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An insight on classical perspective of Mālanekhūliyā

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Abstract

Mālanekhūliyā 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. Approximately 8 to 10 mental illnesses are found for every 1000 people worldwide. In its canonical literature, the ancient traditional medical system known as Unani describes not only the idea of this condition but also how to manage it with a variety of treatment options that, if followed, will significantly lessen human suffering. The aim of this research was to insight a classical review on Mālanekhūliyā in Unani medicine and to review this classical book that were investigated are Al-Qanoon, Al-Hawi-fi-Tib, Kamil-us-Sana'a, Kitab-ul-Kuliyat and related research articles from different webs for both were searched.

Keywords: Mālanekhūliyā, amrāz-i-nafsāniyya, mizāj, Unani literature

Introduction

Unani scriptures mentioned psychiatric nosology is part of medical categorization which comes under the heading of "*Amrāz-i-Nafsāniyya*", where all diseases are labeled as syndromes rather than specific disease entities. Unani classical literature provide ample description of psychosomatic and psychobehavioral disease although there is no specific term in unani literature precisely translate term depression however there are multiple terminologies like *Mālanekhūliyā*, *Māniyā/ JunūnSaba'ī*, *Sahar*, *'ishq*, *Quṭrub /JunūnDhi'bī*^[1]. So, it is said that description of depression in classical literature is available as *Mālanekhūliyā*. Mizāj (temperament) of an individual is a significant risk factor for various disorders, including psychiatric disorders like depression, which can be observed in all four types viz *Mizāj-i-damawī*, *Mizāj-i-safrāwī*, *Mizāj-i-balghamī*, and *Mizāj-i-sawdāwī*. However, according to Unani scholars, symptoms of psychic faculty and their distortion are due to involvement of vitiated humors particularly due to involvement of *Sawdā'*^[2, 3].

Mālanekhūliyā term was derived from Greek which is a combination of two words *mālan*, which means "black," and *khūliyā*, which means "bile". The rationale for naming this condition is that its primary cause was thought to be an abnormal rise in the quantity of black bile. *Ibn Sīnā* defined in his book *Al-Qānūnfi'lṬibb*, *Mālanekhūliyā* is a disorder caused by a change in the *Mizāj* of brain and the moistness of brain has a propensity to give way to dryness easily.³ This results in changing the brain temperament from cold and wet to cold and dry which ultimately disrupts its function, depriving the patient of normal sensibility and healthy speculation. These changes develop multiple symptoms like derangement of imagination and thinking, leading to fear, sadness, suspicion and false imaginations, tendency to obsessive thoughts, despondency, despair, isolation and death, fixation of the eyes on the ground or an object, sunken eyes, insomnia, paranoia, fear, delusion, and sadness for no apparent reason^[3, 4, 5].

Historical Background

Buqraat (460-370 BC) first coined the terms *Māniyā* and *Mālanekhūliyā* to characterize mental disturbances. The Greek used the term *Mālanekhūliyā* for pathological states of depression. Hippocrates aphorisms states: "*mālanekhūliyā* means fear or sadness that last for long time." This suggests that symptoms of unexpected duration, instead of only depressed symptoms, ultimately indicate illness^[6, 7]. In addition, the Hippocratic writings mentioned "aversion to food, despondency, sleeplessness, irritability, restlessness" as symptoms of *mālanekhūliyā*. As a result of the latter characteristic, *mālanekhūliyā* was sometimes described as "delirium without a fever." According to Hippocratic, sadness is not a solitary disorder but is related to other conditions, particularly anxiety and delusions^[9, 10].

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Baghdādī, Ibn Hubal (1121-1213 AD), claimed that the dominance of *Mirra Sawdā'* [27] and *Sawdā' Ghayr Ṭabī'ī* in the human body, as well as their mixing with blood and *Rūḥ Nafsāniyya*, this causes *Kadoorat* (dimness), *Taariki* (gloominess), *Bārudat* (coldness), and *Yābusat* (dryness), all of which are against the temperament of *Rūḥ* (vital pneuma), causing the affected individual to act irrationally and have psychiatric problems and he also mentioned it as the primary cause of these diseases. *Ibn Sīnā* claims that the first signs of *Mālankhūliyā* include negative thoughts, irrational dread, and sudden rage, a preference for solitude, palpitations, giddiness, and tinnitus, among other things. [7, 8]

Classification of *mālankhūliyā*

According to various ancient unani scholars *Mālankhūliyā* is classified according to humour involved:

- 1. *Mālankhūliyā Sawdā'* (Melancholic Melancholia):** *Ghayr Ṭabī'ī Sawdā'* (abnormal black bile) can be produced by the combustion of any humor. It can even be caused by the combustion of black bile, which is not formed by nourishment but caused by the disturbance taking place during the formation of various kinds of abnormal simple or morbid matters. It will cause two types of complications one is related to the psychology and other to the body system. In abnormal black bile condition, the patient's thoughts become irregular; the ideas of fear and suspicion is created, performs futile and senseless actions, becomes devoid of reason due to which he also loses the dignity of humanity. Sometimes his nature is excited and sometimes rebellious and they run away from other people or starts hitting in anger. Such disorders are related to mental strength, which is also called *Mālankhūliyā*. Sometimes, in the form of abnormal behaviour, the disorders of *Māniyā* (madness and ferocity) arise such a patient becomes a beast. In *Mālankhūliyā*, the patient is constantly brooding and exaggerating everything even sometimes exaggerates the same thing. Such people hate sitting and socializing and the heart wants to be alone and sometimes there is an appearance of disease-related disorders [13, 14].
- 2. *Mālankhūliyā Ṣafrāwī* (Bilious Melancholia):** When there is predominance of *Ṣafrā'* (yellow bile) in the blood, anger comes very quickly and disappears soon because the *Rūḥ* that is born from such blood has intense heat and even when this *Rūḥ* is bright and pure it will create a lot of happiness and expansion. The person whose blood is impure and concentrated with too much heat even than person is not very sad, in fact will be strong-hearted, brave and will have less anger because joy dissolves anger, and when the concentration of *Rūḥ* is high, such a person has very little fear and anxiety, and a person whose blood is impure and ill-humoured near to cold temperament, such a person is neither sad nor happy and does not have severe anger, his cowardice remains to a certain extent and he is less eloquent, and the person whose blood is more thick and cold then that person is more sensitive and sad and he does not get angry without any important reason and if gets angry lasts for a long time. The duration of anger is relatively shorter than the anger of a hot-tempered person and longer than the anger of a *raqeeq-ul-qawam* person and this person is very spiteful [2, 13].

- 3. *Mālankhūliyā Balghamī* (Phlegmatic Melancholia):** *Balgham* has a distinct temperament since various forms of phlegm have varied temperaments. For this reason, there is a difference of opinion among unani scholars regarding its temperament. Someone has described phlegm temperament as hot and moist and others as cold and moist. If the body is dominated by *Balgham shor*, then the morals of such people will be dominated by bitterness and restraint and will also show irritation in every small matter especially seen in old age and if there is a predominance of *Balgham Tafīh* (dull phlegm), such a person will feel sluggish and lazy and their morals and emotions will not show the same intensity as normal people. On the contrary, if there is a predominance of *Balgham Hulw* having hot and humid temperament, then emotions of such a person will be more agitated and intense because there is more vigorous heat is found in the blood in which characteristics of kindness and anger are present at the same time [2, 13].
- 4. *Mālankhūliyā Damawī*:** When the quality of blood in the human body is clean and transparent and has a balanced consistency, such blood creates radiance in the *Rūḥ*, which produces the potential for joy and happiness in the *rūḥ*. And when the pure blood has more violence and heat, it produces more anger and wrath due to its frequent agitation and quick movement, and the blood that is thin-blooded, cold, and pure creates weakness of heart and cowardice because the coldness created in this blood prevents the *rūḥ* from moving outwards, which makes the *Rūḥ* less dissolved and the agitation in it is reduced, due to which the joy and anger are also reduced and the impure blood contain high heat, it creates the ability of the *rūḥ* to be long-lasting and stable. The cause of grief is that this type of blood produces an impure *rūḥ*, and anger arises because this type of *rūḥ* has its own heat it ablaze quickly and it takes long time because the heat produce by impure blood in *rūḥ* does not get cold easily [2, 13].

In the Unani literature this disorder according to the part black bile accumulates is classified into three types-

- **Cerebral *Mālankhūliyā*:** If black bile is accumulated in brain [12].
- ***Mālankhūliyā Marāqī*:** If black bile accumulates in organs such as the stomach, liver, spleen, and *Marāq* (the extra-peritoneal layer of the abdomen) due to which flatulence occurs [6, 12].
- **Systemic *Mālankhūliyā*:** If the excess black bile is distributed all over the body [12].

Etiopathogenesis

In unani system of medicine, the pathogenesis of diseases has been attributed to three factors *viz.* *Mizāj* (temperament), *Tarkīb* (structure) and *Ittiṣāl* (continuity of tissues). Abnormalities of these factors are considered as: *Sū'-i-Mizāj* (altered temperament), *Sū'-i-Tarkīb* (altered structure), *Tafarruq-i-Ittiṣāl* (loss of continuity) [13].

The concept of *Mizāj* is a peculiarity of unani medicine which reflects systemic balance at the optimal functional level of adjustment. *Mizāj* is the pattern of actions and reactions of body as a whole or its parts expressed in terms of elementary qualities i.e. *Kayfiyāt Arba'a* namely *Ḥararāt*

(hotness), *Burūdat* (coldness), *Ruṭūbat* (moistness), and *Yubūsat* (dryness) and imbalance in any of qualities is considered as *Sū'-i-Mizāj Sāda* [14].

Unani medicine is based on the Hippocratic humoral theory according which the body has four humors: blood, phlegm, yellow bile, and black bile. Based on the prevalence of *Akhlāt* the four temperaments of individuals are *Damawī* (sanguine), *Balghamī* (phlegmatic), *Ṣafrāwī* (choleric), and *Sawdā'wi* (melancholic) respectively. The theory states that correct ratio and proportion of all four humors is required for health and any imbalance in humour will lead to temperamental alteration i.e. *Sū'-i-Mizāj Māddī* and will lead to diseases [14, 20].

Human body is regulated by three primary *quwā* (faculties): *quwā nafsāniyya* (psychic faculties), *quwā haywāniyya* (vital faculties), and *quwā tabī'iyya* (physical faculties). *Dimāgh* (brain) is said to be the epicenter of *quwā nafsāniyya*, which is connected with intellect, sensory, and motor functions of the body [15, 16].

Quwā nafsāniyya (psychic or mental faculties) consists of two main faculties i.e. *quwwatmudrika* (perceptive/cognitive faculties) and *quwwat muḥarrika* (motor faculties). *Quwāmudrika* is also of two types' viz. *Quwwat Mudrika Zāhira* (external perceptive faculties) and *Quwwat Mudrika Bāṭina* (internal perceptive faculties). External perceptive power is sensory and corresponds with five external senses: vision, hearing, smell, taste, and tactile feeling, whereas internal perceptive powers are associated with brain intellectual functioning [17, 18, 19].

Ibn Sīnā (Avicenna) and his followers accepted the literature ideas which state that *quwwat mudrikabāṭina* are five in number and are as follows: *Hiss Mushtarak* (faculty of composite sense); *Quwwat-i-Khayāl* (faculty of imagination); *Quwwat Wāhima* (faculty of imagination with interpretation); *Quwwat Ḥāfiẓa / QuwwatDhākira* (faculty of memory/memorizing power) and *Quwwat Mutaṣarrifa / Quwwat Mutakhayyila* (faculty of modification) [3].

Unani physicians have divided the brain into three functional areas i.e. fore brain (*Muqaddam Dimāgh*), mid brain (*AusatDimāgh*) and hind brain (*Moakhhkar Dimāgh*). Each regions have their own *quwā* (faculties), such as the forebrain has *QuwwatTakhayyul* (faculty of thought), the midbrain has *Quwwatfīkr* (faculty of thinking), and the hindbrain has *QuwwatḤāfiẓa* (retentive faculty) [20, 21].

Ibn Rushd as stated in his book *Kitāb al-Kulliyāt*:

"If a disease occurs in whole brain all the three faculties along with their functions becomes disturbed and if limits to specific area of the brain, the defect will occur in that particular faculty only. If the illness affects the front part of the brain, the *Quwwat Takhayyul* (faculty of thought) suffers; similarly, if the mid region of the brain suffers, the *Quwwat Fīkr* (faculty of thought) declines. *Quwwat Ḥāfiẓa* (retentive ability) becomes defective when there is an abnormality in the hind brain." [22]

Ibn Zuhr mentioned in his book *Kitāb al-Taysīr* that:

"When a disease arises in the forebrain, it causes delirium and changes in cognition, which makes the patient to think in a hostile manner. Minor disease in the midbrain can lead to significant consequences such as excessive thinking and mental difficulties that prevent the brain from making appropriate and particular decisions." [23]

Brain gets influenced easily due to its *Bārid Raṭb Mizāj* (cold and wet temperament) and diseases which affects the brain are either primary due to *Sū'-i-Mizāj Dimāgh*

(abnormal temperament of brain) itself or secondary because of involvement of its adjacent organs (*A'dā'-Mushāraka*) i.e. heart, stomach, liver etc. Sometimes the abnormality of brain may be associated with inflammation of diaphragm or cardiac end of the stomach due to which there is upward movement of gases from stomach to brain [23]. Abnormalities in the *Mizāj* of the brain may be without involvement of humors known as *Sū'-i-Mizāj Sāda* or with involvement of humors is known as *Sū'-i-Mizāj Māddī*. Both conditions produce pathology and affect the *Af'ālsiyasiya* and *Mudabbira* (functions of planning).

Ibn Rushd states that: "Three kinds of defects are likely to emerge in these faculties of brain viz. *Buṭlān* (failure of faculty), *Nuqṣān* (deficiency in faculty) and *Tashweesh* (altered and exaggerated functioning of faculty) [17, 18].

Buṭlān (failure) or *Nuqṣān* (deficiency) of these faculties occurs due to either *Sū'-i-Mizāj Bārid Raṭb* (abnormal cold and wet temperament) or *Sū'-i-Mizāj Bārid Sāda* (simple abnormal cold temperament), and this abnormal temperament causes obstruction within the vessels and passages, preventing the *Rūḥ* (pneuma) from appropriately entering the brain [17, 18, 21, 23].

Awariz-i-Nafsāniyya (emotions/psychic reaction) produces movement in the *Rūḥ* (pneuma) through blood. The movement of *Rūḥ* is seen outward or inward in emotions. The movement of *Rūḥ* is outward and sudden in anger, outwards and gradual in happiness, inward and sudden in fear and inwards and gradual in sadness. This movement of *Rūḥ* increases the heat in part towards it flow leaving the other part cold. When the cycle of heat and cold becomes excessive, it affects various organs of the body and results in occurrence of disease. In melancholic temperament due to dryness in temperament of *Rūḥ* the idea of thoughts get disturbed [29, 21].

The dominance of either bilious temperament in the brain causes a deficit in the *Quwwat Fīkr* (thinking faculty) and *Quwwat Ḥāfiẓa* (retentive faculty). Altered and improper functioning of these faculties occurs due to *Sawdā'wi* (black bile). If this abnormal temperament takes place due to *Sawdā'e Muhtariqa* (burnt black bile) then the complications will be admired with complications of *Ghayr Ṭab'ī Ṣafrā'* (altered yellow bile) like bravery, abnormal movements and features of madness. *Mālankhūliyyā* is mainly referred as disease occurring due to *Sū'-i-Mizāj Sawdā'wi* (abnormal black bile). *Mālankhūliyyā* is named after the cause, which means dark mood [18, 19, 23].

In his book *Iksīr-i-A'zam, A'zam Khān* cited *Ibn Sīnā* as saying that depression will undoubtedly have an impact on the heart; special attention should be paid to the heart while treating the condition [14].

Discussion and Conclusion

Traditional wisdom of Unani classics appreciates the united functioning of mind and body with the belief that the mind and body are inseparable and therefore Unani system of medicine, being a holistic art of healing, throughout its classics has laid equal emphasis on *Sehat-i-Nafsāniyya* (mental health) and *Amrād-i-Nafsāniyya* (Mental disorders) apart from somatic health. Classical Unani literature referring to invariably every unani scholar is enriched with details of psychological derangements and their implication to both psych and soma. *Amrād-i-Nafsāniyya* (Psychiatric disorders) are the major and most common in medical practice since ages. It may present either as a primary

disorder or as a co-morbid condition which pose a great challenge for medical fraternity in terms of its management. One of the most upsetting and incapacitating conditions in existence is mental illness. Its social stigma impacts not just the individual experiencing it but also his or her family and the larger society. Due to reasons including urbanization, industrialization, longer lifespans, and the dissolution of the joint family system, which has increased the prevalence of psychiatric diseases, the problem has been progressively becoming worse. With the exception of some antipsychotic medications like clonazapine, risperidone, ziprasidone, aripiprazole, etc., which relieve patients symptomatically but have not been shown to have superior efficacy in treating this disorder, there has been no real progress made in the field of mental health, despite an explosion of scientific knowledge. These medications also come with additional risks, such as the development of weight gain, hyperlipidemias, and clinically significant metabolic disturbances. This depressing situation has led us to consider exploring alternative ideas and treatments in the form of Unani, an herbal medical system that is enhanced by the epitome of tradition and documented knowledge of classical texts and pharmacopoeias dealing not only with the idea but also with its management with a variety of treatment modalities. If pursued, this approach will significantly lessen human suffering.

Conflict of Interest

Not available

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