

# Psycho-Emotional Disorder in Unani Medicine: A Review of Ishq and Its Modern Correlate, Erotomania

Dr. Syed Osman Pasha<sup>1</sup>, Dr. Khushnuma Khatoon<sup>2</sup>, Dr. Syed Abdul Zahoor<sup>3</sup>,  
Dr. Meenaz Fathima<sup>4</sup>, Dr. Mohd Mahmood Farooqui<sup>5</sup>

<sup>1</sup>PG Scholar, Department of Community Medicine, Govt Nizamia Tibbi College, Charminar, Hyderabad, India  
Corresponding Author Email: [osmanpashasyed07\[a\]gmail.com](mailto:osmanpashasyed07[a]gmail.com)

<sup>2</sup>PG Scholar, Department of Community Medicine, Govt Nizamia Tibbi College, Charminar, Hyderabad, India

<sup>3</sup>PG Scholar, Department of Community Medicine, Govt Nizamia Tibbi College, Charminar, Hyderabad, India

<sup>4</sup>PG Scholar, Department of General Medicine, Govt Nizamia Tibbi College, Charminar, Hyderabad, India

<sup>5</sup>PG Scholar, Department of Kulliyat, Govt Nizamia Tibbi College, Charminar, Hyderabad, India

**Abstract:** *Ishq is described in Unani medicine as an intense psycho-emotional state characterized by obsessive attachment, preoccupation, and profound longing, often progressing to disturbances in cognition, behavior, and overall mental well-being. Classical Unani scholars such as Ibn Sīnā, Jurjānī, and Rāzī viewed Ishq as a pathological condition when excessive, linking it to derangements of the qalb (heart), dimāgh (brain), and nafs (psyche). In contemporary psychiatry, several features of pathological Ishq overlap with erotomania (de Clérambault's syndrome), a delusional disorder in which an individual holds a fixed belief that another person—often of higher status—is in love with them. A comparative approach of this literature review suggests that integrating unani perspective with modern psychiatric understanding may provide more culturally sensitive and holistic approaches to diagnosis, management and to understand concept of modern with respect to unani. So, it will highlight the continuity of understanding human emotional and delusional love across time and tradition. This review aims to examine the concept of Ishq within Unani texts, explore its etiopathogenesis and clinical manifestations, and compare these with modern diagnostic criteria and clinical understanding of erotomania. By highlighting convergences and distinctions between the two constructs, the review seeks to provide a deeper understanding of psycho-emotional disorders in classical Unani thought and their relevance to contemporary mental health discourse. The article also underscores the importance of integrating traditional perspectives with modern psychiatric frameworks to enhance diagnostic insight and therapeutic approaches.*

**Keywords:** Ishq, Psycho-emotional disorders, Erotomania, Delusional disorders, Obsessive love, Psychosis

## 1. Introduction

Ishq, a delusional disorder (WASWASI MARZ) is a type of melancholia where a person makes their soul desirous and focus their thoughts on a beloved figure whether it is real or imaginary, becoming infatuated, devoted and passionate about it all the time<sup>5</sup>.

“Ishq is derived from the term ‘Ishqa,’ which refers to a type of ivy” (lablab) when it grows on a tree dries it out and makes it sick. This disease also dries out the sick person, hence its name. This is the disease that people inflict upon themselves, and after it becomes firm, it resembles melancholia in its constant brooding silence and inactivity. “The concept implies that, regardless of the beloved’s beauty, the individual may develop an intense desire...” excessive desire and preoccupation with sexual thoughts, and is a cause for looking beautiful people.

This review aims to explore the concept of Ishq as detailed in Unani medicine and assess its parallels and divergences with erotomania as understood in modern psychiatry. Highlighting these conceptual overlaps is crucial for promoting culturally relevant diagnostic and treatment frameworks in psycho-emotional healthcare.

کہتے ہیں جسے عشق  
وہ از قسم جنون ہے<sup>8</sup>

## 2. Methodology

A manual literature survey of modern and classical unani manuscripts like Canon of Medicine, Firdause-al-Hikmat, Zakheera khwarzamsahi, Tibb-e-akbar, Kamil-us-san’a, Moalijat-e-Buqratiya, Makhzan ul hikmat, Al Akseer was conducted and collected information available on Erotomania and Ishq in unani medicine and also relevant modern literature was collected from various books and international research and review articles and internet respectively.

## 3. Literature Review

### Definition

Ishq is a delusional (WASWASI) disorder in similar to melancholia, in this disorder a person devotes his mental energy (QUWWAT-E- FIKAR) toward contemplating certain physical and spiritual qualities of their beloved, and makes firm thoughts about the union with his beloved one.<sup>7</sup>

**Who's at risk?**

Erotomania seems to be a little more common in women. But some studies show men are just as likely to experience it. The condition can show up after puberty, but it usually happens around midlife or later.

Your genes may have something to do with erotomania-delusion could run in your family. But your environments, lifestyle, and overall mental health also play a role. Common traits of people with erotomania includes:

- Low self-esteem
- A feeling of rejection or loneliness
- Social isolation
- Trouble seeing other people's point of view

Stress can trigger erotomania. If you have lost someone you were attached to, like a relative or close friend, you might search for a sense of safety in a powerful person. You may think they're 'watching over' you.<sup>15</sup>

مریض عشق پہ رحمتِ خدا کی  
مرض بڑھتا گیا جوں جوں دوا کی

**Etiology:**

"In the second treatise of his book, Hippocrates noted that individuals with melancholic temperament are more susceptible to delusions", epidemics, temperament and whose brain is most easily falls into melancholic, delusions. The reason for this is that yellow bile (safra) turns into black bile (sauda) so that due to the heat and dryness of the heart and when the brain's temperament becomes colder, it will necessarily become relaxed and looses because firstly the

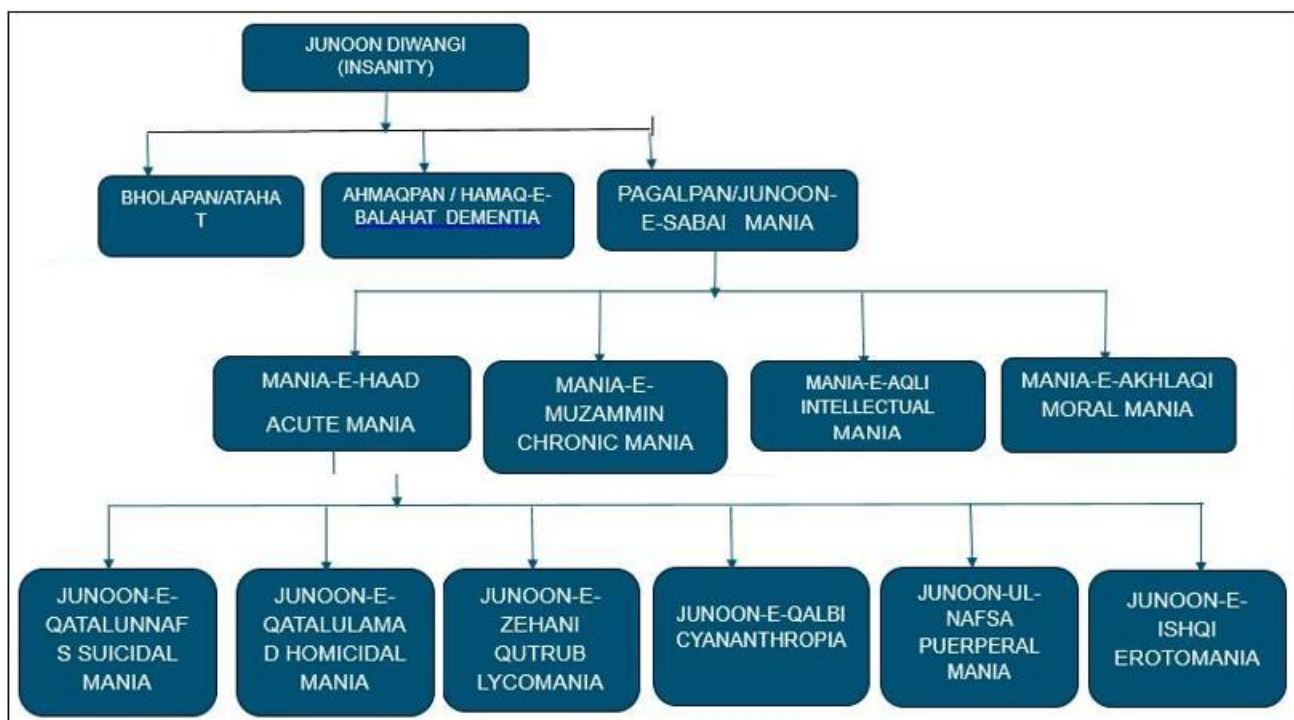
brains nature is already cold and now it's coldness and moisture which are beyond its natural state will further increase relaxation loosens and weakens the brain. Therefore, it will readily accept the melancholic vapours rising to the brain, from the body. And this patients whose brain and heart are like this will be more susceptible to fear and sorrow. Fear and sorrow are subordinates to their delusion. That's why Hippocrates in his book approved aphorism (kitab ul fasool) says that person who suffers from prolonged anxiety and grief will have this melancholic disease.<sup>2</sup>

Some mentioned that ISHQ is the name of intense longing: there is nothing else beside this. While some other authors mentioned that ishq arises from eating to others fill: it is related to the faculty of desires and the nature of humors. It arises from lack of etiquette, and rational soul accepts it with great difficulty<sup>1</sup>.

In the soul of lover, the love of beloved inspires and impresses in some way. This is cause of this alignment, and its root cause is the vapors that rise towards the brain due the burning of semen or blood because of prolonged worry.<sup>7</sup>

By always remaining in thoughts(fikr) blood burns and turns into melancholy, and the cause becomes firm<sup>6</sup>.

If a person is not involved in beneficial tasks, it is a cause of this type of delusional disorders. Because if you are free then soul will involve you in imaginary matters.<sup>9</sup>

**Classification**

'Erotomania describes a delusional belief that an individual is in love with a specific person despite clear evidence against it. The subject of the person's delusion of love is often a celebrity or someone of a higher social status'

as a distinct disorder in 1921. Erotomania typically has links to other psychiatric disorders but may also occur on its own.<sup>12</sup> Health experts generally believe there are two forms of erotomania the pure or primary form and the secondary form.

Erotomania sometimes called DE-CLERAMBAULT'S syndrome. After the French psychiatric who first described it

**1) Primary Erotomania:**

When symptoms of erotomania are the only presentation and do not occur with other illness, there are different theories for the causes of erotomania which typically includes deflects or changes in the brain. For example some believe it may occur due to chemical changes, such as an imbalance of dopamine and serotonin.

**2) Secondary Erotomania**

Symptoms related to other conditions- often another psychiatric illness. Typically these can include schizophrenia, bipolar disorder which are major depressive disorder and head trauma or result of certain drugs<sup>12</sup>.

In another attempt to conceptualize erotomania (SEEMAN 1998) divided the syndrome in two group:

**1) The fixed group**

In the fixed group patient were more psychiatrically ill and are frequently diagnose with schizophrenia, the love object is an ordinary figure of similar status with whom the patient has never had contact, or whom the patient watched from a distance. The delusion does not change and has a chronic course. They see themselves as incapable and have low self-esteem, they are single, timid, withdrawn, sexually inexperienced and have never had a meaningful relationship.

**2) The recurrent group**

In the recurrent group, patients are considered to be less psychiatrically ill, and are generally diagnosed with bipolar disorder or personality disorder. The love object is an important or powerful figure with whom they may have had previous contact with the patients repeatedly comfort the love object, and after being consistently rejected, they accept the impossibility of their love, and go to repeat the cycle with another love object.

They have a great self-esteem, are ambitious, competitive and consider themselves to have potential they have more active love lives and are more sexually experienced.<sup>14</sup>

شادباش عشق خوش سودا  
اے دوانے نخوت و ناسوس  
اے طبیبِ جملہ علت بانی  
اے تو افلاطون و جالینوس<sup>8</sup>

**4. Symptoms**

- The signs of love are evident in the lover's eyes, which are sunken and dry but tearful when overwhelmed with emotions
- His speech is often conveyed through his eyes
- Sometimes he often smiles and talks as if he has seen something good and heard good things
- The owner of this condition is silent and downcast and whatever he sees and hears he forgets everything and always breathes deeply
- The eyelids are oedematous (TAHABBUJ) sunken, and dry inside
- The patients always remain in a state of anticipation (INTEZAR KI KAIFIYAT)<sup>7</sup>
- Marked delusion of persecution
- Jealousy

- Self depreciation
- Agitated and sometimes bizarre behaviour.<sup>10</sup>
- When he hears a ghazal or a verse that speaks of union, he becomes extremely happy and if he hears news of separation he cries and his heart becomes very agitated
- Colour of face changes (MUTAGAYYUR)
- Pulse becomes irregular and disordered (MUKHTALIF/BE NIZAM) especially when suddenly seeing the beloved or hearing their name.<sup>4</sup>
- A person remains silent and bowed down and forget what he hears or see
- Eyes are sunken, dry and keep moving constantly but at the time of crying, it seems as if one is constantly looking at somethings goods with immense love
- The individual tends to avoid social gatherings and prefers solitude.<sup>6</sup>
- A revolution (INQILAB) occurs in patients characters, the complexion turns yellow, remaining silents downcast and always mesmerized
- Pulse becomes irregular and disordered (MUKHTALIF/ GAIR MUNAZZAM) but pulse turn into rapid, small and hard (SAREEH, SAGHEER, SULB) unexpectedly at the sight of the beloved or upon hearing their name

**Diagnosis in the Lens of Both Unani and Modern Concepts:**

Erotomania has a much higher prevalence in the female sex and male erotomania is a rare and probably undiagnosed condition male erotomania is only more prevalent in forensic sample, since male sex is one of the risk factors for violent behavior in this disorder.<sup>15</sup>

**Identification of Beloved One by Pulse:**

A physician can identify the beloved and the trick of identification is that they take the name of many people in front of him repeatedly, and keep a hand on the pulse. The name that causes more variation in the pulse, and if such a variation appears again and again, then no matter how much he or she tries to hide it, this beloved will be that person.<sup>5</sup>

**Peter Ellis and Graham Mellshop Framed Nine Diagnostic Criteria for Erotomania which are as follows—**

- 1) A delusional conviction of being in amorous communication with another person.
- 2) This person is of much higher rank (in term of social status and other aspects of life higher than subject)
- 3) This other person had been the first to fall in love
- 4) The other person has to be the first to make advance
- 5) The onset is sudden
- 6) The object of the amorous delusion remain unchanged
- 7) The patient provide an explanation for the paradoxical behavior of the love one
- 8) The course is chronic
- 9) Hallucination is absent.<sup>13</sup>

**Treatment:**

The treatment for this disease is to adopt measures for moistening the body and brain moistening syrup (murattab sharbat) provide moistening food, keep them in a fragrant and moist place, take them for walk in open field, green spaces, gardens, often use lukewarm water for bathing. Use things that provide relief and strength to the heart and brain.

**Unani Therapies:**

- Hammam (Bath)
- Tadheen (Oiling)
- Saoot (Nasal Drop)
- Murattib nutool (Moist Irrigation)

If sign of burning of humor are found and the patients is strong, then induce evacuation after moistening and if the patient is weak first provide strength and then adopt the measure of purgation.

After purgation for cooling and cooling moistening use the same method described in treatment of melancholy and madness and keep the patient busy with important and responsible tasks.

If union with the beloved is possible, then this measure is sufficient and best for this disease, but if this is not possible then praise the beauty and goodness of another beloved in front of the patient. After the first love is somewhat reduced by this measure and before the second love is established, keep the patient so busy with important tasks that they do not get a chance to think about the qualities of the beloved.

However, if this disease is not cured by the measure and tricks, it should not be considered insignificant and ignored, because negligence in its treatment often leads to this disease turning into melancholy or madness.

Therefore, if ordinary measure do not provide relief, patient should be kept in oblivion for a few days with narcotic substances like opium, hashish, and beikh-e-lufah, and when they have some relief, they should be treated according to melancholy.<sup>7</sup>

**5. Discussion**

The present review explored Ishq as described in classical Unani literature and compared it with the modern psychiatric concept of erotomania. Findings indicate that although the two traditions arise from very different epistemological frameworks.

Classical Unani scholars such as Ibn Sīnā, Jurjānī, Majūsī and Tabarī described Ishq not merely as an emotional state, but as a pathological psycho-emotional disorder emerging from disturbances in temperament (mizāj), excessive preoccupation of mental faculties (quwwat-e-fikr) and the pathological transformation of humors, particularly the conversion of blood or yellow bile into black bile due to prolonged worry or obsessive thinking. The resulting melancholic vapors were believed to rise toward the brain, altering its function and producing characteristic symptoms such as silence, brooding, forgetfulness, restlessness, altered pulse and changes in complexion. These pathological features parallel several of the cognitive, emotional and behavioral abnormalities described in modern erotomania.

Modern psychiatry defines erotomania as a fixed, false belief that another person—usually of higher status—is in love with the patient, despite clear evidence to the contrary. This belief forms a central delusional theme that persists chronically. Contemporary research highlights psychological factors such

as low self-esteem, loneliness, social isolation, stress, and maladaptive coping mechanisms, as well as possible neurochemical dysfunctions. The division of erotomania into primary and secondary forms, and Seeman's categorization into fixed and recurrent groups, further refine the understanding of the disorder and show how symptom profiles differ based on underlying psychiatric conditions such as schizophrenia, bipolar disorder or personality disorders.

While Unani scholars attributed the pathology predominantly to humoral imbalance, misuse of mental faculties, and lack of beneficial engagement, modern psychiatry situates erotomania within the domain of delusional disorders with biopsychosocial determinants. Despite these differing etiological explanations, both traditions converge on the central concept: obsessive, pathological love leading to cognitive distortion, functional impairment and a persistent, reality-disconnected belief system.

Thus, the review highlights meaningful intersections between historical Unani concepts and modern psychiatric frameworks. Integrating these perspectives could provide culturally sensitive insights, improve diagnosis in traditional medicine settings, and offer holistic approaches to treatment—recognizing not only the biological but also emotional, social and existential dimensions of the disorder.

**6. Conclusion**

The comparative analysis of Ishq in classical Unani medicine and erotomania in modern psychiatry reveals significant conceptual overlap, particularly in the domains of obsessive ideation, fixed false beliefs, emotional dysregulation, and behavioral disturbances. Unani scholars understood pathological Ishq as a disorder arising from humoral imbalance particularly the conversion of yellow bile into black bile along with excessive fikr (rumination) and disturbances of the heart and brain temperament. Modern psychiatry similarly defines erotomania as a delusional belief that a person, usually of higher status, is in love with the patient, often associated with mood disorders, schizophrenia, or neurochemical dysregulation.

Both traditions acknowledge that If union with the beloved is possible, then this measure is sufficient and best for this disease profoundly impacts cognition, social functioning, reasoning, and emotional stability. While Unani medicine emphasizes holistic correction of temperament through regimens, moistening therapies, cognitive engagement, and behavioral redirection, modern psychiatry focuses on pharmacotherapy, psychoeducation, and management of comorbid conditions.

This review highlights that integrating Unani perspectives with contemporary psychiatric frameworks can enhance diagnostic understanding, improve culturally sensitive assessment, and offer complementary therapeutic strategies. Such an approach broadens our comprehension of human emotional pathology across time, culture, and medical systems, enriching the field of mental health with multidimensional insights.



## References

- [1] Al Hasan Ahmad Bin Muhammad Tabri, A. (1995). *ALMUALAJAT-AL-BUQRATIYA VOL-1*. CCRUM, pg 132.
- [2] Majusi , A. B. A. (2010). *KAMIL-US-SANA VOL-1 PART-2* (H. G. H. Kantoori, Ed.). CCRUM, pg 279-280.
- [3] Al Tabri, A.-A.-H. A. B. S. R. (2002). *FIRDAUS-UL-HIKMAT* (H. M. A. Sanbhali, Ed.). FAISAL PUBLICATIONS DEWBAND pg 94.
- [4] Al Jurjani, A. A. L. H. (2010). *ZAKHEERA KHWARZAMSHAHI* (H. H. H. Sahab, Ed.). IDARA KITAB UL SHIFA pg 40-41.
- [5] Sina, S. U. R. R. B. U. (2007). *ALCANON* (G. H. Kantoori, Ed.). CCRUM , IDARA KITAB UL SHIFA pg 92-93
- [6] Arzani, H. M. A. (n.d.). *TIBB E AKBAR* (A. H. M. Hussain, Ed.). IDARA KITAB UL SHIFA pg 56.
- [7] Kabeeruddin, A. H. M. (2003). *AL AKSEER VOL. 1*. EIJAZ PUBLISHING HOUSE.
- [8] Khan, H. G. J. (n.d.). *MAKHZANUL HIKMAT*. EIJAZ PUBLISHING HOUSE pg 750-752.
- [9] Samarqandi, A. N. (2009). *SHAREH ASBAB* (H. Kabeeruddin, Ed.). IDARA KITAB UL SHIFA Pg 97-98.
- [10] Jordan HW, Howe G. De Clerambault syndrome (erotomania): a review and case presentation. J Natl Med Assoc. 1980;72(10):979-85.
- [11] Sowmya AV, Gupta N, Dhamija S, Samudra M, Chaudhury S, Saldanha D. Erotomania: a case series. Ind Psychiatry J. 2021;30(Suppl 1):S249-S251. doi:10.4103/0972-6748.328821.
- [12] Morales-Brown P. What is erotomania? Med News Today. 2025 Mar 28. Available from: <https://www.medicalnewstoday.com/articles/319145>
- [13] [https://www.jcdr.net/articles/PDF/17081/57016\\_CE%20\(Vi\)\\_F\(KM\)\\_PF1\(AKA\\_KM\)\\_PN\(KM\).pdf](https://www.jcdr.net/articles/PDF/17081/57016_CE%20(Vi)_F(KM)_PF1(AKA_KM)_PN(KM).pdf).
- [14] Valadas MTTRT, Bravo LEA. De Clérambault's syndrome revisited: a case report of erotomania in a male. BMC Psychiatry. 2020 Oct 23;20(1):516. doi:10.1186/s12888-020-02921-5. PMID: 33097035; PMCID: PMC7585286.
- [15] <https://www.webmd.com/mental-health/what-is-erotomania>