



## Management of Substance Use Disorders in Unani Medicine: An Insight

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### Abstract

Drug addiction is also known as substance use disorder (SUD). Historically, three types of substance use have been defined: 1) Occasional, controlled or social use, 2) Substance abuse or harmful use and 3) Substance dependence. Dependence is a state in which an individual experiences a physical or physiological need to continue the use of the drug. According to UNODC World Drug Report 2023 over 296 million people used drugs in 2021 globally, an increase of 23% over the previous decade. The number of people who suffer from drug use disorders, meanwhile, has skyrocketed to 39.5 million, a 45% increase over 10 years. The social and economic burdens of substance use are immense, and current pharmacological treatments often show limited effectiveness. This has prompted interest in traditional systems of medicine like Unani medicine, which may offer complementary benefits alongside existing interventions like therapeutic community treatment and behavioral therapies. By virtue of holistic approaches, the system not only takes care of withdrawal symptoms but also manage psychosocial behavioral disorders. Unani medicine is suggested to enhance immune function and support metabolic health, presenting a safer and potentially more affordable option for managing substance use disorders, particularly for individuals whose long-term drug use has compromised their overall health. Moreover, traditional therapies under 'Ilāj bi'l Tadbīr can also be used to evacuate toxins from the body; to cope with drug withdrawal symptoms and to promote rehabilitation in drug or substance abusers. Unani literature may furnish several leads for various herbal formulations that may be used for de-addiction in the future.

**Keywords:** Substance Use Disorder; Drug Addiction; Unani Medicine; Quwwat Nafsāniya; 'Ilāj bi'l Tadbīr; 'Ilāj bi'l Dawā'

### Introduction

Substance use disorder (SUD), is an illness that affects a person's brain, resulting in an inability to manage the use of any drug or prescription, whether legal or illicit. SUD is a chronic relapsing disorder marked by a compulsion to seek and take a drug, a loss

of control in limiting the intake, and a negative emotional state e.g. dysphoria, anxiety, irritability when access to the drug is denied [1].

The occasional but limited use of an abusable drug is clinically distinct from escalated drug use, loss of control over limiting drug intake, and emergence of chronic compulsive drug-seeking

that characterize addiction. Historically, three types of drugs or substance use have been defined based on its use: 1) Occasional, controlled, or social use; 2) Substance abuse or harmful use, and 3) Substance dependence. The risk of addiction and how quickly an individual becomes addicted varies by drug. Some drugs, like opioid painkillers have a higher addiction risk and causes addiction quicker than others. Larger doses of a drug are needed to get high, and as drug use increases, an individual may find it increasingly difficult to go without it. Attempts to stop drug use can cause intense cravings and make an individual feel physically ill. Drug dependence is a state in which an individual experiences a physical or physiological need to continue the use of the drug [1].

Ministry of Social Justice and Empowerment, Government of India, has published a report titled, "Magnitude of Substance Use in India, 2019" and the key finding of the report was; Alcohol was the most common substance used, followed by cannabis and opioids. The prevalence of alcohol use was 4.6%, with a male: female ratio of 17:1, followed by cannabis at 2.8% and opioids at 2.1%. With reference to the harmful and dependent use, 19% of alcohol users use it in dependent pattern, whereas 0.25% of cannabis users use it in dependent pattern. Opioid use was reported in 2.1% of the country population, with heroin use being highest at 1.14%, followed by pharmaceutical opioids at 0.96% and opium at 0.52%. Regarding the pattern of use, dependent use was highest among users. The prevalence of opioid use in India is three times the global average. In comparison to 2004, the overall use of opioids has become higher and the use of heroin has surpassed opium use [2].

### Prevalence

Substance use and related disorders pose significant challenges globally, impacting health, psychological, and social well-being, leading to increased morbidity and mortality. Despite an estimated lifetime prevalence of 10.3%, these disorders often go under-diagnosed, particularly among individuals with mental health issues. In India, substance use is notably prevalent, with a meta-analysis indicating a rate of 6.9 per 1,000 people, showing slight differences between urban (5.8) and rural (7.3) per 1,000 populations [3]. The social and economic burdens of substance use are immense, and current pharmacological treatments often show limited effectiveness. This has prompted interest in alternative treatment methods, such as traditional Unani medicine, which may

offer complementary benefits alongside existing interventions like therapeutic community treatment and behavioral therapies. Unani medicine is suggested to enhance immune function and support metabolic health, presenting a safer and potentially more affordable option for managing substance use disorders, particularly for individuals whose long-term drug use has compromised their overall health.

### Unani perspective of mental and behavioral illness

The human body is governed by three faculties, viz. Quwwat Nafsāniya (psychic faculty), Quwwat Ṭabī'iyya (physical faculty), Quwwat Ḥaywāniya (vital faculty). Each faculty is further divided into several sub-faculties and each of them are the source of some functions. Quwwat Nafsāniya (psychic faculty) is the source of mental function and disturbance in this faculty leads to various mental disorders. The conceptual description of Quwwat Nafsāniya (psychic faculty), RūḥNafsānī (psychic pneuma), A'ḍā' Nafsāniyya (psychic organs) and Af'āl Nafsāniyya (psychic functions) testifies the fact that Unani Medicine has paid special attention to mental health along with other dimensions of health [4].

### Etiology of psychosomatic disorders

In Unani Medicine, mental, emotional and behavioral disorders have been discussed under Amrāḍ-i-Dimāgh (mental disorders). Buqrāṭ (Hippocrates: 460-370 BC) and Jālīnūs (Galen 129-200 AD) have explained the pathophysiology of mental disorders on the basis of humoral theory and treated them through regimens, diets, drugs, etc. The mental disorders are usually caused either by predominance of any one or two of the four proximal qualities, i.e. hotness, coldness, dryness and moistness, or preponderance of any four humours, i.e. sanguine, yellow bile, phlegm and black bile. The principle of treatment is based upon the removal of causative factor, evacuation of morbid material and normalization of the morbid temperament. This is achieved as per the principles of heterotherapy by using the regimens, diets and drugs of opposite temperament. Sometimes, emotional and behavioural disorders like drug addiction need extra measures such as counselling and reassurance. Abū Zayd Aḥmad ibn Sahl Balkhī (849- 934 AD) advised the patients suffering from emotional and behavioral disorders to keep themselves busy and focus on healthy thoughts to counter the unhealthy ones, accept the difficulties as part of life, contribute to the welfare of others, discuss issues with friends and

family members and avoid inactivity and idleness [4]. Imaduddin Shirazi (15 Cent. AD), mediaeval India physician masterwork "Risala Afiyoon" is the pioneering work on drug de-addiction in Unani medicine, which described in detail about the development of tolerance towards opium, and a procedure called "Reduction and substitution" for opium de-addiction, renamed as "the cold turkey method" [5].

#### Four humours and mind

Human temperament is commonly denoted by the dominant humour, i.e. Damwī (sanguineous), Şafrāwī (choleric), Balghamī (phlegmatic) and Sawdāwī (melancholic). The dominance of humours affects human personality traits and behaviours. Dam (sanguine) promotes a feeling of joy, confidence, passion and friendliness. Balgham (phlegm) induces passivity, lethargy and delayed response to stimuli. Şafrā' (yellow bile) provokes anger, irritability, boldness, ambition and courage. Sawdā' (black bile) makes one thoughtful, judicious, anxious and cautious. In normal circumstances, these humours strengthen positive aspects of mind and help the individual to achieve optimum mental health. However, their aggravation or abnormal predominance may produce negative effects on the body, mind and emotions [4].

#### Asbāb Sitta Ḍarūriyya (Six Essential Factors) and mental health

Though the balance in all the Asbāb Sitta Ḍarūriyya contributes directly or indirectly in achieving physical and mental health, Ḥarakat-o-Sukūn Nafsānī (psychic movement and repose) is directly related to the mental health of an individual. Failure to maintain the balance in Ḥarakat-o-SukūnNafsānī may result in the disturbance of Quwwat Nafsāniya (psychic faculty). Further, an imbalance in sleep and wakefulness may also lead to psychological disorders. Likewise, accumulation of FāsīdMawād (morbid matter) which is supposed to be habitually evacuated from the body through menstruation, haemorrhoids, epistaxis, paroxysmal melancholic emesis, etc. may result in mental disorders [4].

#### Usool-i-'Ilāj (Principle of treatment)

The management of substance use disorders has always been a challenge, with combinations of medications and non-drug interventions being the mainstay of treatment.

#### Taqaddum bi'l-Ḥifẓ (Preventive measures)

In Unani medicine, detail guidelines have been laid down under 'Ilm al-Ghidhā' (dietetics) for healthy food habits to maintain health and prevent various diseases. Moreover, Unani tenets of Asbāb Sitta Ḍarūriyya restore balance, thereby bolstering the individual's QuwāMudabbira or power of self-healing, which often alleviates addictive tendencies [4].

#### 'Ilāj bi'l Dawā' (Pharmacotherapy)

- AdviaMusakkinat (Calming Drugs), Muffarrihat (Exhilarant drugs) [6]
- Ilāj-e-Nafsānī (Psychotherapy): Psychosomatic conditions that are directly related to major stress can be treated with specific single and compound Unani formulations viz. for Sahr (Insomnia): Sharbat-i-Khashkhāsh and Roghan-i-LabūbŞabā; Niysan (Dementia): Ma'jūn-i-Falāsifa; Depression and MālanKhūliyā (melancholia): Ma'jūn-i-Najāḥ; IdṭirābNafsānī (Anxiety): MufarriḥYāqūtiare recommended [4].

#### 'Ilāj-e-Roohani (Spiritual therapy or wellbeing)

Through meditation and recognition of oneself, one's relationship with creator and the universe. Through inculcating all the good virtues in personality that transforms a man into a good human being. By striving to control greed, fear, anger, ego, jealousy, hatred etc. to lead a stress-free life [4,6].

#### 'Ilājbi'lTadbīr (Regimenal therapy)

Various procedures are laid down under regimental therapies (with or without drugs) can be used to cope with drug withdrawal symptoms and to promote rehabilitation in drug or substance abusers. Some of them are: Qay' (Emesis), Idrār-i-Bawl (Diuresis), Hijāma (Cupping therapy), Natūl (Irrigation therapy), Sa'ut (Nasal drops), Pāshoya (Foot bath), Shāmoom (Aroma therapy), Riyādat (Physical exercise) [7].

#### Preventive measures (Taqaddum bi'l-Ḥifẓ)

Health of a person can be affected by environmental factors, lifestyle, diet, psychological causes, etc. For maintenance of health, Unani Medicine specially emphasizes Asbāb Sitta Ḍarūriyya (six essential factors), i.e., air, food and drink, bodily movement and repose, psychic movement and repose, sleep and wakefulness, and evacuation and retention. Appropriate deployment of these factors

in the life of a person ensures health. These six categories include a large number of factors as well as simple schemes to allow their easy application in day-to-day life. A proper balance among the various essential factors is prerequisite for preservation of health, i.e., (a) maintenance of balanced temperament under varying conditions of life; (b) consumption of suitable food and drink; (c) proper elimination of waste products; (d) adequate care and protection of organs; (e) purity of inhaled air; (f) healthy environment; and (g) moderation in physical and mental activity including sleep and wakefulness. The recommendations made by Unani scholars to achieve stable optimum health are specially centered on essential factors and non-essential factors and are classified as Ma'mūlāt-i-Rozmarra (daily routine), Tadābīr-i-Fuṣūl (seasonal regimens), Dābṭa-i-Aṭwār (codes of conduct) and Ghidhā' (dietetics) [4].

### Pharmacotherapy ('Ilaj bi'l Dawā')

#### NuskhaKharme Gayah

Method of administration for opium withdrawal: Reduce the morning opium dosage by 2 grams and replace it with 2 grams of Bengal gram (*Cicer arietinum* L.) initially. Then, progressively increase the second dose-duration and taper the opium dose simultaneously while increasing the compound's dose in parallel. The process continues until opium is completely withdrawn, with the dose of compound increasing but not exceeding 7 grams in total [5,8,9].

#### Tiryaq-e-Afiyun

This compound formulation contains Hilteet (*Ferula foetida* R.), Jundbedster (*Castorium*), Abhal (*Juniperus communis* L.), Qaranfal (*Syzygium aromaticum* L), and Asl Khalis (Honey). It is recommended for addiction management of opium and other narcotics, and sedatives likecannabis sativa, Conium maculatum, Atropaacuminata, etc.; recommended dose is 4 gram daily [10].

#### Habbe Kuchla

Its important ingredients are Ood (*Aquilaria apiculate* M.), Mastagi (*Pistacia lentiscus* L.), Zafran (*Crocus sativus* L.), Beesh (*Aconitum napellus* L.), and Jadwar (*Delphinium denudatum* W.). Properties of this formulation in recommended dosage of 1-2 pills daily makes it a substitute for opium [5,8,9].

#### Habb-e-Shifa

This compound formulation with ingredients Tukhm-e-Dhatura (*Datura stramonium* L.), Rewand Chini (*Rheum emodi* W.), Zanjabeel (*Zingiber officinale* R.), and Samagh e Arabi (*Acacia arabica* W.) is recommended for opium addiction management. Daily recommended dose is 4 grams [10].

#### Habb-e-Maweez

Its important ingredients are Tukhm-e-Joz Masil Siyah (*Datura stramonium* L.) AjwainKhurasani (*Hyoscyamus muticus* L.), MaweezSurkhKalan (*Vitis vinifera* L.) One-pill is recommended daily for preventing complications arising from alcohol intoxication and addiction [10].

#### Majoon Azaraqi

The compound formulation contains ingredients- Azaraqi Mudabbar (*Strychnos nux-vomica* L.), Barg-e-Gaozaban (*Borago officinalis* L.) Ustukhuddus (*Lavandula stoechas* L.), Kateera (*Cochlospermum religiosum* L.), Narjeel (*Cocos nucifera* L.), Maghz-e-Chilghoza (*Pinus gerardiana* W.), Dana-e-HeelKhurd (*Elettaria cardamomum* M.), Zaranbad (*Zingiber zerumbet* L.), Shaqaql Misri (*Malabaliasecacul* M.), Sandal Safaid (*Santalum album* L.), Aamla (*Emblica officinalis* G.), Halela Siyah (*Terminali achebula* R.), Ood Hindi (*Aquilaria agallocha* R), Qaranfal (*Syzygium aromaticum* L.), Asl (*Apism ellifera* L). Recommended dose is 5-9 gm daily for the management of Afiyun /opium dependency [10].

#### Tiryaq-e-Farooque

This formulation is very potent and acts as a Rūḥ (pneuma) protector which energizes and protects the body from noxious internal and external substances; it detoxifies the body and protects important organs from toxins. Advantage of this substance during the withdrawal period is preventing the spread of toxins and also inhibits the Quwwat-e-Masika (retentive power), which inhibit or prevents the spread of toxins. Daily recommended dose is 5gm twice a day [5,9].

**Unani formulations for the management of withdrawal symptoms [4].**

S. No.	Withdrawal symptoms	Formulations	Dose
1	Anxiety and agitation	Khamīra-i-ĀbreshamorDawāul Misk	5 gm twice daily
2	For sneezing	SautofRoghān-e-BanāfshaorRoghān-e-Badam	Nasal Instillation
3	For running nose and eyes	Massage of Post Khashkhāshon the forehead	external application
4	For Nausea and vomiting	Jawārish-i-‘ŪdTursh	5–10 gm
5	For Indigestion and loss of appetite	Ma’jūn-i-Nānkhwāh	5–10 gm
6	For Headache	IṭrīfalKishnīzī	10 gm at bedtime
7	For Bone and joint aches	Ḥabb-i-Sūranjān	1–3 gm
		RoghānSurkhorRoghānBabuna	External application
8	For Insomnia	Roghān-i-LabūbSabā	Application on scalp
9	For Diarrhea	Qurṣ-i-Gulnār	5–10 gm.
10	For Constipation	QurṣMulayyin	1–2 tablets at bed-time

Table 1

### Ilāj-e-Nafsānī (Psychotherapy)

Patient of substance dependence and other associated substance induced or independent psychiatric disorder may be assessed separately. Psychosomatic disorders that are directly related to major stress can be treated with specific single/compound Unani formulations and regimental intervention. Common psychiatric disorders viz. Sahr (Insomnia), Niysān (Dementia), IḍṭirābNafsānī (Anxiety/Depression), Mālankhūliyā (Melancholia) may be treated as follows:

### Sahr (Insomnia) [4]

Insomnia has a strong correlation with certain mental conditions such as depression and anxiety. About 40% individuals with insomnia have a psychiatric condition associated with it. Patients with mild to moderate symptoms can be treated as follows.

### Single drugs

Drug	Dose	Duration
Tukhm-i-Khashkhāsh (seed of <i>Papaver somniferum</i> L.) in the form of Shīra	500 mg	7 days
Tukhm-i-Kāhū (seed of <i>Lactuca sativa</i> L.) in the form of Shīra	1 g	7 days
Tukhm-i-Kishneez (seed of <i>Coriandrum sativum</i> L.) in the form of Shīra	3–5 g	7 days
Mā’ al-Sha’ir (barley water)	40 ml	7 days

Table 2

### Compound drugs

Drug	Dose	Duration
Khamīra-i-Khashkhāsh	12 g	7 days
Sharbat-i-Khashkhāsh	12–24 ml	7 days
Qurs Munawwim Bārid	For local application on temporal region	7 days
Rowghan-i-Labūb Sabā	For local application on scalp	7 days
Rowghan-i-Khashkhāsh	For local application on scalp	7 days
Rowghan-i-Kadū	For local application on scalp	7 days

Table 3

**Niysān (Dementia) [4]**

It is an acquired persistent and progressive deterioration in cognitive abilities that impair the successful performance of activities of daily living. Dementia affects thinking, orientation and comprehension, calculation, learning capacity, language, judgment and the ability to perform everyday activities. Patients with mild to moderate symptoms can be treated as follows.

**Single drugs**

Drug	Dose	Duration
Brahmandā ( <i>Tricholepis glaberrima</i> DC.)	10 g with cow milk	15 days
Khulanjān ( <i>Alpinia galanga</i> (L.) Willd.)	3-5g	15 days
Ustūkhūdūs ( <i>Lavandula stoechas</i> L.)	5-7g	15 days
Waj Turkī ( <i>Acorus calamus</i> L.)	3-5g	15 days
Āmla Khushk ( <i>Phyllanthus emblica</i> L.)	5-7g	15 days
Halayla ( <i>Terminalia chebula</i> R.)	5-7g	15 days

**Table 4**

**Compound drugs**

Drug	Dose	Duration
Ma'jūn-i-Nisyān	5g	15 days
Ma'jūn -i-Waj	5g	15 days
Ma'jūn -i-Falāsifa	5g	15 days
Ma'jūn -i-Balādur	5g	15 days

**Table 5**

**Depression [4]**

In Unani perspective, depression is not a disease, rather it is a symptom or group of symptoms of MālanKhūliyā (melancholia) in which the mental functions are deranged and the afflicted person is more prone to constant grief, fear and dubious aggression. Patients with mild to moderate symptoms can be treated as follows:

**Single drugs**

Drug	Dose	Duration
Sumbul al-Tīb ( <i>Nardostachys jatamansi</i> (D. Don.) DC.)	3g	15 days
Bādranjboya ( <i>Nepeta hindostana</i> (B.H. eyne ex Roth) Haines.)	3g	15 days
Ustūkhūdūs ( <i>Lavandula stoechas</i> L.)	5-7g	15 days

Faranjmushk ( <i>Ocimum basilicum</i> L.)	3-5g	15 days
Sa'd Kūfi ( <i>Cyperus rotundus</i> L.)	2g	15 days

**Table 6**

**Compound drugs**

Drug	Dose	Duration
Ma'jūn-i-Najāh	5-10 g twice daily	15 days
Sharbat-i-Abresham	24-48 ml twice daily	15 days
Daw'ā al-Misk	7 g in the morning	15 days
Khamira-i-Sandal	5 g with Sharbat-i-Ustūkhūdūs 20 ml in the morning	15 days
Itrifal Zamāni	9 g at bedtime	15 days
Itrifal Saghir	12 g at bedtime	15 days

**Table 7**

**Iqṭirāb Nafsāni (Anxiety) [4]**

Anxiety is defined as subjective feeling of nervousness, tension, apprehension and worry associated with an arousal of the autonomic nervous system". Anxiety neurosis is often accompanied with palpitation, nausea, chest pain, shortness of breath, diarrhoea, dryness of mouth, abdominal pain and headache. Somatic signs may include pale skin, sweating, trembling and papillary dilatation.

**Single drugs**

Drug	Dose	Duration
Zulāl-i-ĀlūBukhārā ( <i>Prunus domestica</i> L.)	10 ml	15 days
Gā'ozabān ( <i>Borago officinalis</i> L.)	5g	15 days
Ustūkhūdūs ( <i>Lavandula stoechas</i> L.)	5-7g	15 days
Halayla ( <i>Terminalia chebula</i> Retz.)	3-5g	15 days
Kāhū ( <i>Lactuca sativa</i> L.)	1g	15 days

**Table 8**

**Compound drugs**

Drug	Dose	Duration
Khamira-i-Khashkhāsh	7-12 g in the morning	15 days
Mufarrih Yāqūtī	4.5 g twice daily	15 days
Ma'jūn-i-Najāh	5-10 g twice daily	15 days
Khamira-i-Ābresham	5 g with 'Arq-i-Gājar 40 ml twice daily	15 days
Dawā' al-Misk	7 g in the morning	15 days
Khamira-i-Sandal	5 g with Sharbat-i-Ustūkhūdūs 20 ml in the morning	15 days

**Table 9**

**Mālanġhūliyā (Melancholia) [4]**

It is defined as a disorder in which the mental functions are deranged and the affected person is more prone to constant grief, fear and dubious aggression. His ability to analyze and interpret things is grossly affected. Only patients with melancholia of early stage with mild symptoms be treated as follows.

**Single drugs**

Drug	Dose	Duration
Ustūġhūdūs ( <i>Lavandula stoechas</i> L.)	5-7g	15 days
Halayla ( <i>Terminalia chebula</i> Retz.)	3-5g	15 days
Sa'd Kūfī ( <i>Cyperus rotundus</i> L.)	3g	15 days
Gā'ozabān ( <i>Borago officinalis</i> L.)	5g	15 days

**Table 10**

**Compound drugs**

Drug	Dose	Duration
Ma'jūn-i-Najāh	5-10g twice daily	15 days
Ma'jūn Mufarrih	9-11g in the morning	15 days
Khamīra-i-Khashkhāsh	7-12g in the morning	15 days
Khamīra-i-Gā'ozabān 'Ambarī	3-7g in the morning 1	15 days
Khamīra-i-Gā'ozabān	12g in the morning	15 days
Dawā' al-Misk	7g in the morning	15 days

**Table 11**

**Ilāj bi'l Tadbīr (Regimenal therapy)**

Various procedures under regimental therapies can be used (with or without drugs) to evacuate morbid matter/toxins from the body; to cope with drug withdrawal symptoms and to promote rehabilitation in drug or substance abusers.

**Qay' (Emesis) [7,11]**

It is a mode of evacuation of morbid matter in which gastric contents are expelled out through mouth. Generally regimen is

used in healthy individuals for prophylactic purposes to clean the stomach but can help in preventing alcoholic/drug intoxication also in substance abusers. The regime may particularly be useful in the treatment of alcohol/opium withdrawal symptoms viz. Suda-e Khumari, Humma-e-Sharabiya, Rhinosinusitis, Iltihab-e-Anaf (Rhinitis), Kasrate Luaab, Kasrat e Irq, Istisqa, Yarqaan (jaundice), Sudda-e Jigar, Zalaqul Ama, Ishaal Mewi, Zaheer, Matli (Nausea), Jussa, Malikhuliya (melancholia), Malikhuliya-e Miraqi, Tashannuj, Rasha (tremors), Sadar, Dwaar, Ikhtilat-e-Aqal etc.

Depending upon the Khilt; following Muqeeyat drugs can be used:

- **Muqeeyat e Safra:** Shikanjabeen e Qandi, Aash Jaw, Aab e Palak (spinacia oleracea), Khubbazi
- **Muqeeyate Balgham:** Tukhm-e-Turb (*Raphanus sativus*), Tukhm-e-Soya, Namak e Taam (sodium chloride), Shibb-e Yamani (Alum water)
- **Muqeeyat e Sauda:** Kharbaq Siyah, Shikanjabeen e Asli, Lobiya

Decoction of Asal-us-soos Muqashshar, Tukhm-e-Soya, Tukhm-e-Khubbazi, Aash Jaw, with Sharbat e Aftimoon and Sirka Angoori has been recommended for expulsion of Khilt e Balgham wa Khilt e Safra simultaneously.

**Idrār-i-Bawl (Diuresis) [7,11]**

Idrār-i-Bawl is a mode of regimen involving natural excretory route of human body and is useful for excretion of nitrogenous end products from the blood through urination. Diuresis is induced with incorporation of diuretic drugs in cases of Waram e Kabid, Salabat-e Kabid, Yarqaan, Sue Mizaj Kabid, Istisqawa Su- al-Qiniya etc. Therefore; the regime may be used to deal with alcohol induced complications i.e. Alcoholic hepatitis, Ascitis, Cirrhosis of liver etc.

**Mudirat-e-Bawl advia**

Usually Tukhm-e-Kharpaza (*Cucumis melo*), *Cucumis sativus*, Tukhm e Khurfa, Khubbazi, Tukhm e Kasni, Ajwain (*Trachyspermum ammi*), Tukhm e Badiyaan (*Foeniculum vulgare*), Parsiaoshan, Shora Qalmi (*Potassium nitrate*), Zarareeh etc. are used for this purpose.

Compound drugs e.g. Sharbat-e- Bazoori, Jawarish Zarooni, Sikanjabeen, Habbe Banadiqul Buzoor, Habbe Mudir etc. may also be useful for diuresis.

**Hijāma (Cupping therapy) [11-13]**

Hijāma is a procedure in which morbid matter is evacuated from the superficial small blood vessels located in the muscles or tissues. It stimulates the organs and increases local blood circulation and carries away toxins and morbid material. Four types of cupping are- Hijāma bi’la Shart (dry cupping), Hijāma bi’l Shart (wet cupping) , Hijāma bi’l Naar (Fire Cupping), Hijāma Dalakiya (Massage/gliding cupping).

Hijāma as a prophylactic procedure can be performed on 17<sup>th</sup> 19<sup>th</sup> and 21<sup>st</sup> dates either on Monday, Tuesday and Thursday of any lunar month. The best time to perform Hijāma is from early morning till 4:00pm. For therapeutic purpose Hijāma can be performed at any time, on any day and date of month.

Hijāma bi’la Shart (dry cupping), is indicated in Ikhtilat-e-Aqal i.e. mental derangement whereas Hijāma bi’l Shart (wet cupping) in indicated in khafqaan (palpitation), Heaviness of head, Dwaar (vertigo), Qai (vomiting), muscle aches and pain etc. During wet cupping small incisions are made on the superficial layers of the skin and thus morbid humours/blood is evacuated using cups by creating negative pressure; to achieve body detoxification.

Specific sites for Hijāma have been mentioned to treat different diseases and disorders. Psychosomatic disorders causing addiction or withdrawal symptoms may be treated through various types of Hijāma as follows.

S.N.	Disease conditions	Points of cupping	Type of cupping
1	Mental illness: Anxiety, Depression, Attention deficit, Suddad Dimaaghi, Dementia, Impaired hearing and Diminished vision, Migrain etc.	Haama, Yafukh Qamahduwa and Akhd’ayn (lateral sides of neck)	Dry/wet cupping
2	Ikhtilaat e Aqal/Dimaghi Khalal (Mental derangement),	Qamahduwa (Occiput); Yafukh (Anterior fontanelle)	Hijāma bi’la Shart (Dry cupping)
3	Dwaar (Vertigo)	Bayn al Hajibayn (Between eyebrows); Qamahduwa (Occiput); Nuqra (Nap of neck); Saq (Calf muscles); Yafukh (Anterior fontanelle)	Hijāma bi’l Shart (wet cupping)
4	MālanKhūliyā (Melancholia)	Saq (Calf muscles)	Hijāma bi’la Shart (Dry cupping)
5	Wajal anaf (Nasal pain)	Akhd’ayn (lateral sides of neck)	Hijāma bi’l Shart (wet cupping)
6	Tamaddud (calf muscle twitching)	Sacrum, lumbar vertebra	--
7	Iyyawa Taoob (Excessive yawning)	Occiput; Cervical vertebra	Dry/wet cupping
8	Hallucination	Forehead	Dry cupping
9	Loss of recent memory	Bilateral side of neck	Dry cupping
10	Runny nose	Occiput	--
11	Coma (Sakta)	Occiput; Hypochondrium	--
12	Khafqaan (Palpitation)	Kahil/Bayn Al Katifayn (interscapular region)	Hijāma bi’l Shart (wet cupping)
13	Usre Tanaffus (Dyspnoea)	Kahil/Bayn Al Katifayn (interscapular region)	Hijāma bi’l Shart (wet cupping)



14	Ghasiyan (Nausea)	Between shoulder blades	--
15	Qai (Vomiting)	Batn (Abdomen)	Hijāma bi'l Shart (wet cupping)
16	Acute diarrhea and vomiting	Stomach	Dry cupping
17	Waj al Badan (Bodyache)	Akhd'ayn (lateral sides of neck)	Hijāma bi'l Shart (wet cupping)

Table 12

**Natūl (Irrigation therapy) [7,11]**

In this regimen, a herbal decoction or medicated oil is irrigated over the diseased body part or head from some vertical height. Some amount of drug may penetrate through skin and helps in dispersion of morbid matters. Thereafter, the morbid matters may be detoxified either by the body itself or it may be excreted through natural excretory route. Natūl is generally indicated in various nervous and musculoskeletal system disorders. This regime is particularly beneficial in psychosomatic disorders - insomnia, anxiety, memory impairment, headache, migraine associated with withdrawal syndrome.

Moderately hot decoction of Sankhaholi, Brahmi and Sumbuteeb has been recommended for Insomnia, Vertigo, Giddiness, Hypertension, Headache, Melancholia, Qutrub, and nerve disorders. Depending upon the body part involved Natūl can be - Natūle Jildi Rasi, Natūle Unaqi, Natūl Qatani Ujazi, Natūle Rakabi, Natūle Kulwi, Natūle Qalbi, Natūle Aini etc. Medicated oils like Roghan-e Kaddu, Roghan-e Banafsha, Roghan-e Kahu and decoctions of Gule Baboona, Gul-e-Surkh, Bhaikh e Brinjasif etc. may also be employed for the procedure depending on the disease.

**Sa'ut (Nasal drops) [7,11]**

In this mode of treatment drops of medicated oil like Roghan-e-Banafsha, Roghan-e-Badam or Roghan-e-Ustukhuddus are administered into the nasal cavity. This may be useful to relieve withdrawal symptoms associated with opiates abuse like running nose, sneezing, nasal pain, Sinusitis. Also indicated for Humma e Yaum Sharabiya (Alcoholic fever), headache, migraine etc.

**Pāshoya (Foot bath) [7,11]**

In this regimen, the foot is immersed in medicated decoction for the treatment of various bodily ailments.

The procedure is particularly useful in Suda-e Khumari (headache due to excessive drinking), Iyya wa Tauob (fatigue and yawning), Sabaat, Coma associated with withdrawal symptoms.

Foot bath in the decoction prepared with Acacia arabica leaves, barley's flour, Althea officinalis flowers, Solanum nigrum, Viola odorata flowers and Nympha alba flowers is effective in cases of severe headache and insomnia.

**Shamoom (Aroma therapy) [7,11]**

Some aromatic solid or liquid drugs are kept in a bottle and inhaled. In this regimen, the drug goes to the alveoli and is absorbed in the systemic circulation, thereby relieving anxiety, and palpitation associated with withdrawal symptoms. For example, Sandal safaid (*Santalum album*) and dried coriander kept in the bottle with added aqueous water of rose and vinegar are inhaled in cases of headache.

**Riyādat (Physical exercise) [7,11]**

Riyādat is one of the important regimens described in Unani medicine. Physical exercise should be done every day to enhance or maintain physical fitness and overall health and wellness. After moderate physical exercise, innate heat of the body is increased which plays crucial role for normal body functions such as proper digestion and excretion of waste substances from the body. Ibn Sina has depicted the benefits of exercise viz. (i) it provides normal function to all the organs and gives strength to the body, (ii) digestion and absorption of the food are good, (iii) nutrition is improved due to increase innate heat of the body, (iv) it clears pores of the skin, (v) it removes different excreta from the body etc. Early hours of the day are the best time for exercise as it helps to get rid of waste products accumulated in the body during night. Unani physicians have recommended various forms of exercises. Physical exercise leading to fatigue is not advisable.

## Conclusion

Substance abuse and dependence have profound social and economic costs worldwide. Sudden withdrawal of any addicted drug produce psychosomatic disorders or symptoms. There are a number of single as well as polyherbal formulations mentioned in Unani literature to manage such symptoms. Unani medicine owing to ancient wisdom of herbal, mineral or herbomineral remedies can complement pharmacotherapies for drug withdrawal and possibly relapse prevention with less expense and fewer or no side effects. Exploration of the ancient literature thus may be helpful in developing comprehensive treatment strategies for various de-addiction and rehabilitation programs in future.

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