

ABU ZAYD AL-BALKHI OF AFGHANISTAN, THE FORGOTTEN PIONEER OF PSYCHOSOMATIC MEDICINE, COGNITIVE THERAPY AND THE FOUNDER OF SPIRITUAL PSYCHOTHERAPY

Homayun SHAHPESANDY, MD, MSc., PhD and , Rosemary MOHAMMED-ALI, MD
LINCOLNSHIRE NHS FOUNDATION TRUST, 2 UNIVERSITY OF WOLVERHAMPTON, UNITED KINGDOM

Email: homayun.shahpesandy@lpft.nhs.uk; shahpesandy@hotmail.com; rosemary.mohammed-ali@lpft.nhs.uk



Abu Zayd Al-Balkhi of Afghanistan was an encyclopaedic genius whose profound knowledge covered many diverse fields including medicine⁴. His book *Masalih al Abdan was al-Anfus* (The Sustenance of Body and Soul) written in Arabic, translated by Professor Malik Badri³ into English and Dr Fatima Molayem⁹ in Al-Balkhi's mother tongue, Farsi-Dari, are the main sources of this presentation.

Bio-Psycho-Social, Patient-Centred and Individualised Approach

Al-Balkhi illustrated how physical and psychological factors interact to form psychosomatic disorders; *“since man is composed of a body and a soul, he must have from each of them a condition of health or sickness balance or imbalance. The body can preserve its health in two ways, external – protecting it from hazards such as extreme heat or cold; and protection from internal elements by modifying one's diet, taking what is beneficial and avoiding what is harmful. To protect the soul from inside elements such as negative thinking and outside elements such as what a person hears or sees that may disturb him”*³. This approach of Balkhi is rather similar to Engel's biopsychosocial model⁵. Balkhi stresses an individualised and patient-centred approach stressing *“people differ with respect to the intensity of their feelings in response to distressing factors. This is because each person responds according to his temperament and the foundation of his constitution with respect to strength or weakness”*³. This observation corresponds to Zubin's stress - vulnerability theory, accepting individuals carry predisposition to mental illnesses¹³.

De-Stigmatisation and Prevention of Mental Disorders and Emotional First Aid

Balkhi's views on psychoeducation, prevention of mental disorders and identification of early signs of relapse of mental illnesses are impressive; *“The world is abode of anxiety, sadness and calamity. So, it is only normal for man to expect, in spite of his efforts, the onslaught of misfortune to disturb the calmness of his soul. One may live for long time without complaining of bodily pains, but it is unlikely that one will pass a day without experiencing something that causes anger, anxiety, sadness or gloom. And it is for this reason that man should do his utmost to protect his soul from emotionally disturbing events. One suffering from psychological disturbance can fight his symptoms internally by developing thoughts that neutralise the symptoms and desensitize their provocation. The tranquil thoughts should not only be generated during the illness; but also during times of psychological health. This, could be used as a source of first aid in the absence of a physician”*³.

Balkhi on Anxiety Disorders

Balkhi's description of panic disorder and description of its pathophysiology is astonishing and similar to modern understanding of the illness. Balkhi wrote: *“The terror develops from the fear that overwhelms a person if he thinks or imagines something scary, or if he actually sees or experiences it. In a severe anxious state, the colour of the person will become yellowish because the blood rushes from the surface of the body to the internal organs. Hands and legs will shake uncontrollably; the person may lose the ability to think properly to the extent of failing to find a solution to rescue him from the frightening situation”*³.

Balkhi's description of obsessive-compulsive disorder (OCD) as *“repetitive repulsive thoughts that result in apprehension to the extent the one obsessed may lose their ability to enjoy pleasure of the body or soul”*³. *Afflicted individuals become preoccupied with fearful thoughts and expect these events at any time*³, which corresponds with the current description of OCD as “recurrent and persistent thoughts, urges, or impulses that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress”¹¹. Moreover, Balkhi concluded that the etiology of OCD *“is shared with organic bodily aspects...can have inherited predisposition or inborn factors, but it may also appear as unexpected”*³. Evidence suggests that some 35% of the first-degree relatives of OCD patients are also affected with the disorder⁸. Furthermore, Balkhi observed that OCD *“symptoms are difficult to treat or get rid off”*³. This is true as OCD symptoms are rather treatment-resistant and there is generally an up to 12 weeks delay in the onset of effect of treatment⁷.

Balkhi was First to Give a Clear Description of Reactive and Endogenous Depression

Reactive depression is defined by Balkhi as *“the causes clearly known, such as loss of a loved relative, bankruptcy or loss of something”*³. It was until 1899, when E. Krapelin introduced “psychogenic depression” and Kurt Schneider (1920) ‘reactive’ depression into modern psychiatry¹². Endogenous depression described by Balkhi as *“the other type (of depression) has no reasons; it is a sudden affliction of sorrow, which persists all the time preventing the afflicted person from physical activity (abulia), feeling any happiness or enjoying any pleasure (anhedonia)”*³. Term “Endogenous” was proposed by German neurologist P.J. Möbius (1893) that was described by E. Krapelin as a depression that *comes out of the blue*¹². The hypothesis of “two depression” in the West was introduced in 1959 when Roth talked of the fundamental difference between ‘endogenous depressions on the one hand and neurotic depressions on the other’¹⁰. Agitated depression was described by Balkhi as *“A person suffering from an extreme state (depression) will succumb to hopelessness and impatience. The person suffering, may slap his face, tear off clothes or pull his hair behaving like someone who has lost his mind or his integrity”*³. The agitated depression, although not included in the ICD 10, however, amongst clinicians has been a well-known form of depressions, affecting about 20% of people suffering from depressive disorder¹.

Balkhi as a Pioneer in Cognitive Therapy

The belief that it is our thinking that leads to our emotional state is as old as ancient Greek stoic philosophy. However, it was Al-Balkhi who developed this idea into a refined cognitive therapy. In considering faulty thinking that leads to emotional pathological habits of anxiety, anger and sadness as the main reason behind the disorder of the soul, Al-Balkhi distinguishes himself as the pioneer or at least one of the earliest pioneers of this modern therapy.

Balkhi on alcoholism

Balkhi is possibly the first physician who differentiated alcohol-related disorder into (1) alcohol-related problems directly linked with intoxication, and (2) alcohol-related disorder associated with alcohol addiction. Balkhi wrote: *“Alcohol-related problems directly linked with drunkenness are caused by decline of intellect as the intoxicated person loses control and behaves like someone who lost his mind or as a psychotic”*⁹. Balkhi wrote *“mental and physical health problems associated with alcohol addiction are such as decline of memory and overall understanding and intellect; as well as deterioration of multiple organ functions, and illnesses as tuberculosis, liver diseases and ascites”*⁹. The disease-model of alcoholism was introduced by B. Rush, the father of American Psychiatry only in 1784⁶.

Conclusion

Al-Balkhi over a millennium ago concluded “there is no health without mental health”. He was the first who clearly defined reactive and endogenous depression. Al-Balkhi was a pioneer in cognitive psychotherapy who a millennium ago introduced psychological techniques as reciprocal inhibition, desensitization and mindfulness, which were only introduced into modern psychiatry in the 20th century. He gave detailed description of anxiety disorders. He is one of the forerunners in psychosomatics and highlighting the association between chronic stress and development of psychosomatic conditions. He was one of the first to emphasize the importance of prevention of mental disorders and fought for de-stigmatization of mentally ill individuals. Despite huge contributions, Balkhi is almost forgotten and not mentioned in any textbooks of psychiatry. It is without exaggeration if Balkhi is called one of the “fathers” of psychiatry.