

MANAGING ANXIETY IN UNANI SYSTEM OF MEDICINE

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ABSTRACT

Anxiety (Izterab-eNafsani) is a psychological and physiological state characterized by somatic, cognitive, emotional and behavioural components. As per Unani Medicine, anxiety comes under the Infialat-e-Nafsaniyah (Psychic Reactions). Terminologically Infialat-e-Nafsaniyah is the movements of ruh (pneuma) and blood with the help of Quwwat-e-Haiwaniyah (vital faculty). Unani Medicine treats the patient on holistic parameters jointly together for preventive and curative aspects. In preventive aspect different high protein seeds are used to provide stimulus as brain tonic and strengthen the nerve activity for example almond, pistachio, kaju, kaddu and kahu seeds etc. Unani physicians use many single and compound drugs for the treatment of anxiety (Izteraab-e- Nafsaani), which is mentioned in their classical texts. The purpose of the drugs used in Unani system of Medicine is correction of Su-e- Mizaj (Abnormal Temperament) as they are of the opinion that anxiety (Izterab-e- Nafsani) is due to Su-e- Mizaj Har Sada and Su-e- Mizaj Maddi i.e Su-e- Mizaj Safrawi and Su-e- Mizaj Saudawi. This review briefly explains about Anxiety (Izterab-eNafsani) in terms of Unani medicine and some Unani and herbal drugs used in its treatment.

KEYWORDS: Anxiety (Izterab-eNafsani), Herbal drugs, Unani medicine, temperament (mizaj).

INTRODUCTION

Mental disorders have been represented across ancient Indian texts. In the Ramayana, composed circa 5000 BC, Marrich is described as experiencing hyperarousal, re-experiencing of events, and avoidance.^[1] In Shrimad Bhagavatam, an epic written by Maharshi Ved Vyasa around 400 BC, the character of King Kansha develops generalized anxiety disorder (GAD) symptoms upon being threatened by Lord Krishna; the symptoms included excessive worry, difficulty in concentration, and sleep disturbances.^[2] The first mental disorder attributable to women, and for which we find an accurate description since the second millennium BC, is undoubtedly hysteria.^[3] In Unani medicine, psychiatric disorders were dealt in detail under the heading of “amraze nafsaniya” where they defined various symptoms of psychic faculty and their distortion due to the involvement of vitiated humours especially “safra” and “sauda”.^[4,5] Anxiety disorders are, as such, not mentioned in Unani literature but their symptoms either separate or with cluster of others in different diseases are described under various headings like “malekholia”, “waswas mania”, “sahar”, “tawahhush”, “hizyan”, “ishque” and “khafqan” etc. Ibn Sina described several psychiatric disorders including the so-called disorder of

love, which he considered as an obsessive disorder resembling severe depression.^[4]

The term “izterab” is used for anxiety in Arabic and Unani texts and the word “Nafsani” are added to izterab to specify its psychological state. Literally “izterabe nafsani” stands for worry, fear and excessive thinking. It is also used in the sense of hindrance in routine work.^[4,5]

Aetiopathogenesis

In Unani medicine, the pathogenesis of disease has been attributed to three factors viz. mizaj (temperament), tarkeeb (structure) and ittetal (continuity of tissues). Abnormality of these factors are considered as: sue Mizaj (altered temperament), sue Tarkeeb (altered structure), tafarruqe ittetal (discontinuity in tissues).^[4,5] Mizaj is specific and distinct state of an individual reflecting neuroendocrine, genatometabolic and somatoenvironmental equilibrium at the optimum functional level of adjustment. The harmony of specific mizaj results in proper and healthy functioning of the body and derangement in this distinct state consequently becomes the cause of ill health, producing different disease conditions. The derangement of mizaj, results from the shift in the equilibrium of four qualities (kafiyat-e-arba) i.e. haraarat (hotness), baroodat (coldness), ratoobat (moistness) and yaboosat (dryness)

is considered as *sue mizaj sada* and if this imbalance is at the level of *Akhlat* (body fluids /humours), it will be considered as *sue mizaj maddi*.^[6,7]

Unani Medicine, as is well known, based on the Hippocrates humoral theory. This theory supposes the presence of four humours in the body viz: blood, phlegm, yellow bile and black bile. The *mizaj* of individuals are expressed by word *damawi* (sanguine), *balghami* (phlegmatic), *safrawi* (choleric), and *saudawi* (melancholic) according to the preponderance of the humour in them. Every person is supposed to have a unique humoral constitution which represents his healthy state. Any change in this brings about a change in his state of health.^[4,5,8] There are three major *quwa* (faculties) which regulate human body viz. *quwwate nafsaniya* (psychic faculties), *quwwate haivania* (vital faculties) and *quwwate tabaiyya* (physical faculties). These *quwa* (faculties) are specific for a particular tissue or organ on which the specific functions of that organ depend. *Quwwate tabbiya* is concerned with *taghzia* (nutrition), *namu* (growth) and *tawleed* (reproduction) and *jigar* is concerned with *uzwe raees* (epicenter) of this *quwwat*. *Quwwate haivaniya* is concerned with *tadbeer* of *rooh*, which brings life to the part it supplies. *Qalb* is *uzwe raees* of this faculty. *Quwwat nafsania* is concerned with intellect, sensory and motor functions and *dimagh* is supposed to be seat of this faculty.^[4,5,8,9] *Quwae nafsania* (psychic or mental faculties) are those faculties which perform intellectual, sensory and motor functions of the body, consists of two main faculties and stand as genus for them. These are *quwae mudrika* (perceptive/cognitive) which is also of two types viz. *quwae mudrika zahira* (external perceptive faculties) and *quwwa-e- mudrika batinah* (internal perceptive faculties). External perceptive power is sensory and related to five external senses such as vision, hearing, smell, taste, and tactile sensation, whereas, internal perceptive faculties are concerned with the intellectual functioning of the brain.^[4,5]

According to Ibn sina (Avicenna) and his followers, who accepted the views of ancient philosophers rather than the physicians the internal perceptive faculties are five in number and are as follows.^[6,7]

1. Al hiss al mushtarak (faculty of composite sense)
2. Al khayal (faculty of imagination)
3. Al wahimah (faculty of memory)
4. Al hafizah (faculty of memory)
5. Al mutasarrefah (faculty of ideation)

Al hiss al mushtarak is the faculty where all sensations converge, which reacts to this form and in which their forms combine. Retention and memorization of the forms of the things is performed by *quwat al khayal*. *Quwat al wahima* perceives the meaning of the things perceived by *Quwwat al wahima*, and it is performed by *quwwat al hafizah*. Creation of abstract ideas, imagination and thoughts are concern with *quwat al mutasarrefah*.^[4,5,8,9] *Quwae mudrikah batinah* (internal

perceptive faculties) are also called as *quwae siyasiyah* or *quwae mudabberah* (faculty of planning). Ali ibn Abbas Al Majoosi and other physicians classified them only into three categories viz: *qawate takhayyul* (faculty of thought), *quwwate fikr* (faculty of thinking) and *quwwate zikr* or *hafiza* or (retentive faculty), considering first two and last two as a single faculty.^[6,7]

Unani physicians have divided the brain into three functional areas i.e. fore brain (*Muqaddam Dimagh*), mid brain (*Ausat Dimagh*) and hind brain (*Moakhhkar Dimagh*). These areas have particular respective *quwas* (faculties) e.g. the fore brain has the *quwwate takhayyul* (faculty of thought), mid brain has *quwwate fikr* (faculty of thinking) and hind brain has *quwwate zikr* or *hafiza* (retention faculty).^[4,5,8,9,10]

As stated by Ibn Rushd in his book “*kitab al kulliyat*”. “If a disease occurs in whole brain all the three faculties along with their functions become defective. If disease limits to specific area of the brain, the defect will occur in that particular faculty only. For example, if the disease is in anterior part of the brain then *quwwate takhayyul* (faculty of thought) become defective, similarly if mid brain is affected then it has to be counted a defect in *quwwate fikr* (faculty of thinking). *Quwwate zikr* or *hafiza* (retentive faculty) becomes defective if there is an abnormality in hind brain.”^[10,11]

Ibn Zuhr mentioned in his book ‘*Kitab al taiseer*’ that “whenever any pathology occurs within the fore brain, it tends to delirium, and alteration of thoughts as a result of which the patient starts thinking in an antagonistic way. Minor pathology in the mid brain may results in severe complications such as exaggerated thinking and mental disturbances which make the brain unable to have a proper and specific decision.”^[10,12] Brain gets influenced easily due to its *barid ratib mizaj* (cold and wet temperament). The brain diseases are either primary due to *sue mizaj dimagh* (abnormal temperament of brain) itself or secondary to involvement of its adjacent organs (*azae musharika*) i.e. heart, stomach, liver etc. In case of acute fevers, the upward movement of gases from stomach can also affects the brain. Sometimes the abnormality of brain may be associated with inflammation of diaphragm or with inflammation of cardiac end of the stomach.^[4,5,8,9,10] Abnormalities in the *mizaj* of the brain may be with or without involvement of humours (*matter*), first one is *sada* and later one is, *maddi*. Both conditions produce pathology and affect the *af'ale siyasiyah* and *mudabbirah*.

According to Ibn e Rushd.^[11]

“Three types of defects are likely to occur in these faculties of brain viz.

1. Butlaan (cessation of faculty)
2. Nuqsaan (deficiency in faculty)
3. Tashweesh (altered and exaggerated functioning of faculty)

The butlan cessation or nuqsan (deficiency) of these faculties occurs either due to abnormal cold and wet temperament (sue mizaj barid ratab) or simply due to abnormal cold temperament (sue mizaj barid sada) and this abnormal temperament causes obstruction within the vessels and passages, which renders the rooh to penetrate in the brain properly.^[4,5,8,9,10] Altered and improper functioning of these faculties occurs due to safrawi (bilious) or saudawi (black bilious) abnormal temperament. The dominance of bilious temperament in brain results in abnormal /viscious thoughts, sleeplessness, abnormal movements, defects in quwwate fikr (faculty of thinking) and quwwate zikr or hafiza (retentive faculty).^[4,5,8,9]

“The abnormal temperament due to black bile produces palpitation, anxiety, stress, grief, pain, false perceptions, misconceptions and fear of unknown objects. If this abnormal temperament takes place due to burnt black bile (sauda-e-mohltreqa) then the complications will be admired with complications of altered bile (safra) like bravery, abnormal movements and features of madness. The disease occurring due to abnormal black bile (sue mizaj saudawi) is mainly referred as malekholia.^[4,5,8,9,10,12,13]

Unani Management

In Unani system of Medicine anxiety disorders (Izterabe-Nafsani) are described as Malankholia, Junoon, Bedari or Sehar, Khafqaan etc and principle of treatment.^[1]

Usool-E-Ilaj (Principles of Treatment)

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.^[4,5,6,14]

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. 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 (*Andropogams 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 Maweezmunaaqqa (*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.^[4-10]

Along with these, Roghan Banafsha (*Viola odorata*) should be applied on the scalp and also inhaled through both nostrils.^[14] Tanqia is done with Jawarishaat made up of Haleelasiya (*Terminalia chebula* unripe fruit), Aftimoon (*Cuscuta reflexa*), and Kundar (*Boswellia serrata*).^[5] 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*), and dressed with Roghan Badam, and Bai'zeneembarasht (half boiled egg yolk) with Sharbate Banafsha. Habbe ustukhudoos (*Lavandula stoechas*) may be administered as purgative.^[5-10]

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.^[5-10] Hammame-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.^[4-10,14]

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 (*Moschus 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 Mufarreah: Haleela kabli (*T. chebula*), 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 (*Valeriana walichii* root) each 10 g; Behmanain (*Centaurea behen*), Zaravand (*Aristolochia longa*), Elaichi kalan (*Amomum bulatum* fruit), Naremuskh (*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.^[4-10,14]

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; Bisfajj (*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; Sibsraqootari (*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.^[14]

List of few herbs explored for their potential anxiolytic effects.

Botanical name	Family	Plant part	Extract	Reference
<i>Achyranthes aspera</i> Linn	Amaranthaceae	Leaves	Methanol	[20]
<i>Actaea spicata</i> Linn	Ranunculaceae	Roots	Petroleum ether, chloroform, methanol and water	[21]
<i>Carica papaya</i>	Caricaceae	Pulp	80 % ethanol	[22]
<i>Cinnamomum osmophloeum</i> ct. linalool	Lauraceae	Leaves	Essential oil	[23]
<i>Citrus aurantium</i> subsp. <i>Bergamia</i> (Risso) Wright and Arn.	Rutaceae	Peel	Essential oil	[24]

Hijamat Nariya (fire cupping) over head and light exercises are also recommended.^[5-10] During convalescence, Itrifal sagheer, Aftimoon, Ayarijfeeqra, Majoonnajah, and Majoon mufarreah are administered. Joshanda aftimoon, Habbe ayarij, Ayarij Jalinoos, Turanjabeen, Habbe aftimoon, and Jawarish Jalinoos are also recommended.^[4-10,14]

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. Beautiful and heart-rending scenery and activities should be promoted. 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).^[4-10,14]

Famous Compounds Drugs

Sharbat Ahmad Shahi, Majoon Najah, Qurs Dawaus Shifa, Dawaul Misk, Khamirah Jaat, Jawarish Shahi.^[5-17]

Roghaniyat

Roghan Luboob Saba, Roghan Gul, Roghan Kaddu, Roghan Kahu, Roghan Banafsa.^[5-17]

Plants are known to have enormous potential to cure ailments from time immemorial. Ayurveda and Unani are such inherited traditional systems of health and longevity that are based on herbal medicines. The 'World Health Organization' has approved that traditional health and folk medicine systems have proved to be more effective in health problems worldwide.^[18] However, the major hurdle in the uninhibited exploitation of herbal medicines into the regular practice of prescription is the lack of sufficient scientific data and better understanding of efficacy and safety of the herbal products.^[19] A number of plants have been scrutinized for their anxiolytic effects.

<i>Coriandrum sativum</i>	Umbelliferae	Fruits	70 % ethanol	[25]
<i>Cymbopogon citratus</i> DC	Poaceae	Aerial parts	Essential oil	[26]
<i>Equisetum arvense</i> Linn	Equisetaceae	Stem	Petroleum ether, chloroform and ethanol	[27]
<i>Ilex paraguariensis</i> St. Hil	Aquifoliaceae	Leaves	Ethanol and water	[28]
<i>Kelussia odoratissima</i> Mozaff	Umbelliferae	Aerial parts	80 % ethanol	[29]
<i>Montanoa tomentosa</i> Cerv	Asteraceae	Leaves	Water	[30]
<i>Nymphaea alba</i> Linn	Nymphaeaceae	Whole plant	95 % ethanol	[31]
<i>Occimum gratissimum</i>	Lamiaceae	Leaves	70 % ethanol	[32]
<i>Pimenta Pseudocaryophyllus</i>	Myrtaceae	Leaves	Dichloromethane fraction from ethanol	[33]
<i>Plumeria rubra</i> var <i>accutifolia</i> L.	Apocynaceae	Flower	Ethanol	[34]
<i>Stachys tibetica</i>	Lamiaceae	Whole plant	Essential oil	[35]
<i>Syzygium aromaticum</i>	Myrtaceae	Flower buds	50 % hydroalcoholic	[36]
<i>Telfairia occidentalis</i> Hook. f.,	Cucurbitaceae	Leaves	Hydroalcoholic	[37]

CONCLUSION

Unani system of medicine utilizes a holistic set of principles, which help a practitioner to turn a diagnosis into a treatment process. The Unani system of medicine makes use of a number of things for treating a patient. It believes in a holistic approach of healing. As a result, it incorporates various therapies for healing not only the disease but also focus on the overall health condition of the patient. For internal healing it utilizes herbal medicines, which are prepared from natural objects. Although evidence of effectiveness of herbs and their preparations in treating anxiety disorders is increasing, translating these results to treat patients effectively is slowed down by the limited knowledge regarding chemical composition of the products, lack of standardization of these preparations and the paucity of well controlled studies. According to Unani concept, it belongs to Infialat-e-Nafsaniyah (psychic reactions). Thus it may help in the identification of Mizaj (temperament) of an individual. In case of abnormal or pathological anxiety that becomes unbearable and harmful to health can be treated by psychotherapy, diet therapy or pharmacotherapy singly or in combination. Preliminary evidence suggests that herbal medicines may have a role in the treatment of anxiety disorders and needs further research.

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