



Etiopathogenesis Of *Sahr* (Insomnia) In Unani Medicine: Classical Foundations And Contemporary Reappraisal – A Narrative Review

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Abstract:

Insomnia is a highly prevalent sleep disorder marked by persistent difficulty in falling asleep or maintaining sleep, even when sufficient opportunity for rest is available, leading to daytime dysfunction. It has significant consequences for cognitive function, emotional health, and overall well-being. In the Unani system of medicine, insomnia is identified as *Sahr* and is regarded as an independent disease entity associated with disturbances in humoral equilibrium and altered *Mizāj* (temperament). Although classical Unani scholars have described its causative factors in detail, these accounts are scattered across various traditional manuscripts and lack organized synthesis. Therefore, a systematic compilation and critical reinterpretation of the Unani concept of insomnia is necessary to strengthen its contemporary clinical applicability.

Objective: To systematically compile, critically analyse, and update the Unani concept of the etiopathogenesis of *Sahr* (insomnia).

Materials and Methods: An extensive literature review was undertaken by consulting classical Unani texts that describe *Sahr* (insomnia). Relevant details concerning its *Asbāb* (causes) and mechanisms of development were identified and systematically organised. Furthermore, published review articles, empirical research studies, and trustworthy online resources were scrutinised to integrate contemporary perspectives.

Results: The analysis demonstrated that classical Unani literature identifies various causative factors for *Sahr*, such as the imbalance of humours, disturbances in temperament, psychological issues, and factors related to lifestyle. The gathered and critically examined data facilitated the development of a coherent and modernised etiopathogenetic model.

Conclusion: This review offers a redefined and cohesive understanding of the etiopathogenesis of insomnia from the Unani viewpoint. The revised conceptual framework has the potential to enhance clinical practice, improve patient outcomes, and promote more logical and evidence-based therapeutic methods in Unani medicine.

Keywords: Unani Medicine, Insomnia, *Sahr*, *Sū'-i-Mizāj Yābis*, *Asbab*.

1.0 INTRODUCTION

The World Health Organisation (WHO) defines Insomnia as “a problem initiating and/or maintaining sleep or the complaint of non-restorative sleep that occurs on at least three nights a week and is associated with daytime distress or impairment”.^[1] Nowadays, Insomnia ranks 2nd as the most common health complaint internationally after a cold.^[2] Various studies worldwide have shown the prevalence of Insomnia in 10-30% population, some even as high as 50-60%.^[3] Sweden, Turkey, Japan, the USA, UK, and Asia are the most affected countries with Insomnia.^[2] In India, according to Neurology India (publication of neurological society of India), the prevalence of Insomnia is 9% in the general population, and about 30% suffer from occasional Insomnia. A higher prevalence of sleep disorders related to initiation and maintenance of sleep (28%) was reported in an urban population from north India.^[4] The most common comorbidities associated

with Insomnia are psychiatric disorders. It is estimated that 40% of all Insomnia patients have a co-existing psychiatric condition. Among those psychiatric disorders, depression is the most common, and insomnia is a diagnostic symptom for depressive and anxiety disorders.^[5] These observations suggest that Insomnia is an unrecognised burden in India. The most important risk factors associated with Insomnia are anxiety, depression, and mental and physical issues. In addition to this, the COVID-19 pandemic has further aggravated this disturbance in the sleep patterns of people. In India itself, the number has gone up to a whopping 57%, people experiencing poor sleep quality, which was as low as 31% in the pre-pandemic times.^[6] According to the above information Insomnia is becoming a challenge for all healthcare systems. Keeping an eye on the gravity of the problem of Insomnia and the health burden it has created, this work entitled “Etiopathogenesis of *Sahr* (Insomnia) in Unani Medicine: Classical Foundations and Contemporary Reappraisal – A Narrative Review” was started in the department of *Tashreeh Wa Munafeul Aza*, AKTC, AMU.

2.0 *Asbāb* (causes):

According to Ibn Sina, there are four *Asbāb* (causes) of all the diseases (and Health) of the human body, namely *Asbāb Māddiyah* (Material causes), *Asbāb Sūriyyah* (Formal causes), *Asbāb fā'ilah* (Efficient causes) and *Asbāb Tamāmiyyah* (Final causes). After following the above set protocol, the Etiopathogenesis of Insomnia is discussed below:

2.1 *Asbāb E Māddiyah*

These are the *Asbāb* related to *Arkān* (Elements), *Akhlāt* (Humours), *A'dā* (Organs), & *Arwāh* (Pneuma).

2.1.1 *Arkān* (*Uṣtuqussāt*)

Ibn Sina says in *Al-Qanoon* that “the physicians must learn from physics that the primary elements are four and not more”. These are *Ard* (Earth), *Mā* (Water), *Hawā* (Air), and *Nār* (Fire) as proposed by Aristotle. Each of these *Arkān* bears the primary qualities and shows specific characteristics.^[7] When hotness & dryness increase in the brain due to abnormal dominance of *Rukn Nār* or abnormal subservience of *Rukn Mā* among the four *Uṣtuqussāt*, it may produce Insomnia.

2.1.2 *Akhlāt*:

In unani physiology, *Akhlāt* (meaning an admixture, plural of *khilt*) refers to the body fluids, which represents entire fluid coming into circulating streams from various sources.^[8] In Insomnia, accumulation of *Radī Akhlāt* in the body, some drugs that stimulate (*Tahreek*) the *Akhlāt* within the body produce insomnia.^[9,10] When *Akhlāt Muharrika* (Hormones) is imbalanced in females during menstruation and menopause; develops the Insomnia.^[11]

2.1.3 *A'dā*'

Dimāgh (brain) is the chief organ for *Quwwat Nafsāniya* (Psychic faculty). Presence of *Yubūsat Sāda* or *Yubūsat Māddī Sawdāvi* or *Safrāvi* in the brain leads to Insomnia. Accumulation of *Rutūbat shor* or *Balghami Rutūbat* (Phlegmatic Moistness) in the brain causes Insomnia.^[9,10]

2.1.4 *Arwāh*

In temperament, dissipation or dispersion of pneuma can cause weakness of organs.^[7] In excessive awakening, all organs are working and produce heat and energy. Due to this excessive heat & energy, *Rūḥ Nafsāniyya* dissolves, and *Rūḥ Nafsāniyya* travels from *Batin* (inward) to outwards or peripheries, leading to dryness in the brain and causing insomnia.^[13]

2.2 *Asbāb-E-Fā'ilah*: These causes are divided into two groups:

2.2.1 *Asbāb E Sitta Ḍarūriyya* (Six essential factors): These are the six essential factors of life described below:

2.2.1.1 *Hawā*'

Garm Hawā' is an important cause of *Sū-i-mizāj yābis* (Dry morbid temperament) or *Sū-i-mizāj garm khushk māddi safrāvi* of the brain. Hence, according to point c) discussed above, *Garm Hawā*' can lead to Insomnia.

2.2.1.2 *Mākūlāt-o-Mashrūbāt*

Intake of large meals before bedtime may cause one to feel physically uncomfortable while lying down. Many people also experience heartburn, a backflow of acid and food from the stomach into the oesophagus after eating, which may keep a person awake.^[9,11] Drinking plenty of tea, coffee, or *Qehwa* causes Insomnia. Eating very light food in very small quantities causes dryness in the brain, which leads to decreased sleep.^[10] Thus, it can be said that both *Ghidhā' e kaseef kasir ul taghzia and ghidhā' e laṭīf qalīl ul taghzia*, when taken in excess, cause Insomnia.

2.2.1.3 *Ḥarakat -o- Sukūn Badanī*

strong physical movements with high intensity dissolve the *Rūḥ & Akhlāt*, which produces dryness in body and brain, resulting in Insomnia, for example, *Qawī Riyādat* (vigorous exercises), *Garm Hammām* (Hot Bath), *Iya* (fatigue), *Dalk* (Massage).^[9,11]

2.2.1.4 *Ḥarakat -o- Sukūn Nafsānī*

Stress is the most common cause of Insomnia. Stressful life events or trauma, such as the death or illness of a loved one, divorce, or a job loss, accidents, concern about work, school, health, finance, family, or making it difficult to sleep, may lead to Insomnia. Mental issues like depression and anxiety,^[11,15] excessive thinking and worry, happiness & fear, nightmares, and enthusiasm may also cause Insomnia.^[9,10]

2.2.1.5 *Nawm-o-Yaqza*

Sleep is necessary for preserving Pnuma and Vitality and providing replacement of *Badl mā Yataḥallal*, while Wakefulness is necessary for voluntary functions.^[14] Excessive awakening dissolved the *Quwwat Nafsāniyya & rūḥ nafsāniyya*, which increases the hotness & dryness of the brain.

2.2.1.6 *Istifrāgh-o-Iḥtibās*

In the Unani system of Medicine, *Istifrāgh* takes place by defecation, micturition, coitus, sweating, etc.^[14] Excessive *Istifrāgh* causes Insomnia.^[9]

2.2.2 *Asbāb E Ghair Ḍarūriyya (Non-essential Factors):* They are as follows:

2.2.2.1 *Mulk Wa Balaad:* Insomnia more or less affects all countries worldwide.

2.2.2.2 *Masākin*

People who live in very bright houses have a tendency to develop Insomnia.^[9] An uncomfortable sleep or a bedroom environment that is not conducive to sleep, or having a bed partner with periodic limb movements during sleep, or one who snores loudly.^[12]

2.2.2.3 *Sana'at*

Occupational causes, like working on late-night shifts, travelling across multiple time zones, cause insomnia.^[11,12]

2.2.2.4 *Adaat*

Poor sleep habits include an irregular bedtime schedule, naps, stimulating activities before bed, and using the bed for work, eating or watching TV, Computers, video games, smartphones, or other screens just before bed can interfere with the sleep cycle. Habits of consumption of alcohol, tobacco and caffeine cause Insomnia.^[15]

2.2.2.5 *Asnān*

Insomnia is the diseases of *Sinn-i-Kuhūlat* (age of decline, 50 to 70years), but may affect people of all age groups.^[9,10]

2.2.2.6 *Ajnās*

Insomnia affects women (59%) more than men (38%). A rare genetic condition can cause a prion-based, permanent and eventually fatal form of Insomnia called fatal familial Insomnia.^[11]

2.2.2.7 *Umūr E Ghariba*

Many drugs can interfere with sleep, like anti-depressants, psychostimulants, steroids, and β agonists, medication for asthma, hypertension, cold and allergy medications, weight loss products (contains caffeine), etc.^[11]

2.2.2.8 Other Diseases related Causes

Sleep related disorder such as sleep apnea or upper airway resistance syndrome, restless leg syndrome, and periodic limb movement disorder. Medical conditions like chronic pain, diabetes, cancer, heart diseases, asthma, Gastro intestinal reflex diseases, overactive thyroid, chronic obstructive pulmonary diseases, excessive cough, *Junūn, Malankhūliya, Ihtināqur Raḥim, Nafkh Shikam, Yaraqān, Faqr al-dam, Haml, Sū'al-Haḍm, Maida ka ba kasrat Imtilā, Hummayāt Hadda, Qabḍ, Af'āl Jigar ki Kharabi*.^[10,11]

2.3 *Asbāb-E-Sūriyyah*

These are the *Asbāb* related to *Mizāj*(Temperament), *Quwā*(Faculties) and *Tarakīb*.

2.3.1 *Mizāj*

Sū-i-mizāj garm o khushk sāda wa māddi of brain develops Insomnia.^[9,10]

2.3.2 *Quwā*

The brain is the *Uḍw-e-Ra'īs* for *Quwwat Nafsāniyya*; it serves *Quwwat Nafsāniyya* and is responsible for all sensations and movement of the body.^[8] So *Quwwat Nafsāniyya* is responsible for *Harakat-o-Sukūn badnī & Harakat-o-Sukūn Nafsānī*, dysfunction of *Quwwat Nafsāniyya* is the major cause of Insomnia.

2.3.3 *Tarakīb*

The *Sū-i-Tarkīb* or structural abnormalities of the brain can lead to Insomnia. Insomnia is common after traumatic brain injury (TBI) and contributes to morbidity and long-term sequelae.^[16]

2.4 *Asbāb E Tamāmiyyah*

Ismail Jurjani stated that normal sleep is very beneficial to all, while sleeplessness deviates the temperament of the brain. It interferes with the process of digestion and metabolism. It not only weakens the ability of thought, sense and movement but also deteriorates them gradually and renders the person unable to make a decision. According to *Allama Nafis*, excessive awakening produces dissolution of *Rūḥ*, which leads to weakness and *Yubūsat* (dryness) of the brain and indigestion.^[17]

The deviation of functions of the brain or *Af'āl Nafsāniyya* that may result in Insomnia may occur in the following way:

2.4.1 *Nuqsan Af'āl E Nafsāniyya*

Insomnia may result from chronic coactivation of sleep and wake circuits during the desired sleep period.

2.4.2 *Taghayyur Af'āl E Nafsāniyya*

Sleep is regulated by coordinated wake and sleep brain networks. Insomnia may plausibly involve dysregulation within these networks.^[18] Very poor quality of sleep, facing difficulty in falling asleep, frequent nighttime awakenings with difficulty in returning to sleep are all due to *Taghayyur Af'āl e nafsāniyya*.

2.4.3 *Batlane Af'āl E Nafsāniyya*

Sometimes Insomnia may occur for weeks and months due to *Batlane af'āl e Nafsāniyya*. Chronic Insomnia lasts longer than a month. It can be caused by another disorder, or it can be a primary disorder. Common causes of chronic Insomnia include persistent stress, trauma, work schedules, poor sleep habits, medications, and other mental health disorders.^[11]

Discussion

From the above analysis, *Sahr* (insomnia) in Unani medicine is understood as a *Maraḍ Murakkab* (compound disease) with a multifactorial etiopathogenesis. The material causes primarily include the dominance of *Anāṣir Nāriyya* (fiery elements), accumulation of *Radī' Akhlāt* (morbid humours), and the presence of *Akhlāt-e-Muharrika*, leading to *Sū'-i-Mizāj Yābis* (dry morbid temperament), particularly *Sū'-i-Mizāj-e-Dimāgh Yābis* (dry morbid temperament of the brain), either simple (*sāda*) or material (*māddi*). Dissipation and dispersion of *Rūh* (pneuma) further contribute to sleep disturbance. The efficient causes encompass factors related to *Asbāb Sitta Darūriyya*, such as exposure to a hot environment (*Garm Hawā'*), intake of dense or excessively light diets, excessive physical exertion (*Riyāḍat*), fatigue (*Ayyā wa Takān*), emotional disturbances, voluntary sleep deprivation, and excessive *Istifrāgh* (evacuation). *Asbāb Ghair Darūriyya* (Non-essential factors) include unfavourable climates and living conditions, irregular lifestyle and sleep habits, untimely occupations, *Sinn-e-Kahūlat* (age of decline), habitual practices, certain drugs, and associated systemic diseases. Constitutional predisposition, particularly *Sū'-i-Mizāj-e-Dimāgh Garm o Khushk* (hot and dry morbid temperament of the brain), along with dysfunction of *Quwwat Nafsāniyya* (psychic faculty), also plays a significant role. Functionally, insomnia results from *Nuqsān-e-Taghayyur* and *Baṭlān-e-Af'āl-e-Nafsāniyya*, reflecting impaired transformation and disturbance of psychic functions. Thus, the Unani concept presents insomnia as a complex disorder arising from the interplay of humoral imbalance, temperament derangement, environmental influences, and functional disturbances.

Conclusion

Insomnia (*Sahr*) in Unani medicine is a multifactorial compound disease resulting from the interaction of material, efficient, constitutional, and functional factors. Understanding these interconnected causes provides a comprehensive etiopathogenetic framework that can guide accurate diagnosis and rational therapeutic management within the Unani system of medicine.

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