

EFFECT OF BUDDHIST PSYCHOLOGICAL HEALING SYSTEMS FOR THE TORTUROUS PEOPLE IN SRI LANKA: A CASE STUDY OF NĀGĀNANDA BUDDHIST ĀYURVEDIC HOSPITAL

by Lisa Tanaya*

ABSTRACT

Mind-ill-health has always become a popular topic and existed even in ancient time was recognized as an illness and the roots have been studied throughout human history. The Buddha who was the Enlightened One recognized two kinds of illness: disease of the body and disease of the mind (*dve vedanā kāyika ca cetasika ca*). Even though mental illness manifests itself through the mind, it does not exclude the existence of physiological conditions among mental illnesses, but the defining characteristic of a mental illness is the manifestation of mental defilements. People with mental illnesses for a long period may have the different causes by several factors which produce tension, frustration and harassment at a level that often approach the beginning of toleration like war, crime, revolt of youth, drug use, sex problems, crowding, genetic inheritance, brain chemistry, through either genetic or environmental sensitivities, marital breakdown, crises at home, at work, social unrest, political, burden of taxes and religious extreme. Bear in mind that in the absence of conditions, there have no symptoms. Accordingly, the

*University of Kelaniya, Sri Lanka

Buddha coined the term *dukkha* that primarily has been utilized in the Buddhists context in order to denote the physical sufferings experienced by the people. Even though, there are greater modern equipment designed for mental disorders in the world, but still have in current decade torturous people exist and the numbers become more increased. The ways that conduce to overcome mental diseases seemed not enough to recover. Therefore, this project mainly focuses on the systems how the Buddhist psychotherapy and counseling had been applied successfully to heal the psychological issues of the clients within a short period in this psycho clinic. This study conducted with a sample of fifty respondents in accordance with the random stratified sampling method based on gender, age, district, ethnicity, mental disorder and employment. In this research used a doctrinal part and discussing with the experts to get support for the verification and gaining practical understanding. Data gathered through the using questionnaire, interviews and analysis.

INTRODUCTION

All religions since the Vedic period, three thousand and five hundred years back, had focused their attention on eradicating human suffering. Gradual the time of the Buddha in the sixth century B.C., he coined the term '*dukkha*' which is translated as suffering, pain, misery, agony, unhappy, dissatisfaction, sorrow, anxiety and unease. In the final analysis, Buddhism understands three forms of mental illnesses: mental illnesses caused by psychological reasons, by physical reasons and as cosmic sufferings. The noble and compassionate attitude of the Buddha has been brought to light with textual data for better appreciation of the Buddha's dedication and commitment to serving humanity.

Today, in Asian Buddhist countries, especially the different traditions from India, Sri Lanka, Myanmar, Thailand, China, Korea and Japan; have given rise to a rich variety of cultures, healing rituals and artifacts that help to make a meaning of physical world and helps people who have psychological sufferings. In this paper, I selected Sri Lanka because of considering as an origin Theravāda Buddhist country where the majority of population is Buddhist and the deep root of culture, education and social dimensions of Ceylon

developed dramatically with the introduction of Buddhism. Before going further to the discussion, firstly, I display the background of Sri Lanka in brief.

BACKGROUND OF SRI LANKA

Sri Lanka is an island in the Indian Ocean situated in South Asia. The Democratic Socialist Republic of Sri Lanka, known as Ceylon up to nineteen and seventy two, is multi-ethnic and multi-religious society with a population of twenty-one million. The majority of the Sri Lankan population belongs to Sinhala ethnic group is Buddhist. The other ethnic groups are the Tamils, the Muslims and the Burghers. Ceylon was colonized by the Portuguese, the Dutch and the British from 1505 to 1948 and became an independent country in 1948. Buddhism was introduced to Ceylon in the third century B.C. from India. There are over ten thousand Buddhist temples in Sri Lanka. The Buddhist temples have programs to teach the Dhamma to all who are interested. Monastic education has been conducted in larger temples from the time of introduction of Buddhism to Sri Lanka to date with ups and down in its long history.

Issue

Although the deep root of culture, education and social dimensions of Ceylon developed dramatically with the introduction of Buddhism, but the psychological professional practice has not developed significantly in some places and it is a pity to know that young generation of the Sri Lankan in this new era thinks that there is one and the only way to cure the mental illness, it is Western healing system. Numbers of high-tech equipment for recovering the psychological disorders have been designed by modern system, but still, the numbers of people with mental illnesses become increased. Remind to the mission of the Buddha that to obtain a peaceful of mind is not only beneficial after life, but for well-beings in this very life. Hence, it is an opportunity for me to promote the Buddhist psychological healing system that based on research questions are: "Does Buddhist psychological healing system on human life present a better treatment than modern healing system? How adequate? How long is it lasting? Which degrees can be applied?"

Methodology

1. A textual research is by gathering the knowledge from the primary and secondary sources; also by discussing with the experts.
2. A field research through questionnaire and interviews.

Limitation

A field research was carried out in the psycho clinic of Nāgānanda Buddhist Āyurvedic Hospital, an outpatient department (OPD), Kelaniya, Sri Lanka, with the participation of fifty patients in accordance with the random stratified sampling of gender, age, district, ethnicity, mental disorder and employment through the questionnaire and interviews.

Finding Results

In spite of human beings live in a technologically advanced age, in fact, the contemporary lifestyle has made those problems more complex and complicated such as human conflicts and post-war issues. According to the analysis of data reported that there were thirty-one males [62%] and nineteen females [38%].

A. Age Related Analysis

Age	Male (%)	Female (%)
1 - 10	3.2	0.0
11 - 20	29.0	21.1
21 - 30	22.6	15.8
31 - 40	9.7	26.3
41 - 50	9.7	10.5
51 - 60	16.1	10.5
61 - 70	6.5	15.8
71 - 80	0.0	0.0
81 - 90	3.2	0.0



A child's health status is influenced by parental factors, such as low family income can adversely affect the health, education and

self-esteem of children. Hyperactivity and autism are included in the category of behavior disorder have been seriously developed in early childhood. In this table shows 3.2% male had the behavior disorder, however it was a good aid to detect and early treatment was required. Most of males [29%] who were twenty years of age and below possessed the highest mental sickness. It was shown that the present condition parental in Sri Lanka forcing the teenagers to live without love and guidance of the parents who obsessed with work. As a result of disputing between parents-children, family dissolution, antisocial peer group and poor academic performance. The traumatic life since childhood arose in the early twenties where the young adults at the first time left their parents' house to go to college or began a job. This change was enough stressful, potentially presenting as mental illness. In the early thirties, 26.3% female were more appointed to housewife occupation. Officially, it indicates that between these ages, the traumatic life since childhood emerged, their partners who had a full-time working could not help totally and the children were schooling. The mental symptoms such as isolation or being a loner, antisocial behavior, delusions, suicidal thoughts, change in sleep patterns, impulsive behavior. The physical and physiological changes that occur with middle life period from forty-one to fifty years of age often require adjustment of self-image. They, both male [9.7%] and female [10.5%] were fear of being older, health problem and the retirement. As people reach old age fifty-one to sixty years, they become emotionally distanced and detached from loved ones. The response rates were shown 16.1% male and 10.5% female had similarity symptoms of social networks narrow, sensory losses strain conversations and physiological functioning was regulated less well. Older men who live with no children at any point during their life are twice as likely to experience cognitive declines as those who live with others. The majority of older adults aged sixty-one to seventy years old were more women than men. In fact, women are twice as likely to develop the neurotic and psychogenic depressions as men. It causes feelings of sadness, hopelessness, helplessness and worthlessness. A recent research has proven that depression in old age follows physical health problems in 15.8% female suffered from inescapable depression for over than ten years and 6.5% male was the same.

B. Questions Analysis of Client Case History

Before came to this psycho clinic at Nāgānanda Buddhist Āyurvedic Hospital, the clients had seen several modern psychiatrists [61.3% male and 52.63% female] at general hospitals in Sri Lanka. Those who had a serious degree of mental illness like psychotic and psychogenic patients had experienced more than three times to be treated through Electro Convulsive Therapy and taken high doses of psychotic drugs [83.9% male and 68.4% female]. Some clients became a traumatic feeling to hand this kind of treatment downed by modern psychiatrists. And those who had mild mental illnesses, had been given low doses of psychotic drugs that raised the satisfactory in sleep and removed the symptoms. However, this solution could be never ended the illness with response rates of both male and female were 50:50. Hence, they sought another better places where facilitated with friendly treatments. Most of the patients were recommended mouth by mouth to come to this psycho clinic.

Questions	Male		Female		Percentage “Yes” (%)	
	Yes	No	Yes	No	Male	Female
Mental disorder before	20	11	10	9	64.5	52.6
Western medication	26	5	13	6	83.9	68.4
Western medication useful	15	13	8	8	53.6	50.0
Discouraged of life	4	27	3	16	12.9	15.79
Psychiatrist in the last 12 months	19	12	10	9	61.3	52.63
Sadness, grief, or depression	21	10	16	3	67.7	84.21
Anxiety, panic, or phobia	23	8	10	9	74.2	52.63
Chronic pain	16	15	12	7	51.6	63.16



C. Methods of Psychotherapy and Counseling

Psychotherapy is a form of treatment which depends on verbal interchanges between client and psychiatrist. It is talking therapy. For certain disorders, psychotherapy indeed most medical remedies involve educational and supportive elements which are considered to be elements of psychotherapy.

Having collected the above data of the client case history, a map of psychotherapy and counseling for the mental clients such as Buddhist educational approach, meditation exercise, family system therapy, cognitive behavioral treatment, Āyurvedic medication of pañcha-karma with medicinal oils and balancing natural nutrition was prescribed by the doctor with the basis of Buddhist doctrine in this psycho clinic of Nāgānanda Buddhist Āyurvedic Hospital. It will be discussed as follows:

1. Buddhist Educational Approach

The Buddha once explains very comprehensively that how mental illness is very serious and complicated more than physical illness.¹

1. (i) *Dve'me bhikkhave rogā. Katame dve? Kāyiko ca rogo cetasiko ca rogo. Dissanti bhikkhave sattā yikena rogena ekaṃ pi vassaṃ ārogyaṃ patijānamānā, dve pi vassāni ārogyaṃ patijānamānā, tīni pi...cattāri pi...pañca pi...dasa pi...cattārisaṃ pi paññāsampi vassāni ārogyaṃ patijānamānā, vassa taṃpi ārogyaṃ patijānamānā. Te bhikkhave sattā dullabhā*

Action and Result

The client should think and understand the working of *kamma* and *vipaka* according to the Cūḷakammavibhaṅga Sutta, everyone has his / her own previous karma in past lives.² In the Buddhist teaching of habitual action [Pāli: *āciṅṅaka or bahulakamma*] in the context of psychopathology is understood as the linkage which is conducive to bring some sorts of psychological human problem from previous, present and future *saṃsāra*.³ The idea of countless of rebirth depends on what kinds of morality that a person had done in the former existences. For instance, in the counseling of a married worker in his middle life was shaken by the loss of three dearly people that caused him an immense of psychological pain for eighteen years. He also had armed broken at work and seen several modern psychiatrists for the last couple of years. To oppose the defilements in his mind, doctor said that he still had a chance to have a better condition in this very life by performing positive emotions religious activity and continually practicing mindfulness exercise.

Theory of Psychoanalysis

According to Visuddhimagga, various mental illnesses that could be ordered under the Kāma-ummāda are i) Hallucinatory habits [māyā], ii) Fraudulent desires [machicchatā], iii) Dissatisfaction [asantutthitā], iv) Deep rooted defilement in very action [siṅga], v) Vacillation in duties [cāpalya], vi) Not fearing any sinful actions [anottappa], vii) Shamefulness at any sinful action [ahirika], viii) Infatuated mood in any functions [mado], ix) Unconscious mind [pamāda]. For the clients with mental disorders of schizophrenia, neurosis, psychosomatic phobia, anxiety, depression, psychogenic and obsessive compulsive disorders; the lecture of Abhidhamma

lokasmiṃ ye cetāsikena rogena muttam pi ārogyam patijānanti aññatra kināsavehi - A.iv,157

(ii) Monks, there are two kinds of diseases. What are the two? Disease of the body and disease of the mind. monks, there to be seen beings who can be claimed to be physically healthy for a year...two years...four years...five years...ten years...twenty years...thirty years...forty years...and fifty years... who can claim to be healthy for a hundred years. But monks, hard to find those beings who can claim to be mentally healthy for even a moment except for those (Arahants) whose mental cankers are they stored.

2. M.iii.203

3. A.3.40; Vsm.104-105. Saṃsāra is whoever is born here, dies here and is born elsewhere. Having born there they die and are born somewhere else.

was delivered – when the faculty organ contacts with an object respectively as a result faculty consciousness arises. In this context, eye contacts form, shape, or color and eye consciousness arises; ear contacts sound and ear consciousness arises and so on.⁴ For instance, a female at age of thirties was frightened to stay alone at home; the voice of the death mother in law was annoyed. The psychological forms of fear are recognized in the early Buddhist discourse of the Bhayabherava Sutta.⁵ Mentally sick people generally act on their emotions and impulses, they are not aware with the present feelings, thus the Vitakkasaṅṭhāna Sutta was explained to remove the negative emotions that based on *lobha*, *dosa* and *moha*.⁶ Further, the concept of Self in Buddhism is the prime consequence of ignorance. The Jātaka Tales provide the illustrative some psychological case study materials in different characteristics and healing systems were used at the Buddha's time. The nature of human mind is geared to hold on to pleasurable experiences, it is a self-centered type of desire, the arising of suffering.

Right Countering System

Wrong perception makes a person mentally sick, Buddhist therapy is concerned with relief and cure of hatred and the attainment of compassion. It aims to oppose the wrong view of the patient into the right view that is sure of gaining cure. For the client who was with psychosomatic-mania⁷, the countering system was recommended. Such negative feelings as jealousy, dislike and delusion were possessed by the clients for a long term could enroot the symptoms of forgetfulness, bodily phlegm, unfocused of mind. The symptoms appeared not because of the external factor. A youth employee in the early twenties had suffered in mentality since childhood, lost his mother at the sixth month age. He erroneously believed that his mother died as a result of poisoned by the step

4. M.iii.280.

5. M.i, 20-21

6. M.i.119-122

7. For a disorder to be labeled psychosomatic, the psychological factor and physical effect must be closely connected in time and repeatedly related. Just as a physical reaction (such as crying) may be due to emotion, so unpleasant events can cause physical illness – Sreevani, R, *A Guide to Mental Health and Psychiatric Nursing*, p.840.

mother. His relative accounted me through questionnaire affirmed that there was a high development during these weeks therapy. The patient had a self-worth and was disciplined in following the advisement of doctor. By building the loving kindness up via religious activities, the positive cells in the body will increase and all the symptoms are disappeared.

2. Creating Religious Emotional Activity

Performing the emotional spiritual activity is valid for the client with all types of mental disorder. The Buddhist spiritual activities like observe and practice the five precepts, listening the Dhamma sermons, offering flowers to the Buddha image, offering alms for the *saṅgha* members, transferring merits and recite *parittas* in front of the Buddha. It aimed to calm the mind and build the loving-kindness for the patient himself and invisible beings. For instance, an older adult of housewife had dreamt of her died son for about twenty years, felt grief and had abnormal behavior. She was suggested to do the spiritual activities for helping her son to be reborn at a happier state, rather than cried. As stated in the *Visuddhimagga*, the commentary of the Buddhist scriptures, virtue should be understood to have the nature of stopping misconduct in the sense of action and a blameless nature in the sense of achievement (*silena rakkhitena duccharitato sucaritam kātum sakkā*)⁸ - its ability to cease the abnormal behavior of the patient.

3. Meditation with Aroma Therapy

Meditation has a special place in the Buddha's teaching. The main purpose is to gain the intellectual understanding of the universal truth. There are many objects of meditation in Buddhism, but among these techniques which are given more priority to the patients in this psycho clinic are the *ānāpānasati*⁹ (the deep-breathing) and *kaṣiṇa* (a circle color of blue, yellow, white, or red).¹⁰ The Buddha praised highly the method of breathing in the

8. *Sīla* prospers physical attitude and verbal, *samādhi* evolves the concentration, internal activity of mind, and *paññā* flourishes the knowledge which leads to the wholesome deeds and brushes off the unwholesome activities. *Vsm.*, pp. 11-12

9. M.118 PTS: M.iii.78; S.54.13 PTS: S.v.328

10. M.149 PTS: M.iii.287

Ānāpānasati Sutta to eliminate such bad thoughts and to improve concentration through mindfulness.¹¹ With the noble goal of healing the deluded patients, applying the ānāpānasati was to strengthen the concentration and awareness properly (*yonisomanasikāra*). When the nerves of the body¹² are relaxed, it was easy to reach the *sati*, as a result the patient was able to build a positive thought and eliminate the abnormal behavior pattern. Aroma therapy, externally in the forms of incense flower essences and medicinal oils, works on a more subtle level, healing through the mind, senses and the absorption of subtle impressions. This meditation exercise took for entire session thirty to forty-five minutes for all clients whom under the guidance of psychiatrist. For instance, a little boy who was under aged ten years had been diagnosed as a hyperactivity disorder by modern psychiatrist. He liked practicing the deep-breathing exercise continually at home before and after bed daily for the duration of forty-five minutes per session. His progression was great which was glad reported by Nāgānanda psychiatrist and parents. Generally, meditation also helps physical ailments of the heart, chronic asthma, blood pressure and circulation.

4. Balancing the Elements of Nutrition

The expert acknowledged that on account of Āyurveda, nutrition can be divided into three categories. The nutrition is *Rājasika*, *Tamasika* and *Shatvika*. (i) *Rājasika*-nutriment is to develop the aggressive and violent mind, includes red meats, fish with artificial flavors, alcohol and tobacco. It builds the unwholesome behavioral pattern; (ii) *Tamasika*-nutriment is to create a lazy mind, includes rice, bread, hoppers, noodles, sweet potatoes, cassava, breadfruit, jackfruit, milk and curd; (iii) *Shatvika*-nutriment is to tranquilize the mind and develop the mental immunity¹³, includes grains, fresh

11. M.i.119-122; M.118 PTS: M.iii.78 – “He who sees with the discernment the abandoning of greed and distress is one who watches carefully with equanimity, which is why the monk on that occasion remains focused on mental qualities in and of themselves – ardent, alert and mindful – putting aside greed and distress with reference to the world. This is how mindfulness of in-out breathing is developed and pursued so as to bring the four frames of reference to their culmination.”

12. Pañca-viññāna or nerves of each faculty (eye, ear, nose, tongue and skin) became clearly.

13. *Bhesajjamañjusa*, PTS, pp. 365-66

salad and fruits. Among these three types of menu, the Shatvika-nutriment is highly recommended to consume in daily. Thus, the clients should take it for developing immunity system and increasing low blood pressure. When the immunity of brain was high, they were definitely healthy of both physical and mental, had a self-confidence, a positive thought and good appetite.

5. Pañcha-karma with Medicinal Oils

Nāgānanda Hospital focuses on Āyurveda's main therapy is herbal, with a secondary emphasis on good or nutrition. The Aṣṭāṅga Hṛdayam, one of the classical Āyurvedic texts, suggests *abhyaṅga* (oil application) be given on a daily basis to prevent and heal illness. Other aspects of pañcha-karma¹⁴ include hot oil flowed on the head [Skt: śhirodhārā]¹⁵ is also recommended psychotherapy for the schizophrenic patient, anxiety disorder, addictive patient of alcohol, cannabis, battle-leaf, or tobacco. The oil must be heated and poured on the middle of forehead with a mild massage is one of the most divine. The duration of this therapy was average for ten to twenty minutes relied upon the volume of illness experience. It promotes calm excess mental activity, heals and prevents nervous system disorders, promotes good vision, nourishes the body, creates an electrochemical balance in the body, thus strengthening the immune system and reducing stress. The other main benefit of Śhirodhārā was said in behalf the client not to depend on the chemical medication for a long term that would have side-effects in the future.

14. *Pañcha-karma* permanently eliminates toxins from the body, allowing healing and restoration of the tissues, channels, digestion and mental function. The therapeutic categories are (1) reducing the body, making it light, (2) nourishing the body by adding corpulence, (3) drying or producing roughness in the body, (4) applying oil to the body creates softness, fluidity and moistness, (5) sudation, or sweating, removes stiffness, heaviness and coldness, (6) astringent balances the flow of bodily fluids and prevents mobility – Tirtha, S, *The Āyurveda Encyclopedia*, p.169

15. General method: the client lies on a massage table or a specially built oil table which drains the excess oil. The oil is held in a quart-sized traditional bowl. Inside the bowl, half a coconut shell was placed open-side down. It too had a hole at its base. A string, about six finger-widths long was placed through the hole and tied to a stick. The other end of the string was threaded through the hole in the bottom of the bowl and hung 2 to 3 inches above the person's forehead. The bowl is filled with enough warm oil to continue the flow for an entire session 20 to 45 minutes. *Ibid.*, pp. 238-239

6. Family System Therapy

A harmony family with its duties is an important frame for the clients who have conflicts within members for a long period at home. The Sigalovāda Sutta discusses the responsibilities of parents-children, husband-wife, teacher-student, master-employee, etc. in detail to solve the case. This therapy purposed to interpret through different opinion within them and unspoken problems. For instance, a patient aged eighteen years, who had a negative thought and the characters of selfishness, power hugeness, bravery and cruelty, willed to kill his mother. He was counseled to do respect to parents every morning before school and reminded whose mother delivered in such of pain and grew him safely to become an educated person. In another cases of patient who did the adultery, the evidence of venerable Arahant Bhikkhuṇī Sundarī in Jātaka Tales was a good inspiration; to the patient who lost the dearly ones, the story of lady Paṭācārā and Kisāgotamī were delivered. These evidences inspired the patients to have self-confidence and power how to solve their difficulties that had happened at the Buddha's time.

7. Listening Therapy

Listening regards with eye-contacts and a feedback for clarification. In the case of the Kalama Sutta where people were confused about the different doctrines of the wandering ascetics, the Buddha was listening then solved their problems in detail. The same case in the psycho clinic of Nāgānanda Hospital, some patients experienced social loneliness as well as emotional loneliness with no children. In solving their problems during the counseling session, they needed merely attention to share, hence their mental stress was released and the mind became relaxed.

8. Cognitive Behavior Therapy

Giving an understanding for the patients with suicidal ideation, the statement of the Vesala Sutta says that one becomes a Brahmin not because of his wealthy family background, but he is performing the wholesome actions in this very life. Some clients were upset to their life conditions whether they had been born in unfortunate families, unharmonious parents, or family mental history problems; made them became hopeless life. On account of Buddhist point of

view, suffering is not caused by external, traumatic events, but by qualities of mind which shape the perceptions and responses to events.¹⁶ For instance, a single lady in early thirties years had suffered from mental illness since childhood. She lives with unharmonious parents, at the last previous years, she had the often symptoms of difficulty breathing, high heart beating, chronic headache and a suicidal ideation to end life was often occurred in mind. The counseling was told her to do much practice the *ānāpānasati* in daily before and after bed to cultivate a positive thinking, concentration and ignore her suicidal feeling. Despite of this, she had talented in arts, well spoken in foreign languages and was supported to open the art gallery for fostering her ability.

The recovery process of the clients was from one and a half month to three months. As a result of gaining recovery of the mental-ill health within a short period, all of them were delightful, satisfied and some returned to the further progression of therapy by participating the Buddhist class programme of mind which was conducted by doctor after the clinic time.

CONCLUSION

The three specific primary sources, the *Visuddhimagga*, *Mādhava Nidāna* and *Charaka Saṃhita*, are adopted in this conclusion which relate to the cause and solution of the mental ill-health. The *Mādhava Nidāna* deals with the classification of diseases and the three roots of defilements: greed, hatred and delusion [*Pāli: lobha, dosa and moha*]. On one hand, when these three roots of defilements got in a higher level without the genetic factors, it is named the psychogenic mental disorder. On the other hand, when the psychogenic disorder became stronger with the influence of the genetic factors, it is called the psychotic mental disorder, or can be illustrated in the Buddhist terms of *kāmacchanda* (attachment to sensual pleasure), *vyāpāda* (ill-will) and *micchādiṭṭhi* (heresy).

Not all types of mental disorders could be released through only performing the threefold Buddhist aspect of *sīla, samādhi* and *paññā* that are explained in the *Visuddhimagga*. The mild forms

16. S.7.11; Sn.1.4

of depression such as anxiety disorders including phobias and obsessive compulsive behavior; and dissociative disorder could be healed only through Buddhist religious activity performance. But, the serious degree of mental disorders such as schizophrenia, psychotic-depressants, bipolar affective disorder and chronic anxiety must be healed by Western psychotic drug combines with Buddhist Āyurvedic psychotherapy and counseling.

As a result of this therapy, the patients would have a powerful to the right opposition way and build up a good behavior with the successful mind. Therefore, Buddhist Āyurvedic counseling and healing methods have an ability to heal the variety of mental illnesses in modern world.

*** May all living beings be well and happy ***

BIBLIOGRAPHY

Primary Source

Buddhadasa, R. (1950). *Charaka Saṃhita*. Colombo, Sri Lanka: Godage and Brothers Publication

Kumarasinghe, Aryadasa. (1994). *Mādhava Nidāna*. Sri Lanka: Sri Lankan Āyurvedic Department

Pāli Tipiṭaka. London: Pali Text Society (PTS)

Secondary Source

Bodhi. (2000). *The Connected Discourses of the Buddha*. Somerville, Mass: Wisdom Publications

Bodhi. (2012). *The Numerical Discourses of the Buddha*. Boston: Wisdom Publications

Buddhadatta, A.P. (2009). *Concise Pali-English Dictionary*. Delhi, India: Motilal Banarsidass

Galmangoda, Sumanapala. (2017). *Fundamentals of Buddhism and Āyurveda for Psychiatry and Counseling*. Hong Kong: The Buddha-Dharma Centre

Nyāṇamoli. (2010). *The Path of Purification (Visuddhimagga)*.

Kandy, Sri Lanka: Buddhist Publication Society

Nyāṇamoli, Bhikkhu Bodhi. (ed.). (1995). *The Middle Length Discourses of the Buddha*. Kandy, Sri Lanka: Buddhist Publication Society

Rahula, Walpola. (1974). *What the Buddha Taught*. New York, U.S.A: Grove Press

Smith , Tony. (3rd ed) (1999). *Family Health Encyclopedia*. London: Dorling Kindersley

Sreevani, R. (4th ed) (2016). *A Guide to Mental Health and Psychiatric Nursing*. Karnataka, India: Jaypee Brothers Medical Publishers

Tirtha, Swami.(1998). *The Āyurveda Encyclopedia*. U.S.A: Āyurveda Holistic Center