In Reply: Did Patients with Schizophrenia Exist in Ancient Japan?

In Edmund S. Higgins’s letter-to-the editor, commenting on the article “A History of Mental Health Care in Japan: International Perspectives” by Naotaka Shinfuku, published in the Taiwanese Journal of Psychiatry [1], the North American author opens a debate on whether schizophrenia is a modern pathology. Following E. Fuller Torrey [2], Higgins believes that there is no diagnostic approach, nor a clear definition of schizophrenia in ancient times in Western and Asian cultures, including 15th-century Islamic medicine [3].

But it is necessary to mention that, when carrying out a historical approach to mental disorders, the socio-sanitary connotations of these pathologies have not always corresponded to those we currently deal with [4]. I am taking two examples to explain this matter, one linked to Asian medicine and the other to Western one:

First, we move to Ayurvedic herbal medicine. Those ancient doctors approached the diagnostic process in a different way. When addressing a health disorder, they analyzed the symptoms in body harmony, assessing the imbalances of constitutional humors (doshas), assimilated to air (vata), fire (pitta), and water (kapha). Vata would govern physical movements in our body, being responsible for mental balance [4]. In this clinical setting, one of the first descriptions of a clinical form of psychosis appears, which is collected and documented in the Charaka Samhita [5], a classic of Ayurvedic medicine attributed to Charaka (Charka) (between 1,000 and 2,000 BC). This text, written in classical Sanskrit, describes a condition called, in this language, Ounmaad, a description of a mental disorder that could be framed in the context of current psychotic disorders. Charaka defined Ounmaad as “an abnormal state of mind, judgment, knowledge, memory, character, perception, creativity, conduct, and behavior” (Charaka Samhita, Nidan 7/5) [5]. But the concept of Ounmaad proposed by Charaka is broader than the current approaches used to define a psychosis, as pointed out in the Diagnostic and Statistical Manual of the American Psychiatric Association.

Second, in Western medicine, since the Middle Ages, and especially during the Renaissance, the symptomatology of many mental disorders, including what we now know as schizophrenia, was interpreted as a demonic intervention, many “crazy” being considered as simple possessed [6]. And in this framework, novel mental morbid species such as lycanthropy or canine or lupine mania emerged, which are framed in many of the current diagnostic criteria for psychotic disorders. The assimilation between madmen and demonics began to populate the materia medica textbooks, reaching its maximum splendor at the end of the late medieval period and during the Renaissance, a time in which many psychiatric patients were condemned by the Court of the Inquisition as possessed [6].

In conclusion, we can indicate that before the introduction of Kraepelinian nosology, madness was always interpreted, in Western culture, as a deviation from social norms (de lire ire, which in Latin comes to mean “deviated from the straight groove”). Thus, the historical criteria used in medicine for the diagnosis of insanity, including, of course, schizophrenia and the rest of psychoses, have been very imprecise, and even contradictory.

Financial Support and Sponsorship
Nil.

Conflicts of Interest
There are no conflicts of interest.

References