

Diseased Selves and Social Others: Cultural Constructions of Epilepsy and Leprosy in India

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ABSTRACT

Illness has long been understood not only in medical but also in symbolic and moral terms. Within the Indian subcontinent, conditions marked by visible disfigurement or sudden loss of consciousness—such as leprosy and epilepsy—became closely tied to stigma, exclusion, and religious interpretation. This paper explores the cultural construction of these two illnesses, tracing their shifting meanings across textual traditions, historical contexts, and social practices.

Drawing on Sanskrit medical treatises, Puranic and epic narratives, medieval hagiographies, colonial ethnographies, and oral histories, the study examines how epilepsy (*apasmara*) and leprosy (*kushtha*) were situated at the intersection of medicine, cosmology, and morality. Ayurvedic texts such as the *Charaka Samhita* and *Sushruta Samhita* offered medical classifications, yet framed both conditions within karmic and cosmological worldviews: epilepsy linked to demonic possession or divine punishment, leprosy to moral transgression and ritual impurity. These associations were reinforced in religious narratives, where sufferers were often depicted as cursed beings, though occasionally invested with redemptive or instructive roles.

The paper also considers how these cultural scripts were reconfigured across time. Medieval hagiographies sometimes subverted exclusionary attitudes by valorising sufferers as embodiments of divine testing, while colonial medical discourse combined Western pathology with indigenous frameworks, often entrenching stigma through law and institutional practice. The analysis foregrounds the role of caste, gender, and religiosity in shaping experiences of affliction: women with epilepsy were frequently demonised as witches or morally deviant, while men with leprosy were stripped of occupational and ritual rights, with lower-caste sufferers enduring compounded marginalisation. By situating epilepsy and leprosy within broader cultural imaginaries, the paper argues that these conditions illuminate how illness operates as a site where cosmology, morality, and social boundaries converge.

Keywords: Epilepsy, Leprosy, Indian traditions, Ayurveda, Myth, Stigma, Cultural history, Folklore, Religious imagination, Illness and society

Introduction

The history of humankind, from the unrecorded to the recorded, from oral to written traditions, is a saga of milestones in both physiological and cognitive evolution. While physiological transformation—from early primates to *Homo sapiens*—has long been the focus of anthropology, it is the trajectory of mental and cultural evolution that draws human beings into the ambit of the social and human sciences. Human cognitive development, more complex and layered than that of other species, is archived in knowledge systems transmitted across generations. These repositories—oral narratives (stories, ballads, myths), scriptural and textual traditions, and visual-auditory media such as music, dance, architecture, and the fine arts—often intersect and coalesce, giving rise to what we call *culture*. Culture, in turn, is sustained by constantly evolving practices, which over time crystallize into what we designate as *tradition*.

The transmission of tradition is not monolithic but stratified, historically marked by distinctions between the “dominant” or “hegemonic” (classical) and the “marginal” or “subaltern” (folk). Although these categories were long treated as binary, contemporary scholarship emphasizes their fluid and interactive nature, recognizing them as dynamic spheres of negotiation, influence, and contestation.

Within this evolving cultural matrix, afflictions and diseases have always been central to human experience. From the earliest times, they were perceived with fear and apprehension, as aberrations disrupting the ordinary flow of life and seemingly beyond human control. In response, societies sought explanatory frameworks, often locating the causes of illness in natural or supernatural forces. Over time, these explanations became embedded in cultural memory and were transmitted through both elite and popular traditions. Diseases were not only understood medically or cosmologically but also carried imaginative and symbolic weight, shaping myths, legends, and folktales. Significantly, certain afflictions came to be associated with *stigma*, imposing social restrictions upon the afflicted. The word stigma had its origin in the ancient Greek world where it was marked by bodily marks either cut or burnt into the body of the concerned to visibly signify either state of criminality, slavery or traitor. Later in Christian belief it came to be associated with double layered meaning: one the bodily manifestations of Holy grace and second: physical disability. With the

passage of time stigma became a potent weapon of marginalisation in the society ranging from exclusion from certain forms of labour or ritual functions to more severe forms of social outcasting, including stereotypes of possession, madness, or moral degeneration. Goffman; Merriam-Webster).

Medical Definitions:

³**Epilepsy** is used for a group of neurological diseases characterized by epileptic seizures which are episodes that can vary from brief and nearly undetectable to long periods of vigorous shaking. In epilepsy, seizures tend to recur, and have no immediate underlying cause while seizures that occur due to a specific cause are not deemed to represent epilepsy.¹ affects the nervous system, leprosy is a dermatological disease. ²**Leprosy**, also known as **Hansen's disease (HD)**, is a chronic infection caused by the bacteria *Mycobacterium leprae* and *Mycobacterium lepromatosis*. Initially, infections are without symptoms and typically remain this way from 5 to as long as 20 years. Symptoms that develop include granulomas of the nerves, respiratory tract, skin, and eyes. This may result in a lack of ability to feel pain and thus loss of parts of extremities due to repeated injuries or infection due to unnoticed wounds. (Fisher et al.).

Zone of ingenuous marginalization and the diseases

It is from this perspective and concern epilepsy and leprosy are of great interest as these diseases have been associated with the concept of 'stigma'. By engaging with the cultural scripts attached to these diseases, this article examines the intricate interplay between medical, religious, and societal frameworks of meaning. Both epilepsy and leprosy have long been sites of stigma, their symptoms prompting a profusion of explanatory myths, moral anxieties, and social exclusion. The aspect which has been rarely explored is the fact that diseases such as epilepsy and leprosy have been very effective a dimension of marginalization which is manifestly attached to physical ailment. Epilepsy and leprosy serve as enduring examples of how physical illnesses can become

89 deeply woven into cultural narratives of stigma and marginalization, extending well beyond their
 90 biological realities. Historically, both have triggered potent anxieties around bodily difference,
 91 danger, and contamination—emotions that are then ritualized and codified within religious, medi-
 92 cal, and social institutions. This process of "marking" the afflicted not only defines them as pa-
 93 tients but transforms them into symbols of disorder or impurity in the cultural psyche. Since epi-
 94 lepsy and leprosy have been source material of various myths, legends and folktales across cultures
 95 which fed into the imagination of generations deriving unique and typical ways of about their pre-
 96 scriptions and curing them.

97 Origins and written evidences of the disease

98 Epilepsy and leprosy have long existed at the intersection of scientific misunderstanding
 99 and spiritual symbolism across culture. For centuries, people with epilepsy were thought to be
 100 possessed or cursed, and their seizures drew fear, avoidance, or at worst violence and isolation.
 101 Similarly, leprosy was associated with biblical and Hindu concepts of sin, defilement, or karmic
 102 punishment, leading to the systematic shunning and ostracizing of those affected. The very visi-
 103 bility of their symptoms—whether convulsions or skin lesions—invited explanations rooted in
 104 supernatural and moral discourse. Over time, this produced layers of social meaning that at-
 105 tached "danger" and "otherness" to specific bodily states, often outlasting changes in medical
 106 understanding.

107 Epilepsy

108 The oldest written description of the affliction/disease epilepsy comes from the Mesopotamian
 109 civilisation in a text written in Akkadian (language of ancient Mesopotamia) around 2000 BC and it
 110 has been mentioned that the person afflicted was under the influence of moon God and underwent
 111 exorcism. The author described a patient with symptoms resembling epilepsy (Magiorkinis, Sidiro-
 112 poulou, and Diamantis; Labat):

113 his neck turns left, his hands and feet are tense and his eyes wide open, and
114 from his mouth froth is flowing without having any consciousness.

115 The exorcist diagnosed the condition as 'antasubbū' (the hand of Sin) brought about by the
116 God of the moon^{ii iii}.

117 The disease also found mention in the Code of Hammurabi where a slave could be returned
118 in case of epileptic seizures and also in the Edwin Smith Papyrus describes cases with epileptic sei-
119 zures. (The Edwin Smith Papyrus) The Babylonians had no biomedical knowledge of the disease but
120 thought the seizures were brought about because of possession by evil spirits curing it by spiritual
121 means. The Ayurveda refers to epilepsy as *apasmara* or *apasmrti* associated with transient uncon-
122 sciousness which temporarily causes loathsome expressions affecting intelligence, memory and
123 mind. The Charakasamhita contains detailed chapter on the types and treatment of epilepsy.

124 **Leprosy**

125 The earliest reference to Leprosy comes from Hippocrates in 460 B.C. In 1846 Francis
126 Adams came out with a book called *The Seven Books of Paulus Aeginetaan* anthology which con-
127 tained the medical knowledge of the disease and their remedies among the Roman, Greek and
128 Arabs. The earliest description of the disease in Europe was given by Aractus a contemporary of
129 Galen. Galen also referred to Leprosy as Elephantiasis Graecorum. Galen lived about
130 A.D.150. Interestingly there also has been archaeological evidence of the affliction/disease with ske-
131 letal remains being discovered in Balathal, Rajasthan from 2nd millennium BC. In 2009, the disco-
132 verers suggest that there was a very high level of interaction between the Indus Civilisation, Meso-
133 potamia and Egypt in the third millennium and they suggested that this points to the African origin
134 of the same. (Robbins et al.). Modern anthropological studies have established that the disease tra-
135 velled from Africa to other parts of the world as a process of expansion of the human race to the
136 different parts of the world. The Atharva Veda and Kaushik sutra refers to leprosy as *kustha* or af-
137 fliction of the skin.

138 **Myths and popular beliefs on epilepsy and leprosy and the association of stigma**

139 Needless to say both epilepsy and leprosy has fed into the popular imagination and there are
 140 numerous myths and folktales and beliefs associated with them across cultures all over the world.
 141 Across cultures epileptic seizures have been attached with the idea of being possessed by evil spi-
 142 rits, demonic manifestations. However, since both of them are associated with aberration of physical
 143 mobility and appearance while the former is associated with seizures and the latter with eruptions
 144 on skin they were seen with apprehension and suspicion. The terms which get attached to them and
 145 are used to explain them in some sort or the other link them to 'divine' in the form of curse or wrath
 146 which is reflected in the way it is perceived and then gets disseminated in various myths, folks and
 147 popular sayings and there seems to have developed an idea of stigma emanating from these beliefs.
 148 The Romans for instance called epilepsy as ⁶ *Morbus Comitialis* ('disease of the assembly hall') and
 149 was seen as a curse from the gods. In northern Italy, epilepsy was once traditionally known as Saint
 150 Valentine's malady. Similarly, the Indian subcontinental belief systems perceived ¹ that impairments
 151 resulting from leprosy are a result of misdeeds in a previous life that caused bad karma, or a divine
 152 punishment in the form of *kushtha*.

153 The physio-neurological manifestations has worked its way into the popular imagination and
 154 memory across cultures pertaining to the possible causes and cure of the affliction. The ancient eng-
 155 lish for instance believed that the skull of a man who had never been buried, beaten into powder and
 156 taken three times a day could prevent 'falling illness'. The powder of bones taken from a man's
 157 skull could cure epilepsy believed ancient romans. (Daniels and Stevans 372) Similarly, the Jews
 158 believed that it was not only a terrible scourge to have leprosy but also would bring bad luck the
 159 sufferer seemed to be forever doomed in this and the other world. This disease was taken as a God's
 160 wrath towards individual. The folk tales of Madagascar believes that one should never give or re-
 161 ceive a piece of iron or piece of meat from a person suffering from leprosy, for it would be trans-
 162 mitted to the person. The Norwegians believed that the hoof of the elk cured epilepsy if the affected

163 took the hoof to the left hand and rubbed it to the ear. The Brazilian folk lore believed if the af-
 164 flicted person ate the heart, liver and kidneys of a healthy child he would be cured.

165 However, the need to understand the afflictions/diseases had started quite early as far the
 166 Indian subcontinent is considered. ⁵ In Indian medicine, Atreya attributed epilepsy to a brain dysfunc-
 167 tion and not to divine intervention. In the CharakaSaṃhitā th Sūtra(6 century B.C.), he defines epi-
 168 lepsy as: “paroxysmal loss of consciousness due to disturbance of memory and [of] understanding
 169 of mind attended with convulsive seizures”. While Hippocrates rejected totally the ‘divine’ element
 170 in the affliction/disease and tried to give rational logic to it:

171 “This disease is in my opinion no more divine than any other; it has the same nature as oth-
 172 er diseases, and the cause that gives rise to individual diseases. It is also curable, no less than other
 173 illnesses, unless by long lapse of time it be so ingrained as to be more powerful than the remedies
 174 that are applied”. ^{iv}

175 A good description of this disease and its treatment is given in “*Susruta Samhita*” a book on surgery
 176 written in 600 B.C. by the eminent Indian surgeon *Susruta*. He regarded this disease as a contagious
 177 disease carried from a person suffering from this disease to a healthy person. There is strong evi-
 178 dence to show that leprosy was common as far back as 1400 B.C. The word Leprosy is a translation
 179 of the Hebrew word “ZARAATH” and is mentioned in the Bible. The term included not only lepro-
 180 sy but also a number of other skin diseases. In ‘LEVITICUS’ clear instructions are given to the
 181 priests about the preventive measures against the spread of disease from persons suffering from le-
 182 prosy. Some reference is made to Leprosy in Chinese literature dating back to 600 B.C. But there is
 183 no conclusive evidence to prove that it existed before. Hippocrates who lived in 450 B.C. did not
 184 mention Leprosy. The returning Greek and Roman armies probably introduced the disease into Eu-
 185 rope. Prof. Moller Christensen through his studies of cranial bones found evidence of Leprosy in
 186 Great Britain, France, and Egypt during the period A.D. 500-700. The disease was at its height in
 187 Europe between 1000 A.D and 1400 A.D.

Nevertheless, despite these engagements did not mean that epilepsy and leprosy were viewed as diseases with physic-neurological causatives. The epileptic seizures and outbreak of lesions on skin captured the popular imagination. Across cultures murals, depiction of those afflicted with epilepsy and leprosy curiously are portrayed in a manner which show them as wrath of the Gods or are seen in association with demonic and satan like figures. Many cultures of Africa have masks which depict deformed face of a leprosy affected person. This imagery has also crept into the literary imagination and a text of the 15th Century *Malleus Maleficarum* which speaks of epilepsy being inflicted by the witches. This kind of perceptions percolated fuelled by the myths and beliefs had significant impact and despite several interventions to understand them through the lens of physiologic-neurological causatives led to the 'otherness' whereby a sense of stigma got attached to the afflictions/diseases. Historical evidences show that how people with epileptic seizures being possessed or marked as lunatics; while those with leprosy in Europe were supposed to carry marks to let people know about their arrival and were not allowed to stay with in the towns with separate quarters assigned for them famously known as 'leper colonies'.

Understanding Stigma through epilepsy and leprosy:

These afflictions/diseases provide insight into the ways in which 'stigma' is built into the psyche of human consciousness coming down through memories which cultures preserve through their tradition and folk narration and imagination.(Andersen, Varga, and Folker). The domain of physical sciences have for long used the concept to understand the implications of 'stigma' on the physical and mental health and well-being of a person. However, the social scientists use the concept for the understanding of how the concept of social hierarchies and distinctions have been enforced through centuries across cultures. ¹In relation to health, stigma was defined by Erving Goffman as an attribute that signifies that an individual is 'different' from 'normal' people and, further,

211 that the person is 'of a less desirable kind—in the extreme, a person who is bad, or dangerous or
 212 weak'. (Goffman). He has delineated three kinds of stigma:

- 213 a) the 'physical' stigma or the abominations of body;
- 214 b) the 'mental' stigma or the aberrations of individual character-¹mental disorder,
 215 imprisonment; or unemployment and
- 216 c) the 'tribal' stigma of race, nation and religion.

217 This concept is very significant for its linkage with the concept of identity formation in terms of
 218 'us' and 'others' and has been used by social scientists as an important paradigm to understand so-
 219 cial structures. (Sermrittirong and van Brakel). The diseases needless to say impart upon the inflicted
 220 a debilitating sense of otherness castigating them to the social margins because of their 'appear-
 221 ance' in leprosy and 'occurrence of seizures' in epilepsy. The psychoanalytic assessment of Michel
 222 Foucault the intensity of the stigma that got attached to leprosy acquired a new dimension and im-
 223 plication with the leper i.e. the afflicted being seen as being the signifier of 'death' which he sum-
 224 marized as (Foucault, *Madness and Civilisation*):

225 *In this sense, the experience of madness exhibits a rigorous continuity with the experience of leprosy. The ri-*
 226 *tual of the leper's exclusion showed that he was, as a living man, the very presence of death.*

227 The history of these afflictions/diseases and the transmission of the beliefs pertaining to
 228 them persists though there has been a lot of intervention through the medical sciences. The level of
 229 stigma that is attached to them has permeated the modern times as well and has reformulated the
 230 stigma whereby there seems to be a sanitisation of the 'stigma'. Thus, one finds that those af-
 231 flicted/diseased are seen as objects of sympathy with earmarking their area of occupation, their mo-
 232 bility and even their intelligence. Much of these are garbs of sophistication but actually are fuelled
 233 by popular beliefs that have been transmitted through centuries. Stigma surrounding these condi-
 234 tions operates on multiple levels. Individuals with epilepsy or leprosy have often faced exclusion
 235 from marriage, employment, social rituals, and even basic family life. The suffering induced by

these diseases stems not only from their symptoms, but from rejection by the community, role restrictions, and the loss of identity and self-worth. Leprosy, for instance, led to forced quarantines in "lazar houses," public declaration of being "unclean," and emotional devastation that could hasten physical decline. In epilepsy, enacted stigma (societal discrimination) and felt stigma (internalized shame) persist in both developed and developing societies, inhibiting life opportunities and social integration.

Creation of 'other' through the diseased body

Epilepsy and leprosy encompass more than biomedical dimensions; both diseases produce significant psychosocial consequences that intensify marginalisation. Seizures in epilepsy and visible symptoms in leprosy frequently provoke fear and disgust, resulting in the social construction of affected individuals as abnormal or as outsiders. In this context, the body ceases to be a neutral biological entity and instead becomes a locus for societal anxieties regarding order, morality, and collective boundaries. As a result, these diseases acquire symbolic meanings and are often interpreted as signs of impurity, divine punishment, or moral failure.

This symbolic interpretation redefines epilepsy and leprosy as mechanisms of social sorting rather than solely as health conditions. These interpretations establish clear distinctions between the pure and the impure, as well as between insiders and outsiders. The stigma associated with these illnesses extends beyond clinical settings, influencing social interactions, community membership, and economic participation. Individuals affected by these conditions frequently experience anxiety regarding both their health and the potential for rejection, ridicule, or discrimination in daily life.

Importantly, this marginalisation is not incidental; it is structurally reproduced by cultural and institutional arrangements. Religious prohibitions may label the diseased as cursed, legal frameworks may enforce restrictions on movement or rights, and spatial practices such as isolating leprosy patients into segregated colonies concretise exclusion. Institutions thus use the diseased body as evidence of unworthiness, sinfulness, or divine displeasure, embedding stigma within the very fabric

261 of social order. What emerges is a cyclical process where illness is not simply a matter of the body,
 262 but a condition through which societies regulate belonging, reinforce hierarchies, and negotiate the
 263 fragile boundaries of purity and danger.

264 In the Foucauldian paradigm then diseases like epilepsy and leprosy provides scope for seg-
 265 regation, surveillance and exclusion of the affected from the mainstream non affected.. The stigma-
 266 tisation is enforced and reinforced through legal codes, religious norms, fashioning of governance
 267 strategies. (Foucault, *Birth of the Clinic*). There is thus an interesting intersectionality of the bio-
 268 medical reality of the diseases with that of social anxieties pertaining to order and morality. The
 269 concern with the diseased in such a scenario is not driven by the need to care for and provide relief
 270 and cure of the diseased but on the contrary becomes more of boundary line drawn between the
 271 diseased and non affected where there is a constant negotiation with the sense of impurity or sin
 272 playing out on the terrain of society producing emotions of fear, abhor, prejudice and power.

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