

Unani perspective of melancholia (A Depressive Disorder): Concept and management

Azma Waseem¹, Anwar Jamal^{2*}, Aisha Siddiqui³, Afshan Khan⁴, Waseem Ahmad⁵, Mohammad Fazil⁶

^{1, 2} Research Officer (Unani)/S-III, Hakim Ajmal Khan Institute for Literary and Historical Research in Unani Medicine, CCRUM, New Delhi, India

³ Assistant Professor, Department of Ilmu Advia, School of Unani Medical Education and Research (SUMER), Jamia Hamdard, New Delhi, India

⁴ Junior Research Fellow (Unani), Department of Biochemistry, School of Chemical and Life Science, Jamia Hamdard, New Delhi, India

⁵ Technical Officer (Unani), Hakim Ajmal Khan Institute for Literary & Historical Research in Unani Medicine, CCRUM, New Delhi, India

⁶ Research Officer (Unani)/S-IV, Hakim Ajmal Khan Institute for Literary & Historical Research in Unani Medicine, CCRUM, New Delhi, India

Abstract

Although, discovery of antibiotics, vaccination and development in medical science helped in remarkable reduction in infectious and communicable diseases, but the prevalence of non-communicable diseases (NCDs) including mental problems is increasing with alarming rate in the present era. Psychiatric disorders not only affect individual's quality of life and apparent well-being, but also disturb other family members. One among them is melancholia (a type of Multiple depressive disorders). Depressive disorders etiology is very complex and not well understood in allopathic medicine, so that the treatment is also not satisfactory. The drugs used in modern system for mental illnesses including melancholia also show adverse effects and prolonged use causes drug dependency. Therefore, there is need of new therapeutic options. In this context, Unani Medicine, an ancient world fame traditional medical system, can play an important role in reducing the burden of mental illnesses prevalent at global level. In this paper, an attempt has been made to discuss Melancholia/Depression from its concept to management in Unani perspective. Unani terms are used as well to illustrate the richness of Unani terminology. This review will help in better understanding about the depressive disorders, providing healthcare to mankind parallel to modern medicine as well as substitute to allopathic drugs.

Keywords: melancholia, depressive disorder, malikhuliya\ malankhuliya, unani medicine

Introduction

In the present scenario, the number of people with mental illness is rapidly increasing across the world. According to World Health Organization (WHO), Major Depressive Disorders (MDD) will account for the second major illness in the world by the year 2020 ^[1]. MDD was considered to be the major contributor to the incidence of suicide and ischemic heart disease and it was ranked the second leading cause of disability worldwide as per Global Burden of Disease Study 2010 ^[2].

According to National Institute of Mental Health, depression is a severe mood disorder that affects feeling, thinking and daily routine work. It is characterized by sadness, irritability, pessimism, apathy and is usually associated with change in sleep pattern, appetite and weight, motor retardation, fatigue, impaired concentration, feeling of guilt, difficulty in decision making and thoughts of death/suicide. Depressive person has a profound loss of interest in hobbies or enjoyable activities. It is diagnosed with presence of symptoms for minimum duration of 2 weeks ^[3, 4]. The link between depression, insomnia and anxiety disorders impairs the function of immune and cardiovascular systems also ^[5]. Depressive disorder is more

common in families with bipolar individuals. There are some drugs like antihypertensive, anticholesterolemic, and anti-arrhythmic agents trigger depressive symptoms. Its association is also found with many diseases. It is Present in 20-30% of cardiac patients, cancer, diabetes mellitus and neurological disorders ^[4]. In the census of 1880, the mentally ill were subdivided into separate categories for the first-time including melancholia as a mental disorder. Now the American Psychiatric Association recognizes melancholia as a type of MMD ^[6]. But mental health is often neglected in health care system and resources dedicated to mental health are far lower too.

Currently, the world is looking towards traditional medicines, including Unani, for a reliable cure with no or minimal side effects for depression. The occurrence of mental illnesses has been identified and documented since ancient times in Unani literature. Ancient Unani physician *Buqrat* (Hippocrates) (460-377 BC) was the first medical man who rejected the idea of demonology and offered a new theory that mental disorders were the results of qualitative/quantitative imbalance of body humors ^[7]. He stressed the importance of pleasant surroundings, exercise, proper diet, massage, soothing baths, music and some other

methods such as bloodletting (*Fasd*), purgation (*Istifragh*) and mechanical restrains like *Hijama* (cupping) in the treatment of mental diseases. Other Unani physicians like *Jalinoos* (100 AD), *Rabban Tabri* (775-890 AD), *Zakariya Razi* (865- 925 AD), *Majusi* (d. 994 AD), *Ibn Sina* (980-1037 AD), etc were well acquainted with mental illnesses. Whereas, many physicians have mentioned useful drugs for melancholia in their respective writings on single drugs and compound formulations. The earliest predecessor of mental hospitals on record was a Greek sanctuary at Epidaurus and the first psychiatric hospital was built by practitioner of Unani medicine in Baghdad (705 AD) in the medieval Islamic world in the early 8th century [8]. In Unani medical classics, MDD/melancholia/depression is well described and elaborately discussed under the heading of *Malikhuliya* or *Malankhuliya*. Unani system of medicine describes prevention and management of melancholia through ways to live healthy (covering both physical as well as mental health aspect) and by providing effective solution in the form of life style modification, dietary regulations and detoxification of the body and medicaments. In Unani medicine, the whole body of patient is considered while treating the disease, where interventions being targeted towards complete physical and mental well-being.

Concept and management of Melancholia in Unani medicine

The Unani terminology for melancholia is *Malikhuliya* or *Malankhuliya*, is a Greek word which is composed of two words; *Mali* means *Sawda* (Black bile/Melanchole) and *Khuliya* means *humour*. Since the causative factor of this disease is *sawda* (Black bile /Melancholic humour), therefore it is named as *Malikhuliya* [9, 10]. According to ancient Unani physicians, it is a severe form of depression caused by accumulation of *muhtariq sawda* (burnt black bile) or *muhtariq safra* (burnt yellow bile) in the brain [11, 12]. *Zakariya Razi* has mentioned references of *Buqrat* (Hippocrates) and *Jalinoos* (Galen) on the disease in his book *Kitab al-Hawi* [13]. According to *Jalinoos*, *Malikhuliya* refers to a mental disorder mainly caused by humoral derangement and the afflicted person is more prone to constant grief, sadness, agitation, with grossly affected thinking and analyzing ability [13]. *Tabri* has defined *malikhuliya* as changes/ disturbance in mental functions due to quantitative and qualitative imbalance of *sawda* (black bile) [14].

Asbab-i Marz (Etiology)

The causative factor of this disease is the dominance of *sawda* (Melanchole or black bile) in the blood, initiate in blood vessels of brain or whole body [13]. Dominance of *Ghayr tabai sawda* (Morbid melanchole) usually caused by due to excessive production of black bile or *ihтираq* (exhaustion/combustion) of any of the four body humours, which ultimately become convert into *fasid sawda* (morbid black bile). Admixture of this morbid matter with blood produce results in the form of *yabusat* (dryness), *kadurat* (dimness), *taariki* (gloominess), *barudat* (coldness) against the temperament of *ruh* (pneuma), due to which affected person acts insanelly with thinking disability [14,15]. Sometimes the altered temperament of *ruh* (pneuma) may give rise to *malikhuliya*. It may be caused due to *Sui Mizaj Haar Yabis* (morbid hot and dry temperament) of heart

particularly when the brain temperament is moist as enunciated by *Buqrat* (Hippocrates) [13, 15].

According to *Ibn sina* (980-1037 AD), it may be secondary where the pathology lies in brain but the real source of disease is either the stomach, uterus, liver, maraq (peritoneum) or masareeqa (mesentery), in which *waram-i haar* (hot inflammation) exists that leads to formation of morbid melanchole producing *radi bukharaat* (bad vapours) [16]. These vapours when reach the brain vitiate the *ruh-i nafsani* (brain pneuma) or causing excessive heat and dryness resulting in *malikhuliya* [12, 16]. Accumulation of *mawaad* (morbid materials) which is supposed to be habitually evacuated from the body through menstruation, hemorrhoids, epistaxis, etc also leads to melancholia [12, 13, 16].

Pre disposing factors [13-17]

- It is common in old age.
- Prolonged exposure to excessive hot climate or wind.
- Personnel with melancholic temperament.
- Consumption of very concentrated wine or alcohol.
- Sedentary life style.
- Men are more prone to this disease than women, but if get affected prognosis is poor.
- Mental stress, lack of sleep, loneliness and some diseases like *Hummiyat al-Muzmina* [16] (chronic fevers) or *Hummā Mukhtaliṭa* [16] (fever with irregular pattern) [11].

Classification of Melancholia

Unani Physicians have classified *Malikhuliya* in various ways [9, 12, 14, 15, 18]

On the basis of humours

1. *Malikhuliya Sawdavi* (Melancholic melancholia): Type of melancholia caused by predominance/ derangement of *sawda* in terms of quantity or quality [19]. It is the most common type and worst in nature.
2. *Malikhuliya Damvi* (Sanguineous melancholia): Type of melancholia caused by the accumulation of *ghayr tabai sawda* (morbid melanchole) due to *ihтираq* (combustion) of *dam* (sanguine).
3. *Malikhuliya Safravi* (Bilious melancholia): Type of melancholia caused by predominance of morbid melanchole due to *ihтираq* (combustion) of *safra* (bile).
4. *Malikhuliya Balghami* (Phlegmatic melancholia): A type of melancholia caused by the morbid melanchole formed by *ihтираq* (combustion) of *balgham* (phlegm)/*Muhtariq Balgham* (burnt phlegm). It is the rarest type of melancholia.

According to Hakim Azam Khan, it is categorized as [10];

1. *Malikhuliya Haar* (sanguineous and bilious melancholia)
2. *Malikhuliya Barid* (melancholic and phlegmatic melancholia)

On the basis of involvement of organs [9, 10, 15, 17-19]

1. *Maikhuliya Dimaghi*: *Malikhuliya* which occurs due to the direct involvement of brain itself. In this type of *malikhuliya*, predominance of *Sawda* (black bile) occurs in the brain either due to overproduction of *sawda* or due to *Ihtiraq* (combustion) of humours,

causing weakness of brain and deterioration of the *Quwa-i Nafsanī* (psychic faculties) resulting in melancholia. It is the worst type.

2. *Malikhuliya due to the predominance of sawda in the whole body* [12]. This type of *Malikhuliya* occurs due to the preponderance of morbid *Sawda* (black bile) in the blood vessels of the whole body except heart. There is found general sign and symptoms of predominance of *sawda* associated with the particular symptoms of this disease.
3. *Malikhuliya Maraqi* (psychoneurosis)- It is also known as '*Illat Nafikha, Sharsufiya*. A type of *Malikhuliya* that occurs due to accumulation of morbid melachole in the peritoneum or mesentery, digestive tract, spleen etc, where *Radi Bukharat* (toxic vapours) are produced. These *Bukharat* (vapours) move towards the brain, and disturb the functions of the brain. Symptoms associated with the disease of particular organ appear before or found with the features of *Malikhuliya* [10, 12, 14].

Sign and symptoms of *Malikhuliya*

Fear, living in isolation, phobias and anxiety are the main symptoms of *malikhuliya* [12, 13]. Prognosis/ features of *malikhuliya* also depend on the habits, occupation of the afflicted person [13]. In the initial stage, symptoms like *zunun al-mura* (changes in imagination), *fasad al-afkar* (thinking is perverted), *gham* (sadness) without any reason, *wahshat* (anxiety), palpitation, liking of loneliness, hallucinations, *hadees mae al-nafs* (patient mutters with himself) or remains silent. *Duwar* (giddiness) and *taneen* (tinnitus) are present [9, 10, 15]. Disturb imaginations and the nature of fear varies from patient to patient, few get *qaum al-maut* (afraid of death / thanatophobia), *qaum al-haiwanat* (afraid of animals), *yakhafus al-sultan* (fear of ruling king), *yakhafus al-lasoos* (afraid of thieves), *saqoot al-asma* (obsessed by the falling of sky), *ibtala al- arz* (engulfed by earth), etc. Some patients have delusions that they are birds or they are made up of clay and will be broken by touch [14-16]. *Quruh* (Wounds) and itching may be present in the later stage [13]. Pulse become small and hard and urine remains *raqeeq* (clear with low specific gravity) [10, 14, 16]. *Sehar* (insomnia) is profound feature in case of *malikhuliya* due to *Su-i Mizaj Yabis* (dry temperamental dyscracia) [9]. Based on the involvement of humors such as in case of sanguineous melancholia, the patient is fond of laughter, sportive and thinks or hallucinates joyful things. Patient become dull and lethargic in case of *balghami malikhuliya* (phlegmatic melancholia) [9, 15]. If the causative factor is *muhtariq safra* (burnt yellow bile), restlessness, insomnia, irritability is present [10, 15, 16]. General weakness, blackish complexion and hyper pigmentation of skin, severe and violent features of *Malikhuliya* are seen in *Malikhuliya Sawdavi* (melancholic melancholia) [10, 13] and patient thinks to die or commit suicide [12, 16]. In case of *Malikhuliya Maraqi*, other symptoms like *qaraqar* (flatulence), *jasha* (belching), *ghasayan* (nausea), *qay* (vomiting), *suda* (headache), abdominal pain, heaviness in stomach, indigestion, pain in right hypochondria or left hypochondria, loss of appetite, burning sensation and pain in inter scapular region, gastric pain after taking meal which subside only after passing of food from stomach and passage of whitish urine are associated with the symptoms of melancholia depending upon the involvement of diseased organ [12, 15, 16, 18, 19].

When it occurs due to predominance of *yabusat* (dryness) resulting from excessive *istafragh* (evacuation) or fatigue then symptoms like dry face, sunken eyes and insomnia are associated with the disease [15].

Prevention and Management

Unani Physicians have given more importance to prevention of disease and described *Asbab-i-Sitta Zaruriya* (six essentials factors) for preserving good health. So prevention of depressive disorders can be achieved by abiding the following principles of Unani for healthy living [20-22]

- **Hawa (Air)**
Breathing fresh air is good for mental health. Avoid excessive heat and cold exposure.
- **Maakul-o-Mashrub (Foods and Drinks)**
Healthy food and drinks are taken. Avoid preserved, junk foods and diet that produces excessive heat and melachole like salty fish, cabbage, red meat, etc.
- **Harakat-o-Sukun Badani (Bodily movement and Repose)**
Avoid sedentary life style and excessive physical work.
- **Harakat-o-Sukun Nafsanī (Psychic movement and Repose)**
Maintain balance in mental work and relaxation, avoid mental stress, excessive sleep and excessive emotions like sadness and excessive thinking etc.
- **Nawm-o-Yaqza (Sleep and Wakefulness)**
Take 6-8 hours sleep, avoid excessive wakefulness.
- **Istafragh wa Ihtibas (Evacuation and Retention)**
Ensure proper urination, defecation, menstruation. Avoid constipation and dehydration.

Avoid intake of tobacco and alcohol in *Maakul-o-Mashrubat* [23].

Principle of Unani treatment for *Malikhuliya*

It includes *Tanqiya* (Evacuation of morbid matter) [15, 16, 17], *Tartib-i Dimagh o Badan* (To produce moistness in the brain and the body) [10, 16], *Tafrih-i-Taba* (Exhilaration), *Tarwih* (To strengthen pneuma) [25], *Tanwim* (To induce sleep) [10, 16, 19] and *Taqwiyat-i Dimagh wa Qalb* (To tone-up the brain and heart) [10, 17].

Based on the above principles, following single and compound drugs are mentioned for the effective management of melancholia.

Adviya Mufradah (Single drugs)

Aftimoon (*Cuscuta reflexa* Linn.)

Pharmacological Action- *Mushil-i-Sawda* (melanagogue) [25-29].

Amlaj/Amla (*Embellica officinalis* Linn.)

Pharmacological Action- *Musaffi-i-Khoon* (Blood purifier), *Mukhrij-i-Sawda* (melanagogue), *Muharrir-i Dimagh wa Asaab* (brain & nerve stimulant), *Muqawwi-i-Dimagh* (strengthens brain) and *Muqawwii Qalb* (cardiac tonic) [26-30].

Anjeer /Teen (*Ficus carica* Linn.)

Pharmacological Action- *Mulattif* (emollient) and *Mulayyin* (laxative), produces good quality of blood, increases *Jawhar-i-Dimagh* (brain matter) and exhilarant [30-32].

Badranjboya (*Nepeta hindostana* Haines)

Pharmacological Action- *Munzij-i-Sawda* (coctive of black bile), *Mufarreh* (exhilarant), *Muqawwi-i- Dimagh* (brain tonic), *Muqawwi-i-Qalb* (cardiac tonic) and *Mufatteh* (de-obstruent) [27, 29, 31, 33].

Balcchar /Sumbul-al-Teeb (*Nardostachys Jatamansi* (D.Don) DC.)

Pharmacological Action- *Muqawwi-i-Dimagh* (brain tonic) and *Mufarreh* (exhilarant) [27, 28, 34, 35].

Brahmi (*Bacopa monnieri* Linn.)

Pharmacological Action- *Muqawwi-i Dimagh* (brain tonic) [32, 33, 36, 37].

Bijora/ Turanj /Utraj (*Citrus medica* Linn.)

Pharmacological Action- *Mufarreh* (exhilarant), *Muqawwi-i Qalb* (heart tonic) and normalizes *Hiddat-i Safra* (excessive heating effect of bile) [30, 33, 35].

Bisfayij (*Polypodium vulgare* Linn.)

Pharmacological Action- *Mushil-i Sawda* (purgative of black bile), *Mufarreh* (exhilarant), *Muqawwi-i Qalb* (cardiac tonic) and *Muqawwi-i Dimagh* (brain tonic) [28, 31, 35, 37].

Bussad /Bekh-i Marjan (Coral)

Pharmacological Action- *Habis* (Astringent), *Mufarreh* (exhilarant), *Muqawwi-i Qalb* (heart tonic,) and *Muqawwi-i Dimagh* (brain tonic) [29, 31, 35, 37].

Chob chini (*Smilax china* Linn.)

Pharmacological Action- *Musaffi* (blood purifier), *Mulattif* (demulcent), tonic for vital organs, strengthens pneuma, eliminates morbid matter from the body and is *Munawwim* (hypnotics) [29, 35, 37].

Gurhal (*Hibiscus rosa-sinensis* Linn.)

Pharmacological Action- *Musaffi-i Dam* (blood purifier), prevents accumulation of gaseous substance in the brain, *Muqawwi-i Hafiza* (memory enhancer) and improves mental power [32, 35].

Halayla (*Terminalia chebula* Retz.)

Pharmacological Action- *Mushil-i-Sawda* (purgative of black bile), *Muqawwi-i-Dimagh* (strengthens brain) and delays ageing [26, 28, 31, 32, 38, 39].

Kahu (*Lactuca sativa* Linn.)

Pharmacological Action- *Munawwim* (hypnotic) and *Muqawwi-i-Dimagh* (brain tonic) [32, 35, 37].

Lajward (*Lapis lazuli*)

Pharmacological Action- It eliminates morbid humours from the body [28, 31, 38].

Lisan al-Saur/Gauzaban (*Borago officinalis* Linn.)

Pharmacological Action- *Mushil-i-Sawda* (melanagogue), *Mufarreh* (exhilarant) and *Muqawwi* (tonic) of vital organs [27, 29, 31, 35].

Ood Saleb (*Paeonia emodi* Wall.)

Pharmacological Action- *Murattib-i-Dimagh* (moistens brain), *Mufatteh* (exhilarant), and *Mulattif* (Demulcent) [26, 32, 35, 37].

Shehm-i-Hanzal (pulp of *Citrullus colocynthis* Schrad.)

Pharmacological Action- *Munaqqi-i-Dimagh* (cleanser of brain) and *Mukhrij-i-Balgham WA Sawda* (eliminator of morbid phlegm and black bile) from the body [26, 28, 31, 32].

Sankha holi (*Evolvulus alsinoides* Linn.)

Pharmacological Action- *Mulayyin* (laxative), memory enhancer, improves intelligence and cognitive functions of brain [32, 34, 35].

Sibr (*Aloe vera*)

Pharmacological Action- *Mushil-i-Sawda* (purgative of black bile), removes morbid bile from the brain, sharpens intelligence and clears thinkings [26-28, 34, 40].

Ustukhuddoos (*Lavandula stoechas* Linn.)

Pharmacological Action- *Mufatteh* (de-obstruent), *Mufarreh-i-Qalb* (exhilarant) and eliminates phlegm and black bile from the brain [15, 26, 31, 32].

Compound drugs

For Malikhuliya Haar [10, 18, 23, 41]

- *Hab-i Halayla,*
- *Hab-i Aftimoon,*
- *Kahmira Abresham Barid,*
- *Roghan-i Laboob Saba,*
- *Roghan-i Kahu,*
- *Roghan-i Banafsha,*
- *Roghan-i Kadu,*
- *Safuf-i Lajward,*
- *Safuf-i Saba,*
- *Safuf-i Lulu,*
- *Safuf-i Halayla Lulawi,*
- *Sharbat-i Aftimooni,*
- *Sharbat-i Nilofar,*
- *Sharbat-i Banafsha,*
- *Majoon Najah,*
- *Arq-i ketki,*
- *Matbookh Sawda,*
- *Mufarreh barid,*
- *Yaqooti.*

For Malikhuliya Barid [10, 16, 18, 23, 41]

- *Ayarij Jalinooos,*
- *Hab-i Ayarij,*
- *Itrifal Sagheer,*
- *Itrifal Aftimooni,*
- *Khamira Sandal,*
- *Itrifal Kishneezi,*
- *Tiryaq al-Zehab,*
- *Kahmira Gauzaban Anbari,*
- *Dawa al-Misk Haar,*
- *Dawa al-Misk Motadil,*
- *Safuf-i Lulavi,*
- *Sikanjbeen Aftimooni,*
- *Sharbat-i Mushil,*
- *Sharbat-i Abresham,*
- *Arq-i Gauzaban Anbari,*
- *Matbookh Aftimoon Fawakehi,*

- *Majoon Najah*,
- *Mufarreah*.

For *Malikhuliya Maraqa* [10, 41]

- *Itrifal Kishneezi*,
- *Itrifal Zamani*,
- *Jawarish Shahi*,
- *Jawarish Amal Luli*,
- *Jawarish Jalinoos*,
- *Hab-i Muqil*,
- *Hab-i Mulayyin*,
- *Khamira Abresham Barid*,
- *Dawa al-Misk Jadwari*,
- *Gulqand*,
- *Dawa al-Misk Motadil*,
- *Sharbat-i Aftimoon*,
- *Arq-i Chobchini*,
- *Arq-i Zarishk*,
- *Arq-i Kewra*,
- *Arq-i Gauzaban*,
- *Matbookh Afsanteen*,
- *Majoon Sandal*,
- *Yaqooti*.

Dietary recommendations [12, 16, 18, 19]

Martooob wa Umda Aghziya (Moist and good humour producing diet) and *Aghziya Sari al-Hazm* (easily digestible diet) is given like mutton, chicken, cucurbita, chicory, lettuce, spinach, goosefoot, almond oil, egg yolk, half boiled egg, vinegar, small fresh fishes, mint, pomegranate, apple, grapes, almond, dried ripe grapes, *Aash-i Jaw* (barley water), *Ma al-Asal* (honey water) during winter and *Ma al-Jubn* (whey) in summer.

Dietary restriction [12, 13, 15, 24, 25]

- *Ghaleez wa Muwallid-i Sawda Aghziya* (less digestible and melanchole producing diet), like dried meat, salted meat, meat of wild animals, meat of cow and camel, big fishes, chapatti prepared without sieved flour, onion, garlic, concentrated wine, brinjal, cabbage, lentil, dates, aged cheese, fig, alcohol, salty and spicy diet.
- *Aghziya Hamiza* (Sour diet) [10, 16]
- *Aghziya Maliha* (salty diet) [10, 16]

Regimenal Therapy

- *Fasd* (bloodletting): Evacuation of matter through *fasd* (bloodletting) is done only when predominance of *Sawda* is found in the blood of whole body [13, 14, 17]. It is beneficial in case of *Sanguinous Melancholia* also [15]. *Fasd* (phlebotomy) of saphenous or cephalic vein is depends upon patient's condition [10, 12, 19]. *Fasd* (bloodletting) of the forehead vein is advised when it occurs due to predominance of *sawda* in the brain [10, 25].
- *Hijama* (cupping) at the site of spleen and stomach [13] or dry cupping overhead [16].
- *Huqna* (enema) [9, 12, 25]

[Enema is given with decoction of drugs like *Salaq* (*Beta vulgaris* Linn.), *Khatmi* (*Althaea officinalis* Linn.), *Saboos*

(husk), *Banafsha* (*Viola odorata* Linn.) and *Amaltas* (*Cassia fistula* Linn.) etc [15].

- *Hamam* (bath) with lukewarm sweet water before meal [12, 13, 15].
- *Riyazat* (Exercise) like brisk walking and light exercises are recommended [13, 16].
- *Nutool* (Pouring of medicated water at some distance) over the head [12, 14, 17].
- *Dalak* (massage) contains *Roghan Banafsha*, *Roghan Nilofar*, *Roghan Kadu* and these oils may also be used for massage over the scalp [10, 13, 25].
- *Takmeed* (hot fomentation) in case of *malikhuliya Maraqa* [13, 14].
- *Aabzan* (sitz bath) with *Babuna* (*Matricaria chamomilla* Linn.), *Nakhuna* (*Melilotus alba* Desr.) and *Saboos* (husk) are used [10, 18].
- Inhalation of fragrance of aromatic drugs viz *Mushk* (*Misk*) 1 part, *Kafoor* (*Cinnamomum camphora* Linn.) Q.S, *Anbar* (*Ambergris*) Q.S.
- *Murattib* (moist), *Mufarreah* (exhilarant) perfumes and aroma's should be administered in the form of *Lakhlakha* (passive inhalation of aromatic liquid drugs kept in a wide mouthed bottle) to strengthens heart [9, 13, 18].

Nafsiyati Tadabeer (psychological measures)

Things to be done

Living in airy and ventilated house [23, 25]. Shamoom rawaih tayyaiba wa adhaan tayyaiba (smelling of aromatic perfumes and oil) [16]. Listening good music, meeting with friends and relatives once in a week or at least in a month [14]. Engagement in interested work, travelling and viewing of pleasant scenes [13, 14, 16, 23, 25].

Things to be avoided

Loneliness, *kasrat-i Jima* (excessive sexual intercourse), *kasrat-i Tareeq* (excessive perspiration), *huzn wa Malal* (sorrows), *ghazab* (rage), *Hasad* (jealousy) and *al-fikr al-Radi* (negative thinking) [10, 15, 16, 21, 25].

Discussion and Conclusion

Mental health is one of the three essential facets of health. In the recent decades, mental illnesses especially depression is on rise equally in developed as well as developing countries due to the many factors such as urbanization rise in life span and more mental stress etc. It is one of the most important reasons of morbidity in adults. Going through the Unani classics, it is revealed that a very elaborative discussion regarding *malikhuliya* (melancholia/depression) and its management is available in Unani System of Medicine. Unani physicians were well acquainted with this disorder from concept and etiology to its effect on the body. They have given more emphasis on the prevention due to difficult treatment and poor prognosis of this disease. They were well aware that it affects the heart and therefore, prescribed such drugs which are exhilarant in properties and have therapeutic action as cardiotoxic drugs. Phytochemicals derived from herbs are known to decrease the risk of some severe disorders including autoimmune and cardiovascular diseases as well as neurodegenerative diseases. These phytochemicals repeatedly have demonstrated their neuroprotective effects, strongly

Suggesting that they can improve the symptoms of depression. This observation is also confirmed by the scientific studies. So, it can be concluded that Unani interventions might be potentially and safely used for the treatment of melancholia. There is a need to conduct clinical trials and validate these drugs to develop new interventions in this area also. Unani medicine which is enriched with documented knowledge of classical texts dealing not only the concept but also the management with various modes of treatment which, if practiced, definitely will help in prevention and reducing the burden of depressive disorders.

References

- Murray CJ, Lopez AD. Alternative projections of mortality and disability by cause 1990- 2020: Global Burden of Disease Study. *Lancet*. 1997; 349(9064):1498-1504.
- Ferrari AJ, Charlson FJ, Norman RE, Patten SB, Freedman G, Murray CJ *et al*. Burden of depressive disorders by country, sex, age, and year: findings from the global burden of disease study 2010. *PLoS Med*. 2013; 10(11):e1001547. [pmed.1001547](https://doi.org/10.1371/journal.pmed.1001547).
- <https://www.nlm.nih.gov/health/topics/depression/index.shtml> access on 2.02.2019
- Fauci Kb, Jameson HL. *Harrison's Principles of Internal Medicine*. 16th Ed. McGraw-Hill, Medical Publishing Division, USA. 2005; 1:2552-2553.
- Taylor DJ, Lichstein KL, Durrence HH. Insomnia as a health risk factor. *Behav. Sleep Med*. 2003; 1(4):227-247.
- <https://www.healthline.com/health/depression/melancholic-depression>. Kerr, Mickael. Melancholic depression, 2016; access on 4.02-2020.
- Kendell RE. The distinction between mental and physical illness, *Br J Psychiat*. 2001; 178:490-493.
- Syed IB. Islamic Medicine: 1000 years ahead of its times. *J Int Soc Hist Islamic Med*. 2002; 2:2-9.
- Jurjani I, Zakhira Khawarazam Shahi, Urdu Translation by Hakim Hadi Husain Khan, (Munshi Naval Kishore, Lucknow), NA, 6, 24-29.
- Khan MA, Iksir-i-Azam. 2nd ed. Matba Nami Munshi Naval Kishor, Lucknow. 1906; 1:186-213.
- Anonymous. Standard Unani Medical Terminology, CCRUM, New Delhi. 2012; 184:185-314.
- Razi ABMZ, *Kitab al-Fakhir*, CCRUM, New Delhi. 2005; 1:106-129.
- Razi ABMZ, *Al-Hawi*, Daira al-Maarif al-Usmaniya, Hyderabad, India. 1955; 1:61-87.
- Tabri A, *Mualajat al- Buqratiyya*. (Urdu translation), CCRUM, New Delhi. 1995; 1:374-390.
- Baghdadi IH, *Kitab al-Mukhtarat fi'l Tibb*, Hyderabad: Daira al-Maarif al-Usmaniya, Hyderabad. 1363; 3:40-43.
- Ibn Sina, *Al-Qanun fi'l Tibb*. Book 3, part-I., Jamia Hamdard, New Delhi, 1411, 93-103.
- Rizwan K, *Sharah Asbab WA Alamaat*. (Urdu Translation), Central Council for Research in Unani Medicine, New Delhi, 2010, 186-219.
- Khan MA, *Rumooz-i-Azam*. CCRUM, New Delhi. 2006; 1:50-74.
- Baghdadi AHS. *Al-Mughni fi Tadbir al-Amraz WA Ma'rifa al-'Ilal wa'l A'raz*. Darul Minhaj, Jeddah, KSA, 2011, 142-145.
- Ibn Sina, *Al-Qanun Fil Tibb*. IHMMR, Hamdard Nagar, New Delhi. 1402; 1(1)-140.
- Baghdadi IH, *Kitab al-Mukhtarat fi'l Tibb*, Daira al-Maarif al-Usmaniya, Hyderabad. 1362; 1:105-113. 119, 272.
- Anonymous, *Training Manual, Integration of Unani Medicine in NPCDCS National Programme for prevention and Control of Cancer, Diabetes,*
- Cardiovascular Diseases and Stroke*, CCRUM, New Delhi, 2016.
- Khan MS, *Ilaj al-Amraz*, (Urdu translation by Hadi Hasan Moradabadi), Reprint by CCRUM, New Delhi, 2005, 24-25. 52, 56, 61.
- Qamri AMH, Ghina Muna, CCRUM, New Delhi, 2008, 15-18.
- Majusi AIA, *Kamil al-Sana'a al-Tibbiyya*. CCRUM, New Delhi. 2005; 2:262-266.
- Ibn Sina. *Al-Qanun fi'l Tibb*, Book 2, part-I., Jamia Hamdard, New Delhi, 1411, 43-52, 149, 236, 256, 290, 299, 409.
- Baghdadi IH, *Kitab al-Mukhtarat*, (A), Daira Ma'arifa al-Usmania, Hyderabad. 1362, 2:16-27. 116, 163.
- Jurjani I, Zakhira Khwarizm Shahi, (Urdu translation), Matba Munshi Naval Kishore, Kanpur. NM, 10, 7-8.
- Shirazi MMH, *Makhzan al-Advia*, Matba Ahmadi. Shahdara, Delhi, 1278, 89-90. 109,127,144,217-18,562-63.
- Al-Razi ABZ, *Al-Hawi fil-Tibb*. (A), Daira Ma'arifa al-Usmania, Hyderabad, India. 1965; 20:27-29, 106, 199-203.
- Antaki D, *Tazkira Ulil al-Baab*. (A), Printed by CCRUM, New Delhi. 2008; 1:77, 114, 122,137-139, 184-85, 247-48,523,531.
- Nabi G, *Makhzan al-Mufradat WA Murakkabat*, CCRUM, New Delhi. 2007; 40:47-48. 149, 171, 177, 204, 247.
- Ibn Baitar. *Al-Jami li Mufradat al-Adviya WA al-Aghziya*, CCRUM, New Delhi. 2006; 1(17):186-87.
- Khan MA. *Muheet-i Azam*, Matba Nizami Kanpur. 1313; 3:60-70. 433, 443.
- Ghani NM, *Khazain al-Adwiya*, Idara Kitab al-Shifa. Delhi. NA, 332-333. 344-45,366, 370, 617-18, 839, 955-56, 1013, 1116, 126.
- Khan MS, Taleef Shareefi, Akmal al-Mataba. Ballimaran, Delhi, 1847, 36.
- Kabiruddin M, *Makhzan al-Mufradat*, Showkat book depot, Gujarat. 1937; 137:139. 251 415, 441-42.
- Razi ABMZ, *Al-Hawi*. 21-II, Daira al-Maarif al-Usmaniya, Hyderabad, India, 1968; 479:637.
- Al-Attar Z. *Ikhtiyarat Badeei Matbanami*, Munshi Naval Kishore, Kanpur, 1888, 45.
- Razi ABMZ, *Al-Hawi*. 21-I, CCRUM, New Delhi, 2007, 88.
- Khan MA. *Qarabadeen-i Azam*, CCRUM, New Delhi, 2009, 546.