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RESEARCH ARTICLE

A COMPARATIVE STUDY OF SYMPTOMS OF KIRIKA IN TEXT BHRANTHUKALPAM WITH SIMILAR REFERENCES IN TRADITIONAL TEXTS OF AYURVEDA

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ABSTRACT

Exploration of medical literature is a method to revive past tradition and upgrade the theoretical framework of treatment. *Bhranthukalpam* is such a traditional text detailing the practice of *manasroga* (Ayurvedic mental health care) under the terminology “*kirika*”. Exploratory study of this text was conducted to identify the characteristics of traditional *manasroga* treatment and the medical significance of the concept of “*kirika*” in contemporary psychiatry. **Methodology:** An exploratory study was done on text *Bhranthukalpam* with special reference to term *kirika*. The comparative study of it was done with five other traditional texts (one palm script, two Tamil texts and two Malayalam texts) with *kirika* reference identified through field survey and other similar references in Ayurvedic classical texts. The agreement between the similar texts was analyzed by Kappa scoring. **Results:** The references in the text had parallels in Kerala tradition (a state in South India), it was variant from Tamilnadu (a state in South India) tradition as well as from classical Ayurveda texts. Symptoms of *kirika* showed more congruence with mood disorders. **Conclusion:** The traditional *manasroga* practice was extensive one but the current practitioners were not aware of it. Treatments of these texts could be observed for their efficacy.

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INTRODUCTION

Normality and mental disorder could be considered as two edges of a spectrum where a major factor which demarcates the boundary of its transition is the society and culture related to the person. Attitude towards psychiatric patients was similar across the world in all societies. The ancient belief in the west was that the mental illness occurs due to supernatural forces like demonic possession, sorcery and the evil eye. In the 5th and 3rd century BC the approach of the Greeks regarding mental illness changed with the advent of theories by Hippocrates that, the illness occurs due to natural causes in the body. Though these treatments gained popularity, the social stigma attached to psychiatric illness persisted. In countries such as China, the ill were hidden from the society to protect the family honour (<http://googleweblight.com/?i=u=http://historycooperative.org/a-beautiful-mind-the-history-of-the-treatment-of-mental-illness/&hl=en-IN>).

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The Asylum based treatment for the psychiatric patients began only as late as mid 1800 by two reformists Philippe Pinel and William Tuke in what is known as Humanitarian Movement (Dain, 1980). Later Hospital Movement was started by Dorothea Dix wherein hospitalized specific treatment was given (Foerschner, 2012). A reflection of the same scenario is what we observe in our society. Though psychiatry has been explained as one among the eight branches of Ayurveda ie. *Bhūtavidya*, (Ayurvedic mental healthcare) much focus was not given to it in the classical texts. *Daivavyapāśraya* (Ritualistic treatment) was the main modality of treatment utilized to manage the same. The treatment pattern also got varied with the person’s socio-cultural background. So evaluating a patient from his own socio-cultural background is the primary skill that a doctor in the field of psychiatry should develop. Manuscripts and published books on regional variants of classical practices are the only available aid for this. *Bhranthukalpam* is such a work, redacted by Sri. V.M. Raman Vaidyan, Muhamma. It is a compilation of the various available palm scripts in the traditional practices.

Bhranthukalpam- textual description

The text is presented as two parts-the first being named as *Mānasika Cikitsāratnam*-written in Sanskrit. It is a compilation of selected references in the classical Ayurvedic texts related to *manasroga* (mental illness) and its treatment. The second part named *Bhranthukalpam* is the documented part which gives a detailed description about psychiatric condition titled as *kirika* and its treatment. The descriptions of the text are mainly in Malayalam (a regional language in India's state -Kerala) and the terminologies used are seemingly different from the classical references of *manasroga*. The name *kirika* in Malayalam means *bhrāntu* i.e mental illness, which is a broad terminology. The phrase *kirika* could be also considered as a colloquial or dialectical usage for *Graham* (possession syndromes). The text provides treatment explanations including both *Daivavyapāśraya* and *Yuktivyapāśraya* (pharmacological management) modalities. The few *mantrayoga* (chanting of hymns) mentioned in the texts are in regional language addressing the varied religious background of the patients. Hence for a better understanding of the concept of *kirika*, an exploratory study on the background of text books of Ayurveda concerned with the topic was attempted in this work. Exploratory literature study was done through textual criticism. Extensive field survey was conducted in regions having *manasroga* practice, and details regarding other texts having references of *kirika* was collected. The texts identified were, two in Tamil language titled '*Kirika nidanam*', '*Agasthyar*' and other references were Malayalam texts named '*Apoorva cikitsa vidhikal*', an old palm-leaf manuscript and a text '*Cikitsa koutukam*'.

METHODOLOGY

Content analyses of these texts were done based on method of comparative study using congruence and variants. It was done by identifying few indices and comparison is made on its basis by analysing convergences between the texts and the observed variances between the texts under study (Indranath Choudhari, 2011). The indices used in this study were psychomotor activity, biological needs, mood and affect, and speech and thought. These were selected from points of mental status examination having the least subjective element. Based on the outcome of comparison, the status of *kirika* as a variant or parallel explanation from the existing explanation of the subject was assessed statistically using Kappa scoring. Kappa score of 1 indicated complete agreement between the texts and a score of 0.50 was considered as to have moderate agreement and those below it as to have weak agreement.

Observations: The statistical analysis of the references of *kirika* in *Bhranthukalpam* with that of references in collected texts showed data as per Table.1

RESULTS

On analysing the symptoms of 18 *kirika* explained in the text *Bhranthukalpam*, it was seen that two explanations i.e. *Uzhali kirika* (Raman Vaidyan), *Kukkuṭa kirika* (Raman Vaidyan), had no congruent or variant explanation available among the text books under comparison. The *Vāri kirika* (Raman Vaidyan), had two congruent explanations and one variant explanation. Hence on statistical analysis due to high congruent value an agreement score of 1 was obtained in kappa scoring.

Table 1. Kappa scoring and the number of congruent, variant explanations of kirika in text Bhranthukalpam

Name of kirika	Kappa score	Congruence	Variants
<i>Uzhali, Kukkuṭa</i>	----	--	---
<i>Rāja</i>	0.40	2	2
<i>Brahma</i>	0.07	1	4
<i>Piccu</i>	0.14	2	6
<i>Piśāca</i>	0.10	2	7
<i>Gandharva</i>	0.13	1	10
<i>Yakṣa</i>	0.07	--	6
<i>Pon</i>	0.00	--	5
<i>Bōda</i>	----	1	--
<i>Brahmarākṣasa</i>	0.03	--	10
<i>Ama</i>	0.2	--	2
<i>Azhali</i>	----	--	1
<i>Śwāna</i>	0.14	1	2
<i>Pōta</i>	0.00	--	2
<i>Hema</i>	0.05	--	2
<i>Kāma</i>	----	1	--
<i>Vāri</i>	1.00	2	1

In *Kāma kirika* (Raman Vaidyan) and *Bōda kirika* (Raman Vaidyan) the kappa scoring was not performed as there was only one congruent explanation available for each. Also in *Azhali kirika* (Raman Vaidyan), the test was not performed as there was only one variant explanation available for it. *Rāja kirika* (Raman Vaidyan), reference showed a moderate agreement between the texts regarding syntax of symptoms and had a Kappa score of 0.40. All other references showed a weak agreement score between texts regarding symptom syntax under the selected domains.

DISCUSSION

The initial exploratory study on the text revealed that *kirika* was a terminology used for psychiatric illness in the southern states of India. The term and the treatment based on it were not familiar in the academia but were still used by the traditional *manasroga* practitioners. The identified texts with *kirika* references were in regional languages and hence one to one comparison between the texts was not completely possible. There was greater chance of subjective bias and to reduce it, Comparative study based on convergent and variants with domain identification was selected. The convergent or parallel explanation of the text was identified not only based on the symptoms but also giving equal importance to the linguistic factors and syntax of the texts. The study revealed that the references of *Bhranthukalpam* had congruent explanations in traditional literature works of Kerala (a southern state in India) but had only variant explanations in Tamil medical literature. This variation could be due to the fact that a common region shares similar socio-cultural stressors which further influences the psychological symptoms presented by an individual. The similarity in symptom syntax among the texts of same language also shows a possibility of regional acceptance of these symptom complexes for diagnosis. It could be also observed that the *kirika* references in *Bhranthukalpam* was an unique explanation on *manasroga* as there was only one *kirika* reference having complete agreement of symptom syntax observed among identified texts.

Conclusion

The study explored the bygone concept of *kirika* and it was found to be the terminology used for psychiatric illness in south India and the traditional *manasroga* practice had regional variations. Statistical evaluation of the *kirika* references in text *Bhranthukalpam* suggested it to be an unique explanation on *manasroga* as there was only one *kirika* reference having

complete agreement of symptom syntax on comparison with available texts on the subject.

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