PREVENTION OF DEPRESSION THROUGH UNANI SYSTEM OF MEDICINE

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ABSTRACT
Although depression is generally not a preventable condition, lifestyle can play a part in its progression. Unani physicians has described this disease under the topic of Nafsiyati awamil and mentioned in their ancient scripture that making changes in your life style through Asbabe sitta zarooria now can offer long-term benefits to your mental health e.g. Harkate sukoon badani. Research suggests exercise is a potent weapon against mild to moderate depression. Physical activity releases endorphins that can help boost mood. Regular exercise is also linked to higher self-esteem, better sleep, less stress, and more energy. Here are some helpful ways explained in this paper for prevention of depression through Unani system of medicine that may assist you in keeping depression at bay.

KEYWORDS: Nafsiyati Awamil, Unani system of medicine, Asbabe Satta Zarooria, Harkate sukoon badani.

INTRODUCTION
Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.

Some forms of depression are slightly different, or they may develop under unique circumstances, such as:
- Persistent depressive disorder (also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.
- Perinatal depression is much more serious than the “baby blues” (relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery) that many women experience after giving birth. Women with perinatal depression experience full-blown major depression during pregnancy or after delivery (postpartum depression). The feelings of extreme sadness, anxiety, and exhaustion that accompany perinatal depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.
- Psychotic depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive “theme,” such as delusions of guilt, poverty, or illness.
- Seasonal affective disorder is characterized by the onset of depression during the winter months, when there is less natural sunlight. This depression generally lifts during spring and summer. Winter depression, typically accompanied by social withdrawal, increased sleep, and weight gain, predictably returns every year in seasonal affective disorder.
- Bipolar disorder is different from depression, but it is included in this list is because someone with bipolar disorder experiences episodes of extremely low moods that meet the criteria for major depression (called “bipolar depression”). But a person with bipolar disorder also experiences extreme high – euphoric or irritable – moods called “mania” or a less severe form called “hypomania.”

Signs and Symptoms
If you have been experiencing some of the following signs and symptoms most of the day, nearly every day, for at least two weeks, you may be suffering from depression.
- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue
- Moving or talking more slowly
Feeling restless or having trouble sitting still
Difficulty concentrating, remembering, or making decisions
Difficulty sleeping, early-morning awakening, or oversleeping
Appetite and/or weight changes
Thoughts of death or suicide, or suicide attempts
Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment.

Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms while others may experience many. Several persistent symptoms in addition to low mood are required for a diagnosis of major depression, but people with only a few – but distressing – symptoms may benefit from treatment of their “subsyndromal” depression. The severity and frequency of symptoms and how long they last will vary depending on the individual and his or her particular illness. Symptoms may also vary depending on the stage of the illness.

Depression can happen at any age, but often begins in adulthood. Depression is now recognized as occurring in children and adolescents, although it sometimes presents with more prominent irritability than low mood. Many chronic mood and anxiety disorders in adults begin as high levels of anxiety in children.

Depression, especially in midlife or older adults, can co-occur with other serious medical illnesses, such as diabetes, cancer, heart disease, and Parkinson’s disease. These conditions are often worse when depression is present. Sometimes medications taken for these physical illnesses may cause side effects that contribute to depression. A doctor experienced in treating these complicated illnesses can help work out the best treatment strategy.

Risk factors include
- Personal or family history of depression
- Major life changes, trauma, or stress
- Certain physical illnesses and medications

PREVENTION OF DEPRESSION IN UNANI SYSTEM OF MEDICINE THROUGH ASBABE SATTA ZAROORIA

Unani-Tibb has conventionally accepted a holistic approach to the prevention and treatment of diseases. As a part of the treatment of a chronic, long-term or recurring clinical disorder, Unani-Tibb therapy is largely oriented towards the prevention of adverse lifestyle factors which can also lead to depression. According to Unani-Tibb, lifestyle diseases e.g depression are defined as diseases which arise because of an inappropriate relationship between a person and his or her environment. Unani physicians often used lifestyle modifications such as diet and exercise to treat diseases such as depression, what is today called lifestyle medicine.

Depression are often the result of or aggravated by choices people make in their life. They are mostly common in people who are inclined towards eating unhealthy food, having a sedentary lifestyle and unhealthy habits like smoking and drinking alcohol. The foundation of Unani-Tibb therapy is reform in the lifestyle as it recognizes the influence of surroundings and ecological conditions on the state of mind. A balanced relationship between the six essential factors maintains the equilibrium between humours and temperament thus balancing the internal environment of the human body. Unani-Tibb strongly believes that depression can be prevented by some changes in Asbab-e-Satta Zarooriyah. This adopt changing a person’s diet and when necessary, encouraging more physical exercise, better breathing methods, improving sleep quality and more effective detoxification.

Asbab-e-sitta zarooriyah
The Asbab which means cause, in Unani system of medicine refers to that which initiates a given state (health or disease) of humans. Unani system of medicine has provided a great emphasis to the prevention of diseases through maintaining the equivalence in Asbab-e-Sitta Zarooriya which have direct effect on health. Imbalance in these factors cause the alteration in Mizaj. For example, as in case of excessive intake of dry food and excess of physical activity may lead to change of mizaj from normal to dryness which is the main cause of development of depression. Obesity is a major risk for developing diabetes, stroke and coronary heart disease, and is a major contributor to the onset and progression of chronic lifestyle diseases.

Asbab-e-sitta zarooriyah
1. Hawa-e-Muheet (Atmospheric air)
2. Makool wa Mashroob (Food and drinks)
3. Harkat wa Sukoon-e-Badani (Physical activity and repose)
4. Harkat wa Sukoon-e-Nafsani (Mental activity and repose)
5. Naum wa Yaqza (Sleep and wakefulness)
6. Ehtibas wa Istifragh (Retention and elimination)

The above six causes (factors) essentially influence each and every human body, therefore, they are called Asbab-e-Sitta Zarooriyah. Nobody could escape from these factors so long he is living.

Prevention of depression
Unani System of medicine believes in holistic approach to the prevention and treatment of diseases. It covers physical, mental and spiritual dimensions of an individual’s health. The temperamental / humoral theory provides a comprehensive understanding of the risk factors, pathological processes and therapeutic...
interventions for the effective management and treatment of lifestyle diseases. Since depression is also considered among one of the life style disorder and the life style disorder are the conditions which arise from poor management of the governing factors (Asbab-e-Sitta Zarooriyah) over a long period of time. This finally results in the change in temperament of body which is beyond the ability of Tabi’at to deal with and causes fasaad (disturbance) at humoral level either by accumulation of excessive or abnormal humour(e.g Sauda). This condition further leads to functional imbalances. Therefore, the Unani system of medicine approaches to the prevention of these lifestyle diseases such as depression is aimed at avoiding the abnormal changes in six essential factors which can be restored by maintaining balance in Asbab-e-Sitta Zarooriyah.\[9,6\]

**Hawa-e-muheet (environmental air)**

Air has comes first over all the six essential factors, without air we cannot imagine the existence of life. By the word, “Air” we do not mean the simple (imponderable) element but the atmosphere around us. Air is an element to of our body and Arwah (pneuma) beside an element, it is a reinforcement which reaches our Arwah and become a cause of its purification not simply as an element but also as a modifying agent. The two main functions of air are.

1. Tarveh is for moderation of hot temperament of ruh. This modification is attained by means of inspiration or inhalation through the lungs.
2. Tanqiya (purification) is for expulsion of waste product of ruh. This purification is attained by means of expiration or exhalation.\[2,7\] Both of these functions occur when the air is in pure form. When it is contaminated, it leads the sue mizaj (mal temperament) of ruh. Therefore, the quality of breathing air is supposed to directly influence the mizaj (temperament) of ruh\[8\] and thus, either health is maintained or lost. The atmospheric air is subject to normal as well as abnormal changes and also to those changes which are outside the normal course and contrary to it. The normal changes are the seasonal changes because in every season the air changes into another temperament. Change in character of atmospheric air produce changes to human body. Abnormal causes include environmental pollution and these changes are of two kinds: change in the substance of air, and change in the quality. Polluted air induces putrefaction to humours and hence causes over production of sauda which leads to excessive dryness in the body which results in depression. There is emerging experimental and observational evidence from recent studies to suggest that exposure to air pollution may be associated with neurobehavioral outcomes. Findings from experimental studies in mice suggest that air pollution may be associated with enhanced bias towards immediate reward and depression-like responses.\[10,11\] An observational study of children born to non-smoking mothers observed an association between pre-natal ambient exposure to polyaromatic hydrocarbons and symptoms of anxiety and/or depression at ages between six and seven years.\[12\] Observational studies in adults have also demonstrated associations between air pollution and depression and suicide. Associations between air pollution and mood and depressive symptoms, and psychiatric emergencies have also been shown in early observational studies. Body needs fresh and pure air to perform physiological functions and to maintain health.\[13\]

**Makool wa mashroob (food and drinks)**

Makool-wa-Mashroob (Foods and Drinks) The word makool stands for foods and mashroob for drinks.\[14\] In healthy condition food is taken for the preservation of health and for aid of tabiyat but the aim is different in abnormal circumstances.\[15\] The foods and drinks act upon the body in three ways: by their kaifiat (quality), by their madda (matter) and by their surat-e-naueia (morph) or vice versa. Therefore, foods and drinks with the help of their quality, madda and morph are believed to ensure healthy state, if taken judiciously. Foods are categories mainly into three categories such as ghiza latif (light foods) produces thin blood; ghiza kaseef (heavy foods) produces thick blood and ghiza mutadil (moderate foods). They are further subdivided according to their properties either rich or poor in nutrition and of bad chyme or of good chime.\[14\] When the individual is taking a balance diet their health is maintained otherwise, they may suffer from malnutrition, depression or other types of abnormalities. In relation to food intake Galen says that food intake should be in accordance with the digestive ability of the stomach and taken in a limit, so that stomach can execute its function easily. If surplus is practiced difficulty may occur such as indigestion. If taken in less quantity, it causes emaciation. Water drinking immediately following meal, should be avoided because it hinders with digestive process. Water must be taken after descending of foods from upper digestive tracts or on severe thirst; this may prove beneficial to digestive process. The water intake with foods either in little or in more quantity is a very common among the people due to lack of knowledge. By making those aware about its effects on digestive process one can minimise the terrible outcome. The individual must follow their own menu and shifting from one menu to another one is not allowed abruptly because tabiyat is not habituated to digest.\[15\] Therefore, any intake of food against the individual routine may become harmful, unless their tabiyat become accustomed to digest. Due to lack of dietetic knowledge the people of the community sometime suffer (such as underweight, obesity etc.) which are considered as a cause of depression.\[16\] So by taking proper makool wa mashroob which is described in the literature of Unani system of medicine we can prevent our self from diseases like depression.

**Harkat wa sukoon-e-badani (physical activity and repose)**

Modernisation changes the life style of both the elders and children’s. All the available facilities of present times also play an important role in physical inactivity of
individual. We can observe a fact that in free time most of the people including children watching television, using computers, playing video games, playing with mobiles, sitting and reading etc. with little or no physical activity. This lack of physical activity becomes a risk factor for many diseases such as anxiety, depression, etc. Therefore, it is the need of hour to educate our community about the role of physical activity and the bad effects of sedentary life. Research suggests exercise is a potent weapon against mild to moderate depression. Physical activity releases endorphins that can help boost mood. Regular exercise is also linked to higher self-esteem, better sleep, less stress, and more energy. Any type of moderate activity, from swimming to housework, can help. Choose something you enjoy and aim for 20 to 30 minutes four or five times a week. The effect of harkat (movement) on human body depends on the following types of movement: 1. Vigorous or Mild 2. Prolonged or Moderate 3. Accompanied by rest or not Whatever an individual executes the movements result in liberation of hararat (heat). This hararat stimulate the hararat-e-ghareeziyah (inner heat) and dissolve the waste product of the body. In Unani medicine, it is believed that hararat is the tool of all quwa (faculties) especially, quwa tabaiyah (vegetative faculties). Vegetative faculties perform the action of processing in food, metabolism and finally, expel the waste materials out of the body. If these waste materials are getting accumulated and not expelled out of the body regularly, it leads the extinction of hararat-e-ghareeziyah. So, the hararat liberated by physical activity stimulate hararat-e-ghareeziyah and finally, quwa performs the appropriate action either for assimilation or elimination. Rest, after movement is very essential for health preservation. Because regular movement without rest result in dissolution of ratubat (fluid) and finally, the innate heat becomes affected. Once the innate heat becomes subnormal, the normal metabolic process cannot occur. Rest favour the excellent process of digestion which results in formation of good quality of humour and health depends on humoral balance. But excess in anyone or in both produces baroodat (cold) which affects the action of faculties and finally, the function of the body becomes abnormal. Therefore, the balanced rest and movement exert the optimistic effects on individual health.

Harkat wa sukoon-e-nafsani (mental activity and repose)
Ibn-e-Sina was the first physician who developed the relation between psychology and medicine. Body and mind have impact on each other as nafsiyati awamili (psychological factors) are dependent on dominant khilt and mizaj of that person. Excess of all these change the temperament, weakens the hararat-e-ghariziyah and body becomes dry and feeble. All psychic conditions followed by inward or outward of rooh which may be sudden or gradual. Unani medicine holds that the human mind and brain needs adequate stimulation and proper relaxation as well. Psychological factors such as happiness, sorrow, fear, anger, etc. have significant effect on the health of a human being. Excess of anger and joy causes cutaneous blood vessels to dilate which provides reddish hue to the skin. This also increases the heart rate which becomes the cause of various cardiovascular disease in later life. Nowadays stress and depression are increasing health problems of affluent society around the globe which further leads to many health problems and also shortens the life span of an individual. Now a days counseling and talk therapy becoming very popular for depressed patients but actually it is the invention of our very famous Unani scholar Ibn-e-Sina. Studies suggest different types of talk therapy can fight mild to moderate depression. Cognitive behavioral therapy aims to change thoughts and behaviors that contribute to depression. Interpersonal therapy identifies how your relationships impact your mood. Psychodynamic psychotherapy helps people understand how their behavior and mood are affected by unresolved issues and unconscious feelings. Some patients find a few months of therapy are all they need, while others continue long term. Equilibrium of both mental activity and rest is required for preservation of good health and to avoid many physical illnesses like depression. As the famous quote says, “Sound mind in sound body.”

Naum wa yakza (sleep and wakefulness)
Links between sleep and depression are strong. About three quarters of depressed patients have insomnia symptoms, and hypersomnia is present in about 40% of young depressed adults and 10% of older patients, with a preponderance in females. The symptoms cause huge distress, have a major impact on quality of life, and are a strong risk factor for suicide. As well as the subjective experience of sleep symptoms, there are well-documented changes in objective sleep architecture in depression. Epidemiological studies have pointed out that insomnia in nondepressed subjects is a risk factor for later development of depression. There is therefore a need for more successful management of sleep disturbance in depression, in order to improve quality of life in these patients and reduce an important factor in depressive relapse and recurrence. Sleep and wakefulness are an essential factor of life. Sleep is analogous to rest and wakefulness to movement. The normal physical and psychосocial functions depend on adequate sleep. An eminent Unani scholar Zakariya Razi delineates that eight hours of sleep is very essential for health. He also says that sleep strengthens the vital faculty, pneumonia and promotes digestion by retaining hararat-e-ghareeziyah. Sleep also work as a great restorer of lost substances during day time. Therefore, proper sleep prepares the individual for next day performance by energy conservation. When sleep meets a substance ready for digestion and nuzj (coction), it turns it into the blood. If sleep discovers emptiness or a khilt (humour) which is not primed to digestive faculty it disperses it. Excessive sleep causes dullness of the psychic faculties, cold diseases and heaviness of head. On the other hand, excessive wakefulness produces dryness, which is considered to be the main cause of
depression in Unani system of medicine.[17] Now days, the life becomes so busy especially in metropolitan cities, peoples are working night shift in call centers that’s why they does not have time to sleep adequately. This imbalance in routine surely affects the health and may become a major cause for depression. The above discussion shows that if we maintain balance in naum wa yaqza we can prevent ourself from depression.

Ehtibas wa istifragh (retention and elimination)

To maintain a harmonic and synchronized tabi”at, certain beneficial end-products of metabolism are retained in the body while harmful ones are expelled. Tabi”at gets rid of waste product by the natural means that are micturition, defecation, menstruation, diaphoresis, sebum secretion and mucus secretion etc. On the contrary, useful products should retain in the body as they are required to provide nutrition and to run many physiological functions normally. Abnormal retention of faecal matter leads to infection. So it is important work of tabi”at to justify what should be excreted or retained. When there is any problem in maintaining the normal excretory and retaining balance, then result will be hazardous to human health. Excess of istifragh makes the body feeble and changes the temperament towards coldness& dryness which is the temperament of sauda and this sauda can expose a person towards depression, sometime it produces obstruction and ultimately innate energy becomes weak. If we eliminate excessive humours like sauda from the body which is responsible for depression we can prevent our self from diseases like depression.[22]

CONCLUSION

Depression is now an emerging problem in developed as well as in developing world and today there is a need to prevent this disease so that it may not cause major health hazards. The occurrence of depression is showing upward trend in most countries and for several reasons this trend is likely to increase. For most important reason, the lifestyle and behavioral patterns of people are changing rapidly, these being favorable to the onset of diseases like depression. For the sake of preservation of health, a person should follow the principles of healthy lifestyle. If there is any need to change the habits then it should be adopted or change gradually to allow the Tabi ”at to become habitual of it. Irregularity in daily routine habits like dietary patterns, physical activity, sleep and wakefulness etc. may lead to disturbance in normal bodily functions. Unani system of medicine provide a unique combination of Asbab-e-Sitta Zarooriyah which should be implicated in day to day life. Asbaab-e-Sitta Zarooriyah has its significant role in preventing various non-communicable diseases like depression which has become threat to our life. If we make balance in Asbab-e-Sitta Zarooriyah, many lifestyle diseases will be prevented to a large extent.

REFERENCES

22. Ameen H.M.W. Qadeem Ilmul Amraz, 4ed, Qaumi Council Barae Farogh Urdu Zaban, New Delhi, 2010; 64.