

Bipolar Disorder in India

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Namaskar readers! This chapter explores the many faces of bipolar disease in India.

The Classic Age of Ancient India roughly corresponds, in the chronology of world history, to the age of Ancient Greece - 700 BC to 350 BC.

This was the age that saw the rebirth of urban civilization in the Indian subcontinent, and with it, a literate culture. Since then, the country has come a long way. India is an amalgam of myriad cultures, religions and beliefs, and has gradually evolved into a cradle of civilization.

I am thankful to The International Bipolar Foundation for giving me an opportunity to write about bipolar disorder in India.

I have had my own share of firsthand experiences with patients of bipolar disorder, on both sides of the table. In this chapter, we shall first take a glimpse at the life of a common Indian living with bipolar disease and the impact of his disease on the life of his family. Then we will trace the journey of this condition from the oldest medical literature of India to its current status while analyzing the attributes that have either become obsolete or have been readily embraced over time. Finally, we shall discuss the management modalities of bipolar disorder revolving around medication and effective alternative treatment like yoga.

At the outset, let me share a story. This is the story of a little boy who often awoke in the middle of the night to the sound of utensils being shattered and his father shrieking. He could not figure out the reason for the eerie transformation of his affectionate and gentle father. These turbulent, transient nights always paved the way for a peaceful dawn and, in their wake, came the emergency response drill, the mainstay of which was to COVER UP. The curtains were drawn and the doors shut. Him and his brother were kept from school and forbidden from mentioning the incidents to anyone. No neighbors were entertained. If the episodes were extreme, the family would travel to the boy's grandma's house which was 500 miles away. Concealment of the father's illness seemed vital to their social validation. His illness was never talked about, in the family or otherwise. The prevailing assumption appeared to be that by pretending the father was fine, he would become fine. The course of therapy included worshipping deities and fasting to get rid of the diabolic spirits, seeking advice from astrologers, purchasing remedial precious stones and visiting temples.

The father would always begin taking treatment but would never follow it up because visiting a psychiatrist was a cause for shame and stigma and he feared being labeled “mad.” A mental health unit stay was unspeakable.

In the bid to put life back on track they played, went on trips, had loads of fun until their ephemeral happiness was overrun by the anguish of these episodes as they repeated themselves, not once, but countless times. A normal life seemed farfetched.

This acerbic yet simple story speaks, more or less, of the experiences of many patients and their families throughout India, across socio economic barriers. The little boy in the story, in fact, happens to be me. Later in life, while making career decisions, my curiosity got the better of me and I took up medicine. It was like a boon for my father. His treatment took a U – turn. He could finally voice his problems and after 40 years of living with it he had his queries about pathology, course, complications and management modalities of bipolar disease resolved.

While I happily say that with open ended discussions, a complete treatment regimen, regular follow ups and lifestyle changes with inculcation of regular yoga and meditation my father has not had a relapse in past 15 years while many patients are still toiling under the futile impositions of their respective societies. In fact, I find it imperative to mention that the deficiency of knowledge and general awareness in the patients and the society at large, and due to not recognizing its manageability, numerous patients end up behind closed doors and many of them may even take their own lives in this battle between mania and depression.

Mental health in ancient India:

The mind is revered as an important part of the individual in Hindu religion. Many Hindu religious texts talk about the importance of the mind and the individual. The very first descriptions of psychiatric disorders like schizophrenia and bipolar disorder exist dating back to 1500 BC in the *Atharva Veda*, one of the four *Vedas* (religious holy books). (1) The *Bhagvad Gita* starts as Crisis Intervention Psychotherapy and delves deep into the nature and function of the mind, the “sixth sense” and other psychological and spiritual concepts. (2) The discussion of the psyche in *Vedas* and *Upanishads* are deeply rooted in spirituality, focusing on prevention of illness and living a life of physical, mental and spiritual harmony. The famous Indian epic poems, the *Ramayana* and the *Mahabharata*, also have descriptions of states of depression and anxiety.

More medically focused treatment of mental health problems are discussed in the *Charakasanhita*, written around 100 AD. *Charaka* emphasized mental health as an important part of well-being, and thought that mental disorders arise from an imbalance between the three *doshas* (humors); *vata*, *pitta* and *kapha*. Improper diet, stress, over indulgences and bad *karma* from current and past births was considered to contribute to these disorders. Meditation, psychotherapy, medicine and dietary changes were considered as the main treatment options for diseases like *Unmada* (Insanity), *Apasmara* (Epilepsy), *Avasada* (Depression), *CittoUdvega* (Anxiety and neurosis), *ManasaMandata* (Mental Retardation), *Atatvaabhinevisha* (Obsessive Disorders) and *Madatyaya* (Intoxication). (3)

Psychology was also considered an important part of medicine in the Unani system, and was called *Ilaj-I-Nafsani*. *Najabuddin Unhammad* (1222 AD), an Indian physician, described seven types of mental disorders *Sauda-a- Tabee* (Schizophrenia); *MureeSauda* (depression); *Ishk* (delusion of love); *Nisyan* (Organic mental disorder); *Haziyan* (paranoid state); and *Malikholia-a-maraki* (delirium) (4).

The British were responsible for bringing modern medicine to India. After India gained its independence, the challenges ahead of the new government were daunting. With widespread poverty, lack of large industries and a primarily agrarian economy dependent on seasonal rains, India had to focus its meager resources to tackle other challenging problems. As a result, the development of psychiatric services in India took a back seat among a host of other more imposing problems in contrast with economically rich countries. (5, 6) For example, in 1947, India had 10, 000 psychiatric beds for a population of over 300 million, compared to the UK, which, with one-tenth the population of India, had over 150,000 psychiatric beds!

Epidemiology of bipolar disorder:

As far as the epidemiology of mental health disorders in India, very limited studies have been done and they differ widely in their findings. According to a study completed in 2001, the prevalence rate of all mental health disorders observed in India was 65.4 per 1000. (7) The same study showed prevalence of mood disorders in 31.2 per 1000. (7) Major depressive disorder is

more prevalent than bipolar disorder in India. According to another study, the lifetime risk of developing bipolar disorder is 0.6-2%, whereas the risk for major depression ranges from 2-25%. (8)

Risk factors:

Sex: Incidence of bipolar disorder is similar in men and women, while major depressive disorder is two times more likely in women. (8)

Age: Most patients with bipolar disorder have their first illness around the age of 30 years. (8)

Marital status: Bipolar disorder is more common in divorced and single individuals than in married persons. (8)

Social and cultural factors: There is no correlation between social class and mood disorders in general. However, some studies show that depression is more common among those of lower socioeconomic status and bipolar disorder is more common in those of higher socioeconomic status. (8)

Family history: Patients with bipolar disorder have a significantly higher risk of having first degree relatives with a mood disorder. (8)

Treatment modalities used in India:

Modern medical management:

India currently has a population of 1.2 billion people and has only 3,500-5,000 psychiatrists compared to 50,000 in the USA. The prevalence of serious mental health disorders in India is 6.5%, which equates to nearly 70 million people. (9) Additionally, out of the total population, around 69% live in rural areas where the remaining 31% lives in urban areas.

Most rural areas are not equipped with a psychiatrist or any other mental health provider to help spread awareness on the management of mental illnesses. Lack of awareness about mental health issues and the associated stigmas are the main hindering factors for patients to seek medical help earlier in the process. A general lack of understanding of psychiatric disorders in the general population often results in patients being ostracized and discriminated against, leading them to attempt to hide their illnesses in order to appear more “normal”. Due to many belief systems whether religious –such as evil spirits, reincarnation and astrology- or the techniques of alternative medicine , people often try non-medical options first and often take decades to seek actual psychiatric help.

Some psychiatric drugs like lithium, olanzapine, sodium valproate and alprazolam are covered as essential drugs and are made available at subsidized prices through government hospitals.

However, patients often have to stand in queues for hours in order to get their medicine (10). As patient of bipolar disorder will often take the drug for his entire life, it is a dilemma for the doctor if he responds well to a costlier drug which will put substantial financial burden on him in the long run. Also, with the hazard of counterfeit drugs running rampant, it is not uncommon to see no effect despite multiple dosages (11).

With the attached social stigma and lack of resources, getting patients to follow up is difficult. Even group therapy, well suited to a low resource setup, is not prevalent enough. While India has been a pioneer in the use of family as a potent support system, other support systems are not in place. The role of the family becomes crucial when one takes cognizance of the acute shortage of affordable professionals, rehabilitation services and residential facilities in India, whether in the private or government sector.

Evil spirit concept:

The existence of spirits has been believed in by human beings for time immemorial. It is commonly believed that spirits, demons and souls do exist and bad spirits can invade people and cause illnesses, especially mental illness. People with bipolar disorder and their families often believe that they are under demonic possession. These beliefs are particularly strong in rural areas where mental health awareness is very minimal at best. Villagers often seek help of “witch doctors” called *Tantriks/bhuvras/bawas* who offer therapy to exorcise evil spirits from a person’s body. Their practices often include poking them with pins/needles, chanting spells or beating them to force the evil spirit out. These “witch doctors” are usually consulted when a patient is in a manic phase and considered to be following to the commands of evil spirit. Family blindly agrees to whatever the witch doctor says and the patient is repeatedly taken to him and subjected to beatings, assault, and given some kind of herbal medication as a sedative. After repeated visits, once the patient is over his acute manic phase, the evil spirit is believed to be gone. Patient suffering from manic psychosis are also reported to be chained and kept behind locked doors. Some even die and families believes that the patient was possessed by evil spirit, and the taking of their life was divinely ordained.

This concept of an “evil spirit” is so ingrained in the rural population in India that they rarely think that there is any entity called “depression” or “bipolar disorder”. They identify these altered mood states as “evil spirits” and keep getting misled by these “witch doctors,” paying them money and blaming themselves that it is thier own fault often referred as “bad karma” that their family members (son,daughter,wife husband,father,mother) is suffering.

Religious beliefs:

Most Indian people believe in reincarnation and rebirth after death. Many people believe that mental health disorder is a punishment for the sins of a person during their present and past lives. Families often seek help and blessings from their gods or religious leaders (saints/priests). They perform ritual ceremonies like “*pujas*” or “*big hawans*” to please gods in the hope that affected persons will get better. During those ceremonies, they often fast for a day or at times even more. These fasts are sometimes done once or twice a week for years and months. They also engage

in spiritual chanting and religious prayers in front of holy scriptures and pictures of “*Hindu gods and goddesses*” (Shiva, Vishnu, Brahma, Hanuman, Devi Shakti etc). Sometimes, they also call priests and organize religious fires called “*hawans*” and intone “*chanting religious prayers*” in order to seek help from god. It is widely believed that waters from holy rivers and holy springs cure many mental health problems and they are often seen as a curative medicine .

Islam is the second most widely followed religion in India. Islamic exorcisms consist of persons who need to be treated who often go to their spiritual leader. Religious leaders place their hands on the person’s head and often recite verses from their holy book, the “*Quran*”. They also use Islamic alternative medicine called *at-tibb-al-nabawi* (medicine of prophet).

Spirituality and religion play a significant role in lives of many people with bipolar disorder and other mental health issues. It often gives them hope, purpose and meaning in their lives.

Religious coping is a means to use religious thoughts or beliefs to facilitate problem solving and to prevent negative mental/emotional consequences of stressful life circumstances. Studies show that around 66-70% of patients in India have at least one non-biomedical explanatory model of a supernatural type as compare to 10% in other parts of the world.

Astrology and Mental health:

Astrology is a widespread belief in almost all Indian culture. There is a strong belief that many of your mood and personality related problems are due to “changes in planetary positions of various stars or planets in your horoscope”. People with mood and personality issues often seek help from an astrologer, who will provide a solution after reviewing their horoscopes. Though there is no scientific evidence of astrology helping in any mood disorders, there are people in India who think that it helps significantly. Family astrologers will look at the date and time of birth and will accordingly determine the planetary position and prescribe wearing a particular kind of stone or pearl. Patients are advised to wear these pearls and stones on their fingers or even as a necklace. People with mental health issues are even advised to perform certain ceremonies and even give offerings in form of food and money to the poor on specific days. Saturday is considered to be day of god called “shani;” if you are in good health you should donate money on Saturday to the poor.

There are universities in India (i.e., Banaras Hindu University in Varanasi) that do have astrology as a teaching subject. The literature is very limited on the use of astrology and pearls and stones for bipolar disorder, even though they are widely used all over India, including the highly educated or those of high socio-economic status.

For example, it is widely believed that Lepidolite, known as “the stone of transition,” can be helpful for OCD/Bipolar Disorder. Lepidolite supposedly helps shift and restructure old energy patterns and brings light and hope to a situation, reduces stress associated with change; alleviates depression and brings serenity from the knowledge that the Universe will always provide. The calming nature of Lepidolite can help one to enter a deep meditative state. Lepidolite is helpful for releasing emotional and energetic blockages, and is said to help those with ADD, OCD, or Bipolar disorder. Several stones and pearls are believed to be helpful for various altered states of mind. There are stigmas attached to the use of medication such as being called “pagal” - a very derogatory hindi term for someone who has mental health problems. For this reason, a great many people become non-compliant with medication and believe that stone and pearl are the best way to stabilize their mood, emotions and behavior.

Alternative medicine practices and mental health:

Ayurveda – an ancient Indian medicine is a popular alternative medicinal practice in most parts of India. Mental health diseases are widely studied in *Ayurveda*. The basic concept used in managing mental health problem in *Ayurveda* is “diet and herbs on a physical level, *prana* (life force) and senses working at a more subtle level, and *mantra* (sacred utterance), and meditation working more at the level of mind itself”. Two main ayurvedic treatments for managing bipolar disorder center on increasing our *ojas* (essential energy of body) and reducing stressors. It is believed that food plays an important part in many mental illnesses. Food pacifies *vata* and diet should include whole grains, cooked vegetables, beans, meats, fresh dairy, and nuts in order to build up *ojas*. Cooler and blended foods are recommended during manic phases and spicier foods can be useful during depressive episodes. Herbal medicines, like nervine tonics are the most important for building stability and mental *ojas*. Some generally used herbs are *ashwagandha*, *brahmi*, *shatavari*, *ginseng*, *shankhpushpi*, *nutmeg*, *skull cap*, *kapikachhu*, *bhringraj* and *haritaki*. It is believed that these nerve tonics help to normalize production of neurotransmitters in brain. Five sense therapies (vision, sound, taste, touch and smell) are also used to place the patient in balancing and restorative surroundings. *Panchakarma* (the five actions) is the main

ayurvedic method for purification and is believed to be most helpful for mental health problems. It includes *bastis* (therapeutic enemas), *virechana* (therapeutic purgations), *vamana* (therapeutic emesis), *shirodhara* (flowing oil on the forehead), and *shirobasti* (oil on the crown of the head). It is believed to take direct action on the brain, mind and subtle energy fields. Ayurveda also emphasizes the importance of good sleeping habits, regular exercise, meditation and yoga to help mental health (12).

Yoga/Meditation and Mental Health:

Yoga has frequently been recommended for patients with bipolar disorder and there is preliminary evidence that it alleviates depression. There is very little published data on the benefits and potential risks of yoga for patients with bipolar disease. Limited literature has shown that yoga may have positive emotional effects and reduce anxiety. It also appears to have positive cognitive effects (e.g., improving focus, feeling of being accepted, and “break from my thoughts”) and positive physical effects (e.g., weight loss, an increase in energy). Negative effects can include physical injury and pain. Yoga can be considered at the best as an adjunct therapy for bipolar disease. Further studies need to be done. In India, there are many self-acclaimed Yoga gurus who claim to cure all mental health problems through Yoga. People who are afraid to go to a psychiatrist or do not have access to one often seek help from these yoga gurus as their only way to cope with mental health issues (13).

Yoga is coming up as a very promising alternative form of modality for mental health patients. There is a lot of research being done in different universities on the efficacy of different positions in yoga for different mental health problems. The best thing observed so far about yoga is its quite minimal side effects. It is seen as a form of exercise and people usually combine yoga with their medication regimen, which is very helpful. Still, there is a lot of research required for suggesting yoga as an effective modality for treatment. Here is a video from a webinar on yoga’s effectiveness for treating bipolar disorder. <http://vimeo.com/77071505>

Recent advances in mental health care in India:

India’s cabinet recently passed a “Mental Health Care Bill” in June 2013 and is currently undergoing amendments and changes suggested by the Indian Association of Psychiatry. Its broad action plan focuses on four key objectives:

1. To strengthen effective leadership and governance for mental health
2. To provide comprehensive, integrated and responsive mental health care and social services in community based settings.
3. To implement strategies for promotion and prevention in mental health
4. To strengthen information systems, evidence and research for mental health.

India is making positive steps towards mental health care and also providing more psych education regarding illnesses like bipolar disorder. However, there is still a lot more to be done to motivate people to seek help. Government can supply medication but until people have a better understanding of the disease, availability of medication will not be helpful.

Below are some websites and links to active groups working with people with bipolar disorder in India.

1. Bipolar India “Lets Walk Together” <http://www.bipolarindia.com/>
2. Suicide Prevention awareness and support
<http://www.suicide.org/hotlines/international/india-suicide-hotlines.html>
3. Depression and suicide <http://www.suicide.org/depression-and-suicide.html>
4. Bipolar Disorder and Suicide <http://www.suicide.org/bipolar-disorder-and-suicide.html>

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