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Review Article

A Comprehensive Review on Psychiatric Disorders (*Amraz-e-Nafsaniya*) in Relation to *Harakat-o-Sukun Nafsan*

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Background & Objectives: A psychiatric disorder is defined as a clinically significant disturbance in an individual's behaviour, emotional regulation, or cognitive abilities. Mental disorders can significantly interfere with daily activities, reduce quality of life, and result in long-term suffering if left untreated. This review highlights the importance of *Ḥarakat-o-Sukūn Nafsānī* (psychic movements and repose) in the maintenance of mental health from the Unani perspective. It aims to emphasize the relevance of Unani principles in the prevention and management of psychological disorders. **Methods:** A comprehensive literature review was conducted to explore the details of psychiatric disorders (*Amraz-e-Nafsaniya)* through the analysis of authentic textbooks and manuscripts of Unani and contemporary scientific research. A search was conducted on Google Scholar, Web of Science, PubMed and Scopus, using keywords such as Psychiatric disorders, Melancholia, Mental illness, Anxiety, *Amraz-e-Nafsaniya*, Depression, Unani medicine. **Results:** This review highlights the importance of *Ḥarakat-o-Sukūn Nafsānī* (psychic movements and repose) in mental health from the Unani perspective. Disturbances in psychic movement and repose, along with unhealthy lifestyle factors, may lead to humoral imbalance and psychiatric disorders. Excess *Safra* and *Dam* are associated with anxiety and manic states, while excess *Sauda* and *Balgham* are linked to depression and apathy. Unani medicine advocates holistic management through lifestyle modification, psychotherapy, and pharmacotherapy. **Conclusion:** The Unani system of medicine provides a comprehensive understanding of psychiatric disorders and their management, as documented in classical texts. Its holistic approach, encompassing lifestyle modification, psychological well-being, and therapeutic interventions, offers valuable insights into mental healthcare.

Keywords: Psychiatric Disorders, *Amraz-e-Nafsaniya, Harakat-o-Sukun Nafsan*.

INTRODUCTION

Ḥarakat-o-Sukūn Nafsānī (psychic movements and repose) is one of the six essential factors (Asbāb Sitta Ḍarūriyya) described in Unani medicine and plays a vital role in maintaining both physical and mental health. Unani scholars recognized that emotional states such as happiness, grief, fear, anger, and anxiety exert profound effects on the body and mind. According to Ibn Sina (Avicenna), the heart is the source of *Rūḥ Ḥaywānī*, which governs emotional responses. These psychological reactions can influence the *Mizāj* (temperament) of the body more rapidly than many physical factors and may contribute

to the development of disease when excessive or prolonged.[1–3] The significance of mental and emotional well-being has been acknowledged since ancient times. Psychiatric disorders, known in Unani medicine as *Amrāḍ-e-Nafsāniyya*, are characterized by disturbances in thought, mood, perception, and behavior. Modern medicine recognizes mental illnesses as a major public health concern, while classical Unani scholars described similar conditions centuries ago and emphasized the role of emotional disturbances, environmental factors, and humoral imbalance in their causation.[4,5] According to Unani literature, health depends on the equilibrium of the four humours (*Akhlāṭ Arbaʻa*): *Dam* (blood), *Balgham* (phlegm), *Ṣafrā* (yellow bile), and *Saudā* (black bile). Disturbance of this balance, particularly as a result of abnormal psychic movements and repose, may predispose individuals to various psychiatric disorders. Classical texts describe conditions such as *Malikhūliyā* (melancholia), *Māniyā* (mania), *Quṭrub*, and other mental disturbances, reflecting the advanced understanding of mental health among Unani physicians.[6,7] This review aims to analyse various psychiatric disorders in relation to *Ḥarakat-o-Sukūn Nafsānī* and to explore their etiopathogenesis, clinical manifestations, and management from the Unani perspective. By examining classical literature alongside modern concepts, the review seeks to highlight the relevance of Unani principles in understanding and managing mental health disorders. In the foundational texts under *Kulliyat* (basic principles), there is a thorough exposition of *Quwwat-e-Nafsaniya* (mental faculties). These discussions, along with the systematic classification of mental functions, reflect the depth of early Unani scholars' understanding of brain functions and psychological phenomena.

Quwwat responsible for psychiatric disorders

The term *Quwwat* means faculty refers to the ability to function. It is one of the *Umoor-e-tabiya* essential to human survival. *Quwwat* (faculty, ability to function) and *Afal* (function) are understood in relation to one another, because each faculty is the source of some function, and each function flows from a faculty.[1,2,8]

Types of faculties

I. *Quwwat-e-Nafsaniya* (Psychic faculty)

II. *Quwwat-e-Tabiya* (Physical faculty)

III. *Quwwat-e-Haiwaniya* (Vital faculty) [3,9–11]

Out of these three, the psychic faculty will be discussed in detail.

Quwwat-e-Nafsaniya (Psychic faculty)

Psychic faculty is broadly classified into two subtypes -

a) *Quwwat-e-muharrika* (motive faculty/motor faculty)

b) *Quwwat-e-mudrika* (perceptive faculty/sensory faculty)[9,10]

Psychic motive faculty - is responsible for producing movement by causing the contraction and relaxation of muscles and tendons, thereby enabling the extension and flexion of organs and joints. The pathways of this faculty run through the nerves which are connected to the muscles and transmit the impulses necessary for voluntary movement.

- Psychic Perceptive faculty is further divided into two.

I. *Quwwat-e-khamsa zahira* (external perceptive faculty)

II. *Quwwat-e-khamsa batina* (internal perceptive faculty)[12–14]

Quwwat-e-khamsa batina (internal perceptive faculty)

There are two groups of physicians which classify internal perceptive faculty further into three and five categories. First was the ancient group of physicians, among them were notably *Majusi* (930–994 A.D.) and *Masihi* (died 1010 A.D.), who classified internal perceptive faculty into three types:

a) Takhaiyyul (imagination)

b) Tafakkur (thinking)

c) Tazakkur (recall)[10]

A second group of physicians, among *Qarshi* (1210–1288 A.D.), classified it into five faculties:

a) *Hiss-e-mushtarak* (panesthesia or imagination)

b) *Quwwat-e-mutakhaiyyla* (thinking faculty)

c) *Quwwat-e-hafeza* (faculty of memory and recall)

d) *Quwwat-e-wahema* (instinct)

e) *Quwwat-e-mutasarrifa* (rationalizing faculty)[1]

Ibn Rushd (1126–1198 A.D.) in his book *Kitab-ul Kulliyat* offers a different classification. He divides it as follows:

a) *Quwwat-e-hawaas* (faculty of senses)

b) *Quwwat-e-zikr* (faculty of recalling)

c) *Quwwat-e-fikr* (faculty of thinking)

d) *Quwwat-e-wahema* (faculty of instinct)[3]

Ibn-e-Rushd has also mentioned *Quwwat-e-siyasia* (faculty of politics) under which he has listed following *Quwa*:

a) *Quwwat-e-takheyyul* (Faculty of thoughts), located in the frontal part of brain

b) *Quwwat-e-fikr* (Faculty of thinking), located in the middle part of brain

c) *Quwwat-e-zikr* (Faculty of recalling), located in the posterior part of brain[3]

Following a thorough analysis, it can be said that *Quwwat-e-khamsa batina* (Internal perceptive faculty) can be affected in psychiatric disorders without any organic lesion, while the rest, i.e. organic lesions, along with *Quwwat-e-khamsa batina* can be affected in other neurological disorders.[10]

Ḥarakat-o-Sukūn Nafsānī

Ibn-e-Sina was the first physician who developed the relation between psychology and medicine. Body and mind have impact on each other as psychological factors are dependent on dominant *khilt* and *Mizāj* of that person. Excess of all these change the temperament, weakens the *hararat-e-ghariziyah* and body becomes dry and feeble. In response to *Infi'ālāt Nafsāniyya*, the *Rūḥ Ḥaywānī* either moves from the interior of the body to the exterior or vice versa and the shift of *Rūḥ Ḥaywānī* can be sudden or gradual. These movements produce different effects on the body. Such as, when the *Rūḥ Ḥaywānī* moves from the interior to the exterior parts of the body, it generates heat, and helps in expelling the waste elements from the blood and heart in the form of vapours. This heat subsequently warms up the entire body, including the *A'ḍā'*, *Akhlāṭ*, and *Arwāḥ*. These movements of the pneuma are a response to psychic reactions such as anger, happiness, hope, and other emotional states. However, when the pneuma moves toward the interior of the body, it is accompanied by blood. Consequently, the body's innate heat is held within the interior, making the exterior appear cold and pale. These inward movements of the *Rūḥ Ḥaywānī* occur in response to psychic reactions like fear, sorrow, and other similar emotional states.[7,8,13]

Different psychic reactions and their impacts on *Mizāj Badan*

Unani scholars have described the impacts of psychological reactions, noting that they have similar effects on the *Mizāj* of the body as physical causes, which can lead to both health and disease. In comparison to food and drinks, these reactions usually have a quicker effect on the body since they do not require the extensive digestion and metabolism processes necessary for food to exert its intended effects. Furthermore, they stated that individuals who frequently experience agitation, persistent depression, excessive fear, or excessive worry over minor issues are more susceptible to developing certain diseases quickly. Understanding the harmful effects of these psychological reactions and refraining from such behaviour could reduce the risk of contracting certain illnesses.[14]

1. Anger

In this emotional state, the *Rūḥ Ḥaywānī* swiftly moves towards the outer regions of the body, carrying with it the *Ḥarārat Gharīziyya* and blood to support the body's physical functions. As a result, when a person becomes angry, his face and other exposed areas of the body may appear red and become heated.

Therefore, if anger is not excessively intense, it can have potential benefits. However, extreme anger can have several negative effects on the body.[7,13,14]

2. Happiness and pleasure

Happiness induces a gradual outward movement of pneuma, moderately increasing heat and moisture. However, sudden intense joy causes a rapid outward shift of pneuma, leading to a sharp depletion of internal *Ḥarārat Gharīziyya*, potentially disrupting heart function. In extreme cases, this can result in Shaadi-i-Marg (death due to excessive happiness).[7,13,14]

3. Fear

During a state of fear, the pneuma rapidly moves from the outer regions of the body toward the inner parts. Simultaneously, the blood also moves inward, accompanied by pneuma and innate heat, leading to increased coldness and dryness in the external parts of the body. This manifests as a cold and pale surface of the skin.[7,13–15]

4. Grief and Sorrow

In response to these emotions, the *Rūḥ* gradually moves inward, resulting in a gradual decrease in the vital faculty. This leads to a progressive weakening of all body faculty. Especially sudden grief, triggers the movement of *Rūḥ* and *Ḥarārat Gharīziyya* in abundance toward the heart.[7,13,14]

5. Abashment

In such situations, individuals experience a mix of emotions and various reactions. Initially, there is a brief sense of guilt, which leads the *Rūḥ Ḥaywānī* to move inward. Afterward, the *Rūḥ Ḥaywānī* rapidly moves toward the body's surface out of anger towards the person responsible for the embarrassment. As a result, when the pneuma moves inward, the face may appear yellow due to the gathering of blood and intrinsic heat in the inner parts of the body. Conversely, when the pneuma moves toward the body's periphery, both blood and heat follow in the same direction, causing the face to blush.[7,14] All these reactions, if they persist for a long time or occur at an extreme level, then production of the four humours or *Akhlat* is affected, for example, during anger, Safra increases, during sadness or grief, Sauda or black bile increases. And this humoural imbalance can cause different physical as well as psychological disorders, like Melancholia, anxiety, depression, Maniya, etc.

Psychiatric Disorders (*Amraz-E-Nafsaniya*)

- *Malankhuliya* (Melancholia)
- Anxiety (*Iztirab-e-Nafs*) & Depression
- *Junun* (*Maniya, Da' al-Kalb, Şubārā* and *Qutrub*)[6,14]

***Malankhuliya* (Melancholia)**

Malankhuliya (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-Hawi*." The term melancholia literally means "black humour" which is the predominant causative factor.[15]

Causes

Malankhuliya is caused mainly due to *Saudavi madda* or *mirra e sauda*. In either case there is preponderance of *Saudavi khilt* particularly associated with *ehteraq* when it is termed as *Malankhuliya Saudavi*. When it is caused due to *ehteraq* of *Dam* or *Safra* or *Balgham* then it is expressed as *Malankhuliya damvi*, *safravi* and *balghami* respectively. Extreme grief, stress, constant thinking, and excessive alertness are sometimes the most likely contributing factors.[6,15]

Pathophysiology of *Malankhuliya*

As we know, *Ruh Nafsānī* synthesized in ventricles of brain. It is produced from *Quwwat Haywānīyya*, which is generated in the heart. *Ruh Haywānīyva* ascends from heart to the brain through *Rag-i- Subati*. At the base of the brain these vessels are further divided into many branches, which form arterial network, called *Sabak Jhilli*. In this convoluted arterial networking *Ruh Haywānī* stays longer and gets absolute *Nudj* (concoction), becomes pellucid,

this is called *Ruh Nafsānī*. This *Ruh Nafsānī* reaches forebrain and becomes more purified. From the forebrain it goes to midbrain, attains it temperament becomes more pellucid and purified. From midbrain it goes to hindbrain, here it becomes most pellucid and complete. by that time *Quwwat Nafsaniya* takes work from it and shows its functions through Ruh Nafsānī, So, whenever temperament of brain alters, simultaneously alteration in temperament of Ruh also occurs. This is because *Quwwat Hadima* of *Jawhar -i- Dimagh* becomes weak as a result *Ruh* didn't get absolute concoction. When *Jawhar -i- Dimagh* couldn't purify Ruh, so *Khilt* which is accumulated in the brain mingle with *Jawhar -i- Ruh*, as a result *Ahwal Nafs* gets deranged. Now, it is clear that in melancholia there is alteration in the temperament of brain because of Sawda. Whenever alteration in temperament of brain occurs, simultaneously alteration in *Mizāj* of *Ruh Nafsāni* also takes place.[16]

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 remain silent, feels giddy and tinnitus, sexual and food satiety is unusually increased. The nature of fear varies from patient to patient; Some individuals develop an intense fear of death or animals, while others may become preoccupied with irrational fears, such as the sky falling. According to ancient Unani literature, the manifestations of fear are influenced by the predominance of specific humours (*Akhlāṭ*). When Dam (sanguinous humour), predominates, the patient tends to be cheerful, playful, and inclined toward laughter and exhilaration. Predominance of *Ṣafrā* (yellow bile) is associated with excessive mental activity, restlessness, and hyperactivity. In the case of excess *Balgham*, (phlegm), the patient often appears gloomy, sluggish, and lethargic. The features associated with the excess of *Saudā* (black bile) are usually more severe, serious, and intense in nature.[15]

Anxiety: Anxiety, defined as a subjective feeling of uneasiness, dread, or foreboding. It may present as a primary psychiatric disorder or occur as a symptom, component of or a reaction to a underlying medical condition.1 In the Unani system of medicine, anxiety disorder is referred to as *Izterāb-I-Nafsāni Umūmī*. The term *Iẓtirāb-i-Nafsānī ʿUmūmī* broadly denotes excessive worry, persistent fearful thoughts, and mental restlessness. The description of Anxiety as such not found in Unani literature but its symptoms show a considerable overlap with Melancholia.[17]

Depression: Dictionary of Psychological Medicine in 1892, listed mental depression as a synonym for *melancholia.*[18] Major depression is defined as a depressed mood daily for a minimum duration of 2 weeks. The mood may vary from mild sadness to intense despondency and may be accompanied by feelings of guilt, worthlessness, and hopelessness.[19,20] Cognitive disturbances are common and include difficulty in thinking and concentrating, persistent ruminations, indecisiveness, and, in severe cases, suicidal ideation. About 10% to 15% of all depressed patients commit suicide, and about two-thirds have suicidal ideation.[20] The tables below provide a structured comparison between Melancholia, Anxiety and depression.

Table no.1- Comparison between Melancholia, Anxiety and Depression

Aspect	Melancholia	Anxiety	Depression
Onset Age	After 40[8,21]	Before 40[22]	Varies[19]
Gender Factors	More common in males[7]	More common in females[22]	More common in females[19,20]
Genetic/Familial Factors	Familial occurrence[3]	Strong familial predisposition[23]	Critical familial role[22]
Precipitating Factors	Social and environmental Stressors in vulnerable individuals[24]	Demographic/life stressors[22]	Neurotic personality, environmental stress[19,20]
Seasonal Pattern	Spring and summer[8]	Winter[25]	Spring and fall[19,20]
Food/Alcohol Influence	Cabbage, cheese, pickles; alcohol worsens[26]	Alcohol worsens; drug abuse often coexists[22]	Alcohol dependence often coexists[19,27]

Core Pathology	Abnormal melancholic humours (*Sauda Ghayr Tabiiyya*)[26]	Neurochemical dysfunction (GABA, serotonin, etc.)[28]	Serotonin & norepinephrine imbalance[20]
Key Organs	Spleen[29]	Amygdala[19]	Adrenal gland[19]
Biological Dysregulation	Black bile imbalance[26]	HPA & sympatho-adrenal axis disruption[22]	HPA & thyroid axis disruption[22,30]
Psychological Symptoms	Mood swings, guilt, hopelessness, indecisiveness[7]	Cognitive distortions, slow thinking, poor memory[28]	Depressed mood, low self-esteem, suicidal ideation[27,30]
Somatic Symptoms	Sleep disturbance, fatigue, libido loss[7,24]	Insomnia, palpitations, breathlessness[31]	Fatigue, weight loss, motor retardation[32]
Treatment Approaches	Joyful activities, Unani therapies: *Nuzuj, Fasd, Tarteeb Ra'as,* and *Sitz bath.*[7,8,24]	Aerobic exercise, Benzodiazepines, SSRIs, Medication and psychotherapy[19,20,32]	Behavioral activation, aerobic exercise, SSRIs, Medication and psychotherapy[19,27]

Junun (Diwangi)

Junun (dewangi), basically belongs to melancholia group. Junion are of four kinds i.e. Maniya, Da' al-Kalb, Şubārā and Qutrub.[6]

♦ Maniya

Maniya was described as madness with elevated mood but it included a broad spectrum of excited psychotic states the way we understand them today. Maniyā is also known as Junün Saba'i in Greek, some proceders called it as Junun Hayej. Unani physicians defined it as "A disturbed state of mind in which patient becomes insane, develops false perception and hallucinations accompanied with severe form of agitated behaviour" i.e. extreme anger, violence in conduct, restlessness etc.[6,8,14]

Aetiology:

The disease producing matter is derived from Ihtiraq of Sawda or Şafrä i.e. Şafra-i-Muhtarig or Sawda -i-Muhtariq.[6,8]

♦ DA' AL-KALB

Also known as disease of dog. It is a type of mania in which the person resembles the characteristics of dog, along with symptoms of mania. A combined state of agitation and relaxation caused by the accumulation of Muhtariq Sawda' (burnt black bile) in the brain.[6,8]

Aetiology:

According to Avicenna it is a Damwi Marad. Ibn Hubl Baghdadi stated that the Sawda' which causes Da' al-Kalb, contains Damwiyat in it. According to Azam Khan the causative factor for Junün Hayej and Da' al-Kalb are same.[6,8]

♦ Subara

Another type of melancholia. Subārā is a siryani word, which means Sawdawi Junün. It is a severe form of Junun, which is associated with Sarsam-i- Safrawi (AT) An Intensely disturbed state of mind accompanied with fever.[6,8]

Aetiology:

Sawda-i-Muhtariq Safra' (burnt yellow bile)[8,13]

♦ Qutrub

Qutrub is a type of melancholia.[8,13,17] It is chronic condition in which the patient likes to live in isolation. During the day time he stays in lonely places and comes out at night. He became irritative, emaciated and pale, sometimes he attacks other person due to irritation. He makes noises resembling with dogs and cock. Ulcers are noticed on calf muscles, which are usually non -healing. According to Avicenna, *Quṭrub* is a name of insect, which moves quickly in water and has an irregular movement, due to its resemblance the disease is named as *Quṭrub.*[6]

Aetiology:

Sawdā -i- Muhtariq (Sawdāwi/Şafrāwi/Damvi)[6–8]

Sign and Symptoms of Junun

In all types of *Junün* alteration in *Afal-i- Batini* and *Afal-i- Harkat* are seen.

- *Maniya and Da' al-Kalb*: Euphoria, unusually irritable, abnormally upbeat, jumpy or weird, increased activity, agitation, exaggerated sense of well-being, unusual talkativeness, terror and ferociousness in the eyes, anxiety, and extreme anger.

- *Subara*: In initial stage extreme insomnia is present, dementia. heaviness in eyes, fever, urine is white and dilute.

- *Qutrub*: Patient becomes emaciated, body colour becomes yellowish or greenish, dryness in tongue and nose, sunken eyes, bleeding non-healing ulcers on calf muscles, patient of this disease didn't stay in one place for longer time. He used to attack people without fear. He suffers from delusion that people are planning to kill him, that's why he likes to live in isolated places like graveyard, deserted houses etc.[6,14,16]

Usool-i-Ilaj (Principles of Treatment) of psychiatric disorders:

➤ *Tanqiya-i-Mawad - Munzij* followed by *Mushil* and *Tadeel Mizāj*

➤ Regimens of *Tarteeb* are adopted for brain and body

➤ *Taqwiyat-i-Dimagh*

➤ *Talayin-i-Tabiyat* etc[6,7,14]

CONCLUSION

The Unani system of medicine presents a holistic approach to understanding psychiatric disorders by recognizing the close relationship between emotional balance, lifestyle, and humoral equilibrium. The concept of *Ḥarakat-o-Sukūn Nafsānī* highlights the importance of maintaining psychological stability to preserve mental health and prevent disease. Classical Unani principles, supported by emerging scientific evidence, suggest that integrating lifestyle regulation, psychological care, and appropriate therapeutic interventions may contribute to the prevention and management of psychiatric disorders. Further clinical and evidence-based studies are needed to strengthen the scientific basis of these traditional concepts and to explore their role in contemporary mental healthcare.

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