

Treatment of Mental Illness in Post-Hippocratic Ancient Medicine

S. KOTSOPOULOS, MD, PhD, FRCPC*

Summary

The medical treatises of a number of physicians of the Hippocratic tradition, which have survived to posterity, provide a record of concepts of mental illnesses and their management for Late Antiquity and the early centuries of Byzantium. The writings are considered here of Early Byzantium physicians. A nosology landmark was provided early by Aretaeus and Caelius Aurelianus distinguishing acute and chronic diseases. Ancient physicians considered the pathology of mental illness as being biological consequently the treatment was primarily biological although environmental interventions were also considered. Prevalent was the concept of imbalance of the body fluids [humors]. Primary objective of the intervention was the restoration of balance among the humors. The recommended treatment by the authors may be distinguished in non-specific, specific, symptomatic, milieu and psychological supportive, psychological educational and management of the difficult patient. The family was responsible for the care of the patient. If the family was unable to offer protection the patient might join the poor and destitute and some might find shelter in church lodgings and provincial monasteries.

Key words: Post- Hippocratic Ancient Medicine, 1st to 7th century AD, mental illness, treatment

Introduction

The time period covered in the present study extends from the 1st to the 7th century A.D. A number of important physicians-writers flourished in the six century period. Among those who lived in the earlier centuries, Aretaeus the Cappadocian (c. 50 A.D.)[1], Soranus of Ephesus (c. 78-117 A.D.)[2], and Rufus of Ephesus[3], probably contemporary of Soranus, have dealt with mental illness extensively. Galen of Pergamum (131-201 A.D.) presented his views on mental illness less systematically. Among his several treatises none is dealing exclusively with them.[4] At a later date other medical writers such as Oribasius of Pergamum (c.325-400)[5], Aetius of Amida (6th century A.D.[6], Aegander of Tralles (525-605 A.D.)[7] and Paulus of Aegina (609-690 A.D.)[8] gave considerable attention in their treatises to mental illness. Most of these physicians came from Ionia and some lived and practiced medicine in Rome. Oribasius and Aetius were encyclopedic writers reporting in their textbooks postulations of earlier physicians whose works are not in existence [9]. Soranus' major clinical work on *Acute and Chronic Diseases* has been preserved to posterity in a Latin treatise by Caelius Aurelianus. This book is considered a redaction rather than a full translation of Soranus' original work [9]. The six century period we are dealing with was long, but nevertheless the progress made in the understanding of mental illness and treatment during these centuries appears limited.

The earlier Hippocratic medicine was credited with: the rational understanding of the mind and its disorders, the setting of the foundations of the clinical observation, the importance given to the biological substratum of mental illness, the attempt to treat illnesses empirically, the setting a code of ethics for the physician in his practice.[10] However it was post-Hippocratic medicine that, building on earlier progress, developed a comprehensive nosology and treatment of mental illnesses for which it has been

*Day Centre for Children Developmental Disorders,
12 Tzavela St. 302 00 Messolonghi, Greece,
E-mail: sotkot@hotmail.com

credited.[11] Medical writers, early in the era we are dealing with, provided descriptions of the illnesses of the mind and recommended therapies, however only two among them, Aretaeus and to a lesser degree Soranus (as reported by Caelius Aurelianus), presented these illnesses systematically.

Pathology

For an overview of nosology it is necessary to turn the attention first to Aretaeus' work. In brief [12] illnesses of the mind were distinguished in acute and chronic. Acute illnesses were epilepsy, 'phrenitis' [φρενίτις] and 'hysterical suffocation' [υστερική πνίξις]. Epilepsy represents the concept that has existed till modern times. Phrenitis which was considered to occur always with fever corresponds evidently to modern delirium associated with infectious diseases. Delirium was obviously common in an era infectious diseases were rampant. Aretaeus attributed delirium to overheating of the head and to alteration of the spirit [πνεύμα] as well as to infection affecting the body in general [φλεγμονή]. Caelius Aurelianus attributed phrenitis to a generalized condition with specific effect on the head. Later authors, e.g. Aetius [6] and Paulus[8] wrote about infection of the meninges and/or of the brain. Hysterical suffocation, the third acute disease was evidently an attempt to conceptualize anxiety disorders. Some authors considered this illness to be associated with a disturbance affecting the uterus, particularly with movements of this organ in the abdomen.[1] Galen believed that this problem was related to deprivation of sexual relations. [4]

The chronic mental illnesses were two and were considered to be related to one another; they were 'mania' and 'melancholia'. According to Aretaeus [1] and Themison and 'others' as reported by Caelius Aurelianus [2], 'mania' and 'melancholia' were different expressions of the same disease. Alexander also expressed the same view. Aetius, Paulus, and Oribasius included 'lycanthropy' in the same group of diseases Those suffering from lycanthropy wonder around graveyards in the night during February howling like wolves or dogs. In a study on Aretaeus' nosology [12] it was suggested that 'mania' and 'melancholia' covered the whole spectrum of functional psychoses that is schizophrenia and manic-depressive illness of modern medicine. 'Mania' in fact appears to subsume what in modern psychiatry is mania and schizophrenic states of excitement and agitation.

'Melancholia' on the other hand subsumes modern depression and schizophrenic states of withdrawal and chronic deterioration. Mania and melancholia were considered the result of imbalance of body fluids or humours [κακοχυμική], as Aretaeus put it when black bile concentrated in large quantities in the head and other parts of the body [δυσκρασία]. Caelius Aurelianus did not share the same views about the disturbance of the humours in the pathology of the illness. Instead he adopted the theory of Asclepiades of Bythia [13] who suggested that the pathology of the disorders depended on the condition of the passages [πόροι] that exist between the molecules [άναρμοι όγκοι] which form the organs including the brain. Disease depended on the closing or relaxing of the passages. This appears to be an early anticipation of cells and their pathology.

Summarizing Galen's views on the pathology of melancholia which he considered as disease of the soul Jackson suggested that "psychological causes could bring about psychological symptoms, but only as a reflection of the physiological disorder that these psychological factors had caused." [4]

Rufus of Ephesus, who had become known in late antiquity for his treatise on melancholia, appears to have included it in 'madness' in general dealing with the illness purely from the biological point of view specifically with regard to treatment. Rufus' book has not survived to posterity. We have only excerpts of this work which survived as quotations in the works of other Greek, Latin and Arabic authors. These were collected and presented recently by Pormann.[3]

Besides 'mania' and 'melancholia' some writers, including Aretaeus described other chronic psychiatric conditions such as psychiatric disorders associated with epilepsy, senile dementia [λήρησις, μύρωσις], catalepsy, lethargy, sleep disturbance. Caelius Aurelianus included homosexuality.[2] Galen [13] (c. 131-200 A.D.) dealt also with personality characteristics called 'passions of the soul' and their treatment.

Treatment

Consistent with their views that the background of mental illness was biological or physical, the ancient physicians attempted to treat the illness primarily with biological or physical means. Environmental

arrangements and psychological treatments were in general considered as adjunct or supplementary therapies. Caelius Aurelianus probably answering arguments suggesting that mental illness might be treated with psychological means that is by listening or talking with philosophers commented: "Those who imagine that the disease is chiefly an affection of the soul and only secondarily of the body, are mistaken. For no philosopher has ever set forth a successful treatment for this disease". However, if the patient has improved a lot and presents "no new symptoms" and "is willing to hear discussions of philosophers he should be afforded the opportunity. For by their words philosophers help to banish fear, sorrow, and wrath and in so doing make no small contribution to the health of the body." [2] If the author had to use words of current usage he would probably have spoken about psychotherapists than about philosophers.

The limits of the treatment of the mental illness were stated eloquently by Aretaeus. He recommended that the physician cannot cure every patient, since he is not superior to God, but he could "produce respite from pain, intervals in diseases and render diseases latent". Objective of the physician, Aretaeus says should be the strengthening of nature since "the nature without instruction and learning does what is proper." [1] A similar in content comment was made by Rufus of Ephesus [3] who said: "It often happens that we cause additional problems with too active treatments... Time should be given to nature". He was referring to the practice of prescribing in excess emetic drugs (epithymum and aloe).

Particularly informative on the treatment of mental illness are the chapters on treatment by Aretaeus, Caelius Aurelianus, Aetius, Alexander and Paulus. The treatment recommended may be distinguished in: Non-specific: aim of which was to strengthen the organism in general, specific: it was directed to the disease if an assumption about the nature of the disease was available, symptomatic: aim was to counter specific symptoms and behavior, milieu and psychological supportive therapy, psychological – educational, management of the difficult patient, and drug therapy – black hellebore (*veratrum nigrum*)

Non-specific treatment

Fasting and dieting were of special concern to most physicians. Both were of help in restoring balance of the humors [*εγκρασία*] in the body. Some authors

went into substantial detail in their recommendations on fasting and dieting. For example, in the treatment of phrenitis Aretaeus recommends that the period of fasting should be short and the meals should be liquid, small in quantity and frequent. Caelius Aurelianus in the treatment of 'mania' advises fasting for three days and light diet subsequently, and that the meals for the patient with melancholia should include rock fish, certain birds of game, and cereals. Similar in nature were the recommendations recorded by Aetius and attributed to Archigenes and Poseidonius, on fasting and dieting for the treatment of mania and melancholia. Baths, massages, travel and change of environment and climate were also recommended by most authors for the patient with mania and melancholia. A non-specific but quite elaborate treatment scheme (nine-page long) for mania and melancholia was recommended by Caelius Aurelianus. The scheme may be considered non-specific since the author did not link it with any theory on the pathology of the disease. Because Caelius Aurelianus' treatment scheme has internal consistency and it is original it will be summarized briefly. The scheme in essence advocated humane management that allowed the patient to recuperate with the minimum possible stress. He recommended that the patient be kept in a quiet room, preferably in the ground floor of the house. The temperature should be pleasant and the bed clothes soft. The bed should not be facing the door and the patient should not have many visitors. Those who used to upset him were to avoid visiting during the peak of the disease. The patient's limbs were to be held gently and rubbed. If he became restless he was to be anointed fenugreek water. The patient was to be given a sympathetic hearing, but the attendants might avoid agreeing or objecting to whatever he said. Some correction of his faulty ideas might be attempted. If the patient became agitated several servants were to restrain him while massaging his limbs. If necessary he might be bound to the bed, but without causing injuries. Fasting and phlebotomy at the beginning of the treatment was recommended. Capping on the head with scarification might be applied. Poultices [*επιθέματα*] on the head and other parts of the body could be applied. When the patient starts to improve he may be allowed to go on walks, to become involved in mental exercises such as reading aloud or answering questions. Later on he could be given the opportunity to deliver discourses and speeches in front of familiar persons or attend gatherings of philosophers. The usage of drugs by Caelius

Aurelianus was minimal; he mentioned only black hellebore given for its purgative properties. Similar non-specific interventions were also part of the treatment of phrenitis recommended by Aretaeus (nine-page long). Emphasis by Aretaeus is given to avoiding keeping the patient in a room with wall paintings which may become involved in the delirium of the patient taking threatening forms. Music therapy was recommended by others, probably older tunes, such as the phrygian mode for depression and the dorian mode for mania. These were referred to by Caelius Aurelianus. The environment where the patient is kept and his diet are also of special concern to Alexander.

Specific treatment

Among treatments that may be considered specific particularly interesting was the treatment of mania and melancholia by those physicians who postulated that the clinical manifestations of the disease were the result of abnormal accumulation of black bile in the head and other parts of the body. Objective was purging the body of black bile and restoring the balance of humors. This was achieved by cleansing the body [*καθαίρειν*] from the noxious agent e.g. black bile. The physician recommended vomiting, emptying the intestinal track with purgatives, diuretics, bloodletting from the elbow and the head and fasting. The number of drugs in use was substantial towards the end of the 6th century.

Most drugs were extracts of pharmaceutical plants many of which were originally presented by Dioscoridis (1st century A.D.).[15] A concise account of the treatment of mania and melancholia was provided by Paulus of Aegina. The drugs he recommended were: to induce vomiting veratrum album [*λευκός ελλέβορος*], empty the intestinal track black hellebore [*μέλας ελλέβορος*], cuscula epithimum [*επιθύμιον*] and aloe vulgaris [*αλόη*]. Similar in nature was the treatment of mania and melancholia recommended by Archigenes, Poseidonius, Galen and Rufus as reported by Aetius.

Specific was also the treatment of hysterical suffocation by those physicians who held the view that the clinical symptoms of the disease were the result of the abnormal movements of the uterus. The uterus was considered by some as a little capricious “animal within an animal”. Because the uterus “disliked” fetid and “liked” nice smells the patient was made to smell

urine or burnt wool, while fragrant substances, such as Egyptian bacchar and cinnamon, were inserted into the genitalia. At the same time compressing the abdomen downwards by hand or causing sneezing and holding the nostrils might help in pushing the uterus downwards into its normal place.[1]

Rufus' drug therapy was quite elaborate. His basic idea was cleansing the body of accumulated noxious substances such as black bile with vomiting (epithimum, aloe) bowel movements (black hellebore), sweating, urination. Special caution ought to be given to the drug administration lest it might cause harm. Under certain circumstances phlebotomy might be required. Intervals in the treatment, and travelling were recommended. It was of interest that Rufus recommended the use of wine in moderation and sexual intercourse as being helpful against melancholia. Similar opinion was expressed by Galen and by Paulus on the beneficial effects of sexual activity [*ἐξ αφροδισίων ωφέλεια*] on melancholia and on those who were manic.

Symptomatic treatment

The treatment recommended for the agitated and sleepless patient may be considered symptomatic. Meconium, that is extract of poppy seeds, was recommended by Aretaeus. He advised the meconium should be rubbed on the forehead, the nostrils and the ears. A few centuries later, at the time of Aetius, and Alexander meconium was administered internally. Certain environmental arrangements recommended by Aretaeus and Caelius Aurelianus for the sleepless patient are of interest. The sound of dripping water, or familiar sound to the patient such as the murmur of the waves for the sailor, the gentle sound of the flute for the musician, even the noise of school pupils for the teacher, may induce sleep.

Milieu and psychological supportive therapy

As it was mentioned above, Caelius Aurelianus included psychological elements in the treatment of mania and melancholia. Aretaeus was also sensitive to the special needs of the patient with phrenitis (delirium). Others however seem to have recorded no special attention to the psychological aspects of the treatment.

Psychological – educational

Galen [14] described certain personality characteris-

tics, such as explosive tempers, envy, and other which he named "passions of the soul". For the treatment of passions Galen recommended a purely psychological type of treatment which was to be administered by a wise man, a teacher, a philosopher who could teach and train the person to self-understanding and to new modes of self-expression. Galen's treatment appears to resemble the modern cognitive behavior therapies.

Management of the difficult patient

A brief reference will be made here about the management of the difficult patient. With some exceptions, such as Celsus [16] who advised that immersion in cold water may be useful, physicians recommended that the patient may be restrained and bound to his bed but without inflicting pain (Caelius Aurelianus) even argued against those who advocated treatments which inflicted pain. He said there was no logic in the claim that pain could bring about positive change in organs which were already in pain.

Black hellebore

Since this was the drug par excellence for the patient with mania and melancholia a brief reference to it is warranted. The guide is Pedannii Dioscuridis from Anazabra of Cilicia of the 1st century A.D. and his resource book *De Materia Medica* [*Περί ὕλης ἰατρικῆς*]. Black hellebore, also called Melampodium since with it a certain divine Melampus cured the daughters of Proitos king of Argos, suffering with mania, Dioscuridis says that it was used for the treatment of patients with epilepsy, melancholia, mania, arthritis, paralysis and for a variety of other, including skin, conditions. The drug 'cleanses' the patient, not commenting though of what. Good quality hellebore grew in Antikyra; it also grew on the mountains Elikon, Parnassos and of Etolia.[15]

Taking Care of the Patient

The information provided by the medical texts indicates that the care for the psychiatric patient was the responsibility of the family. However, if the family was unable to care for the patient and to offer protection he might be left alone to wander in the streets joining the poor and destitute.[17, 18] Despite the establishment of a number of hospitals across the empire with the initiative of church leaders, none is reported to have admitted and cared for the mentally ill.[19] In

fact the first hospital that cared for psychiatric patients was reported to exist in Alexandria (maristan) under Islamic rule in 873 AD.[19] In Byzantium unprotected psychiatric patients might find refuge in lodges and hospices (katagogia) at churches in Constantinople e.g. St Panteleemon [20] and St Anastasia [21] and monasteries in the provinces [17]. The attribution of mental illness to demonic interference might perhaps explain the ambivalent attitude of the church towards the psychiatric patient. Superstition and demonological explanations of mental illness were widespread. [22,23]

Concluding Remarks

Compared to the progress made in recent times in the understanding and treatment of mental illness, the progress made over the 6-century period dealt with in the present study, may be considered limited. However, the value of the rational and empirical postulations of ancient medicine on mental illness may be properly appreciated only if the unfavorable historical and cultural conditions prevailing at the time are taken into consideration. . The characteristic attribution of mental illness to biological causes and not to problems of the psyche is an excellent example of humanism and deeper understanding of the nature of man by the ancient medicine at a time superstition and demonological explanations of mental illness were widespread [21, 22]. The suggestion also that sexual activity might be indicated for patients with melancholia and mania in Alexandria in the 7th century AD was not in harmony with the prevalent views about sexual self-control, the idealization of virginity and the sense of sin related to sexual transgression [24].

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