

Mental Health through Unani Medicine

**Usama Akram^{1*}, Bilal Ahmad¹, Neelam Quddusi¹, Azma Kausar¹,
Mohammed Fazil² and A A Khan³**

¹Research Officer, Hakim Ajmal Khan Institute for Literary and Historical Research in Unani Medicine, CCRUM, Ministry of AYUSH, Govt. of India, India

²Head of Institute, Hakim Ajmal Khan Institute for Literary and Historical Research in Unani Medicine, CCRUM, Ministry of AYUSH, Govt. of India, India

³Director General, CCRUM, Ministry of AYUSH, Govt. of India, India

***Corresponding Author:** Usama Akram, Research Officer, Hakim Ajmal Khan Institute for Literary and Historical Research in Unani Medicine, CCRUM, Ministry of AYUSH, Govt. of India, India.

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Abstract

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. In 2017, there were an estimated 46.6 million adults aged 18 or older in the United States with mental disorder. Young adults aged 18-25 years had the highest prevalence of mental disorder (25.8%) compared to adults aged 26-49 years (22.2%) and aged 50 and older (13.8%). In low and middle-income countries, between 76% and 85% of people with mental disorders receive no treatment for their disorder.

Unani system of medicine is the only system which intervenes with six essential factors (Asbab-e-Sitta Zarooriya) especially by Bodily AND Psychic movement (Harkat wa Sukoon Nafsani) and sleep AND wakefulness (Naum wa yaqza). In this regard, Tadeel-e-Ruh is the basic concept to keep away mental disorders. Equilibrium between these two causes of health (Asbab-e-Sehat) is enough to keep away mental problems. In spite of that there are a number of Unani single (Mufradat) and compound (Murakkabat) drugs for examples Sedative (Musakkinat), exhilarants (Mufarrihat), Mubrridat (cold inducers) and brain strengthener (Muqwaiy-e-Demagh) keep away mental disorder such as Dementia, Insomnia, Headache, Depression and other mental disorders.

In this paper, efforts have been made to explain the concept of mental health mentioned in Classics of Unani medicine along with the management of mental disorders.

Keywords: *Unani; Asbab-e-Sitta Zarooriya; Mufradat; Murakkabat; Mental Health*

Introduction

The WHO states that good health is a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living, and is a positive concept emphasizing social and personal resources as well as physical capabilities. Health is a fundamental human right, recognized in the Universal Declaration of Human

Rights (1948). It is also an essential component of development, vital to a nation's economic growth and internal stability. Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

According to Jalinoos (Galen), states of human body (Ahwaal-e-badan) are as follows:

- Health (Sihat) is a state which helps to maintain the functions of human body through (proper balance) of its temperament and composition in a correct and sound manner.
- Disease (Marz) is that state of the human body which is contrary to the aforementioned state.
- There is a state in which there is neither health nor disease.

Ibn-e-Rushd mentioned in his renowned book "Kitabul Kulliyat" that health is a state of body parts in which their actions and reactions are performed normally. Disease is the antonym of health and actions and reactions become abnormal. It is also documented in his book, in context of mental health, that the normal functions of three types of Quwa i.e., Quwwat-e-Tkhayyul, Quwwat-e- Fikr and Quwwat-e- Zikr are performed by brain and also known as Quwa Siyasiyah.

Demographic trends

A study titled "Trends in mental health of an adolescent medicine clinic patient population" was conducted on 169 adolescent subjects (age 10-22) seen in the clinic for mental health care and analyzed that 68% were urban, whereas 32% were rural. In terms of gender, 40% of the patients were male and 60% were female. The most prevalent mental disorders in this group were depression 32.12%, 13% with generalized anxiety disorder, 8.2% with an attention deficit disorder (including ADHD), and 5.76% with an adjustment disorder. The abovementioned demographic trends showed that depression continues to be the most common mental health problem in this population regardless of gender, ethnic origin, or economic status.

Views of some eminent Unani scholars on mental health

Hippocrates: (460-370 BC)

Hippocrates mentioned that the brain is human's important organ. He also said that it is brain alone from which we feel pleasures, joys, laughter and jest, as well as our sorrows, pains, grief and tears and thus that brain becomes the interpreter of consciousness. Hippocrates expressed in his book "Book of Epidemics" his observations regarding postpartum psychoses, deliria, melancholia. Another book of Hippocrates namely "The Sacred Disease" illustrates his broad clinical knowledge, including Somnambulism, and psychiatric illnesses, and psychological understanding of the patient.

In this book he also counters the belief that Divine influence causes incubus, somnambulism and psychiatric illnesses. This statement summarizes his general psychiatric attitude.

"If the brain is affected by abnormal phlegm the patients are quiet and silent, if by bile they are vociferous, malignant and act improperly. If the brain heated, terrors, fears and terrifying dreams occur, if it is too cool, the patients are grieved and troubled." This statement also justifies the theory of akhlaat or humors and their relation with the mental behaviour of an individual.

Asclepiades (129/124 BC – 40 BC)

Asclepiades defined mental impairment as 'an affection in the sense' which occurs through stoppage of the corpuscles in the membranes of the brain. It is also said that when the disease is chronic and without fever it is mania (furor) when acute, with fever and without feeling, it is delirium (phrenitis). The causes for this type of behavioral changes are hot weather, seasonal changes, the temperament of the patients and his age.

Galen (129-216 AD)

As per the Galen's psychiatric theories and observations, morbid changes of mental functions do not only come from the part which are similarly affected but also from other parts. It is easy to treat special part which is affected and gives pain, but in mental disorders there are no such indications. As impairment of the memory, for instance, is caused jointly by damage to reason and memory and the diathesis is the same in both, but more intense in insanity where reason is lost with memory. Bilious and warm disease leads to insomnia, delirium and phrenitis. In contrast, phlegmatic and cold disease produces stupor and drowsiness. Sluggish mental functions are caused primarily by cold and secondarily by humidity. Decreased and increased humidity and cold and also decreased or increased dryness and warmth result in a large variety of psychological symptoms. In memory disturbances, the cause is cold and wet temperament. The cause for the symptoms may be in the brain or in another part of the body acting by sympathy. If the cause is in the brain, all symptoms which relate to the brain will develop if it is a sympathetic disorder the brain symptoms do not develop fully and disappear when the causes (outside the brain) cease to exist. He emphasized that in melancholia, fantastic imaginations occur. A patient may believe that he is made of shell and as a consequence fearfully avoid people lest they might pulverize him. An-

other patient, seeing a cock while flapping his wings, will copy the voice of the bird and flap his arms. Another may fear that atlas will become fired, drop the world, and destroy everyone. He has also mentioned that all melancholic are sad, but not all these patients wish to die. On the contrary some melancholic are in constant fear of death, although at the same time desiring it. Galen points out that all the symptoms of melancholia can be grouped under sadness and fear, sadness makes a patient hate the people he sees and causes him to become worried and full of the fears of ignorant children and of men who tremble in deep darkness. The colour of black bile, like external darkness, darkens the seat of intelligence and produces fear. He also states that patients who abstain from sexual intercourse may become sad and lose their intelligence. For instance, one man, after the death of his wife, abstained from sexual contact and was depressed until he resumed an active sexual life.

Galen concluded retention of sperm has a greater damaging influence on the body than the retention of menstruation. In another book, he discussed a stoic philosophy as a basis for mental health.

Rhazes (864-930 CE)

Razes briefly pointed out delirium, melancholia and hysteria. He said that foul and meaningless thoughts come to patient's mind along with feeling of fear and sadness and then it is the beginning of malenchoia. When this condition exceeds to such an extent that patient's speech and functions get affected then it should be understood that malenchoia has become stable. It is also mentioned in treatment part that when foul thoughts and sadness and depression occur then treatment should not be delayed otherwise disease will become sever which will be difficult to treat.

Avicenna (981-1037 CE)

Avicenna wrote psychological treatise in which he mentioned five faculties of the interior senses but emphasized that only three are important for medicine imagination, reasoning and memory. The common sense (Sensorium commune) seals with the present. It receives all images perceived and combines them into one mental picture. Imagination, located in the anterior part of the brain, preserves what has been received by the common sense. The cognitive faculty, in the mid brain, deals with reason and judgment. The memory, in the posterior part of the brain, includes retention, reproduction and recognition of past experiences.

He has also discussed systematically the signs of normal and abnormal psychological functioning. In this connection, he men-

tioned the influence of dominant humors on the brain the sanguine humor causing pictures of blood and red colours, the choleric of fire and yellow atrabilious of torture and black objects and fear of darkness, the serous humor of water and thunder. A plethora of humors is expressed in dreams of itching, burning and fetid odors. The mental illnesses comprise melancholia mania etc. in a general psychopathological introduction; he discusses disorders of sleep and consciousness, of thinking and orientation to reality of memory of reason and judgment and of imagination. Each illness is discussed under the headings of pathology, sign and treatment.

Mania is a choleric type of melancholia, with symptoms of excitement, and dancing and attacking people. Similar symptoms occur in phlebitis (Caabitus) and under demonological influences. Hysterical symptoms, included under diseases of the uterus, are mentioned in detail.

Tabri (838-870 CE)

Tabri said that Ikhtalat-e-Zahn is sometimes permanent and sometimes temporary. This disease is due to disorders in "Quwat-e-Fikr" (thinking or reasoning faculty of power). Sometimes Ikhtalat results due to injury to brain involvement of some other diseased organ. Ikhtalat is of two types; temporary and permanent. Temporary type is reversible whereas permanent is irreversible.

Azam Khan (Died 1902 CE)

Azam Khan said that "Ikhtalat-e-Zahn" is the name of anxiety and nervousness which does not reach extreme levels. Sometimes, this disease occurs due to excess of wakefulness, sorrow and excessive worry, excess and continuous intake of bad diet and due to abnormal retention in body like amenorrhea and oligomenorrhea.

Ghulam Jeelani

In Melancholia, thoughts and thinking process of the patients is disturbed and perturbed i.e., he becomes overanxious and thoughtful. Bad thoughts come to his mind and he becomes doubtful for everybody. It results due to Zof-e-Dimaghi (excessive mental work), Sahr (excessive awakening) and excessive thoughts for resolving difficult problems.

Allama Qarshi

Qarshi said that thoughts and thinking process is disturbed and becomes incoherent in a melancholic patient. Patient becomes eas-

ily irritable and prefers loneliness. He becomes fearful from things which are generally not fearful. When this disease sets in, these signs AND symptoms become severe.

Concept of mental health in Unani medicine

Temperament of brain (Mizaj-e-Dimagh)

The temperament of brain is cold and wet which makes it very susceptible to get affected by any stimuli. All faculties (Quwa) of brain get affected collectively if any disorder attacks the whole brain. On the other hand, if brain is partially affected then only particular faculty (Quwa) will be disturbed. For example, disease of frontal part of brain leads to disturbance in Quwwat-e-Takhayyul, mid brain leads to disturbance in Quwwat-e-Fikr and hind brain results in malfunctioning of Quwwat-e-Zikr.

Concept of Nafs and Quwwat-e-Nafsaniya

Mental health is not new subject in Unani system of Medicine. It has been very important in past and undoubtedly its importance may not be refused today. Unani scholars have described it in detail under the heading of Quwwat-e-Nafsaniya (Psychic faculty) whose seat is in brain. Hippocrates termed Faculties of brain the most sensitive, delicate and fine and therefore he termed brain as Syed-ul-aza or master of all organs. Separate sections of brain and many psychiatric disorders like Malenkholiya, Mania, Qutrub, Ikhtalat-e-Zahn, etc. have been discussed in detail in classical literature of Unani Medicine. In sections on fundamentals (Kulliyat) of Unani Medicine, detailed discussion of Quwwat-e-nafsaniya and its sub-classifications gives a better understanding of the faculties of brain. The most appreciating part is inclusion of mental health as one of the six essential prerequisites of life for maintenance of health. These are air, food and drinks, bodily movement and repose, psychic movement and repose, sleep and wakefulness, retention and excretion. This reflects holistic approach of Unani physicians in general and particularly in the management of diseases. Following are some terminologies in this regard for better understanding of philosophy of mental health in Unani medicine:

- **Nafs:** Some people have translated in as pneuma and others as psyche. Literary meaning of Nafs is psyche. As per the philosophy of Unani system of medicine, this term is mainly used to explain the power which is present in Aza -e-Nafsaniya.
- **Aql and Nafs:** Aql or logical reasoning power of a person is based on real things and recognize and understand them

correctly whereas Nafs in healthy condition is at par with Aql and in diseased condition it does not follow Aql. Emotions can affect the Nafs easily and most of the Unani physicians have cited Ishq or love in the chapters of Fasad-e-Nafs.

- **Nafs and the body:** Quwwat-e-Nafsaniya apprises the Nafs of the state of the body and its surroundings external and internal environment of the body influences psyche which in turn influence the entire body. But the organ whose influence is seen very quickly and prominently is the heart. The heart responds very quickly to any change taking place inside the body or any outside influence affecting the body. The ancient physicians attributed various emotional expressions such as joy, grief, anger, elation to Quwwat-e-Haiwaniyah, seat of which is heart. Quwwat-e-Haiwaniyah is sub served anger, fear and other similar emotions are the reactions of the vital faculty, these are attributed to it, although their source is sensation, imagination and perceptive faculties.

Alteration of Quwwat-e-Nafsaniyah results in the affection of Quwwat-e-Haiwaniyah and Quwwat-e-Tabaiyah. Allama Nafees in his book "Kulliyat-e-Nafeesi" gives a distinct heading of effect of psychological sign/ symptoms on body. He explains how patients of psychological problem refrain from misbehaving in front of people from whom they feel shy or regard them and as soon as they leave he again starts misbehaving. He further explains the role of change of environment and relaxing technique; like listening to music, good fragrance which empowers Quwwat-e-Haiwaniyah, and this in turn empowers Quwwat-e-Tabaiyah. Allama Nafis further states that when there is preponderance of Sauda (black bile) in body it affects Nafs which results in fear, worry and bad thought similarly when there is preponderance of Dam (blood) in body then Nafs experiences happiness and comfort and when there is preponderance of Safra (yellow bile) then Nafs experiences some extreme emotion such as sorrow grief brooding in love the temperament of human body changes towards excessive dryness and hotness. Therefore Nafs and body have got direct or indirect effect on each other.

Concept of faculties (Quwa)

Quwwat means power or ability to function. It is one of the Umoor-e-Tabiya essential for living of human being Quwwat and Afaal (functions) are understood with reference to each other since each faculty is the source of some function and each function proceeds from a faculty.

Classification of quwa

- Quwwat-e-Nafsaniyah
- Quwwat-e-Tabiyah
- Quwwat-e-Haiwaniyah

Many philosophers and physicians in general particularly Galen, conserved that each faculty has its own principal organ. This principal organ is the source of faculty and from this very organ the brain and their functions proceed from it. Physical faculty is of two types one concerned with preservation of individual and its biological administration and other with preservation of the species. A source of first type is liver and the other is testes. The function of the vital faculty is to control the Rooh (pneuma). It makes pneuma capable of imparting life to those parts into which it diffuse. The repository of this faculty and the source of its functions is the heart. Out of these, the detail of Physic faculty is as follows:

Psychic faculty (Quwwat-e-Nafsaniyah)

Hippocrates (430-377 BC) termed Faculties of brain the most delicate and fine and therefore he called brain as Sayed-ul-Aaza or master of all organs.

Avicenna (980 AD) wrote a psychological treatise in which he postulated five faculties of the interior sense but emphasized that only three are important for medicine: imagination, reasoning and memory.

Classification of Quwwat-e-Nafsaniyah

- Psychic motive faculty (Quwwat-e-Muharrakah)
- Psychic perceptive faculty (Quwwat-e-Mudrikah).

Psychic motive faculties (Quwwat-e-Muharrakah)

Motor faculty is that which contracts and relaxes the tendons, through which the organs and joints extend and flex. The tract of this faculty runs through the nerves which are connected with the muscles.

Psychic perceptive faculties (Quwwat-e-Mudrikah)

The psychic faculty consists of two faculties and stands as a genus for them. These are perceptive power and motive power. Again, perceptive power also is a genus for two powers:

- External perceptive faculty (Hawas-e-Khamsa Zahirah)
- Internal perceptive faculty (Hawas-e-Khamsa Batinah).

External Perspective faculty (Hawas-e-Khamsa Zahirah)

The External Perspective faculty is sensory. It is further classified into following five categories:

- Sight (Quwwat-e-Basira)
- Hearing (Quwwat-e-Samea)
- Smell (Quwwat-e-Shamma)
- Taste (Quwwat-e-Zaiqa)
- Touch (Quwwat-e-Lamisa).

Internal perspective power (Hawas-e-Khamsa Batina)

Internal perspective faculty, i.e. the animal power is as a genus for five powers: One of them is known as panesthesia or imagination. According to the physicians, it is a single faculty, but according to the philosophers it is twin. Panesthesia is the faculty where all sensations coverage, which reacts to their forms and in which these forms combine. Imagination is the power which preserves these forms and brings them back after they have disappeared from it. Thus out of these two powers, the one which is the recipient should be different from that which is the preserver. The establishment of truth in this case is also the concern of the philosophers. Nevertheless the seat of these two and the source of their functions is the anterior ventricle of the brain.

Al-Majoosi (994 AD) and Abu Sahal Masihi (1010 AD) grouped the Internal Perspective Power into three classes:

- Superstition (Takhayyul)
- Reflection (Tafakkur)
- Recalling (Tazakkur).

Allama Qarshi (1210-1288 AD) classified the Internal Perspective faculty into following types:

- Panesthesia or imagination (Hiss-e-Mushtarak)
- Thinking faculty (Quwwat-e-Mutakhaiyela)
- Faculty of memory AND recall (Quwwat-e-Hafiza)
- Instinct (Quwwat-e-Wahema)
- Rationalizing power (Quwwat-e-Mutasarrifa).

Hisse-e-Mushtarak

It is the faculty where all sensations join and imagination is the power which preserves these forms and brings them back after they have disappeared from it. The seat and the source of their functions is the anterior part of the brain.

Quwwat-e-Mutakhaiyela

Physicians call it the thinking faculty and which the philosophers sometimes call the Imaginative Faculty and sometimes the cognitive faculty. The difference between this faculty and the first one (i.e., panesthesia), whatever the first one might be, is that the first faculty receives preservers of (the sensory impression); on the other hand the cognitive faculty disposes the sense impressions stored in the imagination. It rearranges them through synthesis and analysis. Thus it produces such forms as are received through panesthesia and sometimes such others as are contrary to those received through panesthesia, such as flying man. But the imagination presents only those forms which have been received through panesthesia. The seat of this faculty is middle ventricle of the brain.

Quwwat-e-Hafiza

It is the third faculty described by the physicians. It is in also known as the faculty of memory and recall. It is a repository of those meanings of the percepts which find access to the instinct, but is not the repository of perceptible forms. Just as the imagination is the repository of those perceptible forms which reach panesthesia. The seat of this faculty is the posterior ventricle of the brain.

Quwwat-e-Wahema

Also known as instinct which dictates to the mind that wolf is an enemy and child is affectionate and that the shepherd is a friend from whom they should not run away. This faculty is used in decision making.

Quwwat-e-Mutasarrifa

It is the able to make rational use of all the information stored in brain with the help of above mentioned faculties.

Psychotherapy (Ilaj-e-Nafsani)

Unani ancient literature has got very rich heritage in its plant, animal and mineral origin drugs for the upliftment of moods and other mental diseases. Unani physicians experienced them for treating delirium, insomnia, headache, nervousness and palpitation etc. and found promising effects. These drugs have antianxiety, antidepressive and antioxidant properties. Following line of treatments and groups of medicines have been mentioned in the Unani classical literature for treating mental disorders as well as restoration of mental powers.

Principles of treatment (Usul-e-Ilaj)

- Toning up of brain and strengthening of nerves (Taqwiyat-e-Dimagh wa Asab)
- To produce exhilaration (Tafrih-e-Taba)
- Porridge (Hareera Muqawwi-e-Dimagh)
- Head Massage with oils (Tila)
- Inhalation (Shumoom)
- Snort (Saoot)
- Diet (Ghiza).

Treatment

Brain tonics (Muqawwiyat-e-Dimagh)

Single drugs

- Injeer (*Ficus carica*)
- Maghz-e-Badam (*Prunus amygdalus*)
- Pista (*Pistacia vera*)
- Funduq (*Corylus avellana*)
- Zafran (*Crocus sativus*)
- Ood (*Aquilearia agallocha*)
- Darchini (*Cinnamomum zeylanicum*)
- Qaranphal (*Syzygium aromaticum*)
- Kundur (*Boswellia serrate*)
- Zanjabeel (*Zingiber officinale*)
- Sumbul (*Nardostachys jatamansi*)
- Balango (*Lallemantia royleana*)
- Baladar (*Semecarpus anacardium*).

Compound drugs

- Itrifal Kishneezi
- Itrifal Kabeer
- Irtifal Ustukhudoos
- Itrifal Muqawwi-e-Dimagh
- Khameera Gaozaban
- Khameera Khashkhash
- Khameera Marwareed
- Majoon Muqawwi-e-Dimagh
- Sharbat Abresham.

Exhilarants (Mufarrihaat)**Single drugs**

- Sandal (*Santalum album*)
- Ambar (*Ambra grasea*)
- Gul-e-Surkh (*Rosa damascena*)
- Mushk (*Moschus moschiferus*)
- Amla (*Emblica officinalis*)
- Gul-e-Seb (*Malus sylvestris*)
- Gul-e-Behi (*Cydonia oblonga*)
- Gul-e-Bed (*Salix capera*)
- Gul-e-Naranj (*Citrus reticulatus*)
- Kapoor (*Cinnamomum camphora*).

Compound drugs

- Mufarreh Yaqooti Barid
- Mufarreh Yaqooti Har
- Jawarish Sandalain
- Dawaul Misk Motadil
- Anoshdaro

Porridge (Hareera Muqawwi-e-Dimagh)

- Maghz-e-Badam Muqashar (Almond soaked and peeled): 10 pieces
- Khashkhash (*Papaver somniferum*): 10 gm
- Tukhm-e-Kharpaza (*Cucumis melo*): 10 gm
- Hab-e-Qurtum (*Carthamus tinctorius*): 20 gm
- Nishasta (Starch): 30 gm
- Roghan-e-Zard (Clarified butter): 45 gm
- Shakar (Sugar): 70 gm.

Head massage with oils (Tila)

- Roghan-e-Gul
- Roghan-e-Qaranphal
- Arq-e-Gulab

Inhalation (Shamoom)

Smell of strong scents and fragrances like:

- Seb (*Malus sylvestris*)
- Ambar (*Ambra grasea*)
- Gulab (*Rosa damascena*).

Snort (Saoot)

Roghan-e-Gao or Marwareed (*Mytilus margaritiferus*) mixed with Gulab and snorted.

Diet (Ghiza)

Aghziya Latifa: Food stuffs which are easy to digest. Such as:

- Meat of small birds, chicks and fishes.
- Nakhud (Bengal gram) cooked with rose and cumin.
- Brains of all animals.
- Kernels of different nuts.

Evidence based researches

Effect of Safoof-e-Rasha (Herbo-mineral Unani formulation) has been evaluated in 15 patients with promising results in the management of Parkinsonian Tremors.

Nazir A Ahangar, M.H. Hakim and M.M.H. Siddiqui. Efficacy of Safoof-e-Rasha in Parkinsonian Tremors – A Clinical Study. Hippocratic Journal of Unani Medicine | January - March 2011, Vol. 6 No.1, Pages 23-27.

An open study was conducted in Hamdard University on small CP children (aged 2-6 years) selected from UDAAN, one of India's premier centers for management of moderate to severe CP children. The overall opinion on the drug seems to show a 50% responder rate in cognitive parameters in small CP children with moderate to severe cerebral palsy.

Usama Akram, Shakir Jamil and A. Mukherjee. Cognitive management of cerebral palsy with Unani formulation - A Clinical trial. Proceedings of International Conference on Unani Medicine, Central Council for Research in Unani Medicine, New Delhi, 2007, pp.269-273.

A randomized placebo controlled double blind trial was conducted to show the efficacy of Tukhm-e-Kahu (seeds of *Lactuca scariola* Linn.) on mixed anxiety depressive disorder.

Ghazala javed, Akhtar siddiqui, Vimal kumar, Mohammad Anwar. Efficacy of Tukhm-e-Kahu (seeds of *Lactuca scariola* Linn.) on mixed anxiety depressive disorder: a randomized placebo controlled double blind trial, Hamdard medicus Vol. 52 No. 1, 97-101.

In this study, efficacy of Riazat-e-Khafeefa (20 to 30 minutes of brisk walking (Speed 4 Km/ hrs) in the management of Nisyan was evaluated in 20 patients randomly assigned into two groups. Group I, advised brisk walking daily for 30 minutes and Group II received Placebo. At the end of six months memory improvement in Group I compared to Group II was assessed. The results showed that Riazat-e-Khafeefa or brisk walking is useful in Nisyan.

Anis-ur-Rehman, Saad Usmani, Arif Anees. The Role of Riazat-e-Khafeefa in the Management of Nisyan. Unimed Kulliyat, April-September 2007, Vol. III, Issue 1, pp.33-34.

Maghz-e- Kishneez (seeds kernel of (*Coriandrum sativum*) was clinically studies on 20 patients of anxiety, diagnosed following the guidelines of Hemelton Anxiety Rating Scale (HARS). The trial drug was administered orally for 20 days and observations were recorded on every 5th day. On an average, it was found effective in 68.90 per cent of cases.

M.M.H. Siddiqui, M.H. Hakim and S.A.H. Jafri. Effect of Kishneez (*Coriandrum sativum*) in Tashweesh or Iztirab-e-Nafsani (Anxiety), Hamdard Medicus, 2001 Vol. 44, No. 2 pp. 22-27.

A combination of two pharmacopoeial formulations, viz. (Khameera Khashkhash and Arq-e-Gaozaban), which are well described in Unani classical literature for the treatment of anxiety like condition, were evaluated following modern parameters to establish their efficacy in anxiety disorder. The formulations were found effective and results were statistically significant.

Mohammad Aftab Alam, M. Mohsin, B.D. Khan, Shagufta Aleem. Therapeutic Evaluation of Khameera Khashkhash and Arq-e-Gaozaban in Anxiety Disorder, Hamdard Medicus, Volume No 54 Issue No 4, 2011, Pages 96-104.

Psychomotor performance was assessed in eighty individuals comprising of twenty individuals from each constitution, viz. Damwi Mizaj, Balghami Mizaj, Safrawi Mizaj and Saudawi Mizaj. The psychomotor performance of the individuals of four Amzizjah was evaluated with the help of Digit Letter Substitution Test. The results revealed that the Damwi, Balghami and Safrawi individuals have shown nearly similar levels of psychomotor performance. But the Saudawi individuals showed a remarkably slow activity in their psychomotor performance.

Jaleel Ahmed, Masroor Ali Qureshi, Ayesha Fatema, Humaira Bano, Sagheer Ahamad, Salma khatoon. Scientific Evaluation of Psychomotor Performance in four Amzizjah (Constitution) with the Help of Modern Psychological Tools, Hippocratic Journal of Unani Medicine, April-June 2011, Vol. 6 No. 2, Pages 49-55.

Conclusion

Mental disorders are increasing day by day throughout the globe, India being no exception. People from all communities irrespective of economic background and their culture suffer from mental disorders. There are a lot of Unani medicine and techniques for example Tila (paste), Dalake Khashin (Massage with rough cloth), Nutool (with Unani Medicine) or with goat milk), Tabreed (with RoganeKaddu, Rogane Labboebe Saba etc.), Taskheen (with Rogane Badamshireen) etc by these ultimate and natural Tadabeer we can challenge these disorders. Further researches are required on Kundur, Jadwar, Brahmi, Ood Saleeb or other drugs for their important role in depression, dementia and other disorders on modern parameters to validate these statements [1-22].

Bibliography

1. Abu Sahal Masihi. Kitabul Miah Fil Tibb (Arabic), CCRUM, New Delhi 1 (2014).
2. Nafees Ibne Ewaz. Kulliyat-e-Nafisi, (Uurdu translation by M. Syed Abid Hussain), Edition I, Matba Nami Nawal Kishor, Lucknow 1 (1906).
3. Ibn-e-Sina. Al-Qanoon Fil Tibb (English translation), book I, Department of Islamic Studies, Jamia Hamdard, New Delhi, India (1903).
4. Ismail Jurjani YNM. Zakheera Khawarizm Shahi (Urdu translation), Matba Nami Nawal Kishor, Lucknow 6.
5. Kamaluddin. Usool-e-Tibb, Litho Colour Printers, Aligarh (1980).
6. Ibn-e-Rushd. Kitab-al kulliyat (Urdu translation), CCRUM, New Delhi (1987).
7. Ibn-e-Zuhr. Kitab-al Tayseer (Urdu translation), CCRUM, New Delhi (1986).
8. Majoosi. Kamil-al-Sanaah (Urdu translation), Part I, CCRUM, New Delhi 1 (2010).

9. Rabban Tabri. Firdaus-al-Hikmat (Urdu translation), I and II, Faisal Publications, Deoband (2002).
10. De NN. "Mental health service in India". *Indian Journal of Psychiatry* 1 (1949).
11. Desjarlais R., *et al.* "World mental health: problems and priorities in low income countries". Oxford University Press Inc, New York (1995).
12. Harpham T and Blue I. Urbanisation and mental health in developing countries, an introduction, Aldershot, Avebury (1995).
13. Khandelwal SK. *International Review of Psychiatry* 16 (2004).
14. Kposowa AJ. "Unemployment and suicidal tendency, a cohort analysis of social factors predicting suicide in the US National Longitudinal Mortality Study". *Psychological Medicine* 31 (2001).
15. Mills J. "The history of modern psychiatry in India, 1858-1947". *History of Psychiatry* 12 (2001).
16. Munir Baalabakki. Al-Mawrid (A Modern English-Arabic Dictionary), Dar-e-Ilm, Lil-Malayan, Beirut (1997).
17. Murali Madhav. "Epidemiological Study of Prevalence of Mental Disorders in India". *Indian Journal of Community Medicine* 26.4 (2001).
18. Murray C and Lopez A. The Global Burden of Disease, Cambridge, MA, Harvard University Press (1996).
19. Murray CJL and Lopez AD. "Progress and directions in refining the global burden of disease approach: a response to Williams". *Health Economics* (2000).
20. National Mental Health Programme for India. Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, New Delhi (1982).
21. Parkar SR., *et al.* "History of psychiatry in India". *Journal of Postgraduate Medicine* 47.1 (2001):73-76.
22. Sharma S. Directorate General of Health Services, Government of India, Mental hospitals in India, New Delhi (1990).

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