Journal of Psychiatry
ISSN: 2378-5756

Jang et al., J Psychiatry 2015, 18:6
DOI: 10.4172/2378-5756.1000327

Review Article Open Access

An Insight on Malankholia (Melancholia)-Unani Perspective

Zaheer Ahmed[1]*, Anzar Alam[2], Mohd Khalid[3], Sheeraz[4] and Qamri MA[5]

[1]*R.R.I.U.M, Chennai, India*
[2]*Department of Moalajat (Medicine), India*
[3]*National Institute of Unani Medicine, Bangalore, India*
[4,1]*R.R.I.U.M, Bhadrak, Orissa, India*
[5]*Department of Moalajat (Medicine), National Institute of Unani Medicine, Bangalore India*

Abstract

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

Keywords: Malankholia; Melancholia; Amraaze nafsani; Psychiatrics in 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 Unani system of medicine the psychiatric nosology is also a part of 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 of 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 towards constant grief, fear and dubious aggression and the ability to analyze and interpret things is grossly affected as enunciated by Jalinus (Galen) quoted by Zakaria Razi (850-923 A.D) 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 process, hence proper and normal functioning of the bodily process must be ensured to maintain sound health both physical and mental. The doctrine of Unani medicine is based on four bodily fluids i.e., 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 (humours), Aaza (organs), and Arwah (pneuma) and three are Ghair maddi (non-materialistic) viz; Mizaj(temperament), Quwa (faculties), and Afaal (function). Derangement or absence of any one of the component results in the development of disease or death of an individual respectively [4,7]. Unani medicine laid much emphasis on prevention of 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 are:

- 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)

***Corresponding author:** Zaheer Ahmed, Research officer (U) S-IV, R.R.I.U.M, Royapuram, Chennai – 600013, India (A unit of C.C.R.U.M, New Delhi, Dept. of AYUSH, Ministry of Health and Family Welfare, Govt. of India) Tel: 91-9884764658; E-mail: drnzaheer@gmail.com

Received July 30, 2015; **Accepted** September 21, 2015; **Published** September 29, 2015

Citation: Ahmed Z, Alam A, Khalid M, Sheeraz, Qamri MA (2015) An Insight on Malankholia (Melancholia)-Unani Perspective. J Psychiatry 18: 327 doi:10.4172/2378-5756.1000327

- 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 Unani system of medicine since antiquity. Failure to maintain balance between Harakat-o-Sukun Nafsani results in disability of Quwwate Nafsaniya (mental faculty) includes thinking which comprehend malankholia. It is a known fact that disturbance in sleep and excessive wakefulness also leads to psychological disorders. Likewise accumulation of mawad (morbid materials) which is supposed to be habitually evacuated from the body viz; menstruation, hemorrhoids, epistaxis, paroxysmal melancholic emesis etc's retention 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 (Regimenal therapy), Ilaj bil Ghiza (Dieto- therapy), 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 (Reference). Mental ill-health is one of the most disturbing and disabling disorders of life (Reference). It affects not only the concerned person but also his family and the society as a whole with social stigma attached to it. 20 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 on the increase due to such factors 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 is found to be from the developing countries. The prevalence of psychiatric illness is almost same in India and the West, about 8 to 10 per 1000 population. During the whole life time, about 25 percent persons 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 brain, then such persons are more prone for the Saudavi (melancholic) diseases. Sometimes Mizaj of Arwah (pneuma) is deranged due to various factors, and this may also give rise to Malankholia [14]. According to Ibn sina (980-1037 AD), only the pathology lies in brain whereas the real source of disease is either the stomach, uterus or masharik (accessory) organ of 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 person are exhilarant [3]. However malankholoia 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). Accumulation of mawaad (morbid materials) which is supposed to be habitually evacuated from the body viz; menstruation, hemorrhoids, epistaxis, paroxysmal melancholic emesis etc's retention also leads to malankholia [3]. According to Ibn Hubl (1121-1213A.D), 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 Roohe nafsani (mental/psychic sprit) which results in Kadoorat (dimness), Taariki (gloominess), Baroodat (coldness) and Yaboosat (dryness) which is against the temperament of rooh (vital pneuma), due to which affected person being acts insanely with thinking disability [15]. Sauda is synthesized in the liver and stored in the spleen and reaches the brain through the blood vessels. When it is putrefied it causes obstruction and impedes Roohe nafsani which disturbs the cognitive functions. It can also retain in miraq (peritoneum) and masaareeqa (mesentery) and reaches the brain through raddi bukharaat (obnoxious vapours). When peritoneum is involved it is termed as Malikholiya miraqi [16]. Balghami rutubat rarely causes malankholia, If it undergoes putrefaction, 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 Ruh-e-Nafsani reaches the brain, it disturbs the mental functions. Sometimes the brain and meninges deranged saudawi mizaj itself will be 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, patient remains sad without any external stimulus, thinking is perverted, deserted and finds himself occupied by loneliness and experiences delusion and hallucinations, patient mutters with himself, and most of the time remains silent, feels giddy and tinnitus, sexual and food satiety is unusually increased. The nature of fear varies from patient to patient; few get afraid of death, animals; while some find themselves obsessed by the falling of sky. Based on the involvement of humours such as dam (blood) the patient is fond of laughter, sportive and thinks exhilarantly, if it is safra (yellow bile) patient is mentally hard working and are very hyperactive, in case of balgham patient is gloomy and lethargic. The features of saudavi variety are severe, grave and violent [3,20].

Usool-E-Ilaj (Principles of Treatment)

- Evacuation of affected humour except for khilte dam primarily through munzijaat (concoctives) followed by mushilaat (purgatives) for tanqia mawaad (evacuation of morbid matters), and secondarily fasd (phlebotomy)
- Tarteeb (moisturizer), taadil mizaj (alteratives of temperament), dalk (massage), riyazat (exercise), mufarrehaat (exhilarants). These drugs relieve the tachycardia, palpitation and thirst and generally produce coldness.

- Muqawwi dimagh (brain tonics) and Nafsiyati tadabeer (psychological measures) [21, 22].

Ilaj (Treatment)

It depends upon the humour affected. Melancholia is usually caused due to combustion of any of the four humours which ultimately converts to Saudavi variety; hence the affected humour i.e predominance of sauda from the whole body has to be eliminated. Fasd (phlebotomy) of saphenous or cephalic vein till the blackish color and viscosity of flowing blood persists depending upon patient's condition [15]. After fasd, istafaragh (elimination) of sauda with the following 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), Badyan (Foeniculum vulgare) each fistful, Mastagi (Pistacia lentiscus), Sunbuluttib (Nardostachis jatamansi root), Habbezalam (Egyptian nut), Toodri (Lepidium iperis), Bozidaan (Pyrethrum indicum root), Asalsoos (Glycerrhiza glabra root), Bargrehan (Ocimum sanctum), Barg badarnj boya (Mellisa officinalis), Gao' zabaan (Borago officinalis), Maweezmunaqqa (Vitis vinifera seed less fruit) each 25g, all drugs to be boiled and taken with Roghan badamsheerin (Prunus amygdalus) in a dose of 70ml for 7-10 days continuously, along with these Roghanbanafsha (Viola odarata) should be applied over scalp and also inhaled through both nostrils [16]. Tanqia with Jawarishaat made up of Haleelasiya (Terminelia chebula unripe fruit), Aftimoon (Cuscutareflexa), 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), dressed with Roghanbadam (Prunus amygdalus). Bai'zeneembarasht (half boiled egg yolk) with sharbate banafsha (Viola odorata).Habbe ustukhudoos (Lavandula stoechas) may be administered as purgative. If Istafaragh (evacuation) is essential, then Khaisanda (cantation) of Aftimoon (Cuscuta reflexa) and Ustukhudoos (Lavandula stoechas) with Maul jubn (Cow's churned milk) to be given. Or istafaragh of Saudavi khilt through Joshande Aftimoon (Decoction of Cuscuta reflexa) mixed with Elwa (Aloe barbadensis) and Gharikhoon (Agaricus alba). Hammam (Turkish bath) with sweet water [15]. Hammam-e- motadil with water consisting Banafsha (Viola odorata), Neelofer (Nelumbo nucifera), Bargkahu (Lactuca sativa), Bargbabuna(Matricaria chamomile) and Post khashkhaash (Papaver somniferum) [14]. Aromatic flowers like banafsha (Viola odorata) or neelofer (Nelumbo nucifera) may be made to smell. Rest for three days followed by enema with chukhandar (Beet root), khatmi (Althea officinalis), wheat husk, laxative with Roghan banafsha (Viola odorata).Highly nutritious food is also recommended. Seb (Malus domestica) and Anar (Punica granatum) may be given. If condition persists above measures may be followed again. Moreover, aromatic oils like Roghanbadam (Prunus amygdalus), Roghan kaddu (Cucurbita maxima), Roghan banafsha (Viola odorata) may be used as tadheen (unction) over the scalp to induce tarteeb. Sauda producing diet and drugs may be strictly avoided like dry meat, beef, meat of donkey, camel, swine, rabbit, jackal, brinjal, cabbage, masoor dal, baqala (Vicia faba), dates (Phoenix dactylfera), viscous and new wine, salty spicy foods [2,15]. If affected maadda (matter) is less, body is dry and ghalbe dam is absent, then fasd and istafaragh should be avoided. Induce tarteeb in brain along with alteration in temperament and strengthening heart through exhilarants and cardiac tonics like Mushk (Moschcus moschiferus) and Anbar (Amber garacia). Saoot (inhale) with Roghan banafsha (Viola odorata), Roghan nilofer (Nelumbo nucifera), Roghankaddu (Cucurbita maxima), and the same oils may also be used as massage over the scalp [14]. Dawae Mufarreh: Haleela kabli (Terminalia chebula) 5 nos, Gao'zabaan (Borago officinalis), Gulab (Rosa damascena), saadkofi (Cyperus rotundus) each 14g, Gha'ri khoon (Agaricus alba),Ustukhudoos(Lavandulast oechas) 10.5g, Mastagi (Pistacia lentiscus), Zafran (Crocus sativus), Rind of Turanj (Citrus modica), sunbul (Nardostachis jatamansi root), Asaroon (Valariana walichiiroot) each 10 g, Behmanain (Centaurea behen), Zaravand(Aristolochia longa), Ilaichi kalan(Amomumsu bulatum fruit), Nare Mushk (Mesua ferrea), Ood (Aquilaria agallocha), Zarnab (Taxus baccata), Tukhm badarnj (Mellisa officinalis), Tukhm faranjushk (Ocimum gratissimum), Heel khurd (Elletaria cardamomum), sonf (Foeniculum vulgare), Bargsonf (Foeniculum vulgare)leaves each 7g, Mushk (Moschcus moschiferus) 2.25g. All these drugs to be boiled in honey syrup in which Amla has been boiled [15].

Mujarrab Majoon (Effective Formulation)

Post haleela siya (Terminelia chebula), Post haleela kabuli (Termineliachebula), each 17.5g, Zarawand mudharaj (Aristolochia rotunda) and Taweel (Aristolochia longa), Waj (Acorus calamus), Zaranbad (Curcuma zedoria) each 14g, Hurmul (Peganum harmala), Kalonji (Nigella sativa) each 7g, Juntiana (Gentiana lutea), Dar Sheeshan (Myrica nagi) each 5.25g, Bisfaij ((Polypodium vulgare) each 10.5g, Afsanteen (Artemisia absinthium), Aftimoon (Cuscuta reflexa) each 24.5 g, Irsa (Iris ensata) 17.5g, Buzrul banj safeed (Hyoscyamus albus) 4.66g, Kundush (Schoenocaulon officinale) 7 g, Ustukhudoos (Lavandula stoechas), Fuwah (Rubia cordifolia), Tukhm karafs (Apium graveolans), Anisoon (Pimpinella anisum), Badyan (Foeniculum vulgare), Gharikhoon safeed (Agaricus alba) 10.5g, Turbud safeed mujawwaf (Operculina turpenthum) 14g, Qaranfal (Caryophyllus aromaticum), Taj (Cinnamomum cassia) 10.5g, Sibrsaqootari (Aloe barbedensis) 35g, Mastagi (Pistacia lentiscus) 10.5g, Khirbaq mudabbar (Helleborus niger) 17.5g, Gao zabaan (Borago officinalis), Bargbadaranj boya (Mellisa officinalis), Barg faranjmushk (Ocimum gratisimum) 14g, Zafran (Crocus sativus) 5.25g-Majoon to be prepared and given in a dose of 15.75g every 10th day. During this medication Roghan banafsha (Oil of Viola odorata) be massaged over the body and instilled in nostrils and also apply over scalp [16]. Hijamat Nariya (fire cupping) over head and light exercises are also recommended [2]. During convalescence, administer Itrifal sagheer, Aftimoon, Ayarijfeeqra, Majoonnajah, and Majoon mufarreh. Joshanda aftimoon, Habbe ayarij, Ayarij Jalinoos, Turanjabeen, Habbe aftimoon and Jawarish Jalinoos is 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, cold and moist diet maybe given. Such boiled herbal water may be poured over scalp which consists of Banafsha (Viola odorata), Neelofer (Nelumbo nucifera), Rind of Kaddu (Cucurbita maxima), Post Khashkhaash (Papaver somniferum), Beekhyabrooj (Belladona atropa).

If Caused Due To Involvement of Peritoneum, Spleen or Stomach

If sauda is accumulated in peritoneum, spleen or stomach, then emesis and evacuation should be done by Aftimoon and Sikanjabeen. Jawarish Ood with Fanjnosh and Jawarish Safarjal for evacuation super added with Elwa (Aloe barbadensis) and Aftimoon (Cuscutareflexa). Elwa (Aloe barbedensis) singly or Afsanteen (Artemisia absinthium) 2.25 g with water is beneficial. Sirka of Jangli Piyaz (vinegar of wild onion) to be sipped [15]. Saoot (Inhaler): - 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. Cupping over spleen or stomach, Massage of Roghan sosan over abdomen is also adviced [2]. Diet such as kaddu, pathreli machli, cold and moist vegetables like Khas, Kasni, Bathwa and palak is also beneficial. Easily digestible nutritious diet is recommended.

Nafsiyati Tadabeer (Psychological Measures)

Entertainment, sports, melodious music and songs, engagement in humorous sittings is highly recommended. In contrast, loneliness, suspicious thinking etc is harmful. Sometimes abrupt emotional incidents relieve the patients from melancholia [15]. Beautiful and heart rending scenery and activities to be promoted [16]. Prolonged wakefulness, prolong studying habits, 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 dont's are summarized below for eloquent understanding:

Do's:

- The ambient air of the habitat of the patient should be made Murattab (moist), and spreading fragrant flowers or aroma around the habitat of the patients,
- Patient's dress and bed should be of white in color,
- Murattib (moist), mufarreh (exhilarant) perfumes and aroma's should be administered in the form of Lakhlakha (inhalation).
- Mufarreh (exhilarant), Murattib (moist), Mussafi Khoon (blood purifiers) and highly nutritious diet must be served.
- Strengthening the body with adequate food / nutrition
- Before administering meal, allow the patient to have a moderate Hammam, pouring luke warm water over the head – these regimens are most specifically beneficial for melancholic's.
- Much importance should be paid on Tarteeb (moisture) over Taskheen (calorificient); therefore, Maul Jubn (cow's churned milk) is considered as a good mubarrid (refrigent). Similarly pouring milk over the scalp (head), application (Tila) of luke warm chicken fat (murg ki charbi) are good refrigents. Keeping the patient busy with entertainment with playing, singing etc also benefits.
- Milk and brains (organs of animals)

Don'ts:

- Excessive sexual intercourse
- Vigorous movements
- Ghazab (Rage)
- Fikr (Thought /Thinking)
- Huzn wa Malal (Mourning and affliction)
- Wearing black cloths
- Peeping towards darkness
- Dark and congested inhabitation
- 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.
- 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)
- Sweet, tasteless, and spicy (limited use)
- Temperamentally hot, or cold things and diet
- Things with black
- Ghee
- Unseeded Tukhme Khurfa (Apeum graveolens)
- Baring with Sleeplessness, thinking, loneliness, excess hard work, hunger and thirst are all injurious, similarly all such things which will produce or increase dryness and hotness in the body and brain.
- For inducing sleep; Nutool (douching) with Khashkhaash (Poppy seeds), Babuna (Matricaria chamomile).Decoctions of bones is mostly effective.
- More importance should be paid to provide tarteeb in the management of Melancholia, and also not to delay in eliminating sauda too. If patients complains 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 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 any tangible results has been achieved with the exception of certain anti-psychotic 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, hyperlipidemias with extra pyramidal side effects. This dismal scenario has envisaged us to explore for alternative concepts and therapies in the form of Unani, a herbal system of medicine which is enriched with paragon of tradition with documented knowledge of classical texts and pharmacopeias dealing not only the concept but also its management with various modes of treatment which if pursued will mitigate the suffering humanity to a great extent.

Acknowledgement

The authors gratefully acknowledge Mr. Ehtasham; Chief librarian and Mr.

Jafar; Library attendant from Central library of National Institute of Unani Medicine, Bangalore for their support and cooperation in providing pertinent materials.

Conflict of Interest

The authors declare that they don't have any conflict of interest what so ever.

References

1. Sadock BJ, Sadock VA, Kaplan & Sadock's (2005) Comprehensive Text book of Psychiatry. (8th edn), Lippincott Williams & Wilkins USA, 1008, 1023: 1330-1343.
2. Razi Z (1997) Al-Havi Fit Tibb. Central Council for Research in Unani Medicine, Ministry of Health & Family Welfare, New Delhi, Govt. of India 1: 56-77.
3. Khan HA (2011) Al-Akseer. Urdu translation, by Hkm. Kabiruddin. Published by Idara Kitab-us-Shifa New Delhi 118-143.
4. Sina I (2012) Al-Qanun Fit Tibb. Idara Kitab us Shifa New Delhi 3: 550-560.
5. Ahmed SI (2009) Introduction to Al-Umur-Al-Tabi'Yah. Central Council for Research in Unani Medicine, Ministry of Health & Family Welfare, New Delhi Govt of India 75-142.
6. Anonymous (2013) Unani system of Medicine- The Science of Health and Healing (Dossier). Dept. of AYUSH, Ministry of Health & Family Welfare, New Delhi, Govt. of India.
7. Anonymous (2009) Qanoon-e- Asri. Central Council for Research in Unani Medicine Ministry of Health & Family Welfare, New Delhi, Govt. of India 1: 14-25.
8. Anonymous (2012) Standard Unani Medical Terminology. C.C.R.U.M New Delhi 14: 21,184.
9. Maseehi AS (2008) Kitab-ul-Miat Central Council for Research in Unani Medicine. Ministry of Health & Family Welfare, New Delhi, Govt. of India 1: 149-178.
10. Rushd I (1987) Kitab Al-Kulliyat. (Urdu). Central Council for Research in Unani Medicine. Ministry of Health & Family Welfare, New Delhi Govt. of India, 138-144.
11. Nafees AB (2010) Kulliyate Nafeesi. (Part-1) Idara Kitabul Shifa New Delhi 188-238.
12. Ibn Sina (YNM) Kulliyate Qanoon. (Ed by Hkm. Kabeeruddin) part-2, Shaikh Md. Basheer & Sons Lahore, 258-297.
13. Roy RN, Saha I, Mahajan and Gupta (2013) Textbook of Preventive and Social Medicine. 4th ed. Jaypee Brothers Medical Publishers (P) Ltd New Delhi 642-649.
14. Rizwan K (2010) Shareh Asbab. Urdu Translation. Central Council for Research in Unani Medicine. Ministry of Health & Family Welfare, New Delhi Govt. of India 186-219.
15. Baghdadi IH (2004) Kitab Al-Mukhtarat Fit-Tibb. Central Council for Research in Unani Medicine, Ministry of Health & Family Welfare, New Delhi Govt. of India 3: 34-41.
16. Tabari R (1995) Moaljate Bukhratia. Central Council for Research in Unani Medicine. Ministry of Health & Family Welfare, New Delhi Govt. of India 1: 374-91.
17. Majoosi AIA (2010) Kamil-Us-Sana. Urdu translation, by Hkm. Ghulam Hussain kantoori. Published by Idara Kitab-us-Shifa New Delhi 2: 317-323.
18. Shamsi Y, Ahmed J, Khan AA (2007) A Clinical study on the management of anxiety neurosis with Sankhaholi. Indian Journal of Traditional knowledge: 6: 668-677.
19. Park K (2007) Park's text book of preventive and social medicine. 19 th edition. Publishers Banarasi Das Bhanot Jabalpur India 684-686.
20. Jurjani I (2010) ZakheerahKharzam Shahi. Urdu translation, by Hkm. Hadi Hussain. Idara Kitab-us-Shifa New Delhi 6: 24-40.
21. Razi Z (1991) Kitab Al-Mansoori. Central Council for Research in Unani Medicine. Ministry of Health & Family Welfare, New Delhi Govt. of India 1: 326-328.
22. Qamri AA (2008) Ghina Muna. Urdu Translation. Central Council for Research in Unani Medicine. Ministry of Health & Family Welfare, New Delhi Govt. of India 15-18.
23. Arzani HA (YNM) Tibbe Akbar. Faisal publishers New Delhi 45-53.
24. Antaki D (2010) Tazkeratul Ul-Albab Wal-Jamey-Lil-Ajab-Il-Ujab. Central Council for Research in Unani Medicine. Ministry of Health & Family Welfare, New Delhi, Govt. of India 3: 51-55.
25. Ahmed HJ (2008) Tazkira- e- Jaleel. Central Council for Research in Unani Medicine. Ministry of Health & Family Welfare, New Delhi Govt. of India 45-53.