An Insight on Malankholia (Melancholia): Unani Perspective

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ABSTRACT

Malankholia (melancholia) is defined as a disorder in which the mental functions are deranged and the afflicted person is more prone toward constant grief, fear, and dubious aggression, and the ability to analyze and interpret things is grossly affected, as enunciated by Jalinus (Galen) and quoted by Zakaria Razi (850–923 AD) in his world-renowned treatise "Kitab Al-Havi." The term melancholia literally means "black humor," 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 his/her 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 the breakup of the joint family system, with implication of multiple genes augmenting the psychiatric disorders. The prevalence of psychiatric illness is almost the same globally, about 8–10 per 1000 population. Unani, an age-old traditional system of medicine, has described in its classical text not only the concept of this disorder but also its management with various modes of treatment, which if pursued will mitigate the suffering of humanity to a great extent. The present review manuscript is an attempt to highlight the available literature from the Unani perspective.

Key words: Malankholia, melancholia, Saudavi marz, 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 the Unani system of medicine, the psychiatric nosology is also a part of the medical classification under the title of "Amraze 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 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 toward constant grief, fear, and dubious aggression, and the ability to analyze and interpret things

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is grossly affected, as enunciated by Jalinus (Galen) and quoted by Zakaria Razi (850–923 AD) in his world-renowned treatise "Kitab Al-Havi" (2,3).

The first official system for tabulating mental disorder in the United States was initially used for the decennial census of 1840. It contained only one category and lumped together the idiotic and the insane. Forty years later, in the census of 1880, the mentally ill were subdivided into separate categories for the first time (mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy). It is sobering to realize that the conceptual issues that modern classifiers wrestle with today were well recognized by the authors of that system (1).

According to the principles and philosophy of Unani medicine, maintenance of health, disease, and its manifestations are innate processes, hence proper and normal functioning of the bodily process must be ensured to maintain both sound physical and mental health. The doctrine of Unani medicine is based on four bodily fluids, that is, humoral theory, viz, dam (blood), balgham (phlegm), safra (yellow bile), and sauda (black bile). Any disturbance in the normal humoral balance, be it qualitative or quantitative derangement, leads to disease (4,5). The human body is constituted of seven Umur Tabiyya (natural factors) (6), among which four are Maddi (materialistic), viz, Arkan (elements), Akhlaat (humors), Aaza (organs), and Arwah (pneuma), and three are Ghair maddi (nonmaterialistic), viz, Mizaj (temperament), Quwa (faculties), and Afaal (function). Derangement or absence of any one of the components results in the development of disease or death of an individual, respectively (4,7).

Unani medicine lays much emphasis on the prevention of a disease rather than cure. It stipulates Asbabe Sitta Zaruriyya (six essential factors), which advocates on the maintenance of proper equilibrium/balance of these factors, adherence of which is essential for maintaining both physical and mental health as a prophylactic measure. These factors are as follows:

- Hawa' muheet (ambient air)
- Ma'kul-o-Mashrub (foods and drinks)
- Harkat-o-Sukun Badani (bodily movement and repose)
- Harkat-o-Sukun Nafsani (psychic movement and repose)
- 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 the Unani system of medicine since antiquity. Failure to maintain a balance between Harakat-o-Sukun Nafsani results in disability of Quwwate Nafsaniya (mental faculty), which includes thinking that comprehend malankholia. It is a known fact that disturbance in sleep and excessive wakefulness also lead to psychological disorders. Likewise, accumulation of mawad (morbid materials), which is supposed to be habitually evacuated from the body through menstruation, hemorrhoids, epistaxis, paroxysmal melancholic emesis, etc., 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 Tadbeer (regimental therapy), Ilaj bil Ghiza (dietotherapy), 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 (13). Mental ill-health is one of the most disturbing and disabling disorders of life. It affects not only the concerned person but also his/her family and the society as a whole with social stigma attached to it. Twenty 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 increasing 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. Mental ill-health is a worldwide problem with 80% of cases from the developing countries. The prevalence of psychiatric illness is almost the same in India and the West, about 8–10 per 1000 population. During the whole lifetime, about 25%people suffer from psychological stress or illness (13).

ASBAB-E-MARZ (ETIOLOGY)

Buqrat stated that when there is Harart and Yabusat of fawad (stomach) and Burudat of the brain, then such persons are more prone to Saudavi (melancholic) diseases. Sometimes Mizaj of

Arwah (pneuma) is deranged due to various factors, and it may also give rise to malankholia (14).

According to Ibn Sina (980–1037 AD), only the pathology lies in the brain whereas the real source of disease is either in the stomach, uterus, or masharik (accessory) organ of the brain in which warm-e-haar (hot inflammation) exists. At times, its bukharaat (vapors) reaches the brain and vitiates the rutoobaat (fluids) by ehtaraq (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 persons are exhilarant (3).

However, malankholia is caused mainly due to Saudavi madda or mirraesauda. In either case, there is preponderance of Saudavi khilt, 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).

According to Ibn Hubl (1121–1213 AD), 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 Rooh-e-Nafsani (mental/psychic sprit), resulting in kadoorat (dimness), taariki (gloominess), baroodat (coldness), and yaboosat (dryness), which is against the temperament of rooh (vital pneuma), due to which an affected person acts insanely with thinking disability (15).

Sauda is synthesized in the liver, stored in the spleen, and reaches the brain through the blood vessels. When it is putrefied, it causes obstruction and impedes Rooh-e-Nafsani, which disturbs the cognitive functions. It can also remain in miraq (peritoneum) and masaareeqa (mesentery) and reach the brain through raddi bukharaat (obnoxious vapors). When the peritoneum is involved, it is termed as Malikholiya miraqi (16). Balghami rutubat rarely causes malankholia. If it undergoes putrefaction, it may turn into sauda. Mania occurs as a result of ehtarakh safra. In the similar manner, when there is ehtarakh 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 Rooh-e-Nafsani reaches the brain, it disturbs the mental functions. Sometimes the brain and meninges derange Saudavi Mizaj, making it 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, the patient remains sad without any external stimulus, thinking is perverted, finds himself/herself deserted and occupied by loneliness, and experiences delusion and hallucinations. The patient mutters with himself/herself, and most of the time remains silent, feels giddy and tinnitus, and has unusually increased sexual and food satiety. The nature of fear varies from patient to patient, few get afraid of death and animals, while some find themselves obsessed with the falling of sky.

Based on the involvement of humors such as dam (blood), the patient is fond of laughter, is sportive, and thinks exhilarantly; if it is safra (yellow bile), the patient is mentally hardworking and is very hyperactive; and in case of balgham, the patient is gloomy and lethargic. The features of Saudavi variety are severe, grave, and violent (3,20).

USOOL-E–ILAJ (PRINCIPLES OF TREATMENT) (21,22)

The principles of treatment are as follows:

• Evacuating the affected humor except for khilte dam, primarily through munzijaat (concoctives) followed by mushilaat (purgatives) for tanqia mawad (evacuation of morbid matters), and secondarily fasd (phlebotomy).

• Relieving the tachycardia, palpitation, thirst, and generally producing coldness through drugs such as tarteeb (moisturizer), taadil mizaj (alternatives of temperament), dalk (massage), riyazat (exercise), mufarrehaat (exhilarants).

• Administering Muqawwi dimagh (brain tonics) and using Nafsiyati tadabeer (psychological measures).

ILAJ (TREATMENT)

Ilaj (treatment) depends on the affected humor. Melancholia is usually caused due to combustion of any of the four humors, which ultimately converts to the Saudavi variety; hence, the affected humor, that is, predominance of sauda from the whole body, has to be eliminated.

Fasd (phlebotomy) of saphenous or cephalic vein is done till the blackish color and viscosity of the flowing blood persists, depending on the patient's condition (15).

After fasd, istafaragh (elimination) of sauda with the following is done: Maul usool (medicated decoction of roots) of Khashkhash khushk (Papaver somniferum), Unnab (Zyziphus sativa), Sapistan (Cordia latifolia), Fuwah (Rubia cordifolia), Izkhar (Andopogams haenarthus), Post beekh kibr (Caparis spinosa root bark), and Badyan (Foeniculum vulgare) each fistful; and Mastagi (Pistacia lentiscus), sumbal (Nardostachys jatamansi root), Habbezalam (Egyptian nut), Toodri (Lepidium iperis), Bozidaan (Pyrethrum indicum root), Asalsoos (Glycyrrhiza glabra root), Bargrehan (Ocimum sanctum), Barg badranj boya (Mellisa officinalis), Gao'zabaan (Borago officinalis), and Maweezmunaqqa (Vitis vinifera seedless fruit) each 25 g, all drugs are boiled and given with Roghan Badam Shirin (Prunus amygdalus) in a dose of 70 ml for 7–10 days continuously. Along with these, Roghan Banafsha (Viola odarata) should be applied on the scalp and also inhaled through both nostrils (16). Tanqia is done with Jawarishaat made up of Haleelasiya (Terminalia chebula unripe fruit), Aftimoon (Cuscuta reflexa), 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 olereacea), and dressed with Roghan Badam, and Bai'zeneembarasht (half boiled egg yolk) with Sharbate Banafsha. Habbe ustukhudoos (Lavandula stoechas) may be administered as purgative. If istafaragh (evacuation) is essential, then Khaisanda (cantation) of Aftimoon and ustukhudoos with Maul Jubn (cow's churned milk) to be given. Or istafaragh of Saudavi khilt through Joshanda Aftimoon (decoction of C. reflexa) mixed with Elwa (Aloe barbadensis) and Ghariqoon (Agaricus alba) to be given.

Hammam (Turkish bath) with sweet water is given (15). Hammam-e-motadil with water consisting of Banafsha, Nilofer (Nelumbo nucifera), Bargkahu (Lactuca sativa), Bargbabuna (Matricaria chamomile), and Post khashkhaash is given (14). Aromatic flowers such as Banafsha or Nilofer may be made to smell. The patient is allowed to rest for 3 days followed by enema with chukhandar (beetroot), khatmi (Althea officinalis), wheat husk, and laxative with Roghan Banafsha. Highly nutritious food is also recommended. Seb (Malus domestica) and anar (Punica granatum) may be given. If condition persists, the aforementioned measures may be followed again. Moreover, aromatic oils such as Roghan Badam, Roghan Kaddu, and Roghan Banafsha may be used as tadheen (unction) on the scalp to induce tarteeb.

Sauda-producing diet and drugs such as dry meat; beef; meat of donkey, camel, swine, rabbit, jackal; brinjal; cabbage; masoor dal; baqala (Vicia faba), dates (Phoenix dactylifera), viscous and new wine, and salty spicy foods may be strictly avoided (2,15). If affected madda (matter) is less, body is dry, and ghalbe dam is absent, then fasd and istafaragh should be avoided. Induce tarteeb in the brain along with alteration in temperament and strengthening heart through exhilarants and cardiac tonics such as musk (Moschcus moschiferus) and Anbar (Amber garacia). Saoot (inhale) with Roghan Banafsha, Roghan Nilofer, Roghan Kaddu is recommended, and the same oils may also be used as massage on the scalp (14).

Dawae Mufarreh: Haleela kabli (T. chebula)5 no, Gao'zabaan, gulab (Rosa damascena), saad kofi (Cyperus rotundus) each 14 g; Ghariqoon and ustukhudoos 10.5 g each; Mastagi,

Zafran (Crocus sativus), rind of Turanj (Citrus modica), sumbal, Asaroon (Valariana walichii root) each 10 g; Behmanain (Centaurea behen), Zaravand (Aristolochia longa), Elaichi kalan (Amomumsu bulatum fruit), Naremushk (Mesua ferrea), Oud (Aquilaria agallocha), Zarnab (Taxus baccata), Tukhm badranj (M. officinalis), Tukhm faranjushk (O. gratissimum), Heel khurd (Elletaria cardamomum), saunf (F. vulgare), Bargsonf (F. vulgare) leaves each 7 g; musk (M. moschiferus) 2.25 g—all these drugs to be boiled in honey syrup in which amla has been boiled (15).

Mujarrab Majoon (Effective Formulation)

Post haleela siya (T. chebula) and Post haleela kabuli (T. chebula) each 17.5 g; Zarawand mudharaj (A. rotunda), and Taweel (A. longa), Waj (Acorus calamus), Zaranbad (Curcuma zedoria) each 14 g; Harmal (Peganum harmala), kalonji (Nigella sativa) each 7 g; Juntiana (Gentiana lutea), Dar Sheeshan (Myrica nagi) each 5.25 g; Bisfaij (Polypodium vulgare) each 10.5 g; Afsanteen (Artemisia absinthium), Aftimoon each 24.5 g; Irsa (Iris ensata) 17.5 g; Buzrul banj safeed (Hyoscyamus albus) 4.66 g; Kundush (Schoenocaulon officinale) 7 g; ustukhudoos, Fuwah, Tukhm karafs (Apium graveolans), Anisoon (Pimpinella anisum), Badyan (F. vulgare), and Ghariqoon safeed (A. alba) each 10.5 g; Turbud safeed mujawwaf (Operculina turpenthum) 14 g; Qaranfal (Caryophyllus aromaticum) and Taj (Cinnamomum cassia) 10.5 g each; Sibrsaqootari (A. barbadensis) 35 g; Mastagi 10.5 g; Khirbaq mudabbar (Helleborus niger) 17.5 g; Gao'zabaan, Barg badranj boya, and Barg faranjmushk (O. gratisimum) 14 g; Zafran 5.25 g—Majoon to be prepared and given in a dose of 15.75 g every 10th day. During this medication, Roghan Banafsha (oil of V. odorata) should be massaged over the body and instilled in nostrils and also applied on scalp (16). Hijamat Nariya (fire cupping) over head and light exercises are also recommended (2). During convalescence, Itrifal sagheer, Aftimoon, Ayarijfeeqra, Majoonnajah, and Majoon mufarreh are administered. Joshanda aftimoon, Habbe ayarij, Ayarij Jalinoos, Turanjabeen, Habbe aftimoon, and Jawarish Jalinoos are also recommended (14,22–25).

If caused due to intense heat

Temperament of brain may be restored by inducing moistness. Head to be soaked in moist oils, and cold and moist diet may be given. Boiled herbal water consisting of Banafsha, Nilofer, rind of Kaddu (C. maxima), Post khashkhaash, and Beekhyabrooj (Belladona atropa) may be poured on the scalp.

If caused due to involvement of the peritoneum, spleen, or stomach

If sauda is accumulated in the peritoneum, spleen, or stomach, then emesis and evacuation should be done by Aftimoon and Sikanjabeen. Jawarish Ood with Fanjnosh and Jawarish Safarjal should be given for evacuation super added with Elwa and Aftimoon. Elwa singly or Afsanteen 2.25 g with water is beneficial. Sirka of Jangli Piyaz (vinegar of wild onion) to be sipped (15). Saoot (inhaler): Mishk 1 part, Kafoor 0.5 part, 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, Podina, Funjkhusht, and Habbulghaar is recommended. 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 are also beneficial. Easily digestible nutritious diet is recommended.

Nafsiyati Tadabeer (Psychological Measures)

Entertainment, sports, melodious music and songs, engagement in humorous sittings are highly recommended. In contrast, loneliness, suspicious thinking, etc. are harmful. Sometimes abrupt emotional incidents relieve the patients from melancholia (15). Beautiful and heart-rending scenery and activities should be promoted (16).

Prolonged wakefulness, prolonged studying habits, and 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), and taghziya (nutrition) (16).

To sum up the management approach, the following do's and don'ts are summarized for eloquent understanding:

Do's

• The ambient air of the habitat of the patient should be made Murattab (moist), and fragrant flowers or aroma should be spread around the habitat of the patient.

• Patient's dress and bed should be white in color.

• Murattib (moist), mufarreh (exhilarant) perfumes, and aroma should be administered in the form of Lakhlakha (inhalation).

• Mufarreh (exhilarant), Murattib (moist), Mussafi Khoon (blood purifiers), and highly nutritious diet must be served.

• The body should be strengthened with adequate food/nutrition.

• Before administering meal, the patient should be allowed to have a moderate Hammam, pouring lukewarm water over the head—these regimens are most specifically beneficial for melancholics.

• Much importance should be paid on tarteeb (moisture) over taskheen (calorificient); therefore, Maul Jubn (cow's churned milk) is considered as a good mubarrid (refrigerant). Similarly, pouring milk on the scalp (head) and application (Tila) of lukewarm chicken fat (murg ki charbi) are good refrigerants. Keeping the patient busy by entertaining with playing, singing, etc., also benefits.

• Milk and brains (organs of animals)

Don'ts

• Refrain from excessive sexual intercourse.

• Avoid vigorous movements.

• Avoid Ghazab (rage).

• Keep away from Fikr (thought/thinking).

• Avoid Huzn wa Malal (mourning and affliction).

• Do not wear black cloths.

• Do not peep toward darkness

• Stay away from dark and congested inhabitation.

• Avoid the following 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

• Avoid eating salty and sour items.

• Cow , camel, and desert and hilly animals' meat.

• Big fishes (giant fishes).

• Namake siyah.

• Dried cheese

• Mooli (radish).

• Bhoosi wali rooti (fibrous bread)

• Take limited quantity of sweet, tasteless, and spicy food.

• Avoid temperamentally hot or cold things and diet.

• Refrain from black things.

• Avoid ghee.

• Do not take unseeded Tukhme Khurfa (Apeum graveolens).

• Baring with sleeplessness, thinking, loneliness, excess hard work, hunger, and thirst are all injurious; similarly all such things that produce or increase dryness and hotness in the body and brain should be avoided.

• Nutool (douching) with khashkhaash (poppy seeds), Babuna (M. chamomile) should be used to induce sleep. Decoction of bones is mostly effective.

• More importance should be paid to provide tarteeb to manage melancholia; and also elimination of sauda should not be delayed. If patients complain 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/her 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 tangible result has been achieved with the exception of certain antipsychotic 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, and hyperlipidemias with extra pyramidal side effects. This dismal scenario has envisaged us to explore alternative concepts and therapies in the form of Unani, a herbal system of medicine that is enriched with paragon of tradition with documented

knowledge of classical texts and pharmacopoeias dealing not only with the concept but also its management with various modes of treatment, which if pursued will mitigate the suffering of humanity to a great extent.

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