

## Psychiatric morbidity in the Chola royal household



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### ARTICLE INFO

#### Article history:

Received 25 January 2013

Received in revised form 29 May 2013

Accepted 16 June 2013

#### Keywords:

Psychiatric morbidity

Chola

Raja Raja

### ABSTRACT

This article deals with the presence of hysterical astasia abasia in the father, and cyclothymic disturbance in the elder brother of the great Chola emperor and builder of the Big Temple at Thanjavur, Raja Raja.

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It is puzzling how the laity and the media are interested in the illnesses of the great people not only of the day but also of the ancient times. The ancient historians noted the epileptic seizures of Julius Caesar, especially at the time of his crowning. A US President who suffered from mental illness was Ronald Reagan. In August 1994, at the age of 83, Reagan was diagnosed with Alzheimer's disease. He experienced occasional memory lapses, especially with names in the early days of the illness. As the years went on, the disease slowly destroyed Reagan's mental capacity. He was only able to recognize a few people, including his wife, Nancy. Reagan died of pneumonia; brought on by Alzheimer's disease in 2004 at 93 years of age ([Wikipedia](#)). The last illness of Winston Churchill was vividly described by [Moran \(1966\)](#). His psychiatric aspects are vividly covered by [Storr](#) in his book, *Churchill's Black Dog*, where his repeated depressions and alcoholic indulgence are described ([Storr, 1990](#)).

The psychiatric illnesses of the royalty have time and again captured the attention of the public. King George III – Shelley's 'old, mad, blind, despised king' – suffered five distinct bouts of disturbance between 1788 and his final descent into senility in 1809. We catch George cursing the doctors ('I hate all the physicians, but most the Willises; they beat me like a madman') ([Porter, 1990](#)). [Macalpine and Hunter \(1991\)](#) have argued that his delirium was secondary, a consequence of the intense irritation caused by porphyria. This led to public awareness and improvement of mental health legislations in that country ([Fig. 1](#)).

Another lesser known mad English regent is Henry VI (1422–1471). In 1453, he became insane, lost his memory, and was paralyzed. He fell through a sudden and unexpected fright, into such an illness that for a full year and a half he was without natural sense or intelligence adequate to administer the government. No doctor or medicine had power to cure that illness. The Privy Council gave John Arundell and other physicians the authority to treat Henry. They used then the standard treatment of purges, baths, and shaving of the head. Henry recovered for a brief period and resumed power but again suffered episodes of insanity with visual and auditory hallucinations that lasted until his death. He was imprisoned in the Tower of London and later was murdered. Henry's paralysis seems to have been in the nature of a catatonic stupor. His passive nature, withdrawal, lack of judgement, and monosyllabic speech would suggest schizophrenia of lifelong duration, punctuated by catatonic episodes; other mental illnesses could fit the clinical picture ([Howells, 1991](#)).

Ludwig II, King of Bavaria, Germany from 1864 to 1886 was one more monarch who suffered from mental illness. He has sometimes been called as "Mad King Ludwig". One of Ludwig's most quoted sayings was "I wish to remain an eternal enigma to myself and to others." His supposed bizarre behaviour included pathological shyness, complex and expensive flights of fancy, dining out of doors in cold weather and wearing heavy overcoats in summer and sloppy, childish table manners. A panel of psychiatrists produced a report that the king suffered from paranoia. On 13 June 1886, around 6 pm, Ludwig and his treating psychiatrist, Dr. Bernhard von Gudden (who described Gudden commissure = posterior part of the optic chiasma), chief of the Munich Asylum went for a walk along the shore of Lake Starnberg. The two men were last seen at about 6.30 pm. Thorough search was made and the bodies

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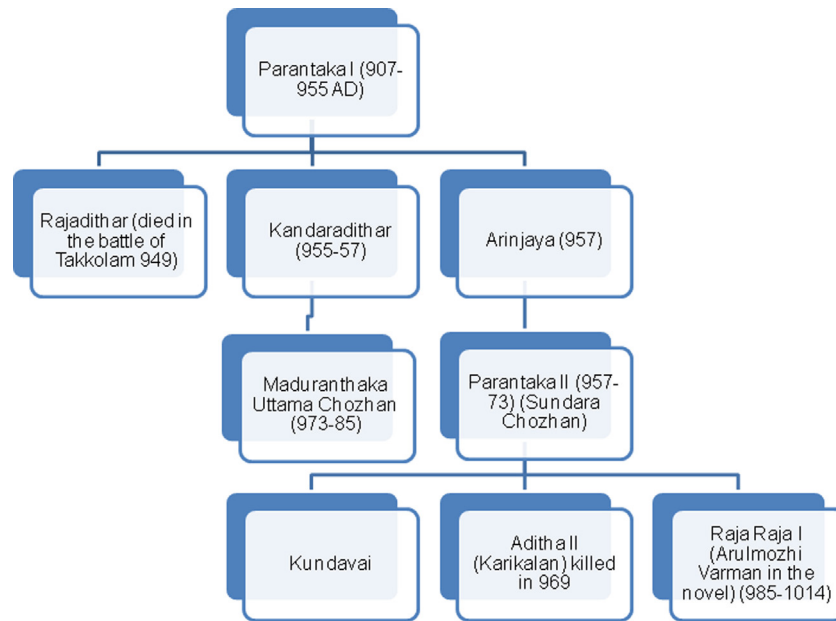


Fig. 1.

of the two men were found drowned in the lake. Gudden's body showed blows to the head and neck and signs of strangulation (Wikipedia).

It is proposed to study the psychiatric morbidity in the family of the great Chola king Raja Raja, who reigned from Thanjavur (985–1014), extended the Chola kingdom and was responsible for building the famous Brihadeeswarar Temple ("Big Temple"). At the outset, we would like to mention that there exists the issue of correctly identifying psychopathology from biographical material which has been modified by literary and semi-mythological embellishment when we are discussing about persons of ancient times. This scepticism needs to be mentioned before we take all this as being 'accurate' case-material. Much of the information is culled from Kalki's "*Ponniyin Selvan*" which is a majestic historical romance – a masterfully woven epic of fact and conjecture set against the backdrop of 10th century peninsular India (Karthik Narayanan, 1999).

Before embarking on the description of hysterical paralysis (paraplegia or astasia abasia) suffered by Sundara Chozhan, it should be appropriate to introduce the concept of hysteria. It is a very ancient concept; going back to the Egyptian Civilization (Veith, 1965). In the Ayurvedic tradition of India, hysteria was described as *murcha* or *apatantraka* (Gupta, 1977). It was recognized as a disease with primarily mental origin and predominantly physical symptoms. It was seen mostly in females but also occurred rarely in males. As a disease of females it was also called *yosapasmara*. Its symptoms were found to resemble those of *apasmara* (epilepsy). The usual causes were found to be grief, mental disturbances/excitement, sensitive nature, etc. However, this *apatantraka* concept of Ayurveda cannot definitely be equated to hysteria because there are controversies even among Ayurvedic practitioners about the nature of the disease. Coming to the treatment of the condition, it was observed that the emotional causes of the condition were to be avoided as far as possible, because it was found that the condition relapsed on exposure to the emotional stressors. Hence Ayurveda recommended treating the illness with medicinal and somatic therapy as well as psychic therapy like mild/crude suggestive therapies (Sikdar, 1961). The Siddha tradition of South India has a similar concept of hysteria. It makes mention of *narambu talarchi* (nervous debility) and *uzhavu piralvu* (emotional instability). Hysteria is also described as

*thimirvali* in which symptoms like standing with folded upper limbs, restlessness, belching, laughing, dancing and singing, frequent change of posture, embracing others, sleeplessness, etc., are described (Narayanaswami, 1965). Both Ayurveda and Siddha systems of medicine have disease models based on the *Tridosha Theory* (Theory of Three Humours). The three *doshas* are *vaatha*, *pittha* and *kapha* (wind, bile and phlegm, respectively). The ancient Tamil poet Thiruvalluvar has made mention of this:

Three things beginning with wind, say the experts, In excess or lacking cause disease. [Kural, 941] (Sundaram, 1990)

Slater (1965) rejected the diagnosis of hysteria, retaining the word as an adjective to describe certain types of symptoms and personality. Lewis (1975) summarized that in any case a tough old word like hysteria dies very hard. ICD-10 uses the rather clumsy term, dissociative (conversion) disorder to describe hysteria, while DSM-IV removes the term altogether by fragmenting it into different parts – conversion disorder under Somatoform Disorders, and Dissociative Disorders; a separate generic category. Merskey (1979) retained the term hysteria as a medical issue, to treat patients who have it as subject to illness, and to accept that it is a valid diagnosis. To diagnose hysteria the following criteria must be satisfied:

1. Symptoms are psychogenic
2. Causation is thought to be unconscious
3. Symptoms may carry some sort of advantage to the patient
4. They occur by the mediation of the processes of *conversion* or *dissociation* (Sims, 2003).

We shall try to apply some of these concepts to make a diagnosis of hysterical astasia abasia in the Chola king Sundara Chozhan, for which some life events and psychodynamics should be considered, though it might be speculative. After Aditha Karikalan was elevated to the position of Crown Prince, he was taken to the Queen's harem by his father Sundara Chozhan to be introduced to the royal personages. There Sundara Chozhan sees Nandhini, the wife of the Chancellor Pazhavettarayar (Senior). Being overcome by surprise and horror, he faints and loses the power to use his lower extremities from that time onwards. He recollects the time when he was alone in a solitary island,

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