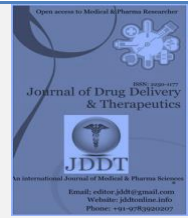


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Review Article

## 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: *Naṭūl*, *Sa'ūṭ*, *Tadhīn*, *Ḥammām*, *Dalk*, *Riyādat*, *Ṭilā'*, *Ḍimād*, *Lakhlakha*, *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 fi'l Tibb*" give the term excessive awakening for *Sahar*<sup>2</sup> and *Ismā'il Jurjānī* in his book "*Dhakhira Khwarizm Shāhi*" 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 *Ḥarārat* (hotness) in the brain. This is contrary to the theory that normal sleep is caused by *Ruṭūbat* (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 *Akhlāt* (humours), besides this, there are *Asbāb Sitta Darūriyya* (six essential factors) i.e. *Hawā'* (Air), *Ma'kulāt-o-Mashrūbāt* (Foods and drinks), *Al-Ḥaraka wa'l Sukūn al-Badanī* (Bodily movement and Repose), *Al-Ḥaraka wa'l Sukūn al-Nafsānī* (Psychic movement and Repose), *Al-Nawm Wa'l Yaqza* (Sleep and Wakefulness) and *Al-Ihtibās wa'l Istifrāgh* (Retention and Evacuation). In these six essential factors, *Al-Nawm Wa'l Yaqza* 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 *Ḥarārat Ghariziyya* (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 *Ḍu'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 *Ḥarārat* (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.

### Ikhtiyāri 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 Maraḍiyya (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 Ḥārr Yābis Sāda* (simple morbid hot and dry temperament) of the brain. *Sawdā' Ghayr Ṭabī'ī* (Abnormal black bile) along with *Sū'-i-Mizāj Bārid Yābis Māddī* (morbid cold and dry temperament associated with substance) of the brain, *Ṣafrā' Ghayr Ṭabī'ī* (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 Ḥārr 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 *Ḍu'fe Naf's* (Psychological Impairment), *Ḍu'fe Ṭabī'at* (Physical weakness), impaired digestion, and dryness of the body<sup>24</sup>. *Razi* describes in his books "*Kitabul Fakhir 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-Ilaj (Line of Treatment)

The Line of Treatment for *Sahar* consists of the removal of the cause (predisposing and precipitating factors), *Tanqiya'-i-Sawdā' Ghayr Ṭabī'ī* (cleansing of Abnormal black bile), *Tanqiya'-i-Ṣafrā' Ghayr Ṭabī'ī* (cleansing of abnormal yellow bile), *Tanqiya'-i-Balgham Shor* (cleansing of saline phlegm), *Tarṭīb-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 *Tarṭīb-i-Dimāgh* is effective management for insomnia. Various *Ilāj bi'l Tadbīr* modalities, such as *Naṭūl*, *Sa'ūt* (Nasal Drops), *Tadhīm* (Oiling), *Hamman* (Therapeutic bath), *Dalk* (Therapeutic Massage), etc., can be used for *Tarṭīb-i-Dimāgh* (moistening in the brain). Sleep is induced by following regimens that assist in eliminating heat and dryness from the body and brain.

## Naṭūl (Irrigation Therapy)

Naṭūl 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 Ṭibb", Naṭūl 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 Naṭūl 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 aqhawain on the head, Naṭūl on the head with a decoction of kashk jau (Hordeum vulgare), baboona (Matricaria chamomilla Linn), and aqhwan in every evening and Naṭūl with aab-i-shibt sabz (Anethum graveolens) is useful in insomnia<sup>17</sup>. Ismā'il Jurjāni has mentioned in his book Dhakhīra Khwarizm Shāhī that Naṭūl with baboona (Matricaria chamomilla Linn), and kashk jau (Hordeum vulgare) every evening and he also stated that use of Murattib Naṭūl has a significant result for insomnia<sup>13</sup>. Naṭūl 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 kask 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 Jurjāni 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>.

## Ḥammām (Therapeutic bath / Turkish bath)

A Ḥammām is a kind of bathing where users can freely perspire in three rooms that are gradually heated up. The first room is the Bārid Raṭāb, followed by the Ḥārr Raṭāb room, and the last being the Ḥārr Yābis room. Mohammad bin Zakariya in his book "Ghina Muna" and Ismā'il Jurjāni have stated that Ḥammām 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>.

## Riyāḍat (Exercise)

Riyāḍat is a voluntary movement with the purpose of Tanqiya'-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 Riyāḍat helps in inducing sleep<sup>2,17</sup>.

## 'Ṭilā' (Liniments)

An oily or watery preparation used topically on a particular part of the body is called 'Ṭilā'. 'Ṭilā' 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 'Ṭilā'. 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 'Ṭilā' on the temporal region. 'Ṭilā' with qurs munawwim barid, with Kahu (Lactuca sativa Linn), lufah (Atropa belladonna), bazrulbanj (Hyoscyamus niger), ayyoon (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>.

## Ḍimād (Poultice)

It is a semisolid preparation applied externally. Ibn Sīnā and Azam Khan advised that Ḍimād on the forehead with baboona (Matricaria chamomilla Linn), meeftehaj<sup>2,17</sup>, ushna (Cyperus scariosus)<sup>17</sup> and with ḍimād-i-khawabawar 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 oleracea) 3 masha, sandal safed (Santalum album) 3 masha, kafoor 1 tola, ayyoon (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 Ḍimād over the head<sup>19</sup> and with khashkhash (Papaver somniferum Linn) prepared in aab-i-banafsha (Viola odorata Linn)<sup>12</sup> over the head remove excessive heat and induce sleep. According to Ibn-i-Masowiya Ḍimād with khas (Chrysopogon zizanioides) is useful for insomnia<sup>29</sup>.

### Lakhlakha (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 *Lakhlakha* of *aab-i-barg kahu* (*Lactuca sativa*), *aab-i-kisnee 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'īl 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-baboona* and *ravghan-i-aqhwain*<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 Snuff)

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 niffed and *zafran* (*Crocus sativus*)<sup>2</sup>, *baboona* (*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. *Naṭūl* (Irrigation), *Sa'ūt* (*Nasal Drops*), *Tadhīn* (Oiling), *Ḥammām* (Turkish bath), *Dalk* (Therapeutic Massage), *Riyāḍat* (exercise), *Ṭilā'* (liniments), *Ḍimād* (Poultice), *Lakhlakha* (inhalation of vapour arising from fragrant drugs), *Shamūm* (Inhalation), *Qatūr* (Drops), *Nashūq* (Liquid Snuff), *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 *Naṭūl* (Irrigation), *Sa'ūt* (*Nasal Drops*), *Tadhīn*, *Ḥammām* (Turkish bath), *Dalk* (Massage), *Riyāḍat* (exercise), *Ṭilā'* (liniments),

*Ḍimād* (Poultice), *Lakhlakha* (inhalation of vapour arising from fragrant drugs), *Shamūm*, *Taqṭīr*, *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 regimenal 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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## Conflict of Interest

No conflict of interest

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