

Dream in Persian medicine perspective: a narrative review

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Summary. Sleep and dream are the inseparable parts of the human life, so their disturbance can affect the individuals' quality of life. Sages of Persian medicine (PM) had valued dream as a part of history taking and physical examination for diagnosis of the diseases. Recently, psychologists and psychotherapists have focused on several aspects of dream. The aim of this review study was to explain the overviews of the sages of PM about dream and its aspects. The main sources of PM including *The Canon of Medicine*, *Kholase Al-Hekmat*, *Firdous al-Hikmah*, *Mofareh Al-Gholub*, *Sharhe aghsarai* and also the NOOR software was reviewed by these keywords: "khab", "roya", "navm", and "azqâth-e-ahlâm". In addition, electronic data bases including PubMed Central, MEDLINE, Scopus, and Google Scholar were searched. Finally, the gathered information was presented. According to PM, the potential functionality of dream contents can be exploited to shed light on the temperamental diagnosis, and there are modalities whereby dream interpretation can be useful in diagnosis. PM considers the clues from one's sleep/wakefulness ratio to discern one's temperament: where abundance of wakeful hours indicates hotness and/or dryness of temperament, too much sleep signals an indication of coldness and/or wetness of temperament. Such discerning of temperaments itself acts as a suitable prelude to proper diagnosis. In conclusion, PM sages had recommended that the individuals' dreams depend on their temperament. In this regard, it is suggested that experimental and clinical studies on dream should be designed with integration of conventional medicine and PM.

Keywords: Sleep, Dream, Temperament, Persian Medicine

1. Introduction

Human process of dreaming dates back to human history. With or without taking into consideration debates concerning dream archetypes and/or symbolism, we do have systems of interpreting dream contents psychophysically. Though not exactly presenting our waking hours, our sleeping visions have full capacity to represent the mentioned waking hours. About 6 years of our lives pass in dreams (Watson, 2003). Culture, gender, and personal differences contribute to the content of dreams (Domhoff & Schneider, 2008). Dreams may well represent general characteristics of the human mind, or rather its specific features (Hobson & Kahn, 2007). In addition, they may reflect the activation

and reconstitution of memory (Stickgold, Hobson, Fosse, & Fosse, 2001). Some memories come to mind so genuinely that people hardly differentiate whether they are related to a dream or a real experience. However, this phenomenon is more prevalent amongst "imaginaries" (Beaulieu-Prévost & Zadra, 2015).

Dream could also be considered as the regulation of our affects or merely a mental reflection of our ongoing emotional concerns. Many studies have shown a close relationship between dreaming contents and personal concerns most of the time (Domhoff & Schneider, 2008).

Dreams are featured with strong emotions in individuals experimentally receiving painful stimuli in sleep (Borsook & Becerra, 2009). They may well arise from suppressed unwanted daily thoughts (Taylor & Bryant, 2007). Moreover, there is a close link between unpleasant emotional experiences and "disheveled" dreams (Schredl, Berger, & Riemann, 2009).

The potential functionality of their contents can shed light on the context and the comparative imagery revealed to the dreamer himself/herself. This can also be done in comparison with other dreamers having similar imagery and/or motifs (Brugger, 2008).

Melatonin, a hormone mainly produced by the pineal gland, has association with dream production and also its

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level of bizarreness. This may well be through interaction with the geomagnetic activity as well (Lipnicki, 2009).

The majority of dreams do not presage a danger in true life. Nevertheless, some of them may be a reflection of low feelings of well-being and of the happenings in the world around. Dreams may be considered as a language that projects our feelings in waking states (Zadra, Desjardins, & Marcotte, 2006). Due to the emphasis on dreams in Persian Medicine (PM), the aim of this study was to describe the viewpoints of PM sages about sleep and dream.

2. Methods and Materials

Data collection. This was a narrative review on the viewpoints of PM sages about dreams. In this regard, the main sources of PM, including *The Canon of Medicine*, *Kholase Al-Hekmat*, *Firdous al-Hikmah*, *Mofareh Al-Gholub*, *Sharhe aghsaraei* were reviewed. In addition, the *Noor* software was used to search the keywords of “*khab*”, “*roya*”, “*navm*”, and “*azqâth-e-ahlâm*”. The data were gathered and notes were taken. Then, the notes were summarized and described. Furthermore, a narrative review was conducted in electronic database including PubMed Central, MEDLINE, Scopus, and Google Scholar for finding the published related evidences of dream in traditional and conventional medicine up to December 2018. Therefore, we considered “dream”, “traditional medicine”, “complementary medicine”, “alternative medicine” and “Persian medicine” as the keywords of our search strategy.

Description of Noor software. *Noor* software is a researchable electronic software for traditional and Islamic medicine textbooks which has been produced by Computer Research Center of Islamic Sciences, Qom, Iran. This software includes the whole texts of more than 900 books about traditional and Islamic medicine in Persian, Arabic, English, and Urdu languages. According to the claims of the designer of *Noor* software, the aim of programming this software was easy access to the books and sources of great Persian and Islamic sages.

3. Results

3.1. Dream in Islamic-Persian Culture

In Persian culture, sleep-time visions are believed to be a prospective image that appears to the dreamer in the time of sleep. Ancient Iranians knew the dreams as a blessing from the Lord, foreseeing the future (Afrasiabi & Komeyli, 2005). According to Islamic sources, they may be either meaningless, i.e. the result of daily happenings, called: “*azqâth-e-ahlâm*”, or rather with divine origin showing a reality or foreseeing an event to take place in the future (Pirani & Azimi, 2012). In view of Islamic tradition (*hadith*), the dream may be right or wrong. Its right type is the true dream, a grace of God. True dreams are classified into three groups: those which are entirely clear and need no interpretation; those that need to be interpreted partly; and dreams that need to be interpreted entirely. According to the Islamic standpoint, mundane wishes are just a small part of the dream’s message. The said true message is the innate human desire to break away from the physical body and reach human perfection (Asadzandi & Research, 2018; Majlisi & Baqer, 1983).

3.2. Dream in Persian Medicine (PM)

Persian Medicine is an holistic Islamic-Persian school of medicine originated from humoral medicine (Atarzadeh, Daneshfard, Dastgheib, Jaladat, & Amin, 2016) dates back to about 7000 years ago. Islamic golden age is a shining period in this history when many scholars including a genius philosopher and physician like Avicenna (980–1037 AD) (Daneshfard & Dalfardi, 2014) played an important role in progress of medicine (Daneshfard, Yarmohammadi, & Dalfardi, 2014). It is to be mentioned that most of these sages were Muslims with Persian origin living in the territory of old Persia (current Iran) who were mainly using Arabic language as the *lingua franca* (a common language used for making connection between people with different languages) or scientific language of that era (Zargaran & Rahimi, 2016).

In the PM approach, dreams are considered to be a diagnostic measure for mental and physical health. Medical aspects of them, as PM sages believed, have been classified differently. According to Tabari (773-861 CE) (Javadi, Sahebkar, & Emami, 2013), Arzani (d. 1722 CE) (Nimrouzi, Daneshfard, Tafazoli, & Akrami, 2019), and Aghili (1670–1747 CE) (Nimrouzi et al., 2019)—three well-known PM sages—all of the dreams are divided into three categories [based on three aspects of human being] including soul, mind (*Khiâl*), and the physical body (Avicenna, 1978). Consequently, this brings us to the point of categorizing sleep-time visions into the following:

- True, metaphysical (divine, spiritual, related with hidden realms) which are called: “*ro’yay-e-sadeqeh*”
- False dreams or “*ro’yây-e-kâzebeh*” [or “*azqâth-e-ahlâm*”]
- Dreams which are the result of the dystemperament of *Rouh-e-nafsâni* (related to the physical condition)

The first two types are explained in the same manner as the Islamic point of view: this means that there are few differences between PM and the Islamic standpoint when it comes to defining and elaborating on true dreams (*ro’yay-e-sadeqeh*) and false ones (*ro’yây-e-kâzebeh*) (Aghili Khorasani, 2007; Akbari, 1915; Al-Tabari, 1928; Avicenna, 1978).

In the third group, as cited by PM scholars, dreams may reflect the physical condition of the person and show which humor in the body predominates. The predominance of bile, for instance, may be in association with seeing fire or flight in the dream, while black bile predominance may reflect as watching dark and black scenes or falling off a precipice. People with predominance of phlegm dream about water and snow, while a person with sanguine predominance may dream about blood and red-colored scenes (Avicenna, 1978).

Islamic sources approach the dream as a tool for gauging the level of alertness of the soul and mind towards moral vices. This is different from the conventional medicine and PM, both of which consider it as an indicator of physical/mental health status. However, these triple views have common points; that is to say, normal sleep accompanied by pleasant dreaming is weighed as an important indicator of mental and physical health.

4. Discussion

Conditionalities and specific modalities are, of course, cited in some PM literature when it comes to assigning prescribed interpretations to repetitive dream motifs. Not all the above-said goes without exceptions. For example, it

has been mentioned that specific significations attached to dream contents are dependent upon (at least) two conditions; first, it should not be arising from the repetitive imagery having been established in one of the faculties of the mind (*khial*) due to excessive contact and/or working with the repeated object [for instance, the extremity of bile predominance could not be correlated with dreaming about fire by a fireman]. Second, the dream symbolism should not be coming down from the recognized transcendental/heavenly sources: some dreams called “true” (*ro’yay-e-sadeqeh*) are deemed to possess very specific interpretations of their own so much so that they do not actually arise from the predominance of humors (Aghsaraei, 2009; Avicenna, 1978; Bulkeley & hypnosis, 2002).

According to PM, there are clues from one’s sleep/wakefulness ratio to discern one’s temperament: excess of wakeful hours is the sign of hotness and/or dryness of temperament. Too much sleep is an indication of coldness and/or wetness of temperament. The middle course in between the above-mentioned point indicates the equilibrium of the quadruple qualities (*keyfiyyat-e-arba’e*) [i.e. hotness, coldness, dryness, and wetness] (Aghily Khorasani, 2007; Feyzabadi et al., 2014; Parvizi, Nimrouzi, Lankarani, Alorizi, & Hajimonfarednejad, 2018; Parvizi, Nimrouzi, Pasalar, et al., 2018). According to the concepts of conventional medicine (also called Western medicine) the dream is a reflection of the past or current personal activities and also daily occupation (Taylor & Bryant, 2007). On the other hands, based on the concept of Aristotle (384 B.C. to 322 B.C.), the dream can occur during the sleep, because the intensity of sense-activity decreases. In addition, according to Aristotle’s opinion, and the other ancient medicine, such as Indian and Chinese medicine, what a person drinks or eats effect on characteristics of his/her dream (McCurdy, 1946). Therefore, there are some similarities among the concepts of dream in PM and the other ancient medicine. Since dream contents could potentially reveal constitutional qualia, they might be helpful in diagnosing the diseases. There is, however, room for further elaboration and expansion on the relatively huge literature passed down to us from olden generations regarding clinical relevance of dream interpretation. Such elucidation requires experimental/clinical investigation.

5. Conclusion

Based on PM, the individuals’ dreams are related to their temperament; therefore, treatment of dystemperaments could improve the dreams. It suggests that it is necessary to conduct the experimental and clinical studies on dream and its aspects based on PM by integrating the insights of conventional medicine about dreams to reveal these probable associations.

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Conflict of interest

There is no conflict of interest to declare.

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