An Insight on Malankholia (Melancholia)-Unani Perspective

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Introduction

Psychiatric illnesses were widely recognized in the ancient world. Melancholia and Hysteria were identified in Egypt and Sumaria as early as 2600 BC. In India a psychiatric nosology was contained within the medical classification system of Ayurveda, written about 1400 BC. Similarly, in Unani system of medicine the psychiatric nosology is also a part of medical classification under the title of “Amraaze Nafsani” (psychiatric disorders) where all the diseases are classified as syndromes rather than an individual disease entity. These diseases are categorized based on the theories and philosophies of primarily of Hippocrates followed by Plato and later Arabs. Buqraat (Hippocrates: 460 to 370 BC) is usually regarded as the one who introduced the concept of psychiatric illness into medicine. His writings described acute mental disturbances with fever (delirium), acute mental disturbances without fever (probably analogous to functional psychoses but called mania), chronic disturbance without fever (called melancholia), hysteria (broader than its later use), and Scythian disease (similar to transvestism) [1]. Malankhola (Melancholia) has been defined as a disorder in which the mental functions are deranged and the afflicted person is more prone towards constant grief, fear and dubious aggression and the ability to analyze and interpret things is grossly affected as enunciated by Jalinus (Galien) quoted by Zakaria Razi (850-923 A.D) in his world renowned treatise “Kitab Al-Havi.” The term melancholia literally means “black humour” which is the predominant causative factor. Mental ill-health is one of the most disturbing and disabling disorders of life. It affects not only the concerned person but also the family and the society as a whole with social stigma attached to it.

The problem is steadily on the rise due to factors such as urbanization, industrialization and increase in lifespan, together with breakup of the joint family system, with implication of multiple genes has augmented the psychiatric disorders. The prevalence of psychiatric illness is almost same globally, about 8 to 10 per 1000 population. Unani an age old traditional system of medicine has described this disorder in its classical text not only the concept but also its management with various modes of treatment which if pursued will mitigate the suffering humanity to a great extent. The present review manuscript is an attempt to highlight the available literature from the Unani perspective.

Keywords: Malankholia; Melancholia; Amraaze nafsani; Psychiatri in unani medicine

Abstract

Malankholia (Melancholia) has been defined as a disorder in which the mental functions are deranged and the afflicted person is more prone towards constant grief, fear and dubious aggression and the ability to analyze and interpret things is grossly affected as enunciated by Jalinus (Galien) quoted by Zakaria Razi (850-923 A.D) in his world renowned treatise “Kitab Al-Havi.” The term melancholia literally means “black humour” which is the predominant causative factor. Mental ill-health is one of the most disturbing and disabling disorders of life. It affects not only the concerned person but also the family and the society as a whole with social stigma attached to it. The problem is steadily on the rise due to factors such as urbanization, industrialization and increase in lifespan, together with breakup of the joint family system, with implication of multiple genes has augmented the psychiatric disorders. The prevalence of psychiatric illness is almost same globally, about 8 to 10 per 1000 population. Unani an age old traditional system of medicine has described this disorder in its classical text not only the concept but also its management with various modes of treatment which if pursued will mitigate the suffering humanity to a great extent. The present review manuscript is an attempt to highlight the available literature from the Unani perspective.

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From the above principles, it is relatively clear that the concept of mental health has been in vogue in Unani system of medicine since antiquity. Failure to maintain balance between Hararat-o-Sukun Nafsi results in disability of Quwwate Nafsiyatiya (mental faculty) which includes thinking which comprehends malankholia. It is a known fact that disturbance in sleep and excessive wakefulness also leads to psychological disorders. Likewise accumulation of mawaad (morbid materials) which is supposed to be habitually evacuated from the body viz; menstruation, hemorrhoids, epistaxis, paroxysmal melancholic emesis etc’s retention may pave way to malankholia [3,11,12]. Unani scholars also treated several bodily and mental ailments since ancient times by holistic approach through various modules of treatment viz; Ilaj bil Dawa (Pharmacotherapy) and Ilaj bil Yad (Surgery) [4].

**Conventional Perspective**

Mental Health is one of the three essential facets of health, others being physical and social amalgamated in the WHO definition of health (Reference). Mental ill-health is one of the most disturbing and disabling disorders of life (Reference). It affects not only the concerned person but also his family and the society as a whole with social stigma attached to it. 20 percent of all patients attending general health care facilities in both developed and developing countries do so because of psychological symptoms. The problem is gradually on the increase due to such factors as urbanization, industrialization and increase in lifespan, together with breakup of the joint family system, which has augmented the psychiatric disorders. Mental ill-health is a worldwide problem with 80% of cases is found to be from the developing countries. The prevalence of psychiatric illness is almost same in India and the West, about 8 to 10 per 1000 population. During the whole life time, about 25 percent persons suffer from psychological stress or illness [13].

**Asbab-E-Marz (Etiology)**

Buqrat stated that when there is Harat and Yabusat of fawad (stomach) and Burudat of brain, then such persons are more prone for the Saudavi (melancholic) diseases. Sometimes Mizaj of Arwah (pneuma) is deranged due to various factors, and this may also give rise to Malankholia [14]. According to Ibn sina (980-1037 AD), only the pathology lies in brain whereas the real source of disease is either the stomach, uterus or masharik (accessory) organ of brain in which warm-e-haar (hot inflammation) exists. At times its bukharaat (vapors) reaches the brain and vitiates the rutoobaat (fluids) by eharaq (combustion) due to which there is excess of hararat (heat) and yaboosat (dryness) resulting in malankholia. The other cause for malankholia is Maadi amraz particularly at the culmination of acute ones. Affected persons from this grave type usually remember death and dead ones. In less severe type of malankholia the affected person are exhilarant [3]. However malankholaia is caused mainly due to Saudavi madda or miraesauda. In either case there is preponderance of Saudavi khit particularly associated with ehteraq when it is termed as malankholia saudavi. When it is caused due to ehteraq of dam or safra or Balgham then it is expressed as malankholia damvi, safravi and balghami respectively. Sometimes the most likely causative factor is extreme gham (grief), khouf (fear), involvement of fikr (thought) and excessive bedaari (wakefulness). Accumulation of mawaad (morbid materials) which is supposed to be habitually evacuated from the body viz; menstruation, hemorrhoids, epistaxis, paroxysmal melancholic emesis etc’s retention also leads to malankholia [3]. According to Ibn Hul (1121-1213A.D), the causative factor of this disease is the dominance of Tabayi and Ghair Tabayi Sauda in the human body and the admixture of these with blood and Roohi nafsi (mental/psychic spirit) which results in Kadoorat (dizziness), Taariki (gloominess), Barooat (coldness) and Yaboosat (dryness) which is against the temperament of rooh (vital pneuma), due to which affected person being acts insaney with thinking disability [15]. Sauda is synthesized in the liver and stored in the spleen and reaches the brain through the blood vessels. When it is putrefied it causes obstruction and impedes Roohi nafsi which disturbs the cognitive functions. It can also retain in miraq (peritonium) and masaareeqa (mesentery) and reaches the brain through raddi bukharaat (obnoxious vapours). When peritonium is involved it is termed as Malikholiya miraqi [16]. Balgham rutubat rarely causes malankholia, If it undergoes putrefaction, may turn into Sauda. Mania occurs as a result of ehterak safra.In the similar manner, when there is ehterak sauda and blood becomes thick, grave type of malankholia is afflicted. Many a times, the cause for malankholia is Su-e-Mizaj Barid Yabis of fuwad (stomach), due to which when vitiated Ruh-e-Nafsi reaches the brain, it disturbs the mental functions. Sometimes the brain and meninges deranged saudawi mizaj itself will be the causative factor for malankholia [2,17,18]. The conventional etiology of mental ill-health is very complex and not well understood. A very large group of mental disorders is still called ‘functional’ because no pathological, biochemical or hormonal changes are discovered with the present investigative techniques. With advancing scientific methods, it is likely that such disorders will come more and more under the organic category and, consequently, within the domain of more precise and scientific treatment, prevention and earlier detection. However there is considerable evidence from family, twin and adoptive studies that genetic factors make a robust contribution to the etiology of psychotic illness [1]. Various other etiological factors are put forth viz; constitutional, physical, psychological, environmental, and economic factors [1,13,19].

**Alamaat (Clinical Features)**

In the early stage of the disease, patient remains sad without any external stimulus, thinking is perverted, deserted and finds himself occupied by loneliness and experiences delusion and hallucinations, patient suffers with himself, and most of the time remains silent, feels giddy and tinnitus, sexual and food satiety is unusually increased. The nature of fear varies from patient to patient; few get afraid of death, animals; while some find themselves obsessed by the falling of sky. Based on the involvement of humours such as dam (blood) the patient is fond of laughter, sporting and thinks exhilarantly, if it is safra (yellow bile) patient is mentally hard working and are very hyperactive, in case of balgham patient is gloomy and lethargic. The features of saudavi variety are severe, grave and violent [3,20].

**Usool-E-Ilaaj (Principles of Treatment)**

- Evacuation of affected humour except for khilite dam primarily through munzijat (concoctives) followed by mushlaat (purgatives) for tanqia mawaad (evacuation of morbid matters), and secondarily fast (phlebotomy)
- Tarabeeb (moisturizer), taadil mizaj (alteratives of temperament), dalk (massage), riyaazat (exercise), mufarrehaat (exhilarants). These drugs relieve the tachycardia, palpitation and thirst and generally produce coldness.
Ilaj (Treatment)

It depends upon the humour affected. Melancholia is usually caused due to combustion of any of the four humours which ultimately converts to Saudavi variety; hence the affected humour i.e. predominance of sauda from the whole body has to be eliminated. Fasd (phlebotomy) of saphenous or cephalic vein till the blackish color and viscosity of flowing blood persists depending upon patient’s condition [15]. After fasd, istafaragh (elimination) of sauda with the following Mauj usool (medicated decoction of roots) of Kashkhashk khushk (Papaver somniferum) Unnab (Zyziphus sativa), Sapistan (Cordia latifolia), Fuwah (Rubia cordifolia), Ikzhab (Andopogons haenahrurus), Post beekh khib (Carapis spinosa root bark), Badyan (Foeniculum vulgare) each fistful, Mastagi (Pistacia lentiscus), Sunbulutth (Nardostachis jatamansi root), Habbezalim (Egyptian nut), Toodri (Lepidium iperis), Bozidaan (Pyrrethrum indicum root), Aslaoso (Glycerizcha glabra root), Bargrehan (Ocimum sanctum), Barg badarnj boya (Melissa officinalis), Gao’ zabana (Borago officinalis), Mawzeenmaqqaa (Vitis vinifera seed less fruit) each 25g, all drugs to be boiled and taken with Roghan badamsheerin (Prunus amygdalus) in a dose of 70ml for 7-10 days continuously, along with these Roghanbanafsha (Viola odara) should be applied over scalp and also inhaled through both nostrils [16].

Tanqia with Jawarishta made up of Helaeesia (Terminelania cheubla unripe fruit), Aftimoon (Cuscutareflexa), and Kundar (Boswella serrata) [2]. After fasd, measures to induce tarzeeb (moistness) in the body may be espoused through lamb’s meat cooked with Kaddu (Cucurbita maxima ) , palak (Spinacia oleracea), dressed with aromatic oils like Roghanbadam (Prunus amygdalus), Bah e zenembarasht (half boiled egg yolks) with sharbate banafsha (Viola odorata), Habbe ustukhudos (Lavandula stoechas) may be administered as purgative. If Istafaragh (evacuation) is essential, then Khaisanda (cantonation) of Aftimoon (Cuscutareflexa) and Ustukhudoos (Lavandula stoechas) with sweet water [15]. Hammam-e- motadil with water Elwa (Aloe barbadensis) and Aftimoon (Cuscutareflexa), and instilled in nostrils and also apply over scalp [16]. Hijamat Nariya (psychological measures) [21, 22].

If caused due to intense heat

Temperament of brain may be restored by inducing moistness. Head to be soaked in moist oils, cold and moist diet maybe given. Such boiled herbal water may be poured over scalp which consists of Banafsha (Viola odorata), Nelumbo (Nelumbo nucifera), Rind of Kaddu (Cucurbita maxima), Post Kashkhaashk (Papaver somniferum), Beechyabrooj (Belladona atropa).

If caused due to involvement of peritoneum, spleen or stomach

If sauda is accumulated in peritoneum, spleen or stomach, then emesis and evacuation should be done by Aftimoon and Sikanjabeen. Jawarish Ood with Fanjoshw and Jawarish Safarjal for evacuation super added with Elwa (Aloe barbadensis) and Aftimoon (Cuscutareflexa). Elwa (Aloe barbadensis) singly or Afsanteen (Artemisia absinthium) 10.25g, Zafraan (Crocius sativus) 5.25g-Majoon to be prepared and given in a dose of 15.75g every 10th day. During this medication Roghan banafsha (Oil of Viola odorata) be massaged over the body and instilled in nostrils and also apply over scalp [16]. Hijamat Nariya (fire cupping) over head and light exercises are also recommended [2]. During convalescence, administer Itrifal sagheer, Aftimoon, Ayarijeeraq, Majoonnajah, and Majoon mufarreh. Habbe aarj, Ayari Jalinos, Turanjabeen, Habbe aftimoon and Jawarish Jalinos is also recommended [14,22-25].
Nafsiyati Tadabeer (Psychological Measures)

Entertainment, sports, melodious music and songs, engagement in humorous sittings is highly recommended. In contrast, loneliness, suspicious thinking etc is harmful. Sometimes abrupt emotional incidents relieve the patients from melancholia [15]. Beautiful and heart rending scenery and activities to be promoted [16]. Prolonged wakefulness, prolong studying habits, excessive mental pondering may also lead to pseudo melancholia. These factors enable the combustion of akhlat leading to Hizyan (irritability). This type of melancholy is treated with Tarteeb (moistness), Tahleel (resolution), Tanqia (detoxification), akhlat leading to Hizyan (irritability). This type of melancholy is treated with Tarteeb (moistness), Tahleel (resolution), Tanqia (detoxification), and Taghziya (nutrition) [16].

To sum up the management approach, the following do’s and dont’s are summarized below for eloquent understanding:

**Do’s:**
- The ambient air of the habitat of the patient should be made Murattab (moist), and spreading fragrant flowers or aroma around the habitat of the patients,
- Patient’s dress and bed should be of white in color,
- Murattib (moist), mufarreh (exhilarant) perfumes and aroma’s should be administered in the form of Lakhlakha (inhalation).
- Mufarreh (exhilarant), Murattib (moist), Mussafi Khoon (blood purifiers) and highly nutritious diet must be served.
- Strengthening the body with adequate food / nutrition
- Before administering meal, allow the patient to have a moderate Hammam, pouring luke warm water over the head – these regimens are most specifically beneficial for melancholic’s.
- Much importance should be paid on Tarteeb (moisture) over Taskheen (calorificient); therefore, Maul Jubn (cow’s churned milk) is considered as a good mubarrid (refrigent). Similarly pouring milk over the scalp (head), application (Tila) of luke warm chicken fat (murg ki charbi) are good refrigents. Keeping the patient busy with entertainment with playing, singing etc also benefits.
- Milk and brains (organs of animals)
  
  **Don’ts:**
- Excessive sexual intercourse
- Vigorous movements
- Ghazab (Rage)
- Fikr (Thought /Thinking)
- Huzn wa Malal (Mourning and affliction)
- Wearing black cloths
- Peeping towards darkness
- Dark and congested inhabitation
- Diets: Masoor, Kiramkalla (cabbage), Baigan (brinjal), mustard leaves), Gunduna, Garlic, Onion, Mustard, Baqla, Dried mutton, New and Viscous alcohol (beverage – Sharab) and other such melanogouge items.
- Salty and sour items
- Cow , Camel and desert and hilly animals meat
- Big fishes (Giant fishes)
- Namake siyah
- Dried Cheese
- Mooi (radish)
- Bhooesi wali rooti(Fibrous bread)
- Sweet, tasteless, and spicy (limited use)
- Temperamentally hot, or cold things and diet
- Things with black
- Ghee

- Unseeded Tukhme Khurfa (Apeum graveolens)
- Baring with Sleeplessness, thinking, loneliness, excess hard work, hunger and thirst are all injurious, similarly all such things which will produce or increase dryness and hotness in the body and brain.
- For inducing sleep; Nutool (douching) with Khashkhaash (Poppy seeds), Babuna (Matricaria chamomile). Decoctions of bones is mostly effective.
- More importance should be paid to provide tarteeb in the management of Melancholia, and also not to delay in eliminating sauda too. If patients complains of sour belching, as a result of decaying food in stomach, then induce emesis immediately, and to strengthen / potentiate the fame meda (epigastium) Jawarishat should be given [3,4,14-17, 20].

**Conclusion**

Mental ill-health is one of the most disturbing and disabling disorders of life. It affects not only the concerned person but also his family and the society as a whole with social stigma attached to it. The problem is steadily on the rise due to factors such as urbanization, industrialization and increase in lifespan, together with breakup of the joint family system, which has augmented the psychiatric disorders. Even after vast scientific knowledge explosion in the area of mental health, no any tangible results has been achieved with the exception of certain anti-psychotic drugs such as clozazapine, risperidone, ziprasidone, aripiprazolo etc which relieve the patients symptomatically but none of them has been proven to have superior efficacy for this disorder with consequent limitations viz; development of clinically significant metabolic disturbances, weight gain, hyperlipidemias with extra pyramidal side effects. This dismal scenario has envisaged us to explore for alternative concepts and therapies in the form of Unani, a herbal system of medicine which is enriched with paragon of tradition with documented knowledge of classical texts and pharmacopeias dealing not only the concept but also its management with various modes of treatment which if pursued will mitigate the suffering humanity to a great extent.

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Conflict of Interest

The authors declare that they don’t have any conflict of interest what so ever.

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