

Editorial

Evolution of Psychiatry: Ancient Civilization to Evidence Based Modern Practice

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E D I T O R I A L

Psychiatry is among the youngest medical specialties but possesses a rich and complex history spanning several millennia. The understanding of mental illness has evolved through successive religious, philosophical, social, and scientific paradigms. Early civilizations commonly attributed mental disorders to supernatural forces, divine punishment, or demonic possession. The emergence of rational medicine in ancient Greece marked the beginning of naturalistic explanations of mental illness, with Hippocrates emphasizing the role of the brain in human behavior. During the medieval period, psychiatric care developed along divergent trajectories, with Islamic societies establishing specialized hospitals for mental disorders while Europe largely maintained supernatural interpretations. The eighteenth and nineteenth centuries witnessed transformative humanitarian reforms led by Philippe Pinel and William Tuke, which promoted moral treatment and patient dignity. The formal establishment of psychiatry as a medical specialty was accompanied by advances in psychiatric classification, particularly through the work of Emil Kraepelin and Eugen Bleuler. The twentieth century introduced psychoanalysis, psychopharmacology, neuroimaging, and molecular genetics, fundamentally altering psychiatric diagnosis and treatment. Contemporary psychiatry integrates biological, psychological, and social determinants of mental health through the biopsychosocial model. This review examines the historical evolution of psychiatry from ancient civilizations to modern scientific practice and highlights the major milestones that have shaped contemporary mental health care.

Introduction

Mental illness has accompanied humanity throughout recorded history. The interpretation of abnormal behavior and emotional disturbances has varied substantially across cultures and historical periods, reflecting prevailing religious beliefs, philosophical traditions, and scientific knowledge. The history of psychiatry is therefore not merely the history of a medical specialty but also the history of society's evolving understanding of human behavior, suffering, and consciousness. For much of human history, mental disorders were viewed through supernatural or religious frameworks. Individuals exhibiting unusual

behavior were frequently considered possessed by spirits, cursed by supernatural forces, or punished by divine entities. Consequently, treatment often involved rituals, prayers, exorcisms, and various religious interventions rather than medical care.¹ Over time, intellectual developments in philosophy and medicine challenged supernatural explanations and introduced naturalistic interpretations of mental illness. These developments gradually transformed psychiatric care from custodial confinement to therapeutic intervention. The emergence of neuroscience, psychopharmacology, genetics, and evidence-based medicine in the twentieth century further revolutionized psychiatric practice.

The editorial explores the major historical developments in psychiatry and examines how scientific discoveries, social reforms, and changing cultural attitudes contributed to the formation of modern psychiatric practice. This narrative was prepared through an analysis of historical literature related to psychiatry, mental health institutions, psychiatric theories, and treatment approaches. Information was synthesized chronologically to describe major developments in psychiatric thought and practice from ancient civilizations to the contemporary era.

Ancient Origins of Mental Illness and Psychiatric Thought

The earliest records of mental illness can be traced to ancient Mesopotamia, Egypt, India, China, Greece, and Rome. In these civilizations, mental disorders were commonly associated with supernatural influences. Ancient Mesopotamians believed that mental disturbances resulted from demonic possession or divine punishment. Priests and healers employed religious rituals and incantations to restore mental well-being. Similar beliefs existed in ancient Egyptian civilization, where spiritual explanations predominated in understanding abnormal behavior.² Despite the dominance of supernatural beliefs, some ancient societies began to recognize natural causes of illness. Medical papyri from Egypt contain descriptions of behavioral disturbances and suggest rudimentary attempts at medical treatment. However, religious explanations continued to exert significant influence over therapeutic practices. The persistence of supernatural interpretations reflected limited scientific understanding and the tendency of societies to explain unexplained phenomena through spiritual frameworks. These beliefs would continue to influence attitudes toward mental illness for centuries.

Contributions of Ancient Greek and Roman Medicine

A major turning point in the history of psychiatry occurred in ancient Greece. Greek physicians and philosophers

challenged supernatural explanations and introduced rational approaches to understanding mental illness.

Hippocrates and Naturalistic Explanations

Hippocrates (460–357 BCE), often regarded as the Father of Medicine, rejected the belief that mental disorders were caused by divine intervention. Instead, he argued that mental illness originated from natural causes and should be treated similarly to physical diseases.¹ Hippocrates proposed that the brain was the center of thought, emotion, and behavior. He introduced the theory of four humors—blood, phlegm, yellow bile, and black bile—and suggested that imbalances among these humors contributed to mental disturbances. Although scientifically inaccurate, humoral theory represented an important step toward biological explanations of mental illness. Hippocrates described conditions resembling modern depression, mania, and psychosis. His emphasis on observation, clinical assessment, and natural causation laid the foundation for scientific psychiatry.

Plato and Aristotle

Plato (429–347 BCE) contributed significantly to early psychiatric thought. He advocated humane treatment of mentally ill individuals and argued that people whose crimes resulted from mental illness should not be punished in the same manner as mentally healthy offenders.³ Aristotle (384–322 BCE) further explored relationships between emotions, cognition, and behavior. He attempted to explain psychological phenomena through natural causes and influenced subsequent philosophical approaches to mental health. The contributions of Greek thinkers established principles that would later re-emerge during scientific and humanitarian reforms in psychiatry.

Mental Health in Ancient India

Ancient Indian civilization developed sophisticated concepts related to mental health long before the emergence of modern psychiatry. The Vedas and Upanishads contain descriptions of mental disturbances and methods for restoring psychological balance. The Atharvaveda includes references to mental illness and therapeutic rituals intended to alleviate psychological suffering.⁴

The Charaka Samhita devoted an entire section known as Bhutavidya to the understanding and treatment of mental disorders. Mental illness was viewed as arising from disturbances in bodily, psychological, and spiritual functioning. Charaka proposed Satvavajaya Chikitsa, a therapeutic approach resembling psychotherapy that emphasized emotional regulation, reassurance, and cognitive control.⁵ Yoga and meditation were also recognized as important methods for promoting mental

well-being. Patanjali emphasized the interaction between mind and body and proposed practices designed to reduce psychological distress and enhance emotional stability.⁶ These holistic approaches anticipated several concepts that continue to influence contemporary psychotherapy and behavioral medicine.

Psychiatry During the Medieval Period

Following the decline of classical Greek civilization, supernatural interpretations regained prominence in many regions. Mental illness was frequently associated with demonic possession, witchcraft, or divine punishment.

Islamic Contributions

While Europe experienced intellectual stagnation during portions of the medieval era, Islamic scholars preserved and expanded medical knowledge. Psychiatric hospitals emerged throughout the Islamic world beginning in the eighth century.⁷ The first psychiatric hospital is believed to have been established in Baghdad around 705 CE. Similar institutions later appeared in Cairo, Damascus, and other cities. These hospitals recognized mental illness as a medical condition and provided structured treatment environments.

Physicians such as Rhazes (865–925 CE) and Ibn Sina (Avicenna, 980–1037 CE) made important contributions to understanding psychological disorders. Their writings influenced medical practice throughout the Middle East, Europe, and South Asia for centuries.⁸

European Approaches

In medieval Europe, mental illness was often interpreted through religious frameworks. Individuals displaying abnormal behavior were frequently subjected to exorcisms, confinement, or punishment. Institutions such as monasteries occasionally provided care, but treatment remained heavily influenced by spiritual beliefs. Scientific understanding of mental illness advanced relatively slowly during this period.

Emergence of Asylums

Beginning in the thirteenth century, specialized institutions for mentally ill individuals emerged throughout Europe. The establishment of Bethlem Hospital in London in 1247 marked an important milestone in institutional psychiatric care.⁹ By the sixteenth and seventeenth centuries, numerous asylums had been established across Europe and the Americas. Examples included San Hipolito in Mexico, La Maison Charenton in Paris, and the Fools Tower in Vienna.¹⁰ Although these institutions represented attempts to organize care for mentally ill individuals, conditions were often deplorable. Patients were restrained, chained, isolated, and subjected to neglect. Asylums primarily served custodial rather than therapeutic functions. The harsh

conditions within these institutions eventually generated criticism and calls for reform.

Humanitarian Reforms and Moral Treatment

The late eighteenth century marked one of the most significant turning points in psychiatric history.

Philippe Pinel

Philippe Pinel (1745–1826) is widely regarded as a pioneer of humanitarian psychiatry. After assuming leadership of Bicêtre Hospital in Paris, Pinel ordered the removal of chains from psychiatric patients and advocated compassionate treatment.¹¹ Pinel rejected the view that mentally ill individuals were dangerous or morally defective. Instead, he emphasized understanding, observation, and therapeutic engagement.

William Tuke

In England, William Tuke established the York Retreat in 1796. This institution promoted kindness, respect, meaningful activity, and social interaction rather than punishment and restraint.¹² The success of moral treatment demonstrated that humane care improved patient outcomes. Similar reforms soon spread throughout Europe and North America. These developments fundamentally transformed psychiatric care and established ethical principles that remain central to modern mental health practice.

Psychiatry as a Medical Specialty

The nineteenth century witnessed the formal emergence of psychiatry as a distinct medical discipline. Johann Christian Reil coined the term “psychiatry” in 1808, combining the Greek words *psyche* (mind) and *iatros* (healer).¹³ Legislation such as the Lunacy Act of 1845 in England recognized mental illness as a medical condition requiring professional treatment. Psychiatric hospitals increasingly employed physicians trained in mental health care. The development of psychiatric education and professional organizations further strengthened psychiatry’s status within medicine.

Kraepelin and Psychiatric Classification

One of the most influential figures in psychiatric history was Emil Kraepelin (1856–1926). Kraepelin emphasized systematic observation and classification of mental disorders. He proposed that psychiatric illnesses could be distinguished according to symptom patterns, disease course, and outcomes.¹⁴ His distinction between dementia praecox and manic-depressive illness formed the basis of modern diagnostic systems. Kraepelin’s work strongly influenced contemporary classifications, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD).

Bleuler and Schizophrenia

Eugen Bleuler expanded Kraepelin's work and introduced the term schizophrenia in 1911.¹⁵ Bleuler argued that cognitive and emotional disturbances rather than inevitable deterioration constituted the defining features of the disorder. His conceptualization significantly influenced modern understanding of psychosis and schizophrenia-spectrum disorders.

Psychoanalysis and Psychodynamic Psychiatry

Sigmund Freud (1856–1939) profoundly influenced psychiatry through the development of psychoanalysis. Freud proposed that unconscious conflicts and childhood experiences contribute to mental illness. Concepts such as repression, defense mechanisms, transference, and the unconscious became central to psychiatric theory.¹⁶ Although many Freudian theories lack empirical validation, psychoanalysis transformed psychiatric practice by emphasizing psychological processes and therapeutic relationships. Psychodynamic approaches continue to influence contemporary psychotherapy.

Psychopharmacology Revolution

The mid-twentieth century witnessed a dramatic transformation in psychiatric treatment through the discovery of effective medications. Lithium was introduced for bipolar disorder in 1949 by John Cade.¹⁷ Chlorpromazine, introduced in 1952, became the first widely effective antipsychotic medication.¹⁸ Subsequent decades saw the development of antidepressants, anxiolytics, mood stabilizers, and atypical antipsychotics. These advances reduced long-term institutionalization and facilitated community-based treatment. Psychopharmacology remains one of the most important components of modern psychiatric practice.

Neuroscience and Modern Psychiatry

Technological advances during the late twentieth century further transformed psychiatry. Neuroimaging techniques such as computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), and functional MRI enabled researchers to examine brain structure and function in psychiatric disorders.¹⁹ Research into neurotransmitters including dopamine, serotonin, norepinephrine, glutamate, and gamma-aminobutyric acid enhanced understanding of psychiatric pathophysiology. These discoveries strengthened biological models of mental illness and informed development of novel therapeutic interventions.

Genetics and Precision Psychiatry

Modern psychiatric research increasingly focuses on genetic contributions to mental illness. Family, twin, and

genome-wide association studies demonstrate substantial heritability for schizophrenia, bipolar disorder, autism spectrum disorder, and attention-deficit hyperactivity disorder.²⁰ Advances in molecular genetics have identified numerous susceptibility genes associated with psychiatric disorders. Although no single gene determines mental illness, genetic research continues to improve understanding of disease mechanisms. Precision psychiatry seeks to integrate genetic, neurobiological, and clinical information to personalize treatment approaches.

Physiotherapy and Psychiatry

Eating disorders such as anorexia nervosa and bulimia nervosa are complex psychiatric disorders characterized by disturbed eating behaviors, distorted body image, and psychological comorbidities, including anxiety and depression. While psychiatric treatment focuses on psychotherapy and pharmacological management, physiotherapy serves as an important adjunct by addressing both physical and psychological impairments. Interventions such as aerobic exercise, resistance training, relaxation techniques, breathing exercises, yoga, and body awareness therapy improve physical fitness, body image, self-esteem, and emotional well-being while reducing anxiety and depressive symptoms. Integrating physiotherapy into multidisciplinary psychiatric care enhances overall recovery, improves quality of life, and provides a holistic approach to the management of eating disorders.²¹ It further emphasizes that physiotherapy interventions should be delivered within ethical and legal frameworks, ensuring informed consent, confidentiality, safeguarding, and patient-centered care, particularly in adolescents with eating disorders. Thus, physiotherapy represents an essential adjunct to psychiatric treatment by addressing both the physical and psychological dimensions of recovery.²²

Discussion

The history of psychiatry represents one of the most remarkable transformations in the field of medicine, reflecting humanity's evolving understanding of mental illness and human behavior. The progression from supernatural interpretations of mental disorders to evidence-based scientific approaches demonstrates how cultural, philosophical, medical, and social developments have collectively influenced psychiatric thought and practice. This evolution has not only improved diagnostic accuracy and treatment outcomes but has also transformed societal attitudes toward individuals living with mental illness.^{1,2}

In ancient civilizations, mental disorders were often viewed through spiritual or supernatural frameworks. Conditions such as psychosis, depression, epilepsy, and anxiety were frequently attributed to demonic possession,

divine punishment, witchcraft, or evil spirits. Consequently, treatment methods were largely religious in nature and included rituals, prayers, exorcisms, and other spiritual interventions. Although these approaches reflected the limited scientific knowledge of the time, they highlight the long-standing human effort to understand and alleviate psychological suffering. Historical records from civilizations such as Egypt, Greece, India, and China reveal early attempts to explain abnormal behavior and emotional disturbances, laying the foundation for future developments in mental healthcare.³⁻⁶

A significant turning point occurred during the classical Greek period when philosophers and physicians began proposing natural explanations for mental illness. The contributions of Hippocrates were particularly influential, as he rejected supernatural interpretations and suggested that mental disorders originated from imbalances within the body. His humoral theory represented one of the earliest biological explanations for psychiatric conditions and established an important precedent for later scientific inquiry. Although many aspects of this theory were eventually disproven, its emphasis on natural causes marked a critical shift in medical thinking.^{2,3}

During the Middle Ages, however, scientific progress in psychiatry was limited in many parts of the world, and supernatural beliefs regained prominence. Individuals with mental illness were often marginalized, feared, or subjected to inhumane treatment. In contrast, some Islamic scholars preserved and expanded medical knowledge during this period, establishing hospitals that provided care for individuals with mental disorders. These institutions represented early examples of organized psychiatric treatment and highlighted the importance of compassionate care within medical practice.⁷⁻¹⁰

The Enlightenment era and subsequent humanitarian reforms dramatically altered the trajectory of psychiatric care. Reformers such as Philippe Pinel and William Tuke advocated for more humane treatment of psychiatric patients, challenging prevailing practices of confinement, neglect, and abuse. Their efforts emphasized dignity, compassion, and therapeutic engagement, leading to the development of moral treatment approaches. These reforms significantly improved conditions within psychiatric institutions and introduced the concept that individuals with mental illness deserved respect and appropriate medical care. The principles established during this period continue to influence contemporary psychiatric ethics and patient-centered care.¹¹⁻¹³

The nineteenth century witnessed increasing efforts to classify mental disorders systematically. Advances in clinical observation enabled physicians to distinguish between different psychiatric syndromes and establish

more structured diagnostic frameworks. Emil Kraepelin's work was particularly important in differentiating major psychiatric disorders based on symptom patterns and disease progression. His classification system laid the groundwork for modern diagnostic manuals and contributed significantly to the scientific foundation of psychiatry. The recognition that mental illnesses could be studied, categorized, and investigated systematically represented a major milestone in psychiatric development.^{14,15}

The emergence of psychoanalytic theory in the late nineteenth and early twentieth centuries introduced new perspectives on the human mind and behavior. Sigmund Freud's theories emphasized unconscious processes, early life experiences, and psychological conflicts as important determinants of mental health. Although many aspects of psychoanalysis have been challenged by subsequent research, its influence on psychotherapy, personality theory, and the understanding of emotional processes remains substantial. The psychodynamic approach broadened psychiatric practice by emphasizing psychological dimensions of mental illness in addition to biological factors.¹⁶

The twentieth century brought unprecedented scientific advances that transformed psychiatry into a modern medical specialty. Developments in neuroscience, genetics, pharmacology, and psychology provided deeper insights into the biological mechanisms underlying mental disorders. The discovery of psychotropic medications revolutionized treatment by offering effective interventions for conditions such as schizophrenia, depression, bipolar disorder, and anxiety disorders. Antipsychotics, antidepressants, mood stabilizers, and anxiolytics significantly improved symptom control, reduced hospitalization rates, and enhanced quality of life for millions of patients worldwide. These pharmacological breakthroughs marked one of the most significant achievements in psychiatric history.¹⁷⁻²⁰

Simultaneously, psychological therapies evolved considerably. Cognitive-behavioral therapy, interpersonal therapy, dialectical behavior therapy, and other evidence-based psychotherapeutic approaches expanded treatment options and demonstrated effectiveness across a wide range of psychiatric conditions. The integration of psychotherapy and pharmacotherapy enabled more comprehensive management of mental illness and reflected a growing recognition that mental health is influenced by multiple interacting factors.^{16,19}

The development of the biopsychosocial model represented another major advancement in psychiatric thought. Proposed by George Engel, this framework emphasized that mental disorders arise from the interaction of biological, psychological, and social influences rather than any single cause. The biopsychosocial approach remains central to modern psychiatric practice because it acknowledges

the complexity of mental health and encourages holistic patient assessment. By considering genetic vulnerability, neurobiological processes, cognitive factors, emotional experiences, family dynamics, and social environments, clinicians can develop more individualized and effective treatment plans.^{1,2,19}

Recent decades have witnessed rapid progress in neuroscience and brain imaging technologies. Techniques such as magnetic resonance imaging (MRI), functional MRI (fMRI), positron emission tomography (PET), and electroencephalography (EEG) have enhanced understanding of brain structure and function in psychiatric disorders. These technologies have provided valuable insights into neural circuits associated with depression, schizophrenia, anxiety disorders, addiction, and other mental health conditions. Advances in molecular genetics and neurobiology have further contributed to identifying biological pathways involved in psychiatric illnesses, opening new possibilities for targeted interventions and precision psychiatry.^{19,20}

The increasing emphasis on community-based mental healthcare has also transformed psychiatric services. Deinstitutionalization efforts sought to reduce long-term hospitalization and promote treatment within community settings. This shift reflected changing societal attitudes and recognition of the importance of social integration, rehabilitation, and recovery-oriented care. Community mental health programs have improved accessibility and encouraged greater participation of families and support networks in treatment processes.^{10,13}

Despite substantial progress, significant challenges continue to affect psychiatric practice globally. Mental illness remains one of the leading causes of disability worldwide, yet access to mental healthcare remains limited in many regions. Shortages of trained mental health professionals, inadequate healthcare infrastructure, and financial barriers contribute to disparities in care. Furthermore, stigma and discrimination continue to prevent many individuals from seeking help, leading to delayed diagnosis and treatment. Addressing these challenges requires coordinated efforts involving healthcare systems, policymakers, educators, and community organizations.^{1,2}

Another important challenge involves the complexity of psychiatric diagnosis. Unlike many medical conditions that can be confirmed through laboratory tests or imaging studies, psychiatric disorders are often diagnosed based on clinical symptoms and behavioral observations. This can result in diagnostic overlap, variability, and uncertainty. Ongoing research aimed at identifying reliable biological markers and objective diagnostic tools may improve diagnostic precision in the future. The emergence of digital psychiatry and technological innovations offers promising

opportunities for future advancement. Telepsychiatry, mobile health applications, artificial intelligence, and digital therapeutic platforms have expanded access to mental healthcare and facilitated remote monitoring and intervention. These technologies have become particularly valuable in addressing barriers related to geography, workforce shortages, and healthcare accessibility. Continued development and evaluation of digital mental health solutions may further enhance psychiatric care delivery in the coming years.^{19,20}

Overall, the historical evolution of psychiatry demonstrates a continuous progression toward more scientific, humane, and comprehensive approaches to understanding and treating mental illness. The integration of biological, psychological, and social perspectives has strengthened the discipline and improved outcomes for individuals experiencing mental health disorders. Recent evidence also supports multidisciplinary care, including the integration of physiotherapy as an adjunctive intervention for psychiatric conditions such as anorexia nervosa and bulimia nervosa, where structured exercise, body awareness therapy, relaxation techniques, and breathing exercises improve both physical recovery and psychological well-being while complementing conventional psychiatric treatment. Ethical and legal considerations further reinforce the importance of collaborative, patient-centered care in mental health practice.^{21,22} While significant challenges remain, ongoing advances in neuroscience, genetics, psychotherapy, public health, and digital technology provide strong foundations for future progress. Continued interdisciplinary collaboration, research innovation, and advocacy will be essential to addressing unmet mental health needs and ensuring that psychiatric care remains accessible, effective, and patient-centered in the years ahead.

Conclusion

The historical evolution of psychiatry demonstrates its transformation from supernatural interpretations of mental illness to a scientifically grounded medical specialty guided by the biopsychosocial model. Advances in neuroscience, psychopharmacology, psychological therapies, and evidence-based practice have significantly improved the diagnosis, treatment, and rehabilitation of individuals with mental disorders. Nevertheless, challenges such as stigma, limited access to mental healthcare, and workforce shortages continue to affect psychiatric services worldwide. Future progress depends on integrating emerging technologies, interdisciplinary collaboration, and personalized approaches while maintaining ethical, patient-centered care. Understanding the history of psychiatry provides essential insight into its current practice and supports the continued development of more effective, equitable, and compassionate mental healthcare.

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