



**REVIEW AND EXPLANATION OF MALIKHULIA BASED ON TRADITIONAL
PERSIAN MEDICINE**

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ABSTRACT

Introduction: Psychiatric diseases are among the most prevalent and high-risk human diseases considered by physicians for a long time. In this article we attempted to explain and review “*Malikhulia*” based on traditional Persian medicine and its conformity with modern medicine.

Methods: In this article, it was attempted to investigate the Iranian scientists’ theories about *Malikhulia* diseases through traditional medicine resources in form of a descriptive analysis. In order to evaluate the texts, we used electronic search in information banks and non-electronic searches in traditional medicine books and resources such as *Avicenna’s canun*, *Zakhireye Kharazmshahi*, and *Exir E Azam* and etc.

Results: According to the Avicenna’s school, *Malikhulia* is due to the ill-effect of cold and dry simple temperament or due to the effect of the matter of *Soda* on brain. This *Soda* is *Soda* humor *Malikhulia* or *Soda* resulted from the burning of the other humors which is named “*Merreh of Soda*”.

According to the Traditional Persian Medicine, *Malikhulia* is classified into three general categories as follows:

1. The type that the pathology is limited to brain which has the worst prognosis.

2. The type that is due to mistemperament (*Suemezaj*) of whole body which has the best prognosis.

3. The type that is due to mistemperament (*Suemezaj*) of other organs except for the heart and brain which is named “Partnership” type.

Discussion: Traditional and modern medicine has many similarities in describing symptoms of psychosis and *Malikhulia*. Also, about age related prognosis, Traditional medicine contents are in consistent with theories of modern medicine. But there are some sharp differences in pathogenesis and treatment of disease between traditional and modern medicine.

Keywords: traditional Persian medicine, *Malikhulia*, *Soda*, psychosis

INTRODUCTION:

Years ago, when the science was not developed in west ,high-valued oriental physicians explained, classified and treated different diseases and until recent centuries, this science matured and was used to treat different diseases (1). Psychiatric diseases are among the most perilous and most prevalent diseases worldwide and include a large group of the patients referring to the clinics and emergency wards. About the incident of the psychiatric disorders, the general director of the mental health in the Ministry of Health announced 23.6% as the last incidence of the psychiatric disorders in our country (IRAN). This figure is related to the population of 15-to-64 year-olds of Iran (2, 3). Psychiatric disorders are not only considered to be physiological performance disorder in human body, but are also a complicated crisis in life whose high mental stress would be imposed to other family members; since having psychiatric diseases

causes a loss of the individual’s serious performance in individual, family, occupational and social life with high burdens for not only the individual, but also the family and society (4). Thus, investigating into these diseases in traditional Persian medicine and diagnostic and therapeutic approaches based on the traditional medicine therapeutic strategies can be dramatically helpful for a large group of the patients and ultimately for society (5) Particularly that the prevention and therapeutic principles of the traditional medicine can be helpful in this regard. Also chemical medications often lead to the many side-effects in patients for which the traditional medicine has also solutions.

In this article, it is attempted to investigate the *Malikhulia* in traditional Persian medicine and shortly explain its kinds and the methods of distinction of these kinds so that we can introduce the physicians and different therapists to the traditional Persian

medicine terminology regarding this illness and help more patients to improve and recover from this disease using diagnostic and therapeutic principles of the traditional medicine. Also we try to suggest the equivalent of the *Malikhulia* to be "psychosis" in modern medicine.

MATERIALS AND METHODS:

Present study is a review article in order to investigate into the texts regarding the explanation and classification of "Malikhulia" in Persian traditional medicine and compare them to the modern medicine. In order to investigate the texts, key words such as *Malikhulia*, psychosis, *Avicenna*, *Zakhireye Khwarazmshahi*, *Exir E Azam* and traditional Persian medicine were used alone or in combined form in information banks. English resources were investigated in PubMed, Google Scholar and other information banks such as MedLine and also the equivalent Persian keywords were used. For searching the Persian electronic banks including resources of Ministry of Health, the SID scientific information database, Iranian medical science articles' information bank, Iran scientific information and documents research center and Iranian publication information bank were used. Also, non-electronic searches were conducted by referring to the library magazine archive and investigating into the Persian available

resources regarding the Islamic-scholars books in line with psychiatric diseases as well as published articles in journals, medical ethics journal and national and international conferences of medical history. In this research the credible books of Islamic scientists such as *Avicenna's canon*, *Zakhireye Kharazmshahi* of *Hakim Esmail Jorjani* and *Mohammad Azam Khan's Exir E Azam* were studied. Due to differences in versions, sometimes we referred to several versions of a book.

RESULTS:

In traditional Persian medicine, a patient called *Malikhulian* whose thought have abnormal content and process (6). This leads to impaired individual and social function and the patient is not able to distinguish fact from fiction. Furthermore, there is a disorder in reality testing (7). According to the traditional medicine school, the symptoms of the disease are as follows:

Before being established and strengthening in the body, the illness causes obsession, paranoia and unreasonable fear in the patient. In addition, he/she gets irritated easily and sometimes tends to loneliness. In some patients, muscular jerks and dizziness may also occur. After the stabilization of the disease, fear, pessimism, sadness, horror of people and delusions will appear. In some cases that the disease has sanguine

(Damavi) origin, the patients laugh repeatedly and unreasonably. In *Malikhulian* patients, however, (with the origin of *Soda*) the patients repeatedly cry without any cause (8).

Some patients have a wish to die and commit suicide. On the contrary, in some cases extreme fear of death appears. In some other patients, persecutory delusions such as poisoning delusions appear and can make so much progress that the patients avoid eating food and drinking water, which may result in death from thirst and starvation.

The kind of delusions depends on practical and mental activity of the patients before the illness outbreak. For example, in a military person the delusion is most likely to be imaginary enemy of kin while in a housewife it may be the delusion of her husband's infidelity (8) Or in a ruler, it may appear in the form of betrayal or the plot of assassination.

The urine of *Malikhulian* patient is, from the macroscopic appearance, mostly dilute, clear and amenable to green color which is indicative of cold temperament. According to the traditional medicine principles, in terms of length, width and height, the pulse of the *Malikhulian* patients is narrow and the vessel tissue is more stiff than normal when touching (6, 8, 9, 10).

According to the Avicenna's school, *Malikhulia* is due to the ill-effect of cold and dry simple temperament or due to the effect of the matter of *Soda* on brain. This *Soda* can be formed in the brain or, because of some particular diseases, can be formed outside of the brain and in other parts of the body. As a result, this *Soda* or its steams may be transferred to the brain and cause *Malikhulia*, which is *Soda* humor or a *Soda* resulted from the burning of the other humors which is named "*Merreh of Soda*".

The way of distinguishing the type of *Malikhulia* according to the viewpoint of traditional Persian medicine:

1. The type that pathology is limited to brain:

These patients have many intrusive thoughts and permanent obsessions and frequently look and stare at an object or place and largely wild gaze to the ground. The patient's eyes are sunken and the head has fewer muscles in comparison to other parts of the body but they don't have severe weight loss. The patient's face and tongue color is amenable to dark and don't have normal color and scalp is often warmer than normal. Most of the patients have insomnia and the pulse is slow and slim in rate from the viewpoint of dimensions. They also have dilute urine without consistency. This type of *Malikhulia* is the worst kind in

prognosis and its symptoms are permanent and obvious.

In the previous record of these patients, severe insomnia and great obsessions are mostly seen and sometimes long exposure to Sunrays is reported. In nutritional record, large consumption of hot temper types of food such as onion, garlic and leek is seen in most cases (6, 8, 9, 10).

2-The type with whole body origin:

In these cases the darkness of the skin is seen in whole body and atrophy and maceration is seen in general parts of body. In the previous record they have had frequent menstrual bleeding, hemorrhoids or recurrent nose bleeding which have stopped for any reason.

They have hairy body especially in the chest and in their nutritional history large consumption of Melanchogenic (*Sodaza*) foods such as salted meat, smoked fish and eggplant is seen. In their medical records, use of very hot ignite drugs and very hot temper food is remarkable. Sometimes before of the illness outbreak, a malaise with fever have occurred in the patient (6, 8, 9, 10).

3) The type with partnership of body organs:

A) With the stomach origin:

There are gastric symptoms in the record of the patient and the symptoms will be deteriorated with overeating and flatulent

food consumption. There is also pain in stomach since eating until digestion of the foods. If the yellow biting choleric (*safravi*) vomiting occurs or if there is thirst or the symptoms exacerbate at the time of Hunger, the cause of disease is the warmth of the viscera specially liver (6, 8, 9, 10).

B) With the spleen origin:

The patients have large food craving and appetite despite poor digestion. There is high gas passing before or concurrent of defecation. Sometimes there is a burning sensation and pain in the spleen site. Patients often feel bloating and the heaviness in their abdomen at the site of spleen and burning at the entrance of the stomach below the sternum is noted (6, 8, 9, 10).

C) The kind with the outer layer of peritoneum (*Meragh*) origin:

It is notable that the 3th category of *Malikhulia* which is with the partnership of body organs except heart and brain is also called "*Meraghi Malikhulia*". But in some texts this type is differentiated from the gastric and spleen type through some symptoms that will be stated.

In "*Meraghi*" type of illness there is a heaviness in the whole abdomen especially in its upper part and the patients have nausea and vomiting and the feeling of tightness and heaviness in the chest. They also feel grief and sorrow which is called

"Ghalagh" in traditional medicine. These patients often have many difficulties in food digestion and they have a frequent sour burning belching. Moreover, they suffer mostly from false hunger and they have large amount of saliva and frequent bloating and large amount of gas passing concurrently with defecation. In addition, there is a tension feeling in their abdomen because of bloating. Sometimes they have burning sensation in the abdomen and the pain or burning spreads to the intra-scapular region. The pain sensation is present from the time of eating food to its full digestion and the patients feel rising of the digestive smoky steam up to throat and uvula. These patients sometimes suffer from teeth decay due to frequent gastrointestinal reflexes and their stool is sometimes phlegmatic (*Balghami*) or choleric (*Safravi*) and their urine is clear and dilute (6, 8, 9, and 10).

Their symptoms often deteriorate with overheating and with improvement in their food digestion, their symptoms will be relieved. They have dyspnea sensation mostly due to extreme digestive gases. This type of patients mostly have insomnia and dry stool. Sometimes there is tingling sensation in the back and arms and in some cases they have body tremor and burning sensation in the palms and soles. Sometimes there is coldness of body extremes and dizziness and formication in

the skin and in some cases they have diplopia and floaters or spark sensation in front of their eyes.

In these patients dry eyes and heavy eyelids are mostly seen and they have frequent hiccups and in some cases they suffer from splenomegaly. Many of these patients feel the rush of doing things (6, 8, 9, 10).

DISCUSSION:

Psychiatric diseases are among the most prevalent and high-risk human diseases considered by physicians for a long time.

About the viewpoint of traditional Persian medicine school, it is notable that the most of the philosophers agree, in totality, on the pathogenesis of this disease and they considered the disease as the impact of *soda* on brain tissue but there are some controversial issues about pathogenesis of *Meraghi* subtype of the disease. Of course there is not any controversy in the whole issue which is production of *soda* as a result of the combustion of humors (due to temperature of different viscera) but there are controversies about which part of the body is the source of heat. For example, Avicenna considered the stomach as the source of the heat and believed that swelling occurs in the stomach (9, 11). "Boules" considered the liver as the source of the heat and he believed that the source of swelling is the outer layer of peritoneum (*Meragh*) whereas *Sarafiun* didn't accept

swelling formation in any part of the body (8, 12). *Galen* considered the portal vein and portal portion of the liver as the source of swelling and *Diyaghrous*, *Gharshi* and *Hakim Azam Khan* believed that the heat of liver, intestine and vessels that carry food from the stomach to the liver is the main origin and they believed that these ignited humors transfer to the spleen by the heat and then funnel into the entrance of stomach. Some scientists considered the relative blockage in mesenteric artery by soda as the source of the pathogenesis. This blockage leads to remaining of the food in the depth of the stomach and these remaining materials will be decayed and the resulted steams are the source of the *Malikhulia*. *Hippocrates* believed that the ignited humors produced in the arteries of the stomach and *Meragh* and pouring of them into the depth of the stomach cause the swelling. *Galen*, however, considered the veins as the source of the production of ignited humors (8). *Sabet Ebn-E-Gharreh*, *Razi* and *Abolkheir khammar* knew the spleen as the origin of the soda swelling. They believed that increased heat of the spleen due to soda aggregation and pouring of them into the entrance of the stomach and then rising up the steams to the brain are the main pathogenesis of the illness(8,11). Some of the scientists such as *Haraniyan* and *Abu Maher* also considered

that the source of illness is the pouring of the *Soda* into depth of stomach from whole body and swelling of the stomach and spreading of the bloat into the *Meragh* and finally transition of the steams from *Meragh* into the brain(8). In modern medicine the main origin of psychosis is genetic vulnerability which is triggered by some psycho social crisis and dopamine elevation in the brain and in the neuro imaging decreased volume of the brain is seen which is in congruency with the theory of dryness of the brain tissue in traditional medicine (7).

The worst prognosis of psychosis in modern medicine is as follows:

- 1- The illness outbreak at a young age.
- 2- More negative symptoms of psychosis compared to the positive symptoms. Negative symptoms of psychosis consist of apathy, social withdrawal, flat affect, anhedonia and reduction in speech whereas the positive symptoms are hallucinations and delusions.
- 3- Positive family history of psychosis.
- 4- Poor premorbid function.
- 5- High emotional express in family (7).

All of these poor prognostic criteria are in the congruency with traditional medicine theories, for example high emotions lead to ignition of the humors. The illness outbreak

at a young age is remarkable for the coldness of the body at a young age whereas the body temperature in younger age is higher normally. As the result, resolution of the soda will stop. The more negative symptoms of psychosis are as the sign of body coldness and positive family history of psychosis shows a genetic vulnerability to coldness of the body. All of these cases lead to the strength of the soda aggregation in the body. Consequently, many of the traditional and modern medicine theories are in consistent with each other in this area.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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