



## A Comprehensive Review of Insomnia and Its Regimenal Management in The Unani System of Medicine

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### Abstract

**Objective:** The objective of this review is to explore the Regimenal Therapy for the Management of Insomnia in contrast to Unani Classical Literature. Therefore, further clinical studies will be done for its scientific validation.

**Data Source:** The review data were gathered from peer-reviewed research articles taken from several online resources, including PubMed, Google, and Google Scholar. Keywords including Insomnia, and prevalence of insomnia were part of the online search strategy. Library of Hakim Syed Ziaul Hasan, Bhopal was also accessed for the Unani Classical literature.

**Summary:** Insomnia is characterized as a persistent difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity and circumstances for sleep, and results in some form of daytime impairment. It is currently a prevalent disease with the incidence varying globally between 10% and 60%. Insomnia is described as *Sahar* or *Bekhaabi* in the Unani System of Medicine. Thirty Unani Classical Literature reviewed; 19 were relevant to Insomnia, and 9 were related to Regimenal Therapy. Thirteen therapies explored: *Natūl*, *Sa'ūt*, *Tadhīn*, *Hammām*, *Dalk*, *Riyādat*, *Tilā'*, *Dimād*, *Lakhlaqha*, *Shamūm*, *Qaṭūr*, *Nashūq*, *Pāshoya*. These therapies are beneficial for managing Insomnia.

**Conclusion:** The implication of Regimenal Therapy appears promising and describes its possible uses for Insomnia. Use of regimenal therapies with fewer drugs, which seems to be effective for Insomnia. Further clinical studies are required to scientifically validate the existing Regimenal Therapy about its efficacy and safety.

**Keywords:** Insomnia, Ilaj bil Tadbeer, Regimenal therapy, Sahar, Unani System of Medicine

## Introduction

Sleep is an essential component of human health and well-being and it is a complex biological process. Sleep is needed in the body in a similar manner such as eating and breathing. The Latin word for insomnia is *insomnis*; is made up of the two words "in" for "not" and "Somnus" for "sleep" which means "no sleep". Insomnia is not measured by how much or how quickly we sleep; it's measured by the quality of our sleep and how we feel when we wake up. Even though we sleep for eight hours every night, if we feel sleepy and exhausted throughout the day, we might have insomnia<sup>1</sup>. Simply, insomnia is inadequate sleep quality or quantity when one has an adequate opportunity to sleep. For a diagnosis purpose of insomnia, daytime impairment like fatigue, inability to concentrate, or irritability should also be included. Insomnia is described as *Sahar* or

*Bekhaabi* in the Unani System of Medicine which is characterized by Sleeplessness or Excessive Awakening<sup>2</sup>. Despite a long history of Regimenal therapy use in the management of insomnia, only a few studies have been conducted. So, our aim for this comprehensive review is to explore the Regimenal Therapy for the Management of Insomnia in contrast to Unani Classic Literature therefore further clinical studies will be done for its scientific validation. This paper systematically describes the definition, causes, symptoms, and complications of *Sahar*. It is focused on various Regimenal Therapies for the management of *Sahar*.

## Methodology

Several online resources like PubMed, Google, and Google Scholar were explored for the data by using keywords including Insomnia and prevalence of insomnia were part of the online

search strategy. Online resources are used only for epidemiology and the concept of insomnia in conventional medicine. Library of Hakim Syed Ziaul Hasan, Bhopal was also accessed for the Unani Classical literature. Literature related to *Ilāj bi'l Tadbīr* (Regimenal Therapy) was included and literature on *Ilāj bi'l Taghdhiya* (dietotherapy) and *Ilāj bi'l Dawā'* (pharmacotherapy) was excluded.

## Epidemiology

Insomnia occasionally affects approximately 30% and is a severe or chronic problem for about 10% of the population<sup>3</sup>. Various studies conducted worldwide have revealed that the prevalence of insomnia is 10%-30% of the population, some even as high as 50%-60%. Insomnia is more common in women, older persons, and those who are struggling financially<sup>4-7</sup>. An Indian study shows a 15.4 % prevalence of Insomnia<sup>8</sup>. Another Study conducted in South India found a prevalence of 18.6 % among healthy adults<sup>9</sup>. A study among corporate employees in India identified a 13.8% prevalence of Insomnia<sup>10</sup>. A study in Bengaluru found a 33% prevalence of Insomnia<sup>11</sup>.

## Unani Concept of Insomnia

*Sahar* (Insomnia) is referred to as "sleeplessness" or "awakening" in the Unani System of Medicine<sup>2,12-18</sup>. *Ibn Sīnā* in his book "*Al Qānūn fil'l Tibb*" give the term excessive awakening for *Sahar*<sup>2</sup> and *Ismā'īl Jurjānī* in his book "*Dhakhīra Khwarizm Shāhī*" described *Sahar* as excessive awakening and lack of sleep<sup>13</sup>. *Akbar Arzānī* in his book "*Tibb-e-Akbar*" stated that *Sahar* is a prolonged awakening (*bedarie mufrat*)<sup>16</sup>. *Kabiruddin* describes in his book "*Bayaz-e-Kabeer*" that when sleep and wakefulness are altered, it suggests that there is a predominance of *Yubūsat* (dryness) wa *Harārat* (hotness) in the brain. This is contrary to the theory that normal sleep is caused by *Ruṭubat* (moistness/wetness) wa *Burūdat* (coldness) in our brains<sup>19</sup>. According to the Unani System of Medicine, health is attributed to the equilibrium of *Akhlat* (humours), besides this, there are *Asbāb Sitta Darūriyya* (six essential factors) i.e. *Hawā'* (Air), *Ma'kūlāt-o-Mashrūbāt* (Foods and drinks), *Al-Haraka wa'l Sukūn al-Badānī* (Bodily movement and Repose), *Al-Haraka wa'l Sukūn al-Nafsānī* (Psychic movement and Repose), *Al-Nawm Wa'l Yaqṣa* (Sleep and Wakefulness) and *Al-Iḥtibās wa'l Istifrāgh* (Retention and Evacuation). In these six essential factors, *Al-Nawm Wa'l Yaqṣa* is the fifth factor and the imbalance between them causes a disease which is known as *Sahar*. According to *Ibn Sīnā* sleep increases the body's strength and restores the *Harārat Ghārīziyya* (Innate Heat). Sleep helps in food digestion, absorption, and maturation and transforms it into blood while being awake has the opposite impact on sleep. If wakefulness predominates, it creates *Yubūsat* (Dryness) and *Du'f* (Weakness) in the brain which causes Insomnia and disorientation<sup>2</sup>.

## Asbāb (Causes)

It is primarily caused by an imbalance in the temperament of the brain due to an excess of *Yubūsat* (dryness) wa *Harārat* (hotness). However, it can also be caused by other factors such as physical or mental problems<sup>2</sup>. There are three types of causes broadly classified.

### *Ikhtiyārī Asbāb* (Voluntary causes)<sup>17,20-21</sup>

These are voluntary and under our control like a busy schedule of work in routine life, low intake of diet (which dries the brain), excessive intake of diet (which produces heaviness in the stomach), and excessive use of hot and dry food materials lead to the formation of hot and dry humours, which is responsible for the causation of insomnia.

### *Asbāb Arḍiyya* (Dependent causes)<sup>17,20-21</sup>

These are temporary in nature and when removed or decreased; sleep is restored such as deep thinking, fear, happiness, stress, depression, sadness, and emotions.

### *Asbāb Marādiyya* (Disease causes)<sup>16,17,20-21</sup>

There are several diseases responsible for *Sahar* such as *Sū'-i-Mizāj Yābis Sāda* (simple morbid dry temperament) of the brain, *Sū'-i-Mizāj Hārr Yābis Sāda* (simple morbid hot and dry temperament) of the brain. *Sawdā' Ghayr Tabī'i* (Abnormal black bile) along with *Sū'-i-Mizāj Bārid Yābis Māddī* (morbid cold and dry temperament associated with substance) of the brain, *Šafrā' Ghayr Tabī'i* (Abnormal yellow bile) along with *Sū'-i-Mizāj Bārid Yābis Māddī* of the brain, *Balgham Shor* (saline phlegm) or *Yubūsat* of brain. Many other diseases like fever, pain, indigestion, severe coughing, mania, hysteria, constipation, flatulence, liver disease, jaundice, gout, and prolonged labour also somewhat responsible for insomnia.

## Alamat (Symptoms)

The most prevalent symptoms of insomnia include thirst, exhaustion, irritability of moods, dry eyes, sensation of burning in the eyes, and tiredness. If *Sū'-i-Mizāj Yābis Sāda* (simple morbid dry temperament) of the brain is the cause, the symptoms present<sup>20</sup> lightness in the head and sensation, dryness of eyes, tongue, and nostrils but no feeling of hotness in the head. *Sū'-i-Mizāj Hārr Yābis Sāda* (simple morbid hot and dry temperament) of the brain is the cause, the symptoms may be<sup>20</sup> lightness in the head and sensation, dryness of eyes, tongue, and nostril, feeling of hotness, burning sensation in the head, thirst. If *Balgham Shor* (saline phlegm) is the cause, the symptoms may be<sup>20,23</sup> wetness of nostrils, eye discharge, heaviness in the head, and sleeplessness.

## Awarizat (Complications)

*Majusi* describes in his book "*Kamilus Sana*" that the complication of *Sahar* is *Du'fe Naf's* (Psychological Impairment), *Du'fe Tabī'at* (Physical weakness), impaired digestion, and dryness of the body<sup>24</sup>. *Razi* describes in his books "*Kitabul Fakhīr fil tib*" and "*Kitabul Havi*" that *Sahar* causes *Tashannuj* (Spasm), *Junūn* (Mania), and *Ikhtilāt al-Aql* (Mental Derangement)<sup>12,25-26</sup>.

## Usool-i-Ilāj (Line of Treatment)

The Line of Treatment for *Sahar* consists of the removal of the cause (predisposing and precipitating factors), *Tanqīya-i-Sawdā' Ghayr Tabī'i* (cleansing of Abnormal black bile), *Tanqīya-i-Šafrā' Ghayr Tabī'i* (cleansing of abnormal yellow bile), *Tanqīya-i-Balgham Shor* (cleansing of saline phlegm), *Tartīb-i-Badan wa Dimāgh* (moistening of body and brain), *Ta'dīl-i-Sū'-i-Mizāj* (moderation of abnormal temperament), *Islahe Hazm* (improve digestion) and reduced of dryness of brain through *Ilāj bi'l Tadbīr wa Taghdhiya* and *Ilāj bi'l Dawā'*.

## *Ilāj bi'l Tadbīr* (Regimenal Therapy)

*Ilāj bi'l Tadbīr* is the modification in *Asbāb Sitta Darūriyya* (Six Essential Factors). This mode of treatment is very efficacious in the prevention and control of *sahar*. Many Unani scholars stated in their literature that *Tartīb-i-Dimāgh* is effective management for insomnia. Various *Ilāj bi'l Tadbīr* modalities, such as *Natūl*, *Sa'ūt* (Nasal Drops), *Tadhib* (Oiling), *Hamman* (Therapeutic bath), *Dalk* (Therapeutic Massage), etc., can be used for *Tartīb-i-Dimāgh* (moistening in the brain). Sleep is induced by following regimens that assist in eliminating heat and dryness from the body and brain.

### **Natūl (Irrigation Therapy)**

*Natūl* is a classical and active therapy in *Ilāj bi'l Tadbīr* which is described as the pouring or dripping of medicated decoction or warm water on desired organs<sup>27,28</sup>. *Ibn Sīnā* stated in his book “*Al Qānūn fi'l Tibb*”, *Natūl* with *Ravghan-i-Nilofar* and with a decoction of *satar* (Zatoria multiflora), *baboona* (Matricaria chamomilla Linn), and *aqhwan* on every evening are helpful for insomnia<sup>2</sup>. *Azam Khan* advised in his book “*Alakseer*” that *Natūl* on the head with decoction of *banafsha* (Viola odorata Linn), *nilofar* (Nymphaea alba Linn), *gul-i-shurkh* (Rosa damascena), *tukhm-i-kahu kofta* (Lactuca sativa Linn), *kishneez sabz* (Coriandrum sativum Linn), *post khashkhash* (with *tukhm* neem kofta) (Papaver somniferum Linn), *jau neem kofta* (Hordeum vulgare), with a decoction of *baboona* (Matricaria chamomilla Linn) and *aqhwain* on the head, *Natūl* on the head with a decoction of *kashk jau* (Hordeum vulgare), *baboona* (Matricaria chamomilla Linn), and *aqhwain* in every evening and *Natūl* with *aab-i-shibt sabz* (Anethum graveolens) is useful in insomnia<sup>17</sup>. *Ismā'il Jurjānī* has mentioned in his book *Dhakhīra Khwarizm Shāhī* that *Natūl* with *baboona* (Matricaria chamomilla Linn), and *kashk jau* (Hordeum vulgare) every evening and he also stated that use of *Muraṭīb Natūl* has a significant result for insomnia<sup>13</sup>. *Natūl* with decoction of *banafsha* (Viola odorata Linn) or *nilofar* (Nymphaea alba Linn) or *barg kahu* (Lactuca sativa Linn), *kishneez sabz* (Coriandrum sativum Linn), *khashkhash* (Papaver somniferum Linn) and with decoction of *baboona* (Matricaria chamomilla Linn) or *kashk jau* (Hordeum vulgare) is applicable for Insomnia<sup>16</sup>.

### **Sa'ūt (Nasal Drops)**

Oily or watery medications that are dropped into the nose. *Ravghaniyat of nilofar* (Nymphaea alba Linn)<sup>2</sup> and *baboona* (Matricaria chamomilla Linn)<sup>17</sup> are used as *Sa'ūt* for inducing sleep.

### **Tadhīn (Oiling)**

Applying oil over the part of the body is termed *Tadhīn* (Oiling). For this purpose, *Ibn Sīnā* and *Azam khan* have mentioned in their books that the application of *Ravghaniyat of khashkhash* (Papaver somniferum Linn), *kahu* (Lactuca sativa) on the forehead<sup>2</sup>, *Ravghaniyat of labub-i-saba*, *kahu* (Lactuca sativa), *Maghz tukhm-i-kaddu sheerin* (Cucurbita maxima), *badam sheerin* (Prunus dulcis)<sup>17,19</sup>, and *banafsha* (Viola odorata Linn) over the scalp<sup>17</sup> and *Salkhiya*, *Abyoon* and *zafran* (Crocus sativus) mixed in *ravghan-i-gul* on the nose is recommended for treating insomnia<sup>2</sup>. Another Unani Physicians *Ismā'il Jurjānī* in his book *Dhakhīra Khwarizm Shāhī* mentioned that the application of *Ravghaniyat of banafsha* (Viola odorata Linn), *Nilofar* (Nymphaea alba Linn), and *Maghz kaddu sheerin* (Cucurbita maxima) on the head and every evening on the soles, umbilicus, anus, and nose. *Ravghaniyat of khashkhash* (Papaver somniferum Linn) and *kahu* (Lactuca sativa) on the forehead and temporal region is used for the prevention and treatment of insomnia<sup>13</sup>.

### **Hammām (Therapeutic bath / Turkish bath)**

A *Hammām* is a kind of bathing where users can freely perspire in three rooms that are gradually heated up. The first room is the *Bārid Raṭab*, followed by the *Hārr Raṭab* room, and the last being the *Hārr Yābis* room. *Mohammad bin Zakariya* in his book “*Ghīna Mūna*” and *Ismā'il Jurjānī* have stated that *Hammām* is useful for sleep<sup>12,13</sup>. *Avicenna* and *Azam khan* recommended sweet and lukewarm water for insomniacs<sup>2,17</sup>.

### **Dalk (Therapeutic Massage)**

The affected region of the body is rubbed with hands using medicated oil with a variety of techniques that result in physiological and psychological therapeutic effects on the body and in disease conditions. *Dalk* with *Ravghaniyat of Nilofar*

(*Nymphaea alba* Linn)<sup>2</sup>, *qinnab* (*Cannabis sativa* Linn), *banafsha* (*Viola odorata* Linn), and *badam* (*Prunus dulcis*) is used as *dalk* on the sole. *Dalk* with *khashkhash safed* (Papaver somniferum Linn) and *tukhm-i-qinnab* (*Cannabis sativa* Linn) (each 2 tola) mixed in *sheerah gau* over the soles<sup>17</sup> and *Ravghaniyat of khashkhash* (Papaver somniferum Linn), *kahu* (*Lactuca sativa* Linn) over the forehead and temporal region are worthy<sup>17</sup>. *Dalk* with *Cow's ghee* or *Ravghan-i-badam* (*Prunus dulcis*)<sup>19</sup>, and *dalk* with *Ravghan-i-badam* (*Prunus dulcis*) *wa ravghan-i-kaddu* (*Cucurbita maxima*) like *murattib ravghan* on palms and soles induces sleep<sup>17</sup>. Massage the head with *Ravghaniyat of kaddu*, *badam*, *khashkhash*, or *sheer-i-dukhtar* (each in equal quantity) or only with *ravghan-i-banafsha*<sup>18</sup> and massage with *ravghan-i-labub-i-saba* and *ravghan-i-kahu* (each equal quantity) is worthwhile for *Sahar*<sup>14</sup>. Massage with *ravghan* which contains *khashkhash* (Papaver somniferum Linn) and *bahroj* (*Pinus longifolia*) recommended for insomnia<sup>12</sup>.

### **Riyādat (Exercise)**

*Riyādat* is a voluntary movement with the purpose of *Tanqīya-i-Mawad* (evacuation of waste material) for an individual. It plays an important role in maintaining good health and prevention of diseases. *Ibn Sīnā* and *Azam khan* have stated that *Riyādat* helps in inducing sleep<sup>2,17</sup>.

### **Tilā' (Liniments)**

An oily or watery preparation used topically on a particular part of the body is called ‘*Tilā'*. ‘*Tilā'* with *Qurs-i-Musallas* mixed in *aab-i-kishneez sabz* (Coriandrum sativum Linn)<sup>17</sup> is beneficial for Insomnia. *Qurs zafran* prepared in *usara khashkhash* (Papaver somniferum Linn) or in the decoction of *gulab* (Rosa damascena) with *khashkhash* (Papaver somniferum Linn) or *kahu* (*Lactuca sativa* Linn)<sup>2</sup> is applied as ‘*Tilā'*. *Gul-i-banafsha* (Viola odorata Linn), *nilofar* (Nymphaea alba Linn), *tukhm kahu* (*Lactuca sativa* Linn) (each 10.5 *masha*), *gule khatmi safed* (*Althea officinalis*) 14 *masha*, *post khashkhash* (Papaver somniferum Linn), *beekh lufah* (*Atropa belladonna*) (each 7 *masha*) make powder and mix in *aab-i-kahu* (*Lactuca sativa* Linn)<sup>17</sup> are applied over the forehead. *Post khashkhash* (Papaver somniferum Linn) and *beekh-i-bahroj*<sup>2</sup> and with *post khashkhash* (Papaver somniferum Linn) and *lufah* (*Atropa belladonna*)<sup>17</sup> are used as ‘*Tilā'* on the temporal region. ‘*Tilā'* with *qurs munawwim barid*, with *Kahu* (*Lactuca sativa* Linn), *lufah* (*Atropa belladonna*), *bazrulbanj* (*Hyoscyamus niger*), *afyoon* (Papaver somniferum Linn) (each 3.5 *masha*) are prepared in the decoction of *khashkhas* (Papaver somniferum Linn) and with *aabe shibbat sabz* (Anethum graveolens) are auspicious for insomnia<sup>17</sup>.

### **Dimād (Poultice)**

It is a semisolid preparation applied externally. *Ibn Sīnā* and *Azam khan* advised that *Dimād* on the forehead with *baboona* (Matricaria chamomilla Linn), *meeftehaj*<sup>2,17</sup>, *ushna* (*Cyperus scariosus*)<sup>17</sup> and with *dimād-i-khwabawar* or *almunawwim* (Both are compound preparation)<sup>14</sup> are helpful for insomnia. Make a fine powder of *tukhm nilofar* (Nymphaea alba Linn) 3 *masha*, *tukhm kahu* (*Lactuca sativa* Linn) 3 *masha*, *tukhm khurfa* (*Portulaca oleraceae*) 3 *masha*, *sandal safed* (*Santalum album*) 3 *masha*, *kafoor* 1 tola, *afyoon* (Papaver somniferum) 4 *surkh*, *zafran* (*Crocus sativus*) 4 *surkh* and mix it in *ravghan-i-gul* 6 *masha* and *kishneez sabz* (Coriandrum sativum) 2 tola is used as *Dimād* over the head<sup>19</sup> and with *khashkhash* (Papaver somniferum Linn) prepeared in *aab-i-banafsha* (Viola odorata Linn)<sup>12</sup> over the head remove excessive heat and induce sleep. According to *Ibn-i-Masowiya* *Dimād* with *khās* (*Chrysopogon zizanioides*) is useful for insomnia<sup>29</sup>.

### **Lakhalkha (Inhalation of vapour arising from fragrant drugs)**

It is an aromatic-based preparation of watery or solid drugs, which are kept in a wide-mouth container and allowed to be inhaled through the nose. *Hkm Azam khan* advises that *Lakhalkha* of *aab-i-barg kahu* (*Lactuca sativa*), *aab-i-kisneez sabz* (*Coriandrum sativum*), *sheera tukhm-i-khashkhash* (*Papaver somniferum Linn*) and *Ravghan-i-nilofar* is beneficial in insomnia<sup>16-17</sup>.

### **Shamūm (Inhalation)**

The drug that is sniffed and its volatile constituents reach to nose is called *Shamūm* (inhalation). Post *khashkhash* (*Papaver somniferum Linn*), *beekh-i-bahroj*<sup>2</sup>, bed *mushk* (*Salix caprea Linn*) is moisten with *arq-i-gulab*, and *Zafran* (*Crocus sativus*) is mixed in *ravghan-i-banafsha*, are used in *Shamūm*. *Ushna* (*Cyperus scariosus*)<sup>17</sup>, *Banafsha* (*Viola odorata Linn*), *nilofar* (*Nymphaea alba Linn*)<sup>12,16</sup> and *burg-i-tulsi* (*Ocimum tenuiflorum*)<sup>14</sup> are commonly used as *Shamūm* in insomnia.

### **Qatūr (Drops)**

Pouring drop by drop watery or oily medicine into the nose or ear is called *Qatūr*. *Ibn Sīnā* and *Ismā'il Jurjānī* have mentioned in their literature that *Taqteer* with *ravghan-i-nilofar*<sup>2</sup> and with luke warm *ravghan-i-banafsha*, *ravghan-i-nilofar*<sup>13</sup>, *ravghan-i-Maghz kaddu sheerin* (*Cucurbita maxima*)<sup>13-16</sup> in ear and *Qatūr* with *ravghan-i-baboon* and *ravghan-i-aqhawain*<sup>13</sup> in the nose is used for the management of insomnia. *Hkm Azam khan* recommended that *Qatūr* with *Ravghan-i-kaddu* (*Cucurbita maxima*) with *sheer-i-zan* or *sheerah-i-khashkhash* (*Papaver somniferum Linn*) in *sheerah-i-gau* mixed in *ravghan-i-kaddu* (*Cucurbita maxima*) is implied for insomnia<sup>17</sup>.

### **Nashūq (Liquid Snuf)**

The drug is sniffed into the nose is called *Nashūq*. It may be watery preparation or in powdered form. *Ravghaniyat* of *Nilofar*, *naqhwan*, *Iersa* (*Iris ensata Thunb*) is sniffed and *zafran* (*Crocus sativus*)<sup>2</sup>, *baboon* (*Matricaria chamomilla Linn*) or *aqhwan*<sup>16</sup> are also used as *Nashūq* for insomnia.

### **Pāshoya (Foot bath)**

Immersing of the foot in medicated decoction is called *Pāshoya*. *Azam khan* stated that *Pāshoya* is advantageous for insomnia<sup>17,19</sup>.

## **Result**

A total of 30 Unani Classical Literature were reviewed 19 Unani Classical Literature were Found relevant to Insomnia and 9 Classical Literature were found related to Regimenal Therapy for the Management of Insomnia. After exploring Unani Classical Literature, it is found that thirteen Regimenal Therapies i.e. *Natūl* (Irrigation), *Sa'ūt* (Nasal Drops), *Tadhīn* (Oiling), *Hammām* (Turkish bath), *Dalk* (Therapeutic Massage), *Riyādat* (exercise), *Tilā'* (liniments), *Dimād* (Poultice), *Lakhalkha* (inhalation of vapour arising from fragrant drugs), *Shamūm* (Inhalation), *Qatūr* (Drops), *Nashūq* (Liquid Snuf), *Pāshoya* (Foot bath), etc are beneficial for the management of Insomnia.

## **Discussion**

Unani Classical literature was explored for the Regimenal Therapy in the Management of Insomnia. A total of 30 Unani classical texts were explored, finding 19 relevant to insomnia and 9 related to regimen therapy. This review has led to the identification of 13 regimen therapies for managing insomnia. Among these therapies, various modalities such as *Natūl* (Irrigation), *Sa'ūt* (Nasal Drops), *Tadhīn*, *Hammām* (Turkish bath), *Dalk* (Massage), *Riyādat* (exercise), *Tilā'* (liniments),

*Dimād* (Poultice), *Lakhalkha* (inhalation of vapour arising from fragrant drugs), *Shamūm*, *Taqteer*, *Nashūq*, etc., have been mentioned. The concept of "Sahar" in Unani medicine, which likely refers to the pre-dawn period, seems to have been analyzed extensively. This analysis includes its definition, causes, and Regimenal management, indicating that Unani scholars historically treated insomnia with care and attention to detail. Despite the limitations of their time, they recorded their knowledge and practices in classical literature. Moreover, the mention of ongoing research studies by academic institutions suggests a growing interest in scientifically validating the efficacy and safety of these regimen therapies for managing insomnia. This underscores the potential for integrating traditional Unani practices with modern scientific methods to improve healthcare outcomes.

## **Conclusion**

The prevalence of insomnia is rising worldwide, because of lifestyle and bad habits. Considering the adverse effects of conventional medicine, it can be inferred that the Unani treatment uses an efficient treatment approach that is affordable and has minimal health risks. The exploration of Unani classical literature for regimen therapy in managing insomnia highlights the rich heritage of traditional medicine and calls for further scientific investigation to validate its effectiveness and safety in contemporary medical practice.

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None

## **Conflict of Interest**

No conflict of interest

## **References**

- Ellis J, Hampson SE, Cropley M. Sleep hygiene or compensatory sleep practices: An examination of behaviours affecting sleep in older adults. *Psychol Health Med*. 2002 May;7(2):156-61. <https://doi.org/10.1080/13548500120116094>
- Sina I. Al Qanoon Fil Tib (Urdu Trans: Kantoori GH). New Delhi: Idara Kitabu-Us-Shifa; p. 498, 545-547
- Michael J. Michael JT. American Association of Sleep Disorders (eds.) The International Classification of Sleep Disorders: diagnostic and coding manual. 2nd edition. American Association of Sleep Medicine, Westchester, Illinois, 2005.
- Taylor DJ, Mallory LJ, Lichstein KL, Durrence HH, Riedel BW, Bush AJ. Comorbidity of chronic insomnia with medical problems. *Sleep*. 2007 Feb;30(2):213-218. <https://doi.org/10.1093/sleep/30.2.213> PMid:17326547
- Buyss DJ, Angst J, Gamma A, Ajdacic V, Eich D, Rössler W. Prevalence, course, and comorbidity of insomnia and depression in young adults. *Sleep*. 2008;31(4):473-480. <https://doi.org/10.1093/sleep/31.4.473> PMid:18457234 PMCid:PMC2279748
- Schutte-Rodin S, Broch L, Buysse D, Dorsey C, Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. 2008;4(5):487-504. <https://doi.org/10.5664/jcsm.27286> PMid:18853708 PMCid:PMC2576317
- Morin CM, Jarrin DC. Epidemiology of Insomnia: Prevalence, Course, Risk Factors, and Public Health Burden. *Sleep Med Clin*. 2022;17(2):173-191. <https://doi.org/10.1016/j.jscm.2022.03.003> PMid:35659072
- Roy S, Bhattacharjee A, Chakraborti C, Singh R. Prevalence of insomnia in urban population of West Bengal: A community-based cross-sectional study. *Int J Med Public Health*. 2015;5(4):293-296. <https://doi.org/10.4103/2230-8598.165953>
- Panda S, Taly AB, Sinha S, Gururaj G, Girish N, Nagaraja D. Sleep-related disorders among a healthy population in South India.

Neurol India. 2012;60(1):68-74. <https://doi.org/10.4103/0028-3886.93601> PMid:22406784

10. Yardi N, Adsule S. A Cross-Sectional Observational Study to Determine the Prevalence of Insomnia amongst Indian Corporate Employees. J Assoc Physicians India. 2015 Oct;63(10):20-25. PMID: 27608687.

11. Bhaskar S, Hemavathy D, Prasad S. Prevalence of chronic insomnia in adult patients and its correlation with medical comorbidities. J Fam Med Prim Care. 2016;5(4):780-784. <https://doi.org/10.4103/2249-4863.201153> PMid:28348990 PMCid:PMC5353813

12. Al-qamri MH. Ghina Muna (Tarjuma Minhaj-ul llaj). 1sted. New Delhi: Markazi council bara-e- tehqeeqat tibb-e-unani. AYUSH; 2008. p. 11.

13. Jurjani AH. Zakheera Khwarzm Shahi (Urdu Trans: Khan HH). New Delhi: Idara Kitabu-Us-Shifa; 2010. p. 49-51.

14. Khan M. Haziq. 1st ed. Delhi: Hamraz Publications; 2004. p. 27-28.

15. Arzani MA. Meezanul Tib. New Delhi: Idara Kitabu-Us-Shifa; 2002. p. 50.

16. Arzani HA. Tibb e Akbar (Trans: Hussain H M). 2016th ed. New Delhi: Faisal International; Anonymus. p. 36.

17. Kabeeruddin AHM. Al-Akseer. New Delhi: Aijaz publishing house; 2003. p. 196-200.

18. Khan DHGJ. Makhzan-e-Hikmat. New Delhi: Aijaz publishing house; Anonymous, p. 748.

19. Kabiruddin HM. Bayaz-e-Kabeer. Anonymous; Anonymous. p. 12.

20. Kirmani NA. Sharah Asbab. Darya Ganj: Aijaz Publishing House; 2012. p. 88-91.

21. Khan A bakar. Moalejat Raas wa Sadar. 1st ed, Delhi: New Public press; 1989. p. 38-41.

22. Rushd I. Kitab-ul-Kulliyat. New Delhi: CCRUM; 1987. p. 140,346-348.

23. Kabeeruddin AHM. Kulliyat-e-Nafeesi. Vol. 1and 2, Darya Ganj: Idara kitab-ul-shifa; Anonymous. p. 266.

24. Majoodi ABA. Kamilus Sana (Urdu Trans: Kantoori GH). New Delhi: Central Council for Research in Unani Medicine CCRUM; 2010. p. 406-407

25. Razi ABZ. Kitab-ul-Havi. New Delhi: CCRUM; 1997. p. 179,181.

26. Razi ABZ. Kitab ul Fakhir fil tib. Vol I, New Delhi: CCRUM; 2008. p. 89.

27. Sena I. kulyat-e-qanoon (Tarjuma wa Sarah:Kaberuddin HM). New Delhi: ejaz publishing house; 2006. p. 238- 239.

28. Kabirrudin M. Alqarabdeen. New Delhi: CCRUM; Anonymous. p. 1252.

29. Baghdadi IH. Kitab ul Mukhtarat fil Tib. New Delhi: CCRUM; 2005. p. 119