INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE

E-ISSN: 2616-4558
P-ISSN: 2616-454X
www.unanijournal.com
IJUIM 2025; 9(1): 19-21
Impact Factor (RJIF): 6.3
Peer Reviewed Journal
Received: 13-11-2024
Accepted: 19-12-2024

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Tracing anxiety: DSM-V insights through the lens of Mālankhūliya

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DOI: https://doi.org/10.33545/2616454X.2025.v9.i1a.317

Abstract
Anxiety Disorder did not have a distinct identity or separate recognition until the late 19th century. Consequently, Unani medicine literature does not specifically mention it. However, upon correlating and searching for anxiety disorders within Unani texts, one can find extensive literature describing clinical features similar to those of *Mālankhūliyā,* which aligns with the anxiety disorder categories in the DSM-V criteria. This suggests that Unani medicine scholars were indeed aware of psychiatric disorders, particularly anxiety disorders, and provided clear descriptions of their pathogenesis, clinical features, and management.

Keywords: Anxiety disorder, Unani medicine, Mālankhūliyā, DSM-V criteria

Introduction
Melancholia, derived from the Greek term "melaina chole," which means "biliousness," was historically used to describe anxious or irrational behavior. This term has roots in the Latin "atra bilis" and the English "black bile." Melancholia is categorized into three types based on the disease's primary location: (1) where the entire body is affected by melancholic blood; (2) where only the brain is impacted; and (3) Melancholia Miraqi, where the hypochondria *(Miraq)* is primarily affected, also known as Hypochondrial melancholia.
Prominent Unani physicians, including Rhazes (Zakariyya al-Razi, 865-925 CE), Ahmad bin Mohammad Tabri (980 CE), Haly Abbas (Ali ibn al-Majusi, 930-994 CE), and Avicenna (980-1037 CE), provided detailed descriptions of melancholia. In "The Canon of Medicine" (Al-Qanun Fit tib), Avicenna characterized melancholia as a disease that severely distorts a person's imagination and judgment, leading to profound sadness and fear [1-3]. The Unani system of medicine identifies abnormal melancholic humours *(Sauda Ghayr Tabiiyya)* as a key cause of melancholia. An excess of black bile *(Sauda Ghayr Tabiiyya)* affects the brain, leading to melancholia. The spleen plays a crucial role in this process. Normally, the spleen filters out harmful humours to maintain health, but when it malfunctions, black bile can accumulate, causing melancholia. According to Averroes (Ibn Rushid), the spleen, being spongy and loosely textured, easily absorbs fluids from nearby body parts. It primarily filters thick, earthy, atrabilious humours (black bile) formed in the liver. When melancholic humours gather in the spleen, they produce smoky vapours that rise from the hypochondriacal region to the brain, resulting in hypochondriacal melancholia (Melancholia Miraq) [4, 5]. According to Avicenna, individuals suffering from melancholia are often gloomy, melancholy, and fearful [5]. Ali ibn al-Majusi observed that melancholic patients experience madness *(Hadhayan)*, memory impairment, anxiety about loud noises, and a desire for isolation. He also noted that in advanced stages of melancholia, patients might experience various delusions, such as believing they are an earthenware pot, thinking their skin has dried and become like parchment, or believing they do not have a head [6, 7]. Some melancholics perceived threats where there were none, saw benefits in objects where none existed, worried their friends, or feared humanity as a whole. They also tended to avoid social interactions and sought solitude. In his book Tibb Akbari, Akbar Arzani defines melancholia as a disorder where the faculty of imagination and judgment is entirely lost, occurring primarily in individuals with a melancholic temperament *(saudawi mizaj)* [8]. Avicenna also mentioned that this illness is particularly prevalent during the summer and spring seasons [5].

Averroes (Ibn Rushd, 1126-1198 CE) noted that certain melancholic disorders *(saudawi Amraz)* could have a familial occurrence [4].

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), serves as the primary reference for diagnosing anxiety disorders. It provides detailed criteria to identify and evaluate the symptoms, duration, and severity of anxiety that significantly affect an individual's personal, social, or occupational functioning. According to the DSM-5, anxiety disorders are characterized by persistent feelings of fear, apprehension, and excessive worry that are difficult to control and often disproportionate to the actual threat. These symptoms are accompanied by physical manifestations such as increased heart rate, muscle tension, and difficulty concentrating. By offering standardized diagnostic guidelines, the DSM-5 aids clinicians in identifying anxiety disorders, ensuring consistent and evidence-based approaches to treatment and research [9].

According to DSM-V, anxiety disorders are classified as follows [9]

(F93.0) Separation Anxiety Disorder
(F94.0) Selective Mutism
Specific Phobia
Specify if:
(F40.218) Animal
(F40.228) Natural environment
Blood-injection-injury
(F40.230) Fear of blood
(F40.231) Fear of injections and transfusions
(F40.232) Fear of other medical care
(F40.233) Fear of injury
(F40.248) Situational
(F40.298) Other
(F40.10) Social Anxiety Disorder (Social Phobia)

Specify if: Performance only
(F41.0) Panic Disorder
Panic Attack Specifier
(F40.00) Agoraphobia
(F41.1) Generalized Anxiety Disorder
Substance/Medication-Induced Anxiety Disorder

Specify if: With onset during intoxication, With onset during withdrawal, With onset after medication use
(F06.4) Anxiety Disorder Due to Another Medical Condition
(F41.8) Other Specified Anxiety Disorder
(F41.9) Unspecified Anxiety Disorder

Anxiety disorders were not distinctly recognized until the late 19th century and are absent as a specific term in Unani medicine. However, clinical features of Mālankhūliyā, describe in unani texts closely aligning with different types of anxiety disorders as categorized in the DSM-5, are summarized in the table below.

Table 1: *"Mālankhūliyā"* align with various criteria for anxiety disorders as outlined in the DSM-V

DSM-V criteria	Symptoms describe in *Mālankhūliyā*
1. Separation Anxiety Disorder Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.	"The patient is afraid of death" [6]
2. Selective Mutism Consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., at school) despite speaking in other situations.	The patient does not like to talk to anyone [5]
3. Specific Phobias Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).	He/she feels scared of people" "He/she is afraid of things that generally should not cause fear" "Some patients are afraid that the sky will fall on them" "The patients think that the ground will collapse" "Some patients think that a wild animal will tear them apart" "Some patients believe that they have been or will be poisoned, which is why they stop eating and drinking." [10]
4. Social Anxiety Disorder (Social Phobia) Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech).	He/she feels scared of people" "enjoys being alone" [1]
5. Panic Disorder Palpitations, pounding heart, or accelerated heart. Chest pain or discomfort. Nausea or abdominal distress. Derealization (feelings of unreality) or depersonalization (being detached from oneself). Fear of losing control or "going crazy." Fear of dying.	"palpitations" or "feeling of tightness in the chest," "or fluttering of the heart." Nausea Abdominal discomfort "The patient remains absorbed in play and activities." Fear of impending death [5]
6. Generalized Anxiety Disorder Restlessness or feeling keyed up or on edge. Difficulty concentrating or mind going blank. Sleep disturbance	Fearfulness Excessive worry Restlessness Insomnia [5, 10, 11]
7. Substance/Medication-Induced Anxiety Disorder Cannabis	"Sometimes this condition can also occur due to consuming bhang" [12]
8. Anxiety Disorder Due to Another Medical Condition	"It occurs due to the development of an ulcer in the Miraq" "This condition arises due to the accumulation of black bile in the spleen" " Psychiatric cause- Excessive worry and delusions"

	"It is more common among those who are deeply engrossed in wisdom or intellectual pursuits'' "It is common among those who have a habit of evacuating morbid matter, and retention of matter occurs such as those with hemorrhoids or menstruating women.'' [12]

Conclusion

In conclusion, anxiety disorders, as distinct entities, were not formally recognized until the late 19th century. Consequently, classical Unani medicine does not explicitly mention them. However, a critical analysis of Unani texts reveals that the clinical features of Mālankhūliyā closely align with the DSM-V categories of anxiety disorders. This highlights the advanced understanding of Unani scholars regarding psychiatric conditions, particularly anxiety disorders, as evidenced by their detailed descriptions of pathogenesis, clinical manifestations, and therapeutic approaches.

Acknowledgements

I acknowledge all the co- authors for there contribution.

Conflict of Interests

No conflict of interests.

References

1. Tabri AHA. Moalejat e Buqratia. Vol. 1. New Delhi: CCRUM; c1995. p. 374-391.
2. Angst J, Gamma A, Benazzi F, Ajdacic V, Rössler W. Melancholia and atypical depression in the Zurich study: epidemiology, clinical characteristics, course, comorbidity and personality. Acta Psychiatr Scand. 2007 Feb 15;115(s433):72-84.
3. Yousf Mir U, Hamid Wani U. Anxiety Disorders in Conventional and Unani medicine: A Review. Available from: https://www.researchgate.net/publication/383227839
4. Rushd MI. Kitab al Kulliyat (Urdu Translation). 1st ed. New Delhi: CCRUM; c1980. p. 81-82, 97-98, 140-141.
5. Kantoori H. The Canon of Medicine (Al-Qanun Fittib). Vol. 3. New Delhi: Aijaz Publishing; c2010. p. 553-556.
6. Razi ABMBZ. Kitab-ul-Hawi. Vol. 1. New Delhi: CCRUM; c1997. p. 56-77.
7. Al Hasan Qamri AM. Gina Mina. New Delhi: CCRUM; c2008. p. 20-24.
8. Akbar A. Tib e Akbar. Deoband: Faisal Publications; c2002. p. 739.
9. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. DSM-5. Washington DC, London: American Psychiatric Publishing; c2013. p. 189.
10. Khan HMA. Aksee-re-Azam. New Delhi: Idara Kitab-us-Shifa; c2011. p. 118-131, 185-306.
11. Kabeerddin H. Sharh Al Asbab Al Alamat. New Delhi: Idara Kitab-us-Shifa; c2010. p. 84-89.
12. Jafari SAH, Siddique MM ul H. Daqaiqul Ilaj. Aligarh: Department of Moalejat, Ajmal Khan Tibbiya College; p. 253-259.

How to Cite This Article
Akhtar S, Ahmad T, Azmat J, Ali SJ, Siddique M. Tracing anxiety: DSM-V insights through the lens of Mālankhūliya. International Journal of Unani and Integrative Medicine. 2025;9(1):19-21.