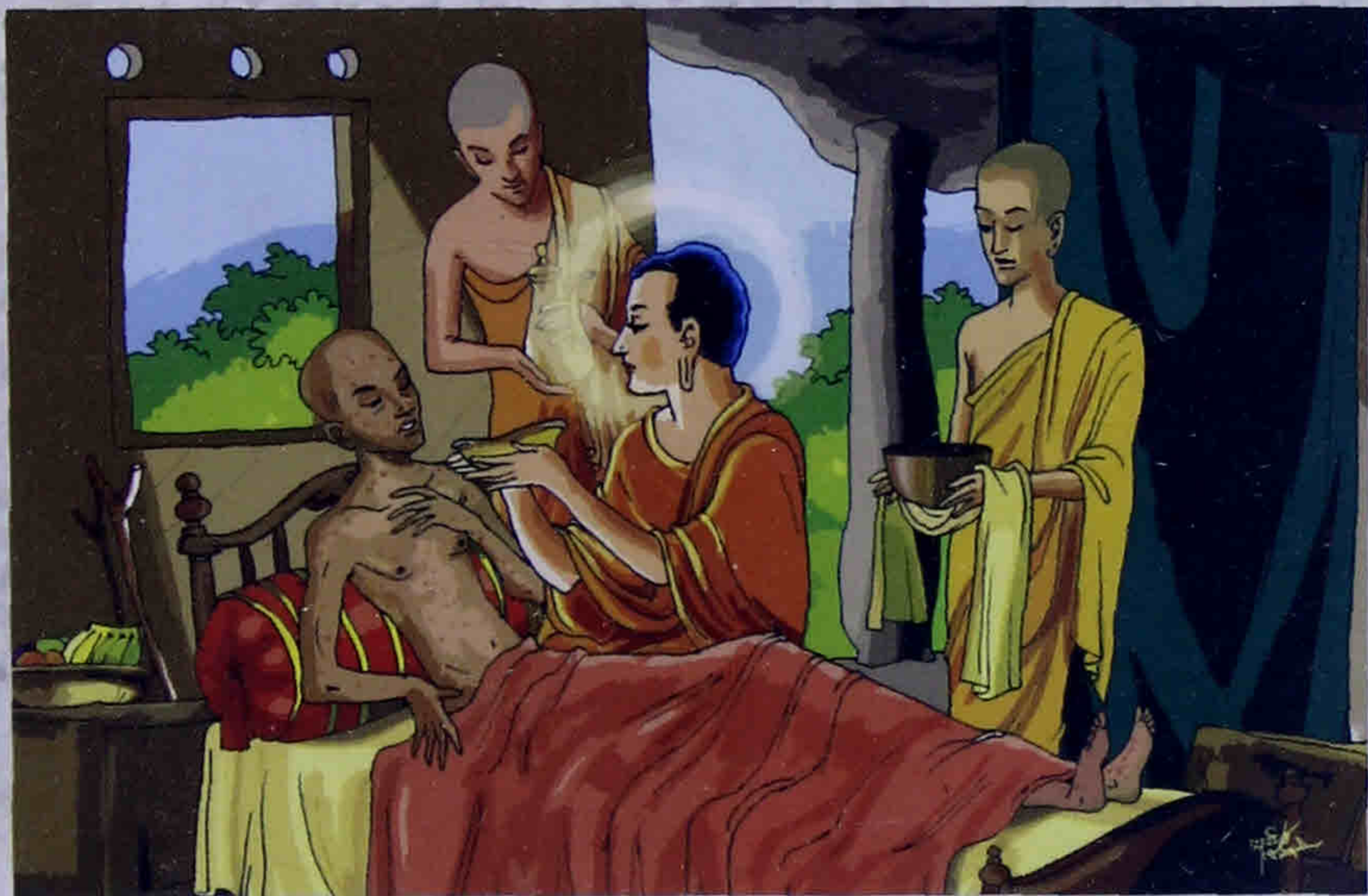


# BUDDHIST PSYCHIATRY



**NAW KHAM LA DHAMMASAMI**



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For Sao Aggawansa

Tai Kham

**BUDDHIST PSYCHIATRY**

With the compli-  
ment by author

A stylized handwritten signature in black ink, featuring a series of loops and a long horizontal stroke at the end.

21/03/07

# **BUDDHIST PSYCHIATRY**



**Buddhist Cultural Centre**  
125, Anderson Road, Nedimala,  
Dehiwala, Sri Lanka.

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# **BUDDHIST PSYCHIATRY**

**BY**

**NAW KHAM LA DHAMMASAMI**

**ကဝိ; ထမ္ဗ,ဗု.သု,ဒိ ဓမ္မ,ဓမ္မ:လု.**

## **ABBREVIATIONS**

A.        Aṅguttara Nikāya

D.        Dīgha Nikāya

Dh.       Dhammapada

M.        Majjhima Nikāya

Mil.      Milindapañha

Ma.       Mahāvagga

Ni.        Niddesa

S.        Saṃyutta Nikāya

Vin.      Vinaya Piṭaka

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Last but not least, I would like to thank Ms. Kab Seon Seo for her reading of every word with always helpful suggestions- together making this whole process sing. This book wouldn't have been the same without her.

If there are any misrepresentations in this book, that is entirely due to my own insufficient level of understanding of the dhamma.

**The Words from Prof. H. D. Karunaratne**

It is my great pleasure to write the preface for this book. Psychology is essential today, more than in any other time period. There are several reasons for this. The first is due to the escalating total population in many parts of the world. The world population increased from 5 billion to 6.5 billion from 1987 to 2006, a record increase over the shortest time period. Therefore, the number of people suffering from mental ill-health has also increased at an unprecedented rate in recent years. The second reason is related to our work styles, earning methods, consumption patterns, and life styles, which have remarkably changed during the past century. As a result many people are busy and living under stress and tension. The third is that, nowadays people try to maximize many things within a given time period and with limited resources. Therefore, many people do not have the normal lifestyles our ancestors had. The fourth reason is that the growing social unrest in terms of earning gaps, poverty, drug addiction, traffic accidents, civil wars



and increasing number of people in jail, have led to a sizable increase in the total number of people with mental ill-health. Fifth, many people think about economic growth, improving living standards, but forget about the psychological aspect of development. However as Rev. N.K.L. Dhammasami, emphasized in this book, psychological problems have been addressed within Buddhism since a long time back. But even among Buddhists, many people have forgotten this aspect of Buddhism. I think this book is very useful in that line. On the other hand, it can be utilized as a supplementary reading in psychology courses offered in the field of natural and, social sciences both in Bachelors, and Masters level degree programs.

**Professor H. D. Karunaratne**  
Faculty of Management & Finance  
University of Colombo, Sri Lanka &  
Visiting Professor, Faculty of Economics  
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## **A Note to Readers**

Health is a precious gift, no matter, how much one embraces wealth. One could not enjoy life if there were not enough health.

When we talk about health, we mean body and mind. Both are necessary to be balanced in life. The Buddha regards health as a key to enlightenment and everything. He always advises his followers to take care of their health, both physical and mental.

The Four Noble Truths are the method for distinguishing diseases. It is said that disease is unsatisfactoriness. Unsatisfactoriness is the cause of disease. The medicine is the Noble eightfold Path. Having no disease means Nibbāna. A psychotherapist, Mark Epstein, too, has mentioned that the Four Noble Truths are a vision of reality containing the practical blueprint for psychological relief.

This work is based upon the early Buddhist texts. The author is not a physician but a Buddhist monk who believes in the Buddha's method of healing.

This book is essentially for those readers who have never studied Buddhist psychiatry. It aims at giving an introduction to the subject, the different perspectives taken and how each may contribute to human understanding. However, the book should also offer something to those who already have a view on Buddhist psychiatry and encourage them to think further about its relevance to the nursing practice.

The book is divided into 3 chapters, of which the first gives an introduction to the subject of psychiatry. Chapter 2 focuses on Buddhist psychiatry, particularly on the how and why of the appearance of disease. The last chapter looks more directly at the Buddhist art of healing.

***May you be Free from Suffering!***

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## **Health is the Highest Gain <sup>1</sup>**

### **1. 1. Introduction**

2550 years ago, Buddhism emerged neither as a Religion nor as any sort of Ism. The essential and pivotal intention of the Buddha was to help and guide the people to free themselves from all bondages and sorts of dukkha.<sup>2</sup> The Buddha had no intention of establishing any kinds of Ism or Philosophy or Psychology.

But today we accept Buddhism as being both a system of thought (philosophy) and a way of life (religion).<sup>3</sup> There is no doubt that it plays a very significant role as a religion as it is widely practiced in our day-

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<sup>1</sup> Dh. V. 204.

<sup>2</sup> Dukkham ceva paññāpemi dukkhassa ca nirodham. M. I. 140, 185; Mahāsāropama sutta, M.

<sup>3</sup> Premasiri, P. D. Prof. Studies in Buddhist Philosophy & Religion, pp. 101-107; Jayasuriya, W. F. Dr. The Psychology & Philosophy of Buddhism, pp. 1-5; Baidyanath labh, Dr. Paññā in Early Buddhism, p. 1.



to-day life. Buddhist practice as a religion in the present day is portrayed in the offering of water, flowers, foods, light, and chanting Suttas or Paritta in front of the Buddha. The Buddhist system of thought or way of life may have developed because of these practices. Such development and may also be due various interpretations treating his teachings with a more modern outlook. With these developments it has evolved as one of the major religions in the world. Therefore, I would prefer to say that Buddhism is entirely psychiatry. Psychiatry is a medical specialty dealing with the prevention, assessment, diagnosis, and treatment of mental as well as the rehabilitation of mentally ill person. Psychiatry is a branch of psychology.<sup>4</sup> In psychology there are so many different schools.<sup>5</sup>

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<sup>4</sup> See Nambi, S. Psychiatry for Nurses & Arno F. Wittig. Theory & Problems of Introduction to Psychology.

<sup>5</sup> Arno F. Wittig. Theory & Problems of Introduction to Psychology, pp. 1-2; Tilokasundari Kariyawasam. Buddhism & Psychology, p. 1.



## **1. 2. Definition of Psychiatry**

In this main work our focus is mainly on Buddhist psychiatry: it is meant to treat both mind and body. Before discussing the early Buddhist's method of psychiatry, let us take a moment to explore what is meant by the term "psychiatry".

The term "psychiatry" is derived from two Greek words meaning "mind healing."<sup>6</sup> Until the 18th century, mental illness or disorder was most often seen as demonic possession, but it gradually came to be considered as a sickness requiring treatment. Many judge that modern psychiatry was born from the efforts of Philippe Pinel in France and J. Connolly in England, who both advocated a more humane approach to mental illness. By the 19<sup>th</sup> century, research into, classification of and treatment of

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<sup>6</sup> Collins COBUILD Dictionary, 2006; Harischandra, D. V. J. Psychiatric Aspects of Jātak Stories, p. IX. (Preface)

disorders had gained momentum. Psychotherapy evolved from its origins in spiritual healing. The psychoanalytic theory of Sigmund Freud and his followers dominated the field for many years and did not receive a serious theoretical challenge until behaviour therapy and therapies deriving from psychoanalysis, which pursue greater awareness of the patient's internal conflicts, continue to be dominant in psychiatric practice.<sup>7</sup>

## **1. 2. Who are Psychiatrists?**

Psychiatrists are physicians with specialized knowledge of mental illness and its treatment. Psychiatrists share the same ethical ideals as all physicians and are committed to compassion, beneficence, trustworthiness, fairness, integrity, scientific and clinical excellence, social responsibility, and respect for persons. Psychiatrists take the

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<sup>7</sup> Nambi, S. Psychiatry for Nurses, pp. 6-8.



roles of therapists, teachers, scientists, consultants, and colleagues.<sup>8</sup>

The trained psychiatrist, who has completed medical school and a psychiatric residency, commonly employs medical treatments in addition to psychotherapy. Lobotomy, or leucotomy, whereby nerve fibres running to the front of the brain are severed, is today used only in severe cases and has generally lost favour as a treatment. Shock therapy (also called electro-shock or electroconvulsive therapy) continues to be used for severe depressions and certain forms of psychosis. The medical technique that is by far the most widely used is drug therapy. The advent in the 1950s of psychotropic (mind-altering) drugs revolutionized treatment of the mental patient. Like the other medical techniques, drug therapy has sometimes been abused in pursuit of patient "management"; used properly, however, it

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<sup>8</sup> Ibid., pp. 1-4.



can enhance a patient's outlook for recovery and return to the community.

The contemporary psychiatrist frequently functions as a member of a mental-health team that includes clinical psychologists and social workers. As the therapeutic roles of these three professionals are not necessarily clearly delineated, an uneasy balance in orientation and division of skills may exist.<sup>9</sup>

#### **1. 4. The Beginnings of Psychiatry**

Hippocrates (460-377 B. C.), a father of medicine in Ancient Greece sought to explain and treat mental disturbance, notably melancholy and hysteria, whilst medieval thought focused on the concept of demonic possession or supernatural spirits.<sup>10</sup> The first hospital wards for the mentally disturbed

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<sup>9</sup> Nambi, S. *Psychiatry for Nurses*, pp. 1-13.

<sup>10</sup> Nambi, S. *Psychiatry for Nurses*, p. 5; Jussawala, J. M. Dr. The Natural of Way of Healing, p. vii. (Preface)

opened as from the 8th century in the Middle East, notably at Baghdad Hospital under Rhazes, with the first dedicated asylums<sup>11</sup> opening as from the 15th Century in Egypt, Spain and then the rest of Europe, notably at Bedlam in England.

In the 16th century, Johann Weyer famously argued that some cases of alleged witchcraft were actually mental illnesses, as others had argued before him. Different categories of mental illness became systematically considered by physicians in the context of neurology, a term coined in the 17th century from the work of Thomas Willis. In 1758, William Battie gave impetus

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<sup>11</sup> Asylum may refer: Psychiatric Hospital (once known as an insane asylum, is a hospital specializing in the treatment of persons with mental illness), Right of Asylum (also known as Political Asylum), Asylum Seeker (also known as Refugee), Destitute Asylum (an institution built in the 1850s in Adelaide, Australia for isolating cases of extreme poverty), Orphan Asylum (in dedicated to caring for orphans). But here asylum is indicated to Psychiatric hospital.



to the study and treatment of mental disturbance as a medical specialty. From the late 18th Century, the moral treatment movement sought to make asylums more humane and therapeutic as well as custodial; an approach developed partly from the work of physicians, notably Philippe Pinel, who also developed new ways of categorizing mental disorders.

Psychiatry developed as a clinical and academic profession in the early 19th Century, particularly in Germany. The field sought to systematically apply concepts and tools from general medicine and neurology to the study and treatment of abnormal mental distress and disorder. The term psychiatry was coined in 1808 by Johann Christian Reil, from the Greek "psyche" (soul) and "iatros" (doctor). Official teaching first began in Leipzig in 1811, with the first psychiatric department established in Berlin in 1865. Benjamin Rush pioneered the approach in the United States. The American Psychiatric Association was founded in

1844. Psychiatric nursing developed as a profession.

Early in the 20th Century, neurologist Sigmund Freud developed the field of psychoanalysis and Carl Jung popularized related ideas. Meanwhile Emil Kraepelin developed the foundations of the modern psychiatric classification and diagnosis of mental illnesses. Others who notably developed this approach included Karl Jaspers, Eugen Bleuler, Kurt Schneider and Karl Leonhard. Adolf Meyer was an influential figure in the first half of the twentieth century, combining biological and psychological approaches. Women were admitted as members of the profession.<sup>12</sup>

Psychiatry was used by some totalitarian regimes as part of a system to enforce political control, for example in Nazi

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<sup>12</sup> <http://www.apa.org/books/431668A.html>



Germany,<sup>13</sup> the Soviet Union under Psikhushka, and the apartheid system in South Africa.<sup>14</sup> For many years during the mid-20th century, Freudian and neo-Freudian thinking dominated psychiatric thinking. Social Psychiatry developed.

From the 1930s, a number of treatment practices came in to widespread use in psychiatry, including inducing seizures (by ECT, insulin or other drugs) or cutting connections between parts of the brain (leucotomy or lobotomy). In the 1950s and 1960s, lithium carbonate, chlorpromazine and other typical antipsychotics and early antidepressants and anxiolytic medications were discovered, and psychiatric medication came in to

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<sup>13</sup>[http://www.ncbi.nih.gov/entrez.query.fcgi?cmd=Retrieve&db=PubMed&listuids=12817666&dopt=Abstract](http://www.ncbi.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&listuids=12817666&dopt=Abstract)

<sup>14</sup><http://www.info.gov.za/speeches/1997/06160x76497.htm>

widespread use by psychiatrists and general physicians.

Coming to the fore in the 1960s, the field attracted an anti-psychiatry movement challenging its theoretical, clinical and legal legitimacy. Psychiatrists notably associated with critical challenges to mainstream psychiatry included R. D. Laing and Thomas Szasz.

Along with the development of fields such as genetics and tools such as neuroimaging, psychiatry moved away from psychoanalysis back to a focus on physical medicine and neurology<sup>15</sup> and to search for the causes of mental illnesses within the genome and the neurochemistry of the brain. Social psychiatry became marginalized relative to biopsychiatry. "Neo-Kraepelinian"

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<sup>15</sup> Martin J. B. (2002). The integration of neurology, psychiatry and neuroscience in the 21st century. *Am. J. of Psychiatry* 2002; 159:695-704.



categories were codified in diagnostic manuals, notably the ICD (International Classification of Diseases)<sup>16</sup> and DSM (Diagnostic and Statistical Manual of Mental Disorders),<sup>17</sup> which became widely adopted. Robert Spitzer was notable in this development. Psychiatry became more closely linked to pharmaceutical companies. New drugs came in to common use, notably

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<sup>16</sup> ICD is published by the World Health Organization (a. k. o. WHO). The I.C.D. is used world-wide for morbidity and mortality statistics, reimbursement systems and automated decision support in medicine. This system is designed to promote international comparability in the collection, processing, classification, and presentation of these statistics. The ICD is a core classification of the WHO Family of International Classification. According to DSM, there are five axes: psychiatric disorders, personality disorder/ mental retardation, general medical conditions, social functioning and impact of symptoms and global assessment of functioning (described using a scale from 1- to 100).

<sup>17</sup> DSM, published by the American Psychiatry Association, is the handbook used most often in diagnosing mental disorders.

SSRI (Selective serotonin reuptake inhibitors)<sup>18</sup> antidepressants and atypical antipsychotic.

Psychiatry was involved in the development of psychotherapies. Neo-Freudian ideas continued, but there was a trend away from long-term psychoanalysis to more cost-effective or evidence-based approaches, particularly cognitive therapy from the work of Aaron Beck. Other mental health professions, particularly clinical psychology, were becoming more established and competing with or working with psychiatry.

During the last quarter of the 20th century, the institutional confinement of people diagnosed with mental illness steadily declined, particularly in more developed

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<sup>18</sup> List of SSRIs drugs in this class include: citalopram, escitalopram oxalate, fluoxetine, fluvoxamine maleate, paroxetine, sertraline and dapoxetine.



countries. Among the reasons for this trend of deinstitutionalization were pressure for more humane care and greater social inclusion, advances in psychopharmacology, increases in public financial assistance for people with disabilities, and the Consumer / Survivor Movement. Developments in community services followed, for example psychiatric rehabilitation and Assertive Community Treatment.

It has been argued that different methods of historical analysis, for example, focusing on individual / technical achievements or focusing on social factors and social constructs, can lead to different histories of psychiatry.

### **1. 5. The Types of Psychiatry**

The field of psychiatry itself can be divided into various sub-specialties. These include:

1. Child and adolescent psychiatry .

2. Adult psychiatry
3. Psychiatry of Old Age  
(Psychogeriatrics)
4. Learning disability
5. Behavioral medicine
6. Consultation-liaison psychiatry<sup>19</sup>
7. Emergency psychiatry
8. Addiction psychiatry
9. Forensic psychiatry

Some psychiatric practitioners specialize in helping certain age groups; child and adolescent psychiatrists work with children and teenagers in addressing psychological problems. Those who work with the elderly are called geriatric psychiatrists, or in the UK and Australia, psycho geriatricians. Those who practice psychiatry in the workplace are called industrial psychiatrists in the US (occupational psychology is the name used for a very similar discipline in the UK).

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<sup>19</sup> Consultation-liaison psychiatry, also known as liaison psychiatry or consultative psychiatry or psychosomatic medicine.



Psychiatrists working in the courtroom and reporting to the judge and jury (in both criminal and civil court cases) are called forensic psychiatrists, who also treat mentally disordered offenders and other patients whose condition is such that they have to be treated in secure units.

Other psychiatrists and mental health professionals in the field of psychiatry may also specialize in psychopharmacology, neuropsychiatry, eating disorders, and early psychosis intervention.

## **1. 6. Causes of Psychiatric Disorder**

Mental illness may be caused by a number of factors. A person with a mental illness may have a difference in brain structure or function or in neurochemistry, through either genetic or environmental vulnerabilities. For example, many people diagnosed with schizophrenia have been shown to have enlarged ventricles and reduced grey matter

in the brain. On the other hand, many people with schizophrenia have also been shown to have perfectly normal ventricles and grey matter. Furthermore, many others with enlarged ventricles and reduced grey matter do not have schizophrenia. Thus, there is no definitive brain abnormality consistently associated with schizophrenia. Finally, genetic studies, including adopted twin studies, have shown strong evidence that mental illnesses such as bipolar disorder (manic depression) and schizophrenia can be partially inherited.

Psychological findings indicate that cognitive abnormalities, emotional problems or interpersonal problems can cause mental illness, especially in vulnerable individuals. Mental illness may also be caused by significant events in, or the conditions of, one's environment. For example, there may be higher incidences of mental illness in areas that are involved in civil or military actions or that have recently suffered a major natural or man-made disaster. Areas which



also suffer from endemic poverty, transience, and few resources and supports have been predicted as having higher rates of mental illness than more affluent or stable areas.

There are likely multiple causes of mental illness. There has been a focus on the neurotransmitters dopamine, norepinephrine, and serotonin. Each disorder is likely to have its own etiology, or causation. Treatment options include psychiatric medication, psychotherapy, lifestyle adjustments, other supportive measures or a combination of these. Sufferers typically seek treatment only when psychiatric symptoms make it very difficult to function, but early treatment - when symptoms are mild or moderate - will generally lead to a better long-term outcome. The diagnostic process is complex. Diagnosis remains a partially subjective and partially evidence-based practice that can include careful and detailed assessment of patient histories and current and past symptoms.

Psychiatric disorders vary from one individual to another and may be mild, severe, or anything in between. Even in one person, symptoms can vary over time from their most severe to complete remission and back. These illnesses often are episodic, and "flare-ups" may be triggered by stress and other factors. If one becomes ill again after a symptom-free period it is not due to a lack of willpower or self-control, but rather the natural waxing and waning of the illness. Appropriate treatment of the disease can help stabilize the course of the illness and reduce or eliminate the waxing and waning of symptoms.

Regarding the major psychiatric disorders (e.g. bipolar disorder, schizophrenia, major depression, obsessive-compulsive disorder) the nature versus nurture debate has generally been settled. The answer is "both". The major psychiatric disorders all show strong evidence of heritability and psychosocial factors have been strongly implicated.



### **1.7. Modern Treatment of Mental Disorders**

So far few branches of medicine provide cures. Most bacterial infections, such as bacterial pneumonia, can be cured with antibiotic medicine. Broken limbs can be set and some joints can be replaced. But most chronic disease, such as arthritis, diabetes and heart disease, is managed rather than cured.

The treatment of most mental disorders is aimed at providing relief. There are four main types: psychotherapy, medication and other physical treatments and rehabilitation.

Psychotherapy is a form of treatment which depends on verbal interchanges between patient and therapist. It is "talking therapy". There are many forms. Psychoanalysis was described by Sigmund Freud and seeks to deal with mild to

moderate mood and personality disorders by investigating and modifying feelings and beliefs which have their origin in the early years of life and about which the patient is not fully aware. More recently cognitive behaviour therapy (CBT) has been described. Again, this treatment is most suited to the mild and moderate mood and personality disorders. In CBT the therapist is more actively involved in the session and the focus is on the self-defeating beliefs which patients have come to accept. For certain disorders, psychotherapy may be the sole treatment. However, most psychiatric treatments, indeed most medical treatments, involve educational and supportive elements which are considered to be elements of psychotherapy.

Medication is widely used in the treatment of mental disorders. Nerve cells are like long wires and messages pass along them as electric impulses. The connections between nerves are called synapses. At these connections the message is passed along by the release of a chemical (neurotransmitter)



by one nerve cell which travels across a tiny gap and plugs into a specially designed receiver (receptor). There are at least two hundred different neurotransmitters and different medications produce different actions. Most psychiatric medications act by influencing the production, destruction, release or arrival of neurotransmitters. Others have a more direct action on the nerve cells themselves. Medications of the future are likely to be of this latter type.

Other physical treatments include electroconvulsive therapy (ECT), light therapy and transcranial magnetic stimulation (TMS). ECT is the strongest antidepressant available.

The patient is given an anaesthetic and while unconscious, a small electric current is applied to the head. TMS appears to be an effective treatment of mood disorder (Pridmore et al 2000; Avery et al, 2005). The patient is not given anaesthetic and tiny electrical currents are produced in localized

areas of the brain using electromagnetic apparatus.

Rehabilitation means a return to normal activities and independent living. Rehabilitation is provided in addition to other treatments. Rehabilitation is provided to workers who injure their backs at work and involves various treatments (including surgical) and a graduated return-to-work. Similarly, rehabilitation return-to-work programs are provided to workers who develop temporary mental disorders. Rehabilitation of some chronic mental disorders (such as schizophrenia), however, may be more protracted, extending over years and include help with daily living activities, such as personal hygiene and budgeting. This is because chronic mental disorders may impair a wide range of functions and there may be a need for support with housing, re-training in social skills and assistance to increase the quality of life of the individual. Teaching and encouragement are important tools.



**He Who Serves the Sick Serves Me.<sup>20</sup>**

## **2. 1. Buddhist History of Psychiatry**

As we have seen above, many believe that psychiatry was born in the Western world, but there is evidence to show that it has been used by Eastern people from a very ancient time. In support of this view, we can find many words in Indian languages or in early Buddhist texts such as *gilānasālā*, *ārogāturasālā*, and *vejjasālā*, which means hospitals.<sup>21</sup> To understand the method of

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<sup>20</sup> Dha. I. 319; Mahāvagga, VIII. 26. A monk can cure his parents, he is responsible to those monks and lay persons staying with him in his temple for emergency help. However there are rules against receiving any material reward for such services. Moreover, it maintains that the role of a Buddhist monk towards the laity is not to act as a physician to the body but to act as a kind sage, a doctor to the mind. Samantapāsādikā aṭṭhakathā of Vinaya Piṭaka.

<sup>21</sup> Haldar, J. R. Development of Public Health in Buddhism, p. 70.

Buddhist psychiatry, first we have to have a basic knowledge of Āyurveda medicine.

The R̥igveda, the earliest known Indian literature, mentions various maladies and notes the attempts of people to cure them. This ancient scripture also contains a complete hymn to magical and medicinal plants. Magic and religion were inextricably mixed with medicine in the Vedic period, an independent medical tradition was developing and with it the emergence of a class of professional physicians as distinct from the earlier priest-magician healers. But it is also true that in the Vedic period it was the prophet-poets or Rishis who, from their meditation and heightened powers of yogic observation, learned to heal and preserve their own and other's bodies and thus enlarged and developed the medical tradition.

The second and classical stage of Āyurveda's development began with the Brahmanical period in 800 B.C., reached its finest heights in the early centuries A. D.,



and continued as an unbroken tradition until the Moslem conquest of India in the 13<sup>th</sup> century. During this second stage, Āyurveda became a rational or scientific medical system wonderfully advanced for its time. Some of its medical discoveries and techniques, plastic surgery for example, were not known in the West until thousands of years later.

At the beginning of this classical period, the medical teaching was still entirely oral, but by the first century A. D. the written tradition had grown remarkably, a reflection of the enormous medical knowledge that was being codified, refined and further developed. By the third century there was written evidence of a "thriving Indian therapy". A fragment of Indica, a report of a third century Greek who traveled the Ganges River, is part of this record:

"The physicians know how to make women fertile and how they can give birth to boys or girls, by employing drugs. They heal diseases usually by ordering suitable foods

and not by use of medicines. Mostly they employ drugs as cataplasms or by rubbing into the skin because other means are not free of undesirable effects"<sup>22</sup>

Classical Āyurveda was divided into eight branches of medicine:

1. Surgery (salya).
2. Treatment of disorders of the head and neck (salakya).
3. General medicine or therapy of the organism (kayacikitsa).
4. Psychiatry or mental diseases caused by demons (bhuta-vidya).
5. Pediatrics-childhood diseases caused by demons (kaumarabhutya).
6. Toxicology-medical drugs for poisons (agada).
7. Rejuvenation, elixirs (rasayana) and
8. Virilification (vajikarana).<sup>23</sup>

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<sup>22</sup> Blanche Olschak. Traditional Therapies of Ancient India, p. 52. (Sandoz News, 3, 1966).

<sup>23</sup> Halder, J. R. Development of Public Health in Buddhism, p. 71.



Within these eight branches the Vedic approach persists, that is the religious element and the psychosomatic view. But to that approach was added a rational or scientific approach, "the rational use of naturalistic theories to organize and interpret systematic empirical observation."<sup>24</sup> The rational view of the body in disease and health was expressed in terms of a humoral theory of medicine. Exactly what if any relationship there is between the development of Indian Āyurvedic humoral medicine and the classical Greek system of humoral medicine has not yet been established by scholars.

The three most famous figures in classical Āyurveda were Sushruta, Charaka, and Vagbhata. Vagbhata was a Buddhist, and his work clearly shows the influence of Buddhist ethics on Indian medicine. In the

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<sup>24</sup> A star leaving a tail of green smoke behind it is a gZaa-yi-gdon, according to Dodrup Chen Rinpoche.

introductory stanza of his medicine manual he pays homage "to that unique physician" the Buddha "who rooted out and removed all diseases like lust, and so on, which cause delusion and indolence, and are spread over all living beings, sticking to them always." <sup>25</sup> Vagbhata devotes an entire chapter of his book to the relation between health and morals, advocating the development of a mental attitude of unselfish affection as a potential health-giver. He exhorted physicians to practice the Buddha's compassion and treat all beings, even worms and ants, as equal to oneself.

A number of Western scholars have noted the positive influence of Buddhism on Āyurveda, and, in fact, the high period or golden age of Āyurveda corresponds with the period of Buddhism's ephemeral glory in India (from approximately the middle of the fourth century B. C. to the middle of eight

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<sup>25</sup> Nimalasuria, p. 32.



century A.D.), also the period when India's and Buddhism's influence spread abroad.

While Āyurveda is sometimes called Hindu medicine, it became, during that period, just as equally Buddhist medicine. As one scholar noted, "Buddhism, which encouraged the virtue of compassion and was less bound than Hinduism by considerations of ritual purity, seems to have been particularly conducive to the study of medicine... The Buddha himself was interested in medicine and laid down many rules and regulations for the care<sup>26</sup> and treatment of sick monks".<sup>27</sup>

In the medicine section of the Vinaya he noted that certain foods, such as honey and butter, should be taken as medicines by the monks; in fact, he prescribed many

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<sup>26</sup> Khandhaka of Mahāvagga; Basham, A. L. The Practice of Medicine in Ancient & Medieval India, p. 24.

<sup>27</sup> Gilāna sutta, A; Gilāna sutta, S.

different vegetable, animal, and mineral substances as remedies for ill monks. However, the Buddha prohibited the practice of medicine outside the monastic order, specifically prohibiting the monks from earning a livelihood as healers.

Among his lay followers, however, there were doctors, and among these was the Buddha's personal physician, Jīvaka Komārabhacca. Jīvaka's greatness as a doctor and surgeon became legendary in India.<sup>28</sup>

Two hundred years after the Buddha, the Emperor of India, Asoka, converted to Buddhism and began a remarkable reign of peace and humanitarian government. Among his many social ordinances, evidence of which remain to this day in the form of stone pillars on which the message of the ordinances was chiseled, was one on medicine. It concerned the establishment of

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<sup>28</sup> Jīvaka sutta, M; Vin. I. 279.



<sup>29</sup> The II Rock Edict of Asoka.

<sup>31</sup> Ibid., p. 21.

*The Untamed Mind<sup>32</sup>  
Usually Behaves in a  
Disorderly Manner Just  
Like a Fish thrown on a  
River Bank.<sup>33</sup> It is also as  
Dangerous as a Wild Calf.<sup>34</sup>*

## 2. 2. Causes of Physical and Mental Illness

Physical or Mental illness may be caused by a number of factors, or the confluence of several factors. Different schools of thought, including the biological, the psychological, and the social, offer different explanations, although current theories usually hold that all three contribute in varying amounts to any individual's illness.

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<sup>32</sup> A. I. 6.

<sup>33</sup> Dh. V. 34.

<sup>34</sup> Ibid., 42.



The Buddha recognized two kinds of illness: disease of the body and disease of the mind (*dve vedanā kāyika ca cetasika ca*).<sup>35</sup> According to him, there are certain people who can remain free from physical illness for ages, there is hardly anyone, however, (except those in whom kilesas or defilements have been completely uprooted) who can remain, even for a minute, without the infliction caused by the mental illness of greed, hatred, jealousy, frustration, distress, depression and such diseases. The Buddha says that there is a relationship between mind and body in all psychosomatic diseases.<sup>36</sup> All ordinary men<sup>37</sup> (*sabbe puthujjana*

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<sup>35</sup> Nakulapitā sutta, S; Catukka-nipāta, no. 157, A.

<sup>36</sup> Ibid.

<sup>37</sup> In the Western world, ordinary men means common people or middle class people. In the Buddhist sense, an ordinary man is any layman or bhikkhu who is still possessed of ten kilesā (fetters) and is bound to the round of rebirths, and therefore has not yet reached any of the four stages of Ariyapuggala. See The Expositor, vol. II. P. 451. Tr. Maung Tin; Majjhima

ummattakā)<sup>38</sup> are possessed of physical and mental pain except Arahants. The Arahant is capable of experiencing physical pain only, and not mental pain (so *ekaṃ vedanaṃ vediyati kāyikaṃ na cetasikaṃ*).<sup>39</sup>

According to the Buddha, all diseases or sicknesses can distinctively fall into two categories: curable and incurable though they are not unrelated to each other. Natural laws (*niyāma*) are regulators of health and govern as well, all things in the universe. There are five kinds of *Niyāma*. They are: weather (*utu*),<sup>40</sup> food or seed (*bīja*),<sup>41</sup> action

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Nikāya aṭṭhakathā, vol. 1; Dīgha Nikāya aṭṭhakathā, vol. 1.

<sup>38</sup> Vibhanga atthakathā.

<sup>39</sup> S. IV. 209.

<sup>40</sup> Utu Niyāma is the law of physical matter. It is the physical, inorganic order of existence. Seasonal changes, earthquakes, floods, gravity and heat are some of the many examples. It roughly embraces the laws of physics and chemistry. Cūlakamma Vibhanga Sutta, M. Nārada. The Buddha & His Teaching, pp. 333-386. See also Development in the Early Buddhist



(kamma),<sup>42</sup> knowledge or mind (citta),<sup>43</sup> and physical and spiritual matters (dhamma).<sup>44</sup>

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Concept of Kamma / Karma by James Paul McDermott.

<sup>41</sup> Bīja Niyāma is the law of living matter, the physical organic order, like cells and genes, whose laws are similar to those the science of biology. Ibid.

<sup>42</sup> Kamma is the activity of transforming energy through intention, speech and action. The result of this energy transformation is only considered wholesome or skillful if less suffering or no suffering is produced. Kamma is the cause, and Vipāka is the result. It is the principle of conditionality operative on the moral plane. This sequence of cause and consequence replaces a divine law giver. In Buddhism there is a moral law, but no lawgiver and no one to administer it. This Niyāma pertains to the world of ethical responsibility. Ibid.

<sup>43</sup> This Niyāma implies mental activity such as consciousness, perception, conception, etc. Mental phenomena arise because of conditions; the mind is not an independent agent. This is like the science of psychology. Ibid.

<sup>44</sup> This principle of conditionality operates on the spiritual level. The natural phenomenon that occurs with the birth of a Buddha, and the reasons for Buddhist practice are in this group. This Niyāma has

Health and sickness result from co-operation and counter-action of these elements. An imbalance of these elements are the principal causes for all kinds of illness.<sup>45</sup>

Regarding mental diseases or illnesses, the Buddha refers to forty-four of the numerous illnesses that afflict the human mind. The following are those forty-four mental illnesses:

1. Injuring of beings (vahiṃsā)
2. Destruction of life (pāṇātipātā)
3. Taking things that belong to others (adinnādānā)
4. Sexual misconduct (abrahmacārī)
5. Lying (musāvādā)
6. Bearing tales (pisuṇavācā)
7. Using harsh words (pharusāvācā)
8. Uttering futile words (samphappalāpā)

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to do with the spiritual laws that govern ultimate reality. Ibid.

<sup>45</sup> A. V. 110; vol. II. 87; Mil, 134-35 & Ni, 361.



9. Covetous (abhijjhālu)
10. Corrupt minds (byāpannacittā)
11. Unwise views (micchādiṭṭhī)
12. Unwise thoughts (micchāsaṅkappā)
13. Uttering wrong words (micchāvācā)
14. Unwise activities (micchākammantā)
15. Wrong livelihood (micchājīvā)
16. Wrong effort (micchāvāyāmā)
17. Wrong mindfulness (micchāsatī)
18. Unwiseconcentration  
(micchāsamādhī)
19. Doing wrong and saying it is right  
(micchātāṇī)
20. False liberation (micchāvimuttī)
21. Oppressed by slothfulness  
(thīnamiddhapariyuṭṭhitā))
22. Conceit or Agitation (uddhatā)
23. Doubt (vicikicchā)
24. Uncontrolled of mind (kodhanā)
25. Always finding fault with others  
(upanāhī)
26. Deprecating another's worth  
(makkhī)
27. Duality of mind (paḷāsī)

28. Jealousy (issukī)
29. Miserliness (maccharī)
30. Deceit (saṭhā)
31. Pretension (māyāvī)
32. Stubbornness (thaddhā)
33. Egotism (atimānī)
34. Disobedience (dubbacā)
35. Association with bad friends  
(pāpamittā)
36. Reluctance (pamattā)
37. Lack of devotion (assaddhā)
38. Lack of shame (ahirikā)
39. Recklessness (anottāpī)
40. Lack of knowledge (appassutā)
41. Indolence (kusītā)
42. Lack of mental alertness (kusītā or  
hinaviriya)
43. Foolishness (muṭṭhassatī)
44. Holding to one's own view  
(duppatṭā)<sup>46</sup>

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<sup>46</sup> Sallekha sutta, M. Translated by Author.



**Monks, This is a Direct Path for the Purification of Beings, for the Overcoming of Sorrow and Lamentation, for the Extinguishing of Unsatisfactoriness and Grief, for Walking on the Path of Truth, for the Realization of Enlightenment: That is to say, the Fourfold Establishing of Awareness.<sup>47</sup>**

### **3. 1. Buddhist Medical Psychiatry**

Some of the common diseases prevalent in Magadha/ Northern India during the time of the Buddha were: leprosy (kuttham), ulceration (gando), eczema (kilaso), consumption (soso) and epilepsy (apamāro). Malaria (ahivātakaroga or "snake-wind

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<sup>47</sup> Ekāyano ayaṃ, bhikkhave, maggo sattānaṃ visuddhiyā, sokaparidevānaṃ samatikkhamāya, dukkhadomanassānaṃ atthaṅgamāya, ñāyassa adhigamāya, nibbānassa sacchikiriyaṃ yadidaṃ cattāro satipaṭṭhānā' ti. Mahāsatipaṭṭhāna sutta, D. Translated by Author.

disease") and diabetes madhuragu) were also commonly known diseases.

Once when the Lord Buddha was sick, the physician Jīvaka made him a concoction from three fragrant lotus flowers mixed with other medicine to release his bowels. Jīvaka gave the Buddha this medicine in an inhalation compound. After his recovering Jīvaka offered the Buddha excellent food like ambrosia. History records that Jīvaka performed a brain surgery on a patient, a merchant of Rājagaha, who suffered from severe headaches for seven years. He was close to death from this affliction. Jīvaka cut open the scalp and removed two living creatures (panakas) and closed the skull with sutures. He applied an ointment and cured the man. He also performed abdominal surgery on a man from Benares, who suffered from a twisted bowel and saved his life. Many diseases and problems occur through an improper attitude with regard to the sexual impulse. The proper



attitude towards allowable sexual conduct or chastity for the Sangha of monks and nuns was emphasized by the Buddha. With intention, a monk cannot emit semen except in dreams. A monks or nun may not indulge in sexual intercourse. With a view to preventing disease that could arise from contaminated water (as well as to save living creatures which may be present in the water), the Buddha advised bhikkhus to filter water properly with a piece of cloth before drinking. Bhikkhus are advised to wash their begging bowls before and after eating. Keeping the body in good health is enjoined; the nails are to be trimmed neatly so that no soil can remain on the fingertips and be carelessly eaten with food (In India, food is eaten with one's hands). The ears, teeth and sexual organs are to be kept clean. Regulations advise the washing of feet before one enters one's residence. Robes should be spread out and dried in the sun, although the germ theory was unknown at that time. Extra robes must be dried in the sun from time to time. Everyday, after one's meal a monk's bowl is



to be washed out properly and dried in the sun. The lavatory and latrine must be washed out properly. One's residence must always be clean and neat. The windows should be kept open during the night in summer or in the hot season, and be kept closed during the day in the cold season so that external weather conditions would not affect one badly.

With a view to maintaining an hygienic atmosphere, the Buddha laid down rules for monks not to spit, urinate, etc, in water or on grass. The Mahāvagga of Vattakkhandaka says that one should dry bed sheets and clothes everyday. Monks should sweep and clean their dwelling places. It is a violation of a Sangha rule to keep an untidy residence. The Buddha said that one should live in a suitable location or environment (*patirūpadesa vasa*) for good health and peace of mind. To preserve good health one should take moderate amount of nutrition food at regular times. Moderate meals are soon digested thus making one feel comfortable, and protecting the life-span



(āyupalayamti). With regard to moderation at mealtimes, one still wishes to continue eating two or three more mouthfuls, but then one should stop eating and drink some water to fill the rest of the stomach.

It is always beneficial to everyone or to a patient to be aware of what conditions or actions are profitable or unprofitable to one's health. Many diseases arise due to careless actions, bad nutrition and drinks. To cure many diseases, a good diet, medicine and loving care are important. The Buddhist scriptures describe ghee or clarified butter, fresh butter, oil of sesame or mustard, granulated sugar or molasses, and honey as medicine. It seems that monks and nuns used these items mixed together as well as separately. Catumadhura is a mixture of four sweets: ghee, honey, sugar and sesame oil which a monk or nun is permitted to take if so desires. Some of the most popular medicines often mentioned in the Buddhist texts for the Sangha are four irregular things (mahā-vikatani), viz. (a decoction of) dung



or excrement (gūtha), urine (mutta), ashes (chārikā) and clay or earth (mattikā) applied against snakebite.

To cure a monk who drank poison, the Buddha advised other monks to make him drink dung probably advised as an emetic. He also advised monks to make a patient drink mud turned up by the plough as medicine against a poisonous substance. A drink of raw lye (āmisakhāra) was prescribed against constipation. A compound of cow's urine and yellow myrobalan was used medically against jaundice. To recover from sickness it is essential to have good medical treatment, a suitable medicine, a skillful physician, a hospital or a suitable hygienic place to live, kind attentive nurses or attendants. According to the Buddha, a patient should possess healthy attitudes with respect to recovery. Negative qualities in a patient impede recovery. A patient with an unwholesome attitude does not treat himself with proper things (sappāya), does not know the measure of proper things



(Sappāya mattan) in the course of treatment, does not apply medicaments. He does not inform the extent of the illness to one who compassionately tends him nor does he bear the discomfort of illness patiently, nor describe the onset of bodily aches and pains as shooting, stabbing and so on. The patient developing the opposite qualities is sure of gaining help. A patient hoping speedy recovery of health ought to always follow the principles of healthy living.

Not following all these considerations result in lessening the chances of curing one's disease, or fails to recover from it. Therefore, the patient who is being attended to should try to observe them, or be thoughtful so as not to worry his attendant. The above recommendations are enjoined by the Buddha for speedy recovery. It is essential for any attendant, not to speak of a physician to whom a patient entrusts his life, to bear in mind these ethical principles. Though liable to manifest negative qualities at times, one attending upon a patient, who



repeatedly demonstrates anger and impatience, is not fit to wait upon the sick. These unwholesome qualities manifest as inability to prepare medicines; not discerning proper things (*sappāya*) from what is not proper, giving or offering what is not proper, not giving what is not proper; hoping to gain (expecting-gifts) from one when waiting on the sick, but not freely from goodwill; loathing to remove feces, urine, vomit and spittle; unable to instruct, rouse, gladden, and satisfy the sick with spiritual or dhamma talk. One possessing the opposite qualities is fit to help a patient. These unwholesome qualities will not contribute toward health. According to the Buddha, *āyusa* is that which leads to health or vitality. Health springs forth from the following qualities:

- A. To arrange and provide sound medical products. One must be expert in offering medicine and treatment.
- B. The attendant knows what is beneficial and what is harmful, keeping aloof from unbeneficial things but providing the



patient only with beneficial things, whether medicine, diet, etc.

- C. To attend a patient with affection, tenderness and concern.
- D. The attendant must keep the patient in a clean and hygienic environment. One should perform necessary tasks, such as the removal of vomit and urine with a neutral mind. Everything around the patient must be kept properly and neatly.
- E. The attendant should be able to console, give good counsel and instruct the patient on spiritual matters (dhamma) (if requested or desired ) and rouse, fill with enthusiasm (hope) gladden and delight the patient from time to time to the degree that is appropriate. The attendant must try not to let the patient become unhappy, dejected and disappointed.

### **3. 2. The Quality of Physicians**

According to Freud, one could not treat and cure psychiatric disorders without first

understanding the nature of the disease. Similarly, Buddha's advice is that an attendant or nurse should possess the above five qualities while attending the patient. Persons going to serve a patient must be endowed with all these necessary wholesome qualities. They must always be conscientious when helping or dealing with a patient. An immature and unskillful physician is prohibited from giving surgical procedures. If an unskillful monk or nun gives medical treatment to a patient or performs surgery of any kind, he is charged with violating a rule. He should attend a patient properly and attentively. Speaking of the virtue of attending on a patient, the Buddha said expressing a religious view that anyone serving a patient is serving the Buddha himself. Of course, it does not mean that a patient is the Buddha or equal to the Buddha. The Sangha should treat ill monks or nuns with kind consideration.

A physician must know the cause and origin of the disease, its existence and



duration, severity and its positive and negative reactions. This aids in determining what treatment will be profitable (beneficial) or what will lead to inertia (or worse). A physician must be patient and kind and treat the patient well.<sup>48</sup>

### **3.3. Some Diseases Can be Cured by Medicine and Some Can Not**

One may probably be familiar with the concept of karma, which literally means action. All of our actions lay down imprints on our mind stream which have the potential to ripen at some time in the future. These actions can be positive, negative or neutral. These kammic seeds are never lost. The negative ones can ripen at any time in the

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<sup>48</sup> A. III. 144; Bhesajja khandha & Bhojana khandha & Vatthakhanda of Mahāvagga. See also Kenneth G. Zysk. *Asceticism & Healing in Ancient India*, pp. 73-127 & Haldar, J. R. *Development of Public Health in Buddhism*, pp. 26-111; Damien Keown. *Buddhism & Bioethics*, pp. 1-6. & Bhadantācariya Buddhaghosa. *The Path of Purification*, pp. 84-208.

form of problems or sickness; the positive ones in the form of happiness, health or success.

To heal present sickness, we have to engage in positive actions now. To prevent sickness occurring again in the future, we have to purify, or clear, the negative karmic imprints that remain on our mind stream.

Kamma is the creator of most of our happiness and suffering. If we don't have negative karma we will have a better chance of not getting sick or receiving harm from others. Buddhism asserts that everything that happens to us now is the result of our previous actions, not only in this lifetime but in other lifetimes. What we do now determines to a great extent what will happen to us in the future.

In terms of present and future healing, the main objective is to guard our own actions, or karma. This requires constant



mindfulness and awareness of all the actions of our body, speech and mind. We should avoid carrying out any actions that are harmful to ourselves and to others.

In the widest sense many diseases can be caused by kamma. However, some kammic diseases as specific illness are those which cannot be cured by regular medicines as long as the kamma results exist.

Some diseases can be cured by medicines but some diseases just come and go by themselves. In modern medical terminology they would be called "self-terminating illnesses." They don't necessarily need medical treatment since they will go away by themselves.

### **3. 4. The Medicine of Dhamma**

The Buddha was certainly very careful about the health (physical and mental) of the bhikkhu and bhikkhunī.

A number of suttas advocate the recitation of the enlightenment factors (bojjhanga sutta) for the purpose of healing mental or physical ailments. Buddhist history shows that when the Elders Mahākassapa and Mahāmoggallāna were ill, the Buddha recited the enlightenment factors and it is reported that the monks regained normal health.<sup>49</sup> There is another sutta for such purpose, especially Giri Sutta for healing illness through methods similar to psychological therapies.<sup>50</sup> The Parittas are well known as protection against worldly calamities.

When the first secretary of PTS (Pāli Texts Society, 1970) got sick, he invited to the Sangha to chant Bojjhanga sutta. After he listened to the sutta he immediately

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<sup>49</sup> S. V. 79-80.

<sup>50</sup> There are ten perceptions (saññā)- anicca saññā, anatta saññā, asubha saññā, ādīnava saññā, pahāna saññā, virāga saññā, nirodha saññā, sabbaloke-anabhirati saññā, sabbasan-khāresu anicca saññā and ānāpānasati saññā. Giri or Girimānanda sutta, A.



recovered his health.<sup>51</sup> The Bojjhanga Samyutta also reports that once when the Buddha was ill, he requested Cunda to recite the Bojjhanga.<sup>52</sup> The Buddha was pleased at the recitation and it is said that he regained health. The Bojjhanga sutta is as follow:

"Samsare samsarantanam, sabbadukkha vinsane; satta dhamme ca bojjhange, marasena amaddane.

The seven kinds of Dhamma are the Factors of Enlightenment, which destroy all sufferings of beings who wander through this samsāra and defeat the army of Māra, the Evil One.

Bujjhitva ye cime satta, tibhava muttakuttama; ajati majara byadhim, amatam nibbhayam gata.

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<sup>51</sup> Sri Dhammananda, K. Dr Ven. The Buddhist Concept of God, vol. II. CD Rom. 8 March 2003.

<sup>52</sup> S. V. 81.

Having realized the seven Dhammas, these persons are liberated from the three kinds of world. They have gone to Nibbāna, where there is no birth, no decay, no sickness, but deathlessness and fearlessness.

Evamadi gunupetam, aneka guna sangaham;  
osadhanca imam mantam, bojjhanganca  
bhanama he.

Oh gentle ones! Let us recite this Bojjhanga Sutta endowed with such and other innumerable qualities. It is like a medicine and a mantra.

Bojjhango sati sankhato, dhammanam vicayo  
tatha; viriyam piti pasaddhi, bojjhanga ca  
tathapare.

These seven Factors of Enlightenment are, namely; mindfulness, investigation of Dhammas, effort, zest, tranquility and two others.



Samadh-upekkha      bojghanga,      satte'te  
abbadassina;      munina      sammadakkhata,  
bhavita bahulikata.

The factors of concentration and equanimity, these seven well-expounded factors by the All Seeing Sage are cultivated and practiced repeatedly.

Samvattanti abhinnaya, nibbanaya ca  
bodhiya; etena saccavajjena, sotthi te hotu  
sabbada.

This result in the realization of the Truth, cessation of suffering and knowledge of the Path. By this utterance of truth, may there always be happiness for you.

Ekasmim samaye natho, moggallananca  
Kassapam; gilane dukkhite disva, bojghange  
satta desayi.

At one time when the Bhagava saw Moggallana and Kassapa being unwell and

suffering, he preached the seven Factors of Enlightenment.

Te ca tam abhinanditva, roga muccimsu tankhane; etena saccavajjena, sotthi te hotu sabbada.

They, who took delight in the discourse, at that moment, were freed from the disease. By this utterance of truth, may there always be happiness to you.

Ekada dhammarajapi, gelannena'bhipilito; cundattherena tamyeva, bhanapetvana adaram.

Once when the King of Dhamma was affected by illness, he had the Venerable Cunda recite the discourse respectfully.

Sammoditvana abadha, tamha vutthasi thanaso, etena saccavajjena, sotthi te hotu sabbada.



Having taken delight in the discourse the Buddha was immediately cured of the illness. By this utterance of truth, may there always be happiness to you.

Pahina te ca abadha, tinnannampi  
mahesinam; maggahata kilesava,  
patta'nuppatti dhammatam; etena  
saccavajjena, sotthi te hotu sabbada.

Just as the defilements, once eradicated by Noble Path, could not arise again, in like manner, the diseases of the three Great Sages eliminated by the seven factors of enlightenment never occur again. By this utterance of truth, may there always be happiness for you.

**Bojjhanga Suttam Nitthitam.**

**Here ends the Discourse on the Factors of  
Enlightenment.<sup>53</sup>**

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<sup>53</sup> Bojjhanga Sutta, S. Translated by author.

It is true that the Buddhists consider the parittas as a never-failing, potent, and purifying force, a super-solvent. However, a question may arise whether recitals from the Book of Protection will, in every case, result in the protection and blessing sought for. In this connection the same reply given by the Venerable Nagasena to King Milinda's question why the recital of paritta does not in all cases protect one from death, is worth remembering: "Due to three causes recital of paritta may have no effect: kamma hindrances (Kammavarana); hindrances from defilements (kilesavarana); lack of faith(asaddanataya)."<sup>54</sup>

On another occasion, when the monk Girimānanda was very ill, the Buddha informed Ānanda that if a discourse on the ten perceptions (dasa saṭṭā) is delivered to him, he might get well.<sup>55</sup> The ten perceptions are the perception of impermanence,

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<sup>54</sup> Mil, vol. I. p. 216.

<sup>55</sup> A. V. 109.



egolessness,<sup>56</sup> impurity of the body, evil consequences (of bodily existence), elimination (of sense pleasures), detachment, cessation, disenchantment with the entire world, impermanence of all component things, and mindfulness of breathing. Ānanda learnt the discourse from the Buddha and repeated it for Girimānanda and it is reported that he recovered.

A female lay devotee known as Suppiyā Upāsikā is recorded to have healed her enormous wound by the Buddha wielding his psychic powers.<sup>57</sup> There are many other instances in which devotees were cured by the loving-kindness of the Buddha, by his expounding of dhamma and by the monks chanting holy Suttas.

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<sup>56</sup> According to Freud's, when there is ego disturbance there is bound to be mental imbalance and problems. Nambi, S. Psychiatry, p. 15; Robert Waelder. Sigmund Freud, pp. 8-11.

<sup>57</sup> Vin. I. 216 F; Mil. 115; cf. 291; & A. I. 26.

In Ānāpānasati Sutta <sup>58</sup> (Breath Mindfulness Discourse) apart from the mental calm acquired, the pre-requisites and the posture prescribed for this meditation by the Buddha agree so well with the advice of modern orthopaedic surgeons to overcome spine aches.

For stress, Western Medicine recommends psychiatric therapies; the Buddhist remedy is meditation, especially Vipassanā bhavanā (Insight Meditation) which brings about mental equilibrium, retentive power and tranquility.

The Buddha gave topics of meditation according to the mental make-ups of the individual just as psychiatrists would prescribe therapies according to the type of stress.<sup>59</sup>

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<sup>58</sup> Ānāpānasati Sutta, M.

<sup>59</sup> Bhatandantācariya Buddhaghosa. The Path of Purification (tr. Ñānamoli Bhikkhu), part. II. 84-408.



Buddhist literature abounds with episodes dealing with the Buddha curing stress and trauma resulting from the deaths of loved one (e.g. Kisāgotamī Therī, Paṭācārā Therī, etc.).<sup>60</sup>

According to Buddhism conceit (māna) due to wealth (vitta), beauties (sobhā) and so on are also a sort of mental illness. Rūpanandā Therī (also known Janapadakalyāṇī Rūpanandā Therī<sup>61</sup> and Sundarī Therī,<sup>62</sup> endowed with great beauty as their names implied, were obsessed with it to the verge of madness. The Buddha cured them of their mental illness.

Modern medical science has discovered the therapeutic value of meditation in producing physical changes which in turn bring about beneficial

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<sup>60</sup> Dh. V. 114, 114; A. I. 25.

<sup>61</sup> Dh. V. 150.

<sup>62</sup> Ibid., 306.

psychological effects and dispel tension, depression etc.

Meditation helps physical ailments of the heart, blood pressure and blood circulation. It is recommended for diseases of a psychosomatic nature, so much so, that hospitals of western countries provide special facilities for it.<sup>63</sup>

The Buddha states that mindfulness of breath, "developed and repeatedly practiced, is of great fruit, great benefit. Ultimately, it can lead to "perfect clear vision and deliverance." The path by which this occurs is that:

- A. Breath mindfulness (ānāpānasati) development leads to the perfection of the Four Foundations of Mindfulness (satipaṭṭhāna).

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<sup>63</sup> Edwina Pio. Buddhist Psychology (A Modern Perspective), pp. 91-93.



- B. The Four Foundations of Mindfulness development leads to the perfection of the Seven Factors of Enlightenment (satta bojjhanga).**
- C. The Seven Factors of Enlightenment development leads to perfect clear vision and deliverance.**

### **Preparatory Instructions**

**Prior to enumerating the five objects, the Buddha provides the following preparatory advice:**

- 1. Seek a secluded space (in a forest or at the foot of a tree or in an empty place)**
- 2. Sit down**
- 3. Cross your legs**
- 4. Keep your body erect**

5. Establish mindfulness in front of you, breathing in-out.<sup>64</sup>

### Core Instructions

Next, the sixteen objects or instructions are listed, generally broken into four tetrads, as follows:

1. First Tetrad: Contemplation of the Body (kāya)
  1. Discerning long breaths (dīghaṃ assasāmī dīghaṃ passasāmī).
  2. Discerning short breaths (rassaṃ assasāmī rassaṃ passasāmī).
  3. Experiencing the whole body (sabbakāyapaṭisaṃvedī

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<sup>64</sup> Idha, bhikkhave, bhikkhu araṇṇagato vā rukkhamūlagato vā suñṇāgāragato vā nisīdati pallaṅkaṃ ābhujitvā, ujum kāyaṃ paṇidhāya, parimukhaṃ satiṃ upaṭṭhapetvā. So sato va assasati, sato va passasati. Mahāsatipaṭṭhāna sutta, D.



assasissā- mī  
sabbakāyapaṭisaṃvedī  
passasi- ssāmī).

4. Calming bodily formations
2. Second Tetrad: Contemplation of the Feeling (vedanā)
  1. Being sensitive to rapture
  2. Being sensitive to pleasure
  3. Being sensitive to mental fabrication
  4. Calming mental fabrication
3. Third Tetrad: Contemplation of the Mind (citta)
  1. Being sensitive to the mind
  2. Satisfying the mind
  3. Steadying the mind
  4. Releasing the mind
4. Fourth Tetrad: Contemplation of the Mental Objects (dhamma)
  1. Focusing on impermanence
  2. Focusing on dispassion

### 3. Focusing on cessation<sup>65</sup>

In sum, the Buddha guarantees a lasting cure for every one of his patients, who persists in his course of treatment;<sup>66</sup> not as a result of his intervention, except as a guide who merely shows the way; nor as the result of any Divine Grace; but only as the psychological consequence of the treatment followed by the patient himself. Among the two method of curing, the Buddha, especially, advised us to follow the method of curing by spiritual way.

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<sup>65</sup> Bhadantācariya Buddhaghosa. The Path of Purification (tr. Ñānamoli Bhikkhu), part. II. Ch. VIII. Pp. 162-239.

<sup>66</sup> Yo hi koci, bhikkhave, ime cattāro satipaṭṭhāne evaṃ bhāveyya sattavassāni, tassa dvinnaṃ phalānaṃ aṅṅataraṃ phalaṃ pāṭikaṅkhaṃ: diṭṭheva dhamme aññā, sati vā upādisese anāgāmitā. Mahāsatipaṭṭhāna sutta, D.



### **3. 5. Conclusion**

This work has been an attempt to present the ancient system of early Buddhist psychiatry; it treats mind and body.

We have seen that the origin of this medical system goes back to the second millennium B. C. in India. Buddhism and Āyurveda have been protected from destruction and enshrined in the greatest land on earth to be preserved there up until our own times.

The Psychiatrist Heinroth (1773-1843) mentioned that the ultimate cause of mental disturbances was "sin". The "sin" which Heinroth referred to is called "sense of guilt" in modern psychiatry. As a result of "inner conflicts," from offending one's moral sense, it produces mental disturbances. According to the Buddha, the source of all physical and mental disease and suffering is the lack of control of mind. Mind is

understood to be the source of health as well. At the same time, the Buddha also guides the monks and nuns to use medicine. In psychiatry, the whole range of practices is integrated so that the psychological approach, or physiological approach, or the environmental approach is not adopted exclusively, but rather they are used together as a holistic treatment model.

To cut a long story short, Buddhist psychiatry or the Buddha's dhamma is to encounter the mind, become aware of how it works and how it controls us, and then to bring it under control and through this to cure suffering.

The Buddha, it can be claimed, became the world's first great incomparable psychiatrist or unsurpassed physician (anuttaro bhisakko sallakatto).



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*Will be Released Soon!*

## **The Buddha's Way of Living with Problems**

By

**Naw Kham La Dhammasami**

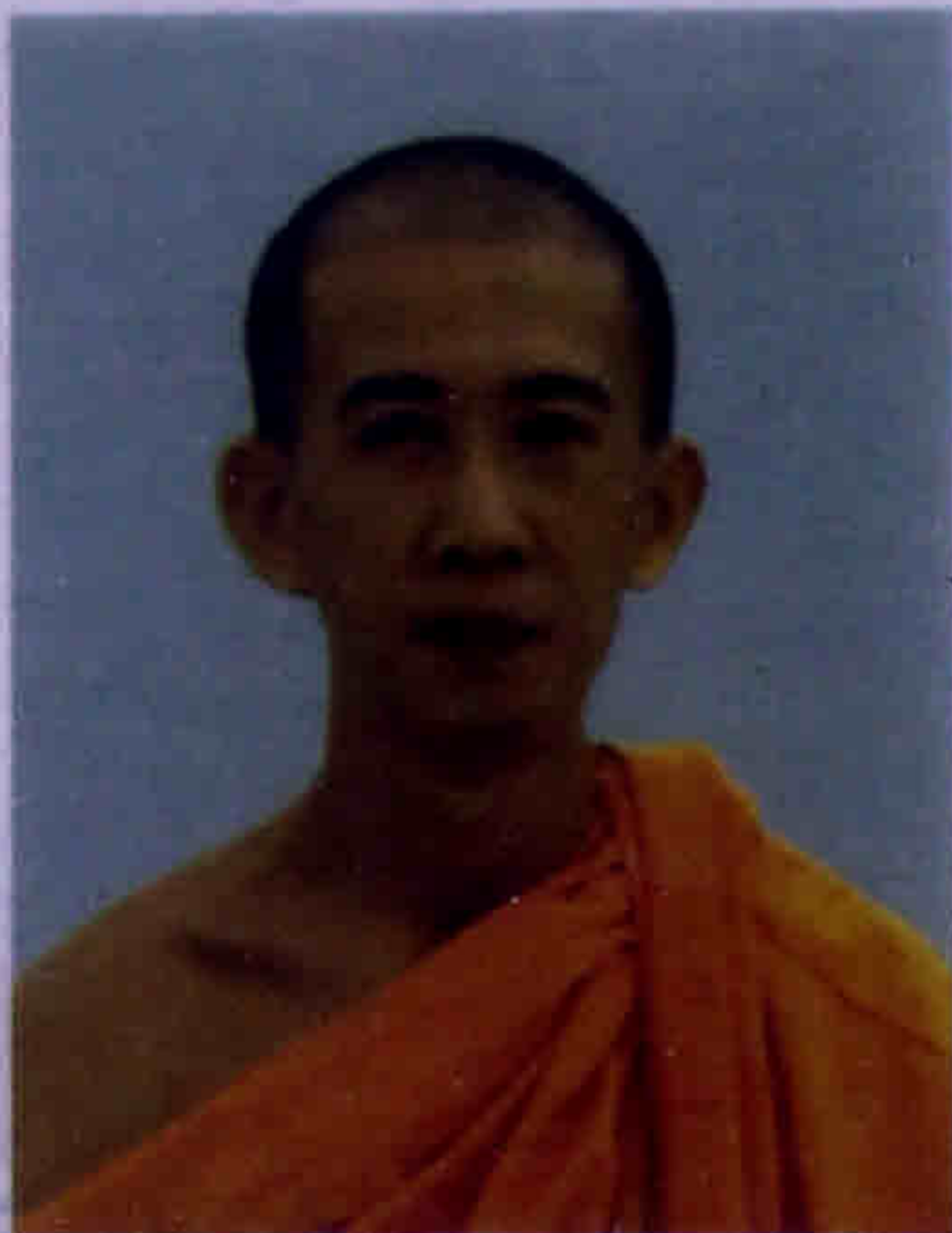
Problems are everywhere. One cannot escape from problems as long as one is alive. Even the Buddha himself could not run away from problems. So how does one live with problems if one cannot escape from them. The Buddha's method of living with problems will be presented in this book.



## **ABOUT THE AUTHOR**

Naw Kham La Dhammasami (M. A.), a Shan (Tai) monk, was born in the Shan State, Myanmar. He holds a B.A. in Religion from Buddhist and Pàli University, Sri Lanka and a M. A. from the Postgraduate Institute of Pàli and Buddhist Studies, University of Kelaniya, Sri Lanka. He has written 3 books (in Shan) and dozens of Buddhist articles (both in Shan and English). He is a member of the Board of Editors of the Ceylon Journey Book (in Shan) and is also a member of SLABS (Sri Lanka Association for Buddhist Studies). For several years, he has spent his spare time at Nilambe Meditation Centre in Kandy, Sri Lanka. He is currently carrying out a research on Buddhist and German philosophies at the University of Peradeniya in Sri Lanka.





## BUDDHIST PSYCHIATRY

...psychological problems have been addressed within Buddhism since a long time back. But even among Buddhists, many people have forgotten this aspect of Buddhism. I think this book is very useful in that line. On the other hand, it can be utilized as a supplementary reading in psychology courses offered in the field of natural and, social sciences both in Bachelors, and Masters level degree programs.

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