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Research Article

IS EXCESS/ABNORMAL MELANCHOLIC HUMOUR THE CAUSE OF CHRONIC CONDITIONS?

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ABSTRACT

In the above research, one-thousand patients, aged between one and ninety-two years, and almost equally divided between the genders, were recruited. The study was five-months in duration and conducted at local Tibb Treatment Centres. The aim of the study was to evaluate the hypothesis that excess or abnormal states of the melancholic humour are a major and significant cause of many common chronic conditions. The physical age, gender and medical history, particularly of chronic disorders, and presenting signs and symptoms were recorded, and an assessment of the humoral imbalance present in the patient made by qualified and registered Unani-Tibb practitioners. The presenting disorder was allocated to one of acute, chronic, or combined acute and chronic categories. There was a steady increase in the incidence of patients with chronic conditions in patients with melancholic imbalance. In children and younger adults, it was virtually non-existent, and 15% in young adults. Thereafter it rose to 18% in mature adults, 56% in middle-aged adults, 71% in senior adults, 78% in older adults, and finally 100% in the aged patients. This clinical observation supports a basic principle of Tibb philosophy that physis, the body's natural capacity for self-healing gradually weakens during the ageing process and is less able to restore homeostasis to the body.

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INTRODUCTION

The theory of humours provided a sound, reasonable and satisfactory explanation for the structure and operation of the human body, both in health and in disease, providing a comprehensive understanding of aetiology, pathology, diagnosis and treatment. This theory remained virtually unchallenged well into the 1800s (Bakhtiar, 1999; Porter, 1997).

Having extensively researched the humoral theory, the Ibn Sina Institute of Tibb conducted the above research, at the Tibb Treatment Centres (Saartjie Baartman Centre and Langa) in Cape Town between July and November 2018.

Tibb philosophy recognises that each individual has a unique humoral composition made up from the four humours: Sanguinous; Phlegmatic; Melancholic; and Bilious. Associated with each humour are the basic qualities of heat, coldness, moistness and dryness, which results in every person having a unique humoral composition with an overall ideal qualitative state. Changes to this unique humoral composition occurs from the qualitative influence of the Tibb Lifestyle Factors, which include food and drink, environmental air and breathing,

exercise and rest, sleep and awakening, emotions, and elimination or retention (Bhikha and Saville, 2014). Changes to the humoral composition beyond the ability of physis (Chishty, 1991), the body's inherent wisdom, to restore homeostasis, either from the accumulation of excess, or from the development of abnormal forms, results in pathological processes leading to clinical signs and symptoms.

In his book, "Al-Umur Al-Tabi'yah (Principles of Human Physiology in Tibb)" Hakim Sayed Ahmed describes the role of humours as postulated by Hippocrates, quoted below:

"The basis of health is the right proportion and specific equilibrium of humours according to their quality (and quantity) i.e. homeostasis in the internal environment. As long as this homeostasis in the internal environment is maintained, the body remains healthy. This is the basis of health preservation and preventative medicine. Second, when the normal proportion and specific equilibrium of humours is altered, the internal environment reaches a state of imbalance, and thus disease develops. This is the basis of aetiology and pathology of disease."

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In addition to viewing an illness as an expression of humoral imbalance, Tibb philosophy interprets the signs and symptoms of such an illness within the context of qualities (Bhikha and Saville, 2014). For example, colds and flu which are prevalent in winter are linked to the qualities of coldness and moistness, similarly, arthritis is linked to qualities of cold with dryness which is also aggravated during winter.

Brief Overview of Humours

Some features and functions of humours, the signs and symptoms associated with excess humours, as well as the development of abnormal humours with emphasis on the melancholic humour, (Azmi, 1995; Abu-Asab *et al.*, 2003; Ahmed, 2009) are summarised below.

Features and functions of humours

The sanguinous humour, with Hot & Moist qualities and being the largest concentration, maintains the Hot & Moist qualities of the human body ($\pm 37^{\circ}\text{C}$, and $\pm 70\%$ water). Its main function is to provide nourishment to every cell, tissue and organ in the body. The phlegmatic humour, with Cold & Moist qualities, provides overall lubricating properties through mucous and serous fluids as in the nasal/respiratory tract, urogenital tract etc. The bilious humour, with Hot & Dry properties, allows for thinning of vascular fluid, preventing blood clots, and cleansing the intestines of thick/viscous mucus. The melancholic humour, with Cold & Dry properties, provides density and consistency to the vascular fluid, and aids in the blood coagulation process (Ahmed, 2009).

Each humour has distinct features and functions. The phlegmatic, bilious and melancholic humours, under the control of physis, maintain homeostasis within opposing functions: i.e., coagulating vascular fluid (melancholic), thinning vascular fluids (bilious), and ensuring effective lubrication (phlegmatic).

Signs and symptoms associated with excess humours

The signs and symptoms associated with excess humours are closely aligned to the qualities of the humours in relation to the qualities associated with illness conditions. For example, the typical sign of an excess sanguinous (Hot & Moist) humour leads to hypertension. Excess phlegmatic (Cold & Moist) humours results in sinus congestion; excess bilious (Hot & Dry) humour results in gastric hyperacidity; excess melancholic (Cold & Dry) humour results in *musculoskeletal* disorders. (Bhikha and Haq, 2000)

Development of abnormal humours

Abnormal humours result, to a certain extent, from poor quality foods and infection, but more particularly from oxidation and excessive heat (Ahmed, 2009). Although the exact mechanisms underlying the manifestation of abnormal humours are not yet fully understood, their existence can be identified in various pathological conditions. A number of these are listed below, with particular emphasis on those arising from abnormal states of the melancholic humour.

Abnormal sanguinous humour manifests in an abnormal form of melancholic humour such as in gout (uric acid crystals), and psoriasis. There are many varieties of abnormal phlegmatic humour including *insipid phlegmatic humour* (as in postnasal

drip) and *salty phlegm*, as well as allergic rhinitis, *mucilaginous phlegmatic humour* (as in sinusitis), *calcerous phlegmatic humour*, (as in the nodular stage of rheumatoid arthritis), an abnormal melancholic state. Abnormal bilious humour, in the form of an abnormal melancholic humour, is an underlying cause of tuberculosis/cirrhosis of the liver. Abnormal melancholic humour results in many cancers, such as colon carcinoma. (Bhikha, 2018).

Rationale: Why Excess/Abnormal Melancholic Humour Could Be the Cause of Most Chronic Conditions

Abnormal melancholic humour from all humours

As mentioned above, abnormal states of the melancholic humour can develop from all four humours (Ahmed, 2009) resulting from poor management of the Tibb Lifestyle Factors and the inability of physis to restore homeostasis. These abnormal states, together with excess melancholic humour if not effectively removed, lead to illness conditions.

Qualitative change from infancy to old age

There is a gradual but inexorable change in qualities in the transition from infancy to old age, from Cold & Moist to Cold & Dry (Bhikha, 2018).

- In Infancy/babyhood: from Cold & Moist to Moist & Hot;
- In childhood/teenagers: from Moist & Hot to Hot & Dry;
- In youth/adulthood: from Hot & Dry to Dry & Hot;
- In late adulthood/old age: from Dry & Hot to Cold & Dry.

During this life cycle, the phlegmatic humour predominates during babyhood/childhood, the bilious humour between youth and adulthood, and the melancholic humour during late adulthood and old age. It is therefore understandable that with ageing, the slowing down of metabolism together with reduced physis efficacy, the negative impact of the excess/abnormal melancholic humour is enhanced.

The qualities of Heat & Moistness support life

The qualities of heat, coldness, moistness and dryness influence aetiology and pathological processes. Recognising that the human body is maintained at a temperature around 37°C and contains $\pm 70\%$ water, it follows that heat and moistness are essential for the maintenance of health, and ultimately support life (Al-Jawziyya, 1998). Conversely, the qualities of coldness and dryness, can understandably lead to illness conditions resulting from an excess/abnormal melancholic humour.

RESEARCH DESIGN

Research aims and objectives

Based upon the above rationale, it is hypothesised that excess/abnormal states of the melancholic humour are a major and significant cause of many common chronic clinical conditions. The aim of the research is to evaluate this hypothesis:

- By recording the age of patients, in different age groups, from childhood to old age, identifying the humoral imbalances associated with illness condition/s, with

emphasis on excess/abnormal melancholic humour in the progression of chronic conditions;

- By recording whether illness condition/s, are (a) Acute; (b) Chronic; or (c) both Chronic and Acute

Researchers

The research was conducted over a period of five months by qualified Unani-Tibb Practitioners registered with the Allied Health Professions Council of South Africa (AHPCSA).

Patient selection

A total of one thousand (1000) patients, aged between 1 and 92, of both sexes were included into the study after obtaining approval/patient consent.

METHODOLOGY

After the age, sex and the patient’s previous medical history was recorded, the presenting signs and symptoms of the patient were noted. This was followed by a comprehensive clinical examination to identify the excess/abnormal humour associated with illness condition/s. Although the research focuses on whether excess/abnormal melancholic humour is the underlying cause of most chronic conditions, being aware that humoral imbalance from all four humours leads to development of illness conditions during an individual’s life cycle, necessitated the inclusion of patients of all ages. However, in keeping with the research objectives, patients with melancholic imbalances, identified from the signs and symptoms as well as previous medical history was the main focus of the research.

In addition, whether the condition and/or previous history was indicative of the illness conditions being (a) acute; (b) chronic; or (c) a combination of chronic and acute was noted. This information was necessary within the context of the diminishing activity of physis and with the understanding that most patients will invariably be prone to both acute as well chronic conditions with age. The results on whether the condition is acute, chronic or both chronic and acute were recorded into two categories i.e. a) Acute on its own and b) Chronic together with Chronic/Acute.

To facilitate the evaluation of the excess/abnormal melancholic imbalance as well as the increase in chronic conditions with age, the patients were divided into different age groups. Examples of individual data of different age groups is included in the table below. *Complete details of 1000 patients are available on the Institute’s website, <http://www.tibb.co.za>*

Table 1 Example of the different age groups, reason for consult, medical history, humoral imbalance and whether chronic or acute

Patients reference number	Age group	M/F	Age	Reason for consultation	Previous medical history	Humoral imbalance/s to illness/s	Acute (A) / Chronic (C) or both
96	1 - 19	M	15	Influenza		Phlegmatic	A
152	20 - 29	F	20	Influenza, tonsillitis		Phlegmatic	A
483	30 - 39	M	31	Gastritis		Bilious	A
736	40 - 49	F	40	UTI, myositis	HIV+	Mel/Phleg	C/A
867	50 - 59	M	53	Myositis/lower backache	Chol	Mel/Bil	C/A
954	60 - 69	F	64	Diabetes	HPT, Diab, OA, Chol	Phleg/Mel	C
973	70 - 79	F	71	Stress/anxiety	HPT, Angina	Bil/Mel	C/A
996	80 >	F	83	Osteoarthritis	Osteoarthritis	Mel	C

(HIV+: HIV positive; HPT: Hypertension; Chol: hypercholesterolaemia; Diab: diabetes; OA: osteoarthritis)

As the research was based on a single visit wherein the necessary information was obtained, both with respect to the patient’s current signs and symptoms, previous medical history and humoral imbalance, no follow- ups were necessary.

Upon completion of the thousand patients, a critical assessment of the results and discussion within the context of the research aims and objectives and the hypothesis was completed.

RESULTS

One thousand patients, ranging in age from 1 to 92 years of age, almost equally divided between male (50.3%) and female (49.7%) were investigated. They presented with a broad range of acute and chronic clinical disorders which were common in the locales of the Tibb Treatment Centres. They typically ranged from skin disorders (dermatitis, scabies, eczema) to infections (candidiasis, tonsillitis, urinary tract infection); from neurological disorders (migraine, anxiety) to digestive disorders (gastro-enteritis, dyspepsia, constipation); and from gynaecological/female reproductive health disorders (pregnancy/menorrhagia/pre-menstrual syndrome) to endocrine disorders (diabetes, hypothyroidism, anaemia). Also included were patients presenting with a number of cardiovascular related conditions (hypertension/hypercholesterolemia), circulatory and skeletal conditions.

The table below reflects the total number of patients per group, as well as the number of patients with melancholic imbalance, divided into patient number and percentages with respect to whether the illness condition/s were Acute (A) or Chronic (C)+ Chronic/Acute (C/A).

Table 2 Melancholic imbalance (%) detected in patients with various disorders from different age groups

Patient No. per group	Description of different age groups	Patient No. with Melancholic Imbalance		
		No. of PT	Acute conditions	Chronic + Chronic/Acute conditions
1 – 19 = 150	Infant to young adult	10/150	10/10 = 100%	0/10 = 0%
20 – 29 = 284	Young adult	81/284	69/81 = 85%	12/81 = 15%
30 – 39 = 226	Mature adult	71/226	58/71 = 82%	13/71 = 18%
40 – 49 = 139	Middle-aged adult	73/139	32/73 = 44%	41/73 = 56%
50 – 59 = 120	Senior adult	68/120	20/68 = 29%	48/68 = 71%
60 – 69 = 47	Older adult	32/47	7/32 = 22%	25/32 = 78%
70 – 79 = 25	Very old adult	22/25	0/22 = 0%	22/25 = 100%
80 – 92 = 9	Aged adult	9/9	0/9 = 0%	9/9 = 100%
1000 patients		366	196	170

As can be seen in the above table, there was a steady increase of chronic conditions in patients with melancholic imbalance from 0% (patients aged 1-19); 15% (20-29); 18% (30-39); 56% (40-49); 71% (50-59); 78% (60-69); and finally 100% in both groups (70-79); and (80-92).

DISCUSSION

Development of chronic conditions before the age of 40

It is interesting to note that there is a gradual increase in chronic conditions in patients with a melancholic imbalance from 0% to 15% to 18%, in patients below the age of 40, with a noticeable increase of 56% in the age group 40-49. Within the context of Tibb philosophy, this is a reflection of the efficacy of physis becomes weaker in restoring homeostasis after the age of 40. Also noted is that some patients below the age of 40 were considered to have both acute as well as chronic conditions: for example, patient number 84 (age 13) presented

with lower respiratory tract infection (acute) as well as being pre-diagnosed from the conventional/Western medicine perspective also being asthmatic (chronic). Similarly, patient number 386 (age 28) presented with tonsillitis (acute) and also being asthmatic (chronic).

From the Tibb perspective both these patients had a phlegmatic imbalance which resulted in both acute and chronic conditions. If treatment according to Tibb philosophy, aimed at eliminating the excess/abnormal phlegmatic imbalance was applied, both the acute and “chronic” conditions would have been successfully treated. Tibb philosophy maintains that most illness condition/s can be successfully treated if the targeted humoral imbalance is effectively dealt with before the age of 40.

Development of chronic conditions after the age of 40

As mentioned above, the development of chronic conditions in patients above 40 was 56% (40-49); 71% (50-59); 78% (60-69); 100% (70-79); 100% (80-92) resulting in patients with a melancholic imbalance leading to 100% from the age of 70 onwards. This trend is in keeping with the hypothesis that with age chronic conditions, and more particularly chronic conditions from a melancholic imbalance, will result.

Negative impact of excess/abnormal melancholic

The negative impact of excess melancholic humour, with its density and coagulation properties, plus the diminishing activity of the bilious and phlegmatic humours, will, in the ageing context, lead to atherosclerosis and “blockages” in different parts of the body. Inevitably, a wide range of illnesses across different physiological systems will ensue, such as the following:

- *Nervous system:* headaches (occipital), anxiety, insomnia, nervous exhaustion, melancholia;
- *Digestive disorders:* constipation, colic/bloating;
- *Respiratory disorders:* breathing difficulties associated with dryness;
- *Organ malfunction:* hepatomegaly, splenomegaly, intestinal obstruction;
- *Circulatory disorders:* poor circulation, cold extremities, viscous blood, emboli formation, portal congestion;
- *Musculoskeletal disorders:* arthritis, muscle tremors and spasms, muscle stiffness, aching joints, sciatica, numbness in digits;
- *Gynaecological disorders:* Irregular menses, dysmenorrhoea, irregular menstrual flow.

Whilst there have not been many conditions documented relating to abnormal melancholic humour, and as cancers have been linked to this humour, (Ahmed, 2009) alludes to the fact that abnormal melancholic humour inhibits the effectivity of physis leading to some of the illness conditions mentioned above. It is also evident that because of the Cold & Dry qualities of the melancholic humour Hot & Moist organs/systems will be negatively affected.

Significance of the research

The rationale underpinning the present study is that most chronic illness conditions are the result of an excess/abnormal melancholic humour. The accrual of documented information

of the features and functions of the melancholic humour, its excess and abnormal states, together with the importance of eliminating these excess/abnormal humours, is essential for avoiding chronic conditions developing.

In the Institute’s previous research published in the International Journal of Recent Scientific Research (<http://www.tibb.co.za/wp-content/uploads/2018/12/Treatment-of-humoral-Imbalances-at-a-cellular-sub-cellular-level.pdf>), treatment focused on restoring homeostasis by eliminating excess or abnormal humours. This elimination was further enhanced via the kidneys, with Renotone, which promotes urinary tract function and via the colon, with a natural laxative such as Laxotab or Senna. The recipe of the infusion used for the concoction/elimination of the melancholic imbalance included: Yarrow (*Achillea millefolium*), 15g; Agrimony (*Agrimonia eupatoria*) 15g; Dill seed (*Apium graveolens*) 10g; Barberry (*Berberis vulgaris*) 10g; Liquorice (*Glycyrrhiza glabra*) 10g; Senna (*Cassia angustifolia*) 5g. Also, in the above research the melancholic infusion was prescribed twice a day until signs and symptoms of the melancholic imbalance were addressed.

This research goes one step further and targets the role of excess/abnormal melancholic humour in the development of chronic conditions. While this research strongly indicates that the hypothesis is reasonable, additional research is needed in patients above the age of 40 to establish whether elimination of excess/abnormal melancholic humours can reduce the development of chronic conditions in the later years of life. For example, could there be a reduced need for stents in cardiac/circulatory conditions and knee/hip replacements?

Recommended treatment protocol

Historically elimination of excess/abnormal humours was common practice for many centuries, especially in Greek, Roman and Muslim communities. Ibn Sina (in *Canon of Medicine*, Vol.1) devotes a chapter to the importance of maintaining adequate heat and moistness in his regimen for the elderly. He provides extensive information on the Tibb Lifestyle Factors with emphasis on dietotherapy, exercise, sleep patterns together with massage and hydrotherapy. He also provides details on addressing constipation, which is associated with Cold & Dry qualities, a common problem in the elderly (Bakhtiar, 1999).

Regular elimination of any excess/abnormal melancholic humour should be done on a regular basis. This depends on the dominant temperament of an individual. On a personal note: from my experience over the past twenty years, and being of a dominant melancholic temperament, I have taken a regular dose of the above infusion mentioned at least twice weekly, increasing to at least three times a week in the past five years. The treatment protocol, whether it is aimed at preventing the accumulation of excess/abnormal melancholic humour or in treating the symptoms of chronic conditions, needs to be tailored taking into account the temperament, the age of the patient as well as the chronic conditions being targeted.

CONCLUSION

The research clearly demonstrates a steady increase in the prevalence of chronic conditions associated with excess/abnormal melancholic humour in patients over the age

of 40 from 56% and to 100% in patients over the age of 70. This confirms the hypothesis and the rationale that underpins the hypothesis that excess/abnormal melancholic humours could well be the cause of most chronic conditions.

References

- Abu-Asab, M, Amri, H, and Micozzi, MS. (2013) *Avicenna's Medicine. A New Translation*
- Ahmed S.I. (2009). *Introduction to Al-Umur-Al-Tabi'yah - Principles of human physiology in Tibb*, Central Council for Research in Unani medicine, p. 75-142. New Delhi, India.
- Al-Jawziyya, I.Q. (1998). *Medicine of the Prophet*, (Trans P. Johnstone) p. 12. The Islamic Texts Society, UK.
- Azmi, A.H. (1995) *Basic Concepts of Unani Medicine*. Jamia Hamdard, India.
- Baktiar, L. (1999). *Avicenna's The Canon of Medicine*, p. 106. Great Books of the Islamic World Inc, Chicago, USA.
- Bhikha, R. (2018). *Theoretical Principles of Tibb*, p. 104; 123-126. Ibn Sina Institute of Tibb. (Johannesburg (RSA)
- Bhikha, R. and Saville J. (2014). *Healing with Tibb*, p. 22-23; 29. Ibn Sina Institute of Tibb. (Johannesburg (RSA)
- Bhikha, R. and Haq, M.A. (2018). *Tibb –Traditional Roots of Medicine in Modern Routes to Health*. LAP Lambert Academic Publishing. Germany.
- Chishti G M. (1991) *The Traditional Healer's Handbook*, p. 21. *A Classic Guide to the Medicine of Avicenna*. Healing Arts Press.
- Porter, R, (Ed Bynum, W F). (1997). *Companion Encyclopedia of the History of Medicine (pbk 1st Ed)*, p. 281. Routledge, London.

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