COVID-19: IMPACT ON MENTAL HEALTH AND MANAGEMENT OF MENTAL HEALTH DISORDERS BY UNANI SYSTEM OF MEDICINE, A HYPOTHESIS

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ABSTRACT

The spread of novel coronavirus (COVID-19) across the globe and the associated morbidity and mortality challenged the nations by several means. The pandemic has significant and variable psychological impact on various group of population of each country. Fear and stigma are also associated with this pandemic. Increase use of social media can intensify their feelings of anxiety and depression in time of crisis. Psychological crisis intervention should be integrated into the system of pandemic prevention and control, with the premise of reducing potential psychological damage caused by the pandemic and promoting social stability. Regimens and practices of Unani system of medicine might be effectively utilised to maintain the mental health during COVID-19 pandemic.

INTRODUCTION

A novel coronavirus has spread through China, originating from the city of Wuhan and has caused many deaths so far. It is a highly contagious virus that has spread rapidly and efficiently¹. Coronavirus disease 2019 (COVID-19) is caused by a virus (SARS-CoV-2) from the same family as the lethal Coronaviruses that caused severe acute respiratory syndrome (SARS-CoV) and Middle East respiratory syndrome (MERS-CoV)²,³.

On March 11, 2020, the World Health Organization (WHO) declared Coronavirus (COVID-19) a pandemic⁴. Currently, all of us are experiencing emotions, thoughts and situations we have never experienced before. It is not that there were no pandemics earlier but It has shaken the entire world and created global panic⁵. It has been noticed over the past few months that during this covid-19 infection there are increasing mental health issues among the general population, elderly, children, migrant workers and health care professionals other than the patient with COVID-19 infection. Stigma and fear are the other aspects of outbreak of pandemic⁶. Fears have ranged from those based on facts to unfounded fears based on information/misinformation circulating in the media, particularly social media⁷. One has never imagined the stigma that might accompany COVID-19. There are several instances of people at risk, particularly health professionals being evicted from their premises by anxious landlords, people in quarantine being isolated from society, and cruel societal responses to people with a diagnosis of COVID-19, leading to people not disclosing symptoms and not seeking appropriate medical help⁸.

Hippocrates described the importance of brain in the human body as it is responsible for our pleasures, joys, laughter, and jest, as well as our sorrows, pains, grief, and tears. This concept can be further traced in the writings of Asclepiades, Soranus of Ephesus, Arctaeus, Galen, Rhazes, Al-Majusi, Abu Şahal Masihii, Avicenna and several other Unani physicians⁹. The mental health disorders are mentioned as a symptom or group of symptoms of Malankholia (Melancholia) in which the mental functions of the individual are deranged. The patient
find himself occupied by loneliness and some patients experience delusion and hallucination. There is increase number of COVID-19 cases and deaths which affects mental health status in the form of stress and anxiety. Social distancing and lockdown are the cause for depression and feeling of loneliness. Many plants have been used since ages for the treatment of psychiatric problems in Unani system of medicine and many of these have been reported to have a rate of efficacy comparable to the conventional treatment with fewer side effects.

**Impact of covid-19 pandemic on mental Health**

**Among general population**

It is already evident that the direct and indirect psychological and social effects of the coronavirus disease 2019 (COVID-19) pandemic are pervasive and could affect mental health now and in the future. Lockdown measures were enforced by the government on entire national territory. It included travel restrictions, the mandatory closure of schools, nonessential commercial activities and industries. People were asked to stay at home and socially isolate themselves to prevent being infected. Staying at home can be quite nice for some time, but can also be boring and restricting which causes negative mental health outcomes like anxiety states and insecurity regarding the future. In India, the first and foremost response to the pandemic has been fear and a sense of clear and imminent danger. Once the outbreak will be over, its negative socio-economic consequences may have a detrimental effect on the population's mental health. For Recurrent Depressive Disorder patients, lockdown is a major stress jeopardizing normal daily routine, social rhythm and thereby increasing stress levels, which would further escalate the cortisol level, resulting in a vicious exacerbation of depressive symptoms. This is same for generalized anxiety disorder, chronic insomnia and even suicide. Moreover, pandemics are not only a medical phenomenon. Inability to join work, dwindling finances and the long term impact on economy will have its effect on new and pre-existing common mental health disorders.

**Among COVID-19 positive cases**

COVID-19 infection is a new disease; hence it is important to understand that its emergence and spread may lead to cognitive distress and anxiety, fear in the public which then may lead to harmful stereotypes. With rising public stigma can cause the affected individuals hiding their illness to avoid discrimination which may prevent them from seeking immediate healthcare intervention. Confirmed and suspected cases of the COVID-19 may experience fear of severe disease consequences and the contagion. The people who are in quarantine areas may experience boredom, anger, and loneliness; the symptoms of the viral infection such as cough and fever may also cause worsening cognitive distress and anxiety among people due to the fear of contracting the COVID-19. The long term mental health issues commonly presenting include grief, survivor’s guilt, depression, substance use, relapses of pre-existing mental illness, post-traumatic stress disorder, and somatisation disorders. Obsessive compulsive disorder is also expected to increase in the aftermath of COVID-19.

**Among family members and close contacts**

Children are confined to the home and in some situations may be separated from the parent(s) because they are quarantined, or their parents are quarantined. Children may experience a range of psychological issues such as anxiety, fear, worry, depression, difficulty sleeping, and loss of appetite and PTSD etc. The family member or close contacts of COVID-19 cases also experience psychological problem for being isolated, traced and quarantined which exerts stress, anxiety and stigma. They also face anger and resentment due to loss of dear one.

**Among health care workers**

The health care workers especially the front line workers face the psychological consequences due to COVID-19 because of excessive workload/work hours, inadequate personal protective equipment, over-enthusiastic media news and infection rate among medical staff. Stigma is one of the common social consequences of a pandemic. Health workers are not spared from this stigma. In fact, they can even feel more stigmatization than the general public. Being afraid of the risk of a potentially lethal contagious disease, people develop a form of stereotyping toward individuals associated with the epicentre of the disease, by avoiding them, blaming new disease outbreaks on them. This stigmatization may lead to a high level of psychological distress and depression to them.

**Among special population**

There are several vulnerable groups for the mental impact of covid-19 pandemic are older adults, the homeless, migrant workers, the mentally ill, pregnant women and Chinese students studying overseas. Sleeplessness, feeling anxious, boredom, panic attacks, nightmares, feeling of emptiness, fear of contracting COVID-19, fear of spreading the infection to others, health anxiety, feeling of imprisonment, anxiety related to uncertainty about future, anxiety about death and dying in unnatural circumstances without access to other relatives are some of the psychological issues that can occur in older adults. A history of mental illness is a risk factor during pandemics. An individual’s perception of their physical health, if poor, is also associated with higher stress and psychological morbidity.

**Unani concept of mental Health**

Since antiquity the concept of mental health is in tradition of Unani medicine in the form of “Amraze Nafsani” (psychological disorder). The cause of any disease is imbalance in Asbaab-e-Sitta Zarooriya (six essentials of life) according to Unani system of medicine. Disturbance in the balance of Harkat-wa-sukoon nafsani (one of six essentials of life) generates mental Health related issues i.e. Malankholia. Abnormal retention of morbid matter (ghair zaroori maddah ka ahtabas) also leads to Malankholia. Malankholia (Malankholia) is caused mainly due to Black bile (Saudavi madda) or mirra sauda is mainly. In either case there is preponderance of black bile (Saudavi khilt) particularly associated with combustion (itheraaq), at that time it is termed as malankholia saudawi. When it is caused due to ehteraq of dam or safra or Balgham then it is expressed as malankholia damvi, safravi and balghami respectively. Psychological disorder occurs due to excessive wakefulness, disturbed sleep. Sometimes Mizaj of Arwah (pneuma) is deranged due to
various factors, and this may also give rise to Malankholia. Ibn Hubl (1121-1213 A.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 Rooh nafsan (mental/psychic sprit) which results in Kadooarat (dinness), Tariki (gloominess), Baroodat (coldness) and Yabosarat (dryness) which is against the temperament of rooh (vital, pulmonary), due to which affected person being acts insanely with thinking disability.

**Principles of Treatment (Usool-e- Ilaj) of Psychological disorders (Melancholia)**

Evacuation of affected humours except for khilt-e- dam primarily through munzijat (concoctives) followed by mushilaat (purgatives) for tanqiya-e- mawaad (evacuation of morbids matters) from the body, and secondarily fads (veneration/phlebotomy).

Use of Murattib advia (moisturizers), Moaddil-e- mizaj advia (alteratives of temperament), dalk (massage therapy), riyaizat (exercise) and mufarrehaat (exhilarants). These drugs and procedures relieving the tachycardia, palpitation and thirst and generally produce coldness. Use Muqawwi dimagh advia (brain tonics) and adoption of Nafsiyat Tadabeer (psychological measures) are very helpful.

**Management of psychological problem through Unani system of medicine**

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. In Unani system of medicine, the psychiatric nosology is also a part of medical classification under the title of “Amraze Nafsan” (psychiatric disorders) where all the diseases are classified as syndromes rather than an individual disease entity.

“Whenever disequilibrium occurs in the substance of the air pollution and putrefaction are produced in both the substance (Maddah) and quality, causing plenty of symptoms (a’rad-ridiayah) and diseases in human beings” leads to mental disturbance. To overcome the problem of mental illness ancient Unani physician advised that the ambient air around the patient should be made Murattab (moist), and aromatic with different fragrance. Patient should wear white dresses. The bedding of the patient should be white. Murattib (moist), mufarreh (exhilarant) perfumes and aromas should be administered in the form of Lakhakhana (inhalation). Highly nutritious diet must be given to such patient. Before taking meal, allow the patient to have a moderate Hammam, pouring lake warm water over the head – these regimens are most specifically beneficial for malenchoics. Keeping the patient busy with entertainment with playing, singing etc also benefits. To avoid the exacerbance of the condition make them happy. For inducing sleep; Nutool (douching) with Khashkhaash (Poppy seeds), Babuna (Matricaria chamomile). Melanogoue items like Masoor, Kiramkalla (cabbage), Baigan (brinjal), Gunduna, Garlic, Onion, Mustard, Baqla, Dried mutton, New and Viscous alcohol (beverage – Sharab) and other such Salty and sour items, Cow, Camel and desert and hilly animal’s meat, Big fishes (Giant fishes), Namake siyah, Dried Cheese, Mooli (radish) and Bhooosi wali rooti (Fibrous bread) should not be taken. 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.

**CONCLUSION**

COVID-19 pandemic infiltrate fear, anxiety, emotional distress, and post-trauma stress symptoms as the affected individuals are viewed as minority and secluded from the rest of the population. It is vital to emphasize the mental well-being of the population. Traditional system of medicine has very effective therapies to mitigate the psychological problem. So, its ideas of management for the psychological problems can be adopted in the management of psychological disorders posed during COVID-19.

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