Surya, Sethi, Ganguli and Gopinath, which helped to establish the magnitude of mental health problems in the community. Mental health researchers in this decade were also active in the field of psychological testing.**
- **The year 1980 saw a fresh surge in mental health research programmes as many projects were started in various parts of the country in collaboration with Indian Council of Medical Research and World Health Organization (WHO).**
- **The researchers in last two decades have matured, and studies on diverse subjects including mental health in children, have been published.**
- **Biological psychiatry has been a woefully neglected area in Indian research though in recent years some original work has been published, but it is nowhere near the contemporary work from West**

# The Mudaliar Committee

- serious shortage of trained mental health manpower was noted and recommended the development of the European Mental Hospital at Ranchi (now CIP) into a full-fledged training institute.
- A formal training program for clinical psychologists (Diploma in Medical Psychology) also commenced at NIMHANS in the year 1955
- converted into an M. Phil in Medical and Social Psychology in 1978. In keeping with the recommendations of the Mudaliar Committee, the Central Institute of Psychiatry started training for clinical psychologists in 1962.



# Various mile stones.

- Girinder Shekhar Bose founded the Indian Psychoanalytical Association in 1922 in Calcutta.
- Berkeley-Hill, in 1929, founded the Indian Association for Mental Hygiene.
- D. Satyanand was another analyst who received his personal analysis by Berkeley-Hill.
- In 1935, the Indian division of the Royal Medico-Psychological Association was formed due to the efforts of Banarasi Das.
- In 1946, Nagendra Nath De consulted R. B. Davis of the European Mental Hospital, Ranchi and T. A. Munro, an advisor in Psychiatry to the Indian Army and decided to revive the association.
- The decision to form the Indian Psychiatric Society, the national organization of psychiatrists in India was taken in the meeting convened by R.B. Davis in Delhi on 7<sup>th</sup> January 1947 during the annual congress of Indian Science Congress at Delhi University

# Summary

# COncclusion

- The amalgamation of mental health, primary health care has led to a major shift from the concept of custodial care to one that emphasizes on care and treatment, although a huge gap between the rhetoric of this new policy and its implementation still remains. Mental hospitals, with all their inherent flaws and drawbacks, are powerful institutions for the proper care of a subset of mentally ill persons, especially those with severe forms of illness and poor familial/social supports



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