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Disaster mental health: Ayurvedic perspective

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Abstract

In the contemporary sophisticated world, disasters are an inevitable part of our lives. Every year, disasters affect individuals and communities, disrupting their mental health and well-being along with the economic and social development. The concept of disaster in Ayurveda is described as *Janapadodhwamsa* by *Acharya Charaka* which means destruction or even suffering of a large population. The root cause of *janapadodhwamsa* is the *pranaparadha* and *adharmas*, which includes unfriendly activities at the social and environmental level. Along with social and economic loss, individuals and communities experience a state of mental instability that can further lead to adjustment disorders, post-traumatic stress disorder (PTSD), anxiety, depression, and even substance abuse. Ayurveda describes about *manasikavikaras* (psychological ailments) and *unmada* (psychiatric disorders) which can be incorporated with the mental health issues subsequent to a disaster. All psychiatric ailments result in the variation of the functions of the following domains, such as *manas*, *budhi*, *samijnajana*, *smrithi*, *bhakti*, *sheela*, *cheshta* and *achara*, either partially or wholly. By examining these factors, one can identify a psychiatric ailment. As a preventive measure for minimizing psychopathologic effects, avoidance of *pranaparadha* and *adharmas*, adopting *sadvritta*, *acara rasayana*, *yoga* and *pranayama* can be adopted. If a psychiatric ailment is identified, various Ayurvedic measures including concept of *satvajaya*, and pharmacological solutions can be used effectively.

Keywords: Disaster, disaster mental health, ayurveda, *Janapadodhwamsa*, *adhijaunmada*

Introduction

Disasters are an inevitable facet of our lives, preventable but entirely unavoidable in this composite sophisticated world. Every year disasters affect individuals and communities, disrupting their mental health and well-being but they extend varies as per the severity of the disaster. Economic and social development around the globe is often hampered by disasters. Disasters are as old as mankind and are a very wide term, extremely difficult to define. It is unavoidable; hence it is quite essential to educate the community how to prepare, respond, recover, rehabilitate, and reassemble in such scenarios^[1].

The concept of disaster in Ayurveda is described in *vimanasthanaby* Acharya Charaka as *Janapaodhwamsaniya* which describes the causes of such disasters and the resultant consequences during that period and the possible solutions. While describing the *Nidana* and *Chikitsa* of *Unmada*, disaster and its psychological effects are narrated as one among the causative factors^[2].

Mental health issues are, in general, a neglected problem, particularly in developing countries including India and also the available health care services are dreadfully limited. Mental health problems caused by disasters are not addressed up to the requisite level. There is a great need to realize the consequences of the disaster that affect health so that precautionary measures can be planned and incorporated to reduce human suffering^[3]. The article pursues to discuss the management of disasters from a mental health point of view in the light of understanding of Ayurveda.

Disaster

The term disaster (from Greek word "bad star") is derived from the astrological concept that a bad event occurs when the stars are in bad position. The United Nation International Strategy for Disaster Reduction (UN-IDSRR) defines disaster as a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceeds the ability of the affected community or society to cope, using its own available resources^[1].

Disasters are categorised into two types - natural and man-made. Natural disasters are the result of natural causes, such as hurricanes, earthquakes, flood, drought, tsunamis etc. Man-made disasters are brought about by human activities, including military fights, terrorism, political turbulence, mass human violence, industrial accidents etc.

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However, researches recommend that natural and social factors together may contribute to disasters, e.g. Flood may be the result of a combination of deforestation and climate change [4].

Natural disasters were previously considered as 'acts of God' to punish past actions of human beings, often referred to as *Karma* by affected people. Such a concept was to point out the importance of preservation of nature among the people and to act accordingly. This has positive effects on coping with the situation, but at the same time has negative consequences by interfering with planning and preparation. When it comes to mental health, natural disasters are mild in nature, human errors and technical hazards are moderate, and planned acts such as terrorism, riots are of maximum severity in nature [4].

The term *Janapadodhwamsa* described in Ayurveda is comprised of two words *janapada* and *udhwamsa* which means the destruction or even suffering or affection of a huge population. Four contributory factors such as *vayu* (air), *udaka* (water), *desha* (geographical area), and *kala* (season) affect the consequences of *Janapadodhwamsa* [5]. Among this *kala* or season or the natural cause is uncontrollable or non-modifiable and the resulting disaster, too decadent. The root cause of *Janapadodhwamsa* is *prajnaparadha* and the *adharma* that lead to it [5]. The word *prajnaparadha* is composed of two words; *prajna* means understanding or cognitive rightness and *aparadha* means fault, misuse, or error. Thus, *prajnaparadha* means faulty conception or understanding regarding a fact [6]. *Dhi* [7] (intellect), *Dhriti* [7] (retention), and *Smriti* [7] (memory) are the three components that constitute to *prajna*. The reckless human activities such as illegal mining, quarrying, deforestation, mass human violence, etc in the present era may be considered as *adharma* originated from *prajnaparadha* which in due course definitely leads to man-made disasters.

Among the causative factors explained for *unmada*, *mano abhigata* can be inferred as a mental trauma at the instance of a disaster as well [8]. While describing *chidra* (Acute intolerable stress), which is a contributing factor for *unmada* by Ayurveda, such as *deshavinasha* (destruction of a geographical area) *kulavinasha* (destruction of a community) *puravinasha* (destruction of a human settlement) were explained which gives a direct hint to a disaster that leads to a mental infirmity [9].

Psychological effect of a disaster

Disasters and mental health are closely associated to a great extent; the effects of disasters definitely have an undesirable effect on the affected population. Being in an undesirable state leads to stress, grief, fear, anxiety, and other adverse reactions. Disasters are often unpredictable, leaving the victims in a state of shock. Victims deny the damage and try to escape from the reality. The unavoidable circumstance of disaster causes damage to home and other valuables, leaving the victim as vulnerable. The death of a loved person makes the victim insecure because of the loss of love, intimacy and identity [3].

In addition to the above features, along with the social and economic losses, individuals and communities experience a state of mental instability that can further lead to an adjustment disorder, post-traumatic stress disorder (PTSD), anxiety, depression, and even substance abuse. Several factors are also connected that contribute to the psychological disturbance of the victims, such as the relocation of a family, the disruption of family relationships, death of a loved one,

socio-economic loss, environmental loss, and lack of mental preparedness for the disaster. The psychological consequences of the disaster are more severe in children, women, and elderly population of those requiring special care [3].

Ayurveda describes *manasikavikara* (psychological ailments) as *krodha* (increased anger), *shoka* (grief reactions), *bhaya* (fear), *harsha* (cheerfulness), *vishada* (depressive symptoms) etc [10]. These symptoms can be directly linked to the acute reactions occurring after a traumatic exposure. Such symptoms are self-limiting in nature and usually do not lead to a psychopathology. If it persists long enough, it can lead to the formation of *unmada* (mental illness). Conditions such as *adhijaunmada* (PTSD) and *kaphajaunmada* (depressive symptoms) are more likely to develop. It may also lead to *madathyaya* (substance use disorder) and *chittodvega* (anxiety disorder). The *avara* satwa (low mental strength) individuals are more prone to develop such psychiatric manifestations after a disaster [2].

Ayurvedic approach for a mental health setback after a disaster

Any psychiatric ailment results in the discrepancy of the functions of the domains - *manas*, *budhi*, *samijnajana*, *smrthi*, *bhakti*, *sheela*, *cheshta* and *achara*, either partial or fully. These are the areas of assessment while performing Ayurvedic psychiatric examination. The deviation from these normal elements leads to the manifestation in any psychological or psychiatric condition; the extent varies as per the involvement of the factors contributing to it [10].

Mana is considered to be responsible for a normal thought process, and the *vibrama* (deviation) from this standard thought process is considered to be *manovibrama* (mental infirmity). Grief response, feeling of becoming mentally ill, suicidal thoughts etc. Can be categorised under this. *Budhi* is considered to be the ability to discern the real and unreal. The change from the normal *Buddhi* affects the content of thought, which leads to delusional ideas, the breakdown of thought, intellect, and judgment. Proper perception and knowledge of preceding memory is the *samijnajana*. Impairment in the perception in the *samjna* results in perplexity to time, place and person [10].

Proper functioning of the memory is considered as the *smriti*. Distortion in *smriti* causes disarray of memory observed in condition such as amnesia. In *Bhakti Vibrama*, the intimacy or interest towards possessions, habits or surroundings alters in the individuals, which may result in conditions such as substance abuse *Sheela* refers to a person's ritualistic activities, and *Seela vibrama* refers to expression of false emotions at inappropriate times. Improper psychomotor function can be considered as a *cheshta vibrama*. This *vibrama* may result in hyperactivity, hypoactivity or abnormal motor activity. *Acharya* refers to the rules and regulations that one must follow for physical, occupational, environmental and even social well-being. Violation of rules such as improper eating habits and abnormal sleep patterns can be observed under this *vibrama*. These areas of affection result in the manifestations of all the possible mental clinical conditions [10].

In *adhijaunmada* [11], the victim may present with *rodhana* (excessive crying spells), *shokaklishta mana* (low mood and affect) *dhyana* (excessive thoughts) *jagarooka* (impaired sleep) *viceshtatah* (reduced motor activity) etc. These symptoms may be comparable with symptoms of PTSD such as emotional blunting, detachment from people and

surroundings, lack of pleasure, fear and avoidance of reminders of original trauma. In the Tsunami occurred in 2004, the prevalence of PTSD was about 70.7% for acute and 10.9% for delayed onset [12].

In *kaphajaujmada* [11] the victim may present with *arochaka* (anorexia), *alpa ahara* (reduced food intake), *alpavakyatha* (reduced social mingling), *nidra* (excessive sleep), *rahapreethi* (sitting alone), *souchavidvesha* (reduced interest towards hygiene and daily activities) etc. These can be comparable with major depressive symptoms such as feelings of sadness, tearfulness, emptiness or hopelessness, loss of interest or pleasure in most or all normal activities, reduced appetite and weight loss, sleep disturbances, including insomnia or sleeping too much etc. In the 2018 flood in Kerala, study reveals that 48.10 % of victims had depressive symptoms [13].

Chittodvega [14] is presented with anticipated anxiety and fear with an anxious affect. Studies on super-cyclone happened in Orissa in 1999, reveals that 57.5% of affected population had symptoms of anxiety disorder [15].

Madathyaya [16] represent the substance uses related problems. Substance use such as Alcohol, cigarette smoking etc were also reported after all disasters. Alcohol use disorders are identified as the second most psychiatric disorder after Tsunami of 2004 [17].

Management

It is the right time for educating the public about disaster mental health and its significance. It helps a lot in the preventive measure to be adopted during such events. In this case, the methods of providing *jnanas* exact knowledge, avoiding *prajnaparadha* and *adharma* by following the law and order, controlling environmental exploitation etc are quite useful.

Adopting *sadvritta* [18] and *acara rasayana* [19] which are the precise code of conduct explained in Ayurvedic parlance helps to promote *indriya vijaya* (control over sensory faculties) improve coping skills, personality as well as social relationship. This ultimately leads to improvement of *satwa guna* which slows down or even prevents the development of psychopathology. Practising *Yoga* and *pranayama* also have the capability in improving the coping mechanisms and controlling the mind [20].

In the incident of a disaster, the Ayurvedic psychotherapeutic measures such as *a swasana*, *santwana*, *harshana*, and *chittaprasada* can be effectively adopted. These are the psychological first aid measures to be adopted in the immediate aftermath of a disaster [21].

The technique of *satvavajaya* is to be adopted here. According to Acharya Charaka, *satvavajaya* has five components. They are *jnana*, *vijnana*, *dhairya*, *smriti* and *samadhi*. Educate yourself - Threats and opportunities about the current situation can be brought under *jnana*. Providing *vijnana* is imparting the detailed knowledge of all the aspects of a particular disaster. *Dhairya* can provide courage through the application of psychological first aid and various other psychological interventions. In the component of *Smriti*, it aims to remember the past and accepting the same which improves the coping skills by remembering similar experiences. *Samadhi* means coping with the adverse mental effects of the disaster [22].

If any mental illness is recognized as part of a disaster, Ayurvedic pharmacological solutions are to be adopted. In *Adhijaujmada*, *aswasana*, *santwana* etc. is the apt choice for its management. In the identified clinical conditions,

medicines are administered as per the clinical scenario and the dominance of the *dosha* and after individual assessment.

Conclusion

Incidence of disaster associated mental problem is increasing day by day, which is to be addressed in all aspects. Disaster management is a continuous and integral process for which effective planning, organization, coordination and implementation on time, are quite essential. Creating awareness about disaster mental health is the need of the hour. It revolves around responding to the emotional and psychological needs of the population affected by the disaster. Further researches are required in this area. It is observed that Ayurvedic approach is reasonably useful and relevant in disaster associated mental health conditions and restoration of mental health in the affected community.

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