|  |
| --- |
| **ORIGINAL ARTICLE** |
|  |
| |  | | --- | | **Year** : 2013  |  **Volume** : 1  |  **Issue** : 1  |  **Page** : 34-39 | |

Schizophrenia and yogic concepts  
  
[Hitesh Chandrakant Sheth](http://www.ijoyppp.org/searchresult.asp?search=&author=Hitesh+Chandrakant+Sheth&journal=Y&but_search=Search&entries=10&pg=1&s=0)  
Department of Psychiatry, Hospital for Mental Health, Jamnagar, Gujarat, India

|  |  |
| --- | --- |
| Date of Web Publication | 21-Dec-2013 |

|  |
| --- |
| **[http://www.ijoyppp.org/images/dpdf_b.gif](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth;type=2)[http://www.ijoyppp.org/images/09.gif](http://www.ijoyppp.org/emailArticle.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth)[http://www.ijoyppp.org/images/pa_b.gif](http://www.ijoyppp.org/printarticle.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth)[http://www.ijoyppp.org/images/rwc_b.gif](http://www.ijoyppp.org/readercomments.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth;aid=IntJYoga-PhilosopPsycholParapsychol_2013_1_1_34_123290)[http://www.ijoyppp.org/images/cmgr_b.gif](http://www.ijoyppp.org/citation.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth;aid=IntJYoga-PhilosopPsycholParapsychol_2013_1_1_34_123290)** |

**Correspondence Address**:  
Hitesh Chandrakant Sheth  
Superintendent and Psychiatrist, Hospital for Mental Health, Vikas Gruh Road, Jamnagar - 361 008, Gujarat   
India  
[Login to access the Email id](http://www.ijoyppp.org/login.asp?rd=article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth)

**Source of Support:** None, **Conflict of Interest:** None

**DOI:** 10.4103/2347-5633.123290

[Get Permissions](http://www.copyright.com/ccc/openurl.do?sid=Medknow&issn=2347-5633&servicename=all&WT.mc_id=Medknow)

|  |  |  |
| --- | --- | --- |
| Abstract |  |  |

**Background:** There is a great deal of overlap between the symptoms of schizophrenia and the nature of yogic experiences described in various societies and religions. **Aim:** This study aims to separate the symptoms of psychotic disorders from the experiences described by various yogic systems. **Materials and Methods:** A review of various scriptures like Shrimad Bhagvad Gita, Vedas, and other spiritual literature was done and was compared with the various scientific studies regarding yogic experiences. **Results:** The result shows that, there exist the abnormal behaviors, which need to be controlled by taking help from psychiatry, but there are also the genuine yogic experiences, that are often confused with the symptoms of a psychotic disorder like schizophrenia. **Conclusions:** The science of psychiatry is playing an important role in classifying the behavioral patterns and thus helping us to control the abnormal behavior patterns. Still, we cannot deny the fact that, the budding science in a developmental stage is unable to unravel the complete mysteries of human mind and because of that; some genuine yogic experiences are often confused with psychotic disorders.

**Keywords:** Parapsychology, psychiatry, spirituality, schizophrenia, yoga

|  |
| --- |
| **How to cite this article:** Sheth HC. Schizophrenia and yogic concepts. Int J Yoga - Philosop Psychol Parapsychol 2013;1:34-9 |

|  |
| --- |
| **How to cite this URL:** Sheth HC. Schizophrenia and yogic concepts. Int J Yoga - Philosop Psychol Parapsychol [serial online] 2013 [cited 2015 Jul 6];1:34-9. Available from: <http://www.ijoyppp.org/text.asp?2013/1/1/34/123290> |

|  |  |  |
| --- | --- | --- |
| Introduction |  | [Top](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#top) |

The word "schizophrenia" comes from the Greek roots schizo (split) and phrene (mind) to describe the fragmented thinking of people with the disorder, assuming that the people without the disorder have unitary thinking and are not in two minds. Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV describes schizophrenia as a mental disturbance that lasts for at least 6 months and includes at least 1 month of active phase symptoms (two or more) of the following: Delusions, hallucinations, disorganized speech, disorganized behavior, and negative symptoms. [[1]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref1) The schizophrenia is a disorder rather than a disease, with a unique group of symptoms. The concepts of schizophrenia have changed from time to time and the same thing may continue in future, till we understand a real cause and pathophysiology of schizophrenia. The lack of a precise knowledge of etiology of schizophrenia, its progress, consistent pathological findings, and its sure shot treatment, have given reason to existence of antipsychiatry movement. The vagueness in the criteria has been used by authoritarian regimes to jail the political and spiritual dissidents or confined them to mental asylums. The criteria of disease, if applied indiscriminately to the great souls of past, may put them in a category of abnormal persons. Herein below, author has tried to discuss schizophrenia and the spiritual concepts narrated in Indian yogic philosophy.

|  |  |  |
| --- | --- | --- |
| Materials and Methods |  | [Top](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#top) |

**Diagnostic criteria of mental illnesses**  
  
The 'American Psychiatric Association (APA)', which publishes DSM and 'World Health Organization (WHO)', which publishes International Classification of Diseases (ICD); decides the diagnostic criteria of mental illnesses. The manuals have evolved from systems for collecting census and psychiatric hospital statistics, literature review, data analysis, and field trials. The greatest contribution of different versions of DSMs and ICDs is in a form of simplifying diagnosis and treatment. Still, the criteria evolved are not out of bounds of controversy and change from time to time. DSM-IV has produced excessive fragmentation of the clinical states of mental disorders. This is the reason why many patients are given much different diagnosis simultaneously, once the symptoms overpass the rigid borders the manual proposes. [[2]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref2) In DSM-V, APA has included several changes, including proposed deletion of several types of schizophrenia. [[3]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref3)  
  
Criteria in the principal diagnostic manuals, DSM and ICD, are inconsistent. [[4]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref4) Critics of psychiatry commonly express a concern that the path of diagnosis and treatment in contemporary society is primarily or overwhelmingly shaped by profit prerogatives. [[5]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref5) As DSM-III chief architect Robert Spitzer and DSM-IV editor Michael First outlined in 2005, "Little progress has been made toward understanding the path, pathophysiological processes, and etiology of mental disorders. If anything, the research has shown the situation is even more complex than initially imagined, and we believe that enough is not known to structure the classification of psychiatric disorders according to etiology". [[6]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref6) These same concerns were proved in past by the famous Rosenhan experiment, which concluded that we cannot distinguish the sane from the insane in psychiatric hospitals and also illustrated the dangers of dehumanization and labeling in psychiatric institutions. [[7]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref7)  
  
Cross-cultural psychiatrist Arthur Kleinman contends that the western bias is ironically illustrated in the introduction of cultural factors to the DSM-IV. The fact that disorders or concepts from non-Western or non-mainstream cultures are described as "culture-bound", whereas standard psychiatric diagnoses are given no cultural qualification whatsoever, means that DSM-IV classification has an underlying assumption that the western cultural phenomena is universal. [[8]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref8)  
  
Yet one cannot deny a necessity of defining the normal behavior, or else a fire of chaos would engulf the whole society. However, while deciding the norms and definitions, one should be humble enough to admit that they are the temporary constructs necessary to maintain certain equilibrium in society, till the society is guided by the higher truth or reach a higher state of equilibrium.  
  
**Diagnostic criteria of schizophrenia**  
  
Before discussing about the diagnostic criteria of schizophrenia, we should take a note of the fact that the many spiritual experiences described, revered or yearned for, in eastern philosophies and scriptures, are considered abnormal by a modern day science. The traditional western psychology considers these phenomena pathological rather than normal responses to meditation in predominantly healthy individuals. [[9]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref9) Prince concluded that highly similar mental and behavioral states might be designated psychiatric disorders in some cultural settings and religious experiences in others. [[10]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref10) The same criteria of illnesses are applied to the different and divergent cultures without taking in account of the age-old practices and traditions. In many cultures including eastern cultures and old western cultures, to rely solely on God for one's own needs is considered a sign of wisdom. However, according to Sigmund Freud the same thing is outcome of infantile wish projections and illusions. [[11]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref11)  
  
Lukoff has presented criteria for differential diagnosis of visionary spiritual experience (VSE) from psychotic disorders. The VSE typically includes ecstatic mood, a sense of newly gained knowledge, and delusions with spiritual themes (which most psychotic disorders do not include). Further, there must be no significant risk for homicidal or suicidal behavior in a VSE. [[12]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref12)  
  
**Delusions and reality**  
  
The DSM-IV diagnostic criterion of schizophrenia requires that the two out of five symptoms should be present for duration of 1 month. However, these criteria give special emphasis to criteria of delusion, so much so, that if the delusion is bizarre then a single criterion is required to diagnose schizophrenia. [[1]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ref1) The delusion can be defined as a false, firm and fixed belief that cannot be corrected in spite of all the evidence are in contrary and in spite of different sociocultural background.  
  
There were prophets, who were poisoned or jailed or crucified, for their beliefs, which were firm, fixed and false (according to the prevalent standards of time), and were not in consonant with sociocultural background of the time. The scientist Galileo, far ahead of his time and jailed for claiming that the earth was round and it circumambulates the sun, was having delusion, if we apply the same modern criteria to diagnose his beliefs.  
  
Only the naives would claim that we have reached a zenith of knowledge and a peak of evolution and so whatever concept contrary to our beliefs or contrary to our sociocultural background is a delusion. To such a naïve, Shakespeare would have said, "There are more things in heaven and earth than are dreamt of in your philosophy". [[13]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref13) As Haldane wrote, "My own suspicion is that the universe is not only queerer than we suppose, but queerer than we can suppose (J.B.S. Haldane)". [[14]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref14)  
  
Neither, Buddhists who say that everything is an illusion, is suffering from a nihilistic delusion, nor Adi Shakaracharya who said that everything is Maya, because Albert Einstein said the same thing in a different way, "Reality is an illusion albeit a very persistent one". [[15]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref15),[[16]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref16),[[17]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref17)  
  
**Hallucinations and supersensory experiences**  
  
The DSM-IV also gives a special emphasis to criteria of hallucination and if a hallucination consists of running commentary on the person's behavior or thoughts or two or more voices conversing with each other then, a single criterion is required to diagnose schizophrenia. A hallucination can be defined as a perception of sensation in the absence of a stimulus. The definition smacks a smugness of human mind. It means that what is not perceived by a vast majority of people does not exist and if it is perceived by a miniscule population then it is their hallucination.  
  
A dog can detect sounds far beyond the upper limit of the human auditory spectrum. [[18]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref18) The bats use ultrasound technique called echolocation for space orientation while flying in dark. [[19]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref19) Neither a bat nor a dog nor many more animals who can perceive the things, that human beings cannot perceive, are suffering from hallucinatory disorders. The scientists, who postulate about the dark matter that constitutes the 83% of the universal matter, but cannot give the proof of its existence, do not suffer from negative hallucination. [[20]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref20)  
  
As mentioned in Rig Veda (I.164.45.), there are four levels of sound, Vaikhari (spoken word), Madhyama (mental speech), Pashyanti (pre-speech), and Para (transcendent speech). The mortals speak only with the fourth and rests are hidden in secrecy so that it cannot be manipulated. [[21]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref21) Perhaps there are types of speech, which human ears cannot hear or fathom. Perhaps there are planes of existence those human beings cannot see or perceive. The great poet William Blake, who used to see vision since childhood wrote of his vision, "A vision is not a cloudy vapor or a nothing. It is organized and minutely articulated beyond all that the mortal and perishing nature can produce. I assert that all my visions appear to me infinitely more perfect and more organized than anything seen by the mortal eye". [[22]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref22),[[23]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref23) Perhaps, there are planes of beings, which are seen and perceived by the prophets and saints but cannot be perceived by mortal eyes. As Lord Krishna said to Arjuna in Bhagvad Gita, "But with these present eyes of yours you will not be able to see me; so I grant you divine sight; behold the omnipotent majesty of my ultimate transcendental power". [[24]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref24) The people of yore were not mad, who coined the term visionary for the people, who were able to see such visions. May be the people suffering from nightmare disorder, travel to the planes, inhabited by the hostile beings. May be a frightening nightmare is more of an experience than a dream. May be that's why the person who experienced it, has a vivid remembrance of it, unlike the normal dreams.  
  
It is claimed that a spiritual vision is usually a very pleasant, uplifting experience. People may "see" God, angels, saints, or indescribable light. Such a vision usually brings a new direction to life and leaves the individual with a "lighter" countenance, a greater joy in life, and more love to share with others. [[25]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref25) But it is not always so, because there are enlightened persons known as paramahamsas, who dramatize the reversal of social norms and roam naked in the world. [[26]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref26) Researchers' militant belief in a sole truth concocted by human senses, has given rise to the antipsychiatry movements. Thomas S. Szasz, a one of the leader of the antispsychiatry movement wrote, "If you talk to God, you are praying; if God talks to you, you have schizophrenia. If the dead talk to you, you are a spiritualist; if you talk to the dead, you are a schizophrenic". [[27]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref27)  
  
A 1996-1999 survey of over 13,000 people reported a much higher figure, with almost 39% of people reporting hallucinatory experiences, 27% of which were daytime hallucinations, mostly outside the context of illness or drug use. [[28]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref28) If such a high percentage of people are having some perception in absence of stimuli, then we must be open to a revision of definition of hallucination.  
  
**Disorganized speech, disorganized behavior, and negative symptoms**  
  
The other three criteria to diagnose the schizophrenia are disorganized speech, disorganized behavior, and negative symptoms. However, before defining what abnormal behavior is, we must define what normal behavior is. In behavior, normal refers to a lack of significant deviation from the average. This has an obvious flaw-the extremely intelligent, are just as abnormal as their opposites. In a similar vein, we can say that the first primate who tried to walk on legs instead of four limbs was as abnormal. Other definition of normal is those who conform to the predominant behavior in a society. This definition is also not flawless. The reformers, who opposed the suttee custom in east and the witches burning in west, did not follow the predominant behavior of the society of their times. Another criterion is morality. This presents many difficulties, because it would be impossible to agree on a single set of morals for the purposes of diagnosis. In past, in certain societies, when polygamy was a rule rather than an exception, keeping on multiples wives were not considered a promiscuity as it is considered in certain religions and in most of the societies now. Even today certain societies allow multiple wives, while the same is considered promiscuity by other societies. The one criterion commonly referred for normality is whether behavior is maladaptive or adaptive. If a person is behaving in ways counter-productive to their own well-being or if he interferes, disrupts social group functioning, it is considered maladaptive behavior. If we accept this criterion for normality, then a person, who stakes his job and his life and demands democracy in authoritarian regime, is having a maladaptive behavior. The dictatorial regimes have always put the same arguments forward to further their political agenda and to imprison the political dissidents. [[29]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref29) One remarkable example of psychiatric diagnosis being used to reinforce cultural bias and oppress dissidence is the diagnosis of drapetomania. In the USA prior to the American Civil War, psychiatrists such as Samuel A. Cartwright diagnosed some slaves with drapetomania, a mental illness in which the slave possessed an irrational desire for freedom and a tendency to try to escape. [[30]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref30)  
  
Frequently the people, who are on a spiritual journey explicitly or implicitly experience nonordinary states of consciousness that are viewed and treated as psychosis, neurological disorders, or dissociative states through suppressive medication and therapies, as the western enterprise of psychiatry and psychology lacks a framework and expertise to comprehend these states. [[31]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref31),[[32]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref32),[[33]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref33)  
  
Both Western religion and science lack the cognitive models and language to describe such states in a nuanced way, just as western culture fails to support those experiencing these states with a viable cultural language. [[34]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref34)  
  
Some psychotic experiences are better understood as crises related to the person's efforts to break out of the standard ego-bounded identity: "Trials of the soul on its spiritual journey". [[35]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref35) For instance, Stanislav and Christina Grof have described the spiritual emergency as a crisis often resulting in intense emotions, unusual thoughts and behaviors, and perceptual changes. This crisis often contains a spiritual component, such as experiences of death and rebirth, unity with the universe, and encounters with powerful beings. Such crises bring the potential for profound psychological and spiritual changes, but often appear similar to psychotic disorders. [[36]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref36)  
  
As a part of spiritual journey, the person may travel into a state of consciousness, where he experiences intense suffering, pain, and torture often leading to psychic death followed by rebirth and ascent to higher region. At times, the individual may experience 'possession states' where he feels controlled by an evil entity and reports being traumatized. When one's identity is getting merged into unitary consciousness, it can become a profoundly disorienting and depersonalizing experience for the individual making it difficult for individual to function in the world and many a times manifesting as a catatonic stupor. [[37]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref37)  
  
Jain Digambaras who wander naked like Diogenes of Sinope, are neither having disorganized behavior nor the great Buddha, who wandered in forest in a search of truth, is having socio-occupational impairment. Adi Shankravharya wrote that those who have divine realization may act in four different ways, Jadvat (जडवत्, Inert like a stone), Balvat (बालवत्, Playful like a child), Unmat http://www.ijoyppp.org/articles/2013/1/1/images/IntJYoga-PhilosopPsycholParapsychol_2013_1_1_34_123290_is1.jpg, drunken like an alcoholic), and Pissachvat (http://www.ijoyppp.org/articles/2013/1/1/images/IntJYoga-PhilosopPsycholParapsychol_2013_1_1_34_123290_is2.jpg, Uncaring like a ghost). [[38]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref38)   
  
All said and done, we all know that intolerable behaviors do exist in society that needs to be controlled by external means. When the normal people exhibit the violent behavior, they should be counseled and may be needed to be sent to the jail; same way violent behavior in mentally ill patient needs to be controlled first by psychotherapy and antipsychotic drugs and lastly by temporarily confining him or her to a mental hospital. As written in Ayurveda and also said by Plato, may be some kind of madness is cause by possession. [[39]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref39),[[40]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref40) But, till we are able to drive away the evil spirits just by touch as some prophets of yore did, there is no harm in using the antipsychotic drugs to tame or drive away the so-called possessions. Modern psychiatry should not discard the earlier theories or pathologize human experiences or eulogize the so-called normal behavior till it successfully solves the mysteries of human mind. May be the researchers of mind have lost in the mazes of mind because they use their own minds-about which they know very little-to study the mysteries of mind. [[41]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref41)  
  
As Sri Aurobindo said, "Modern psychology is an infant science, at once rash, fumbling and crude. As in all infant sciences, there is the universal habit of the human mind to take partial or local truths, generalize them unduly and try to explain the whole field of human nature in its narrow terms". [[42]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref42) If the science of psychiatry could not explain or eulogize the yogic or spiritual experiences then at least it should not criticize or discredit the same.  
  
**Socioeconomic impairment**  
  
These criteria were used and can be used by the authoritarian regimes to harass the people and label them mentally ill, who choose to travel on a 'road less traveled'. If we used these criteria stringently then one can say that a great painter Vincent Van Gogh, who used to draw paints instead of engaging in some gainful employment and died in a condition of penury was having socioeconomic impairment. The same thing can be said for Columbus and for many other great souls who were swayed away by the emotions of adventurism and were engaged in the activities that could have harmful consequences for self and their near and dear ones. Thomas Alva Edison, who passed all his time in his lab was spared, because he was successful in inventing something gainful for society. However, efforts in directions, which are not considered normal by a contemporary society, are not always successful. Henry David Thoreau and many other great saints and prophets of yore, who chose to live in seclusion giving up all occupational activities, would have laughed at the criteria of simple schizophrenia. [[43]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref43) However, victors write the history, so if the revolutionaries fail they can be labeled as deviant, delinquent, and of deranged mind; while in case of success they can be hailed as heroes. When a first carnivore had refused to hunt down the man and eat his meat, he had socio-occupational impairment. May be he was ostracized by his community for defying social customs, conventions, and convictions of his time. But his defiant behavior was a first baby step that humanity took in a direction of progressive civilization. In future, the science and the civilization may progress to a level, where people may not need to work to get food, shelter, or other luxuries of life and the future generations may laugh at ramblings of infant science, as we laugh at trephine operation and magico-religious treatment of the past.  
  
The tragicomedy of whole situation is, when the researchers describe philosophical rumination of thoughts, and increase sign of religiosity as prodormal symptoms of schizophrenia. [[44]](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ref44) Thus, indirectly sermonizing that the man has no business to do on earth except to take birth, breed, multiply, and die like an animal and to believe in the ancient wisdom of the prophet that man cannot live by bread alone is a sign of madness.

|  |  |  |
| --- | --- | --- |
| Results |  | [Top](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#top) |

The discussion shows that there is a marked difference between the yogic experiences and the symptoms of schizophrenia. The yogic experiences generally lead to out-flowering of personality along with attainment of peace, joy, and wisdom. The schizophrenia and other psychotic illness generally lead to deterioration of personality and behavioral patterns.

|  |  |  |
| --- | --- | --- |
| Conclusions |  | [Top](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#top) |

Though there are genuine yogic experiences, still there are abnormal behaviors, which need to be managed by the chemical restraints, if not by mechanical restraints. Though, DSMs have made communication between clinician and researchers clearer, still it should expand its horizons, to include the peak of yogic experiences and the depth of neurobiology in its embrace. Thus, looking and researching in an unbiased way at all the possible experiences of the human mind and consciousness, it would find better acceptance among the masses and would also able to serve them better. As nuclear scientist are searching for unified theory to explain all the forces in universe, so the researches too should find the unified theory that can explain all the ranges of human experiences. This process can be done by harmonizing psychiatry, philosophy, parapsychology, religion, and neurobiology. If at all, an open mind is expected from any discipline, then it is from psychiatry, which especially deals with a mind. We should refrain from straight jacketing the human behavior in more diagnostic categories because all that the human beings need is a more humane approach. We should wait with patience, until in a course of time; a progressive research would harmonize psychiatry, psychology, parapsychology, spirituality, and neuroscience.

|  |  |  |
| --- | --- | --- |
| References |  | [Top](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#top) |

|  |  |
| --- | --- |
| [1.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft1) | American Psychiatric Association. Diagnostic and statistical manual of mental disorders*.* Washington: American Psychiatric Publishing; 2000*.*  [Back to cited text no. 1](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft1) |
| [2.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft2) | Lecrubier Y. Comorbidity in social anxiety disorder: Impact on disease burden and management. J Clin Psychiatry 1998;17:33-7.  [Back to cited text no. 2](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft2) |
| [3.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft3) | American Psychiatric Association. DSM V Development. Arlington: American Psychiatric Association; 2010. Available from: http://www.dsm5.org/ProposedRevisions/Pages/SchizophreniaandOtherPsychoticDisorders.aspx [Last accessed on 2012 Nov 24].  [Back to cited text no. 3](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft3) |
| [4.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft4) | Van Os J, Gilvarry C, Bale R, Van Horn E, Tattan T, White I, *et al.* A comparison of the utility of dimensional and categorical representations of psychosis. Psychol Med 1999;29:595-606.  [Back to cited text no. 4](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft4) |
| [5.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft5) | Moynihan R, Cassels A. Selling Sickness: How the world's biggest pharmaceutical companies are turning us all into patients. New York City: Nation Books; 2006.  [Back to cited text no. 5](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft5) |
| [6.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft6) | Spitzer RL, First MB. Classification of psychiatric disorders. JAMA 2005;294:1898-99.  [Back to cited text no. 6](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft6) |
| [7.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft7) | Rosenhan DL. On being sane in insane places. Science 1973;179:250-8.  [Back to cited text no. 7](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft7) |
| [8.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft8) | Kleinman A. Triumph or pyrrhic victory? The inclusion of culture in DSM-IV. Harv Rev Psychiatry 1997;4:343-4.  [Back to cited text no. 8](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft8) |
| [9.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft9) | Kcrnfield J. Intensive insight meditation: A phenomenological study. J Transperson Psychol 1979;11:41-58.  [Back to cited text no. 9](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft9) |
| [10.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft10) | Raymond P. Religious experience and psychopathology: Cross-cultural perspectives in religion and mental health. In: Schumacher JF, editor. New York: Oxford University Press; 1992. p. 289.  [Back to cited text no. 10](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft10) |
| [11.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft11) | Sigmund F. The future of an illusion. In: Complete Psychological Works.London: Hogarth Press; 1953. p. 21-30.  [Back to cited text no. 11](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft11) |
| [12.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft12) | Lukoff D. Spiritual and transpersonal approaches to psychotic disorders. In: Mijares SG, Khalsa GS, editors. The Psychospiritual Clinician's Handbook: Alternative Methods for Understanding and Treating Mental Disorders. New York: Haworth Reference Press; 2005. p. 233-57.  [Back to cited text no. 12](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft12) |
| [13.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft13) | Shakespeare W. Hamlet (1.5.166-7), Hamlet to Horatio. Jalic Inc; c2000-2011. Available from: http://www.online-literature.com/shakespeare/hamlet/6/[Last accessed on 2012 Nov 24].  [Back to cited text no. 13](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft13) |
| [14.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft14) | Haldane JB. Possible worlds: And other essays. London: Chatto and Windus; 1927. p. 286.  [Back to cited text no. 14](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft14) |
| [15.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft15) | Jan W. Nagarjuna's madhyamaka: A philosophical introduction. New York: Oxford University Press; 2009. p. 164.  [Back to cited text no. 15](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft15) |
| [16.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft16) | Rosen S. Krishna's song. Westport: Greenwood Publishing Group; 2007. p. 70.  [Back to cited text no. 16](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft16) |
| [17.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft17) | Alice C. The Quotable Einstein. Princeton University Press; 1996. Available from: http://www.cs.ucla.edu/~klinger/tenpp/11\_einstein.html [Last accessed on].  [Back to cited text no. 17](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft17) |
| [18.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft18) | Elert G, Condon T. Frequency range of dog hearing. The Physics Factbook; 2003.  [Back to cited text no. 18](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft18) |
| [19.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft19) | Jones KE, Bininda-Emonds OR, Gittleman JL. Bats, clocks, and rocks: Diversification patterns in Chiroptera. Evolution 2005;59:2243-55.  [Back to cited text no. 19](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft19) |
| [20.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft20) | Zwicky F. On the masses of nebulae and of clusters of nebulae. Astrophys J 1937;86:217.  [Back to cited text no. 20](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft20) |
| [21.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft21) | Frawley D. The vedic literature of ancient India and its many secrets. Available from: http://www.grahamhancock.com/forum/FrawleyD1.php [Last accessed on 2012, Feb 21].  [Back to cited text no. 21](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft21) |
| [22.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft22) | Bentley GE, Bentley JG. William Blake: The Critical Heritage; 1995. p. 36-7.  [Back to cited text no. 22](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft22) |
| [23.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft23) | Gersten D. Are you getting enlightened or losing your mind? A Spiritual Program for Mental Fitness. Harmony Books; 1997. Available from: http:// www.imagerynet.com/book/excerpts/visions.vs.hallu.html [Last accessed on 2012 Nov 24].  [Back to cited text no. 23](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft23) |
| [24.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft24) | Ved Vyas. Mahabharta. Bhagavad-Gita Trust; c1998-2009. Available from: http://www.bhagavad-gita.org/Gita/verse-11-08.html [Last accessed on 2012 Nov 24].  [Back to cited text no. 24](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft24) |
| [25.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft25) | Obara M. Spirituality versus hallucination. Daily Post; 2011. Available from: http://embracingspirituality.com/2011/08/13/spirituality-verses-hallucination/[Last accessed on 2012 Nov 15].  [Back to cited text no. 25](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft25) |
| [26.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft26) | Feuerstein G. Holy Madness. Yoga J 1991;105.  [Back to cited text no. 26](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft26) |
| [27.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft27) | Szasz ÒS. The Second Sin. New York: Doubleday; 1973. p. 113.  [Back to cited text no. 27](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft27) |
| [28.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft28) | Ohayon MM. Prevalence of hallucinations and their pathological associations in the general population. Psychiatry Res 2000;97:153-64.  [Back to cited text no. 28](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft28) |
| [29.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft29) | van Voren R. Political abuse of psychiatry-An historical overview. Schizophr Bull 2010;36:33-5.  [Back to cited text no. 29](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft29) |
| [30.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft30) | Sharkey JB: Greed, profiteering and fraud in a mental system gone crazy. NY: St. Martin's Press; 1994. p. 182.  [Back to cited text no. 30](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft30) |
| [31.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft31) | Grof C, Grof S. Spiritual emergency: The understanding and treatment of transpersonal crisis. Revis 1986;8:7-20.  [Back to cited text no. 31](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft31) |
| [32.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft32) | In: Grof S, Grof C, editors. Spiritual Emergency: When Personal Transformation Becomes A Crisis. Los Angeles: Tarcher; 1989.  [Back to cited text no. 32](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft32) |
| [33.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft33) | Redwood D. Frontiers of the mind: Interview with Stanislav Grof, MD. Health World Online; 1995.  [Back to cited text no. 33](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft33) |
| [34.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft34) | Douglas-Klotz N. Missing stories: Psychosis, spirituality, and the development of Western religious hermeneutics. In: Clarke I, editor. Psychosis and spirituality: Exploring the New Frontier. London: Whurr Publishers; 2001. p. 53-72.  [Back to cited text no. 34](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft34) |
| [35.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft35) | House R. Spiritual experience: Healthy psychoticism? In: Clarke I, Editor. Psychosis and Spirituality: Exploring the New Frontier. London: Whurr Publishers; 2001. p. 107-26.  [Back to cited text no. 35](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft35) |
| [36.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft36) | Grof S, Grof C. Spiritual emergency: When personal transformation becomes a crisis. New York: St. Martin's Press; 1989.  [Back to cited text no. 36](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft36) |
| [37.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft37) | Sharma P, Charak R, Sharma V. Contemporary perspectives on spirituality and mental health. Indian J Psychol Med 2009;31:16-23.  [Back to cited text no. 37](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft37) [[PUBMED](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=21938086&dopt=Abstract)]  [Medknow Journal](http://www.ijpm.info/text.asp?2009/31/1/16/53310) |
| [38.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft38) | Adi Shankracharya. Crazy Wisdom. Available from: http://en.wikipedia.org/ wiki/Crazy\_wisdom [Last accessed on 2013 Feb 21].  [Back to cited text no. 38](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft38) |
| [39.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft39) | Frawley DD. Ayurveda and the Mind: The Healing of Consciousness. Twin Lakes: Lotus Press; 1996. p. 297.  [Back to cited text no. 39](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft39) |
| [40.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft40) | Ackerknecht EH. A short history of psychiatry. New York: Hafner; 1959.  [Back to cited text no. 40](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft40) |
| [41.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft41) | Sheth HC. Mind, brain and psychotherapy. Indian J Psychol Med 2009;31:11-5.  [Back to cited text no. 41](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft41) [[PUBMED](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=21938085&dopt=Abstract)]  [Medknow Journal](http://www.ijpm.info/text.asp?2009/31/1/11/53309) |
| [42.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft42) | Dalal AS. Sri Aurobindo. J South Asian Lit 1989;24:154-67.  [Back to cited text no. 42](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft42) |
| [43.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft43) | Thoreau HD. Grammardog Guide to Walden. LLC. p. 25.  [Back to cited text no. 43](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft43) |
| [44.](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth" \l "ft44) | Schizophrenia.com. The internet mental health initiative; 1996 − 2010. Available from: http://www.schizophrenia.com/earlysigns.htm [Last accessed on 2012 Nov 6].  [Back to cited text no. 44](http://www.ijoyppp.org/article.asp?issn=2347-5633;year=2013;volume=1;issue=1;spage=34;epage=39;aulast=Sheth#ft44) |

|  |
| --- |
|  |