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

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]. 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 (Galen) 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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Naum-o-Yaqza (Sleep and Wakefulness)

Istifragh-o-Ihtibas (Evacuation and Retention) [6,8-11].

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 Harakat-o-Sukun Nafsani results in disability of Quwwate Nafsanija (mental activity) includes thinking which comprehends melankholia. It is a known fact that disturbance in sleep and excessive wakefulness also leads to psychological disorders. Likewise accumulation of mawad (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 melankholia [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 Tadbeer (Regimenal therapy), Ilaj bil Ghiza (Dieto- therapy), 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 Hararat 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 melankholia [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 either the stomach, uterus or masharik (accessory) organ of brain in which warm-e-haar (hot inflammation) exists. At times its bukharaat either the stomach, uterus or masharik (accessory) organ of brain in which warm-e-haar (hot inflammation) exists. At times its bukharaat either the stomach, uterus or masharik (accessory) organ of brain in which warm-e-haar (hot inflammation) exists. At times its bukharaat either the stomach, uterus or masharik (accessory) organ of brain in which warm-e-haar (hot inflammation) exists. At times its bukharaat either the stomach, uterus or masharik (accessory) organ of brain in which warm-e-haar (hot inflammation) exists. At times its bukharaat either the stomach, uterus or masharik (accessory) organ of brain in which warm-e-haar (hot inflammation) exists. At times its bukharaat either the stomach, uterus or masharik (accessory) organ of brain in which warm-e-haar (hot inflammation) exists. At times its bukharaat either the stomach, uterus or masharik (accessory) organ of brain in which warm-e-haar (hot inflammation) exists. At times its bukharaat (purgatives) for tanqia mawaad (evacuation of morbid matters), and secondarily fasd (phlebotomy)

Alamaat (Clinical Features)

In the early stage of the disease, patient remains sad without any external stimulus, thinking is perverted, deserted and finds himself 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 hormones or blood (dam) the patient is fond of laughter, sportive 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-Ilaj (Principles of Treatment)

• Evacuation of affected humour except for khilfe dam primarily through munzijat (concoctives) followed by mushalat (purgatives) for tanqia mawaad (evacuation of morbid matters), and secondarily fasd (phlebotomy)

• Tartheeb (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 Maual usool (medicated decoction of roots) of Kashkhash khushk (Papaver somniferum) Unnab (Zyziphus sativa), Sapistan(Cordia latifolia), Fuwah (Rubia cordifolia), Izkhar (Andopogams haernarius), Post beekh (Carapis spinosa root bark), Badyan (Foeniculcium vulgare) each fistful, Mastagi (Pistacia lentiscus), Sunbulutrib (Nardostachis hijamanshi) root), Habbezalam (Egyptian nut), Tooddi (Lepidium iripera), Bozidaan (Pyrretrnum indicum root), Asaloos (Glycrrhiza glabra root), Bargherean (Osimum sanctum), Barg badarn (boyi (Mellisia officinails), Goo’ zabaa (Borga officinalis), Majawwunoona (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 Roghanbanafasha (Viola odorata) should be applied over scalp also inhaled through both nostrils [16].

Tanqia with Jawarishaat made up of Helaelsiayia (Terminelia chebula unripe fruit), Afimoom (Cuscutareflexa), and Kundar (Boswellia serrata) [2]. After fasd, measures to induce tarteeb (moistness) in the blood may be espoused through lamb’s meat cooked with Kaddu (Cucurbita maxima), palak (Spinacia oleracea), dressed with aromatic oils like Roghanbadam (Prunus amygdalus), Ishaat moodabbar (Helleborus niger) 17.5g, Gao’ zabaan (Borago officinalis), Majoon mufarreh. Joshanda Aftimoon, and instilled in nostrils and also apply over scalp [16].

Habbe aftimoon, Habbes (Lactuca sativa), Bargbabuna(Matricaria chamomile) and Head to be soaked in moist oils, cold and moist diet maybe given. If Caused Due To Intense Heat

If sauda is accumulated in peritoneum, spleen or stomach, then the following Dawae Mufarreh: Haleela kabl (Terminalia chebula) 5 nos, Goo’ zabaa (Borga officinalis), Gulub (Rosa damascena), saadkofi (Cyperus rotundus) each 14g, Ghari khoon (Agaricus alba),Ustukhudoos(Lavendulae ocehas) 10.5g, Mastagi (Pistacia lentiscus), Zafran (Crocos sativus), Rind of Turanj (Citrurus modica), sunbul (Nardostachis jatamansi) root, Asaroo (Valariana walichii) each 10 g, Behmanain (Centaurae behen), Zaravand(Aristolochia longa), Ilaichi kalan(Anomumum bulatum fruit), Nice Mushik (Mesua ferrea), Ood (Aquilaria agallocha), Zarnab (Taxus baccata), Turkbad badarn (Melissa officinalis) and Turkm furanhushk (Ocumum goatsmus), Heel khurd (Elletaria cardamomum) sonf (Foeniculium vulgare), Bargsonf (Foeniculium vulgare) leaves each 7g, Mushik (Moschus moschiferus) 2.25g. All these drugs to be boiled in honey syrup in which Amla has been boiled [15].

Mujarrab Majoon (Effective Formulation)

Post haleela siya (Terminalia chebula), Post haleela kabuli (Termineliahchebula), each 17.5g, Zarawand mudharj (Aristolochia rotunda) and Taweel (Aristolochia longa), Waj (Acorsus calamus), Zaaranbad (Cumcicura zedoria) each 14g, Hurmul (Peganun harmala), Kalojni (Nigella sativa) each 7g, Juntiana (Gentiana lutea), Dar Sheeshan (Myrica naga) each 5.25g, Bisajfi (Polypodium vulgare) each 10.5g, Afantsene (Artemisias absinthium), Afimoom (Cuscuta reflexa) each 24.5 g, Irsai (Iris ensata) 17.5g, Buzrul banj saleed (Hyoscyamus albus) 4.66g, Kushundh (Schoenonocaul officinale) 7g. Ustukhudoos (Lavendulae stoechas), Fuwah (Rubia cordifolia), Tukhm karafs (Apium graveolans), Anisoon (Pimpinella anisum), Badyan (Foeniculium vulgare), Ghari koom saleed (Agaricus alba) 10.5g, Turbud saleed (Ocercunula turpenthum) 14g, Qaranal (Caryophyllus aromaticus), Taj (Cinnamomum cassia) 10.5g, Sibssaaqoorti (Aloe barbedensis) 35g, Mastagi (Pistacia lentiscus) 10.5g, Kherbq mudabar (Helleborus niger) 17.5g, Goo zabaa (Borga officinalis), Bargbadaranj boyi (Mellisia officinalis), Barg faranjushk (Osimum goatsmus) 14g, Zafran (Crocos sativus) 5.25g-Majoon to be prepared and given in a dose of 15.75g every 10th day. During this medication Roghan banafasha (Oill of Viola odorata) be massaged over the body and instilled in nostrils and also apply over scalp [16].

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Causing Due To Intense Heat

Temperature 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 Banafasha (Viola odorata), Neoloer (Nelumbo nucifera), Rind of Kaddu (Cucurbita maxima), Post Kashkhashaat (Papaver somniferum), Beekhyabrooj (Belladona atropa).

Causing Due To Intake of Cold

If sauda is accumulated in peritoneum, spleen or stomach, then emesis and evacuation should be done by Afimoom and Sikanjabeen. Jashwah Ood with Fanjosh and Jawarish Safarjal for evacuation super added with Elwa (Aloe barbadensis) and Afimoom (Cuscutareflexa). Elwa (Aloe barbadensis) singly or Afantsene (Artemisias absinthium) 2.25 g with water is beneficial. Sirka of Jingli Piyaz (vinaq of wild onion) to be sipped [15].

Causing 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 Afimoom and Sikanjabeen. Jashwah Ood with Fanjosh and Jawarish Safarjal for evacuation super added with Elwa (Aloe barbadensis) and Afimoom (Cuscutareflexa). Elwa (Aloe barbadensis) singly or Afantsene (Artemisias absinthium) 2.25 g with water is beneficial. Sirka of Jingli Piyaz (vinaq of wild onion) to be sipped [15].

Causing 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 Afimoom and Sikanjabeen.
Zafran- 1 part, all these drugs to be mixed with mothers milk and instilled in nostrils. Nutool (douching) with medicated decoction of Sudab, Shibbat, Afsanteen, Podima, Funkhushit and Habbulghaar. Cupping over spleen or stomach, Massage of Roghan sosan over abdomen is also advised [2]. Diet such as kaddu, pathreli machli, cold and moist vegetables like Khas, Kasni, Bathwa and palak is also beneficial. Easily digestible nutritious diet is recommended.

**Nafsiyati Tadabeer (Psychological Measures)**

- Entertainment, sports, melodious music and songs, engagement in humorous settings 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 agitation, repentance, restlessness, and distress. In our modern society there are many such factors that lead to melancholy.

- Pleasurable activities, entertainment with playing, singing etc also benefits. Strengthening the body with adequate food / nutrition should be administered in the form of Lakhlakha (inhalation).

- Much importance should be paid on Tarteeb (moisture) over the scalp, application (Tila) of ghee over the scalp, and application of Ghee on hair. Much care must be taken to prevent dummy or fake in the hair, preventing the hair from “karno” (harmful effects) and preventing the hair from becoming lifeless and goitered.

- Things with black color, black fabrics, black clothes, black things, black food, black diet, black colors, black things, black foods, black diet. Hunger and thirst are all injurious, similarly all such things which will produce or increase dryness and hotness in the body and brain.

- Unseeded Tukhme Khurfa (Apeum graveolens) Ghee, and meats of all types, and some herbs are beneficial. 

- Cow, Camel and desert and hilly animals meat and meat of all types of animals and seafood is beneficial. 

- Sweet, tasteless, and spicy (limited use) and salt are injurious. 

- Unseeded Tukhme Khurfa (Apeum graveolens) Ghee, and meats of all types, and some herbs are beneficial. 

**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 clonazapine, risperidone, ziprasidone, aripiprazole 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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