

Discuss how our understanding of melancholia and approaches to treatment have changed over time

The long history of trying to understand and treat deep sadness, a condition known for most of time as melancholia, is a story of massive changes in medical thinking. From its ancient origins as a simple imbalance of body fluids to its modern definition as a complex disease called depression, the way we explain the cause and find the cure for this illness has shifted completely. This essay will look at how our understanding of melancholia has changed over time, moving from an explanation based on black bile to one based on brain chemicals, and how treatments have changed from harsh body purges to targeted therapies.

For thousands of years, melancholia was one of the three main types of mental illness recognized by doctors. Its history is divided into two main parts: a very long period where one simple theory ruled, and a shorter, more chaotic period of fast changes leading to modern science. The key questions always were: what is the cause of this deep sadness, and how can we get the body back into a healthy balance?

The basic idea about melancholia started in Ancient Greece with the doctors of Hippocrates. They were the first to say that mental problems came from physical issues, specifically the imbalance of four main body fluids, or humors. Melancholia was tied directly to having too much black bile, which was seen as a cold and dry substance.

The symptoms were clearly described: sadness, fear, and worry that lasted a long time, along with sleeplessness. The great doctor Galen later confirmed and organized this system. His ideas were so strong that they guided all medical thought on the subject for about 1,500 years, through the Medieval Times. Even though some doctors noted that psychological factors like great worry or sorrow could cause the illness, the main cause was still believed to be the black bile.

In Byzantine Medicine in the East from A.D. 200-700, scholars like Oribasius of Pergamon, Alexander of Trallars and Paul of Aegina systematized and preserved Galenic tradition.

Soranus of Ephesus rejected the humoral theory, saying that the term melancholia only refers to the symptoms of vomiting black bile but not the cause of it. He explained the disease using the Methodist theory of stricture and looseness. He emphasized psychological treatments, stating that the mental disturbance should be corrected by emphasizing the opposite quality, and he recommended philosophers' discussions to banish fear and sorrow.

Treatment was simple and direct: get rid of the bad humour.

- **Somatic Treatments:** This was the focus. Doctors used strong medicines to cause vomiting or strong bowel movements and bloodletting (cutting a vein to release blood) to literally take the black bile out of the body.
- **Diet and Comfort:** Because black bile was cold and dry, treatments also included using warm, moist diets and baths to try to dilute or dissolve the bad humor. Early forms of psychological care also existed, with doctors recommending music and pleasant talk to cheer up the patient and distract them from their worrying thoughts.

The old system began to break down in the Renaissance. While medical teaching still used Galen's ideas, the disease itself changed culturally. The rediscovery of older Greek texts introduced the idea that a melancholic temperament could also be a sign of genius and deep thought. Melancholy became two things: a severe disease that needed a doctor, and a fashionable sadness adopted by artists and intellectuals.

A scientific text written by Hildegard of Bingen, a nun and a female superior in the twelve centuries, melancholy was seen as a heart and brain disease caused by an excess of the black bile from the spleen. She was convinced that by using medicinal herbs such as fennel, mallow,

primrose, etc. And animal products from ostrich, heron and ants, people with symptoms of melancholia can reduce the excess of the black bile and improve the state of sadness.

In Arabic Medicine, Iahag Ibn Imran, an important Arab-Muslim physician of the twelve centuries, made a significant discovery for his era on melancholy. He described it as “sadness, loss of pleasure, social withdrawal, dark thoughts and loss of interest” paired with “insomnia or hypersomnia” and even blamed weight loss as a symptom (Boudriga et al., 2024). He also believed that the state of melancholia was caused by the change in season, therefore it made autumn a cause. The main treatments he recommended were talking and music therapy and changes in diet. The physician also suggested that specific herbs were consumed via oral, nasal, or intra rectal.

The Seventeenth Century brought the first real medical challenge to the humoral system after two millennia. New science started looking at the body chemically, leading to the rise of Iatrochemistry. Thomas Willis was an important leader here. He moved the cause of melancholia away from the liver and spleen and blamed it on problems in the "animal spirits" or nervous fluid in the brain (Jackson, 1986). He argued that contaminated blood transmitted chemical impurities to the brain, causing the disease.

Crucially, even though the theory changed completely, the treatment did not change much at first. Willis still used purgatives and bloodletting, but he simply said they were needed to remove "chemical impurities" instead of black bile. (Jackson, 1986) He also started recommending iron remedies and spa waters, which was a small step toward modern chemical medicine.

By the Eighteenth Century, the chemical ideas were quickly replaced by Iatromechanics, which saw the body like a complex machine. Melancholia was then explained as a purely physical defect: stagnation or obstruction of fluids in the brain's small vessels, or an issue with the

"tension" of the body's fibers. (Jackson, 1986) This mechanical view pushed the disease entirely into the brain and nervous system.

Herman Boerhaave was a famous and influential doctor in the 1700 and his ideas on melancholia helped destroy the old black bile theory and replaced it with a more mechanical view. He introduced the theory that the tiny blood vessels and tubes in the brain were getting clogged up or the liquid inside of them was moving too slow. The treatments recommended were traditional like strong purging medicine and vomiting medicine.

A major milestone was reached when William Cullen established the concept of Neuroses, classifying melancholia as a disease of the nervous system. This was the final step in completely separating the disease from the ancient idea of body fluids. During this time, the word "depression" also started appearing more frequently in writings, hinting at the future of the diagnosis.

The Nineteenth Century was dominated by a relentless search for a physical cause within the brain. Psychiatrists insisted that "All mental diseases are diseases of the brain," even if they couldn't find the damage under a microscope (Jackson, 1986). This commitment to a physical cause led to:

- **New Classifications:** Doctors like Philippe Pinel started organizing mental illnesses based on observable symptoms rather than ancient theories, which led to the term melancholia being broken down into various sub-types, like agitated melancholia or involuntional melancholia, later life depression.
- **Shifting Terminology:** The word "depression" grew in popularity, slowly taking the place of melancholia because it didn't carry the old, wrong meaning of "black bile."

The Twentieth Century brought the final and most powerful changes. Emil Kraepelin created the system that defines modern psychiatry by grouping melancholia into his new category, Manic-Depressive Insanity (MDI), which is now bipolar disorder. This change meant melancholia stopped being seen as an independent disease.

Meanwhile, Sigmund Freud offered a psychological explanation, arguing that depression came from a person turning anger and hostility, often related to loss, inward, leading to self-blame and low self-worth.

However, the most revolutionary change came from biology. The discovery of the first antidepressant drugs in the 1950s, like MAOIs and TCAs, and later drugs like lithium and SSRIs, proved that the illness had a neurochemical basis an imbalance of chemicals in the brain. This discovery firmly established the modern understanding that depression is a physical illness that can be treated with chemicals. Electroconvulsive Therapy (ECT) also continued to be used for the most severe cases.

Conclusion

The journey from melancholia to modern depression is a remarkable case study in how medical knowledge progresses. For over a thousand years, doctors were sure the cause was black bile, and the treatment was a physical purge. When science finally allowed doctors to look deeper into the body, the explanation quickly changed: from humors to chemical impurities, from mechanics to the nervous system, and finally to brain chemistry.

Today, the term melancholia is mostly historical. It has been replaced by depression, a diagnosis that is understood to be biological, psychological, and social. Treatment now is typically combined: medication to fix chemical imbalances in the brain, and psychotherapy to help with the emotional and mental pain. This integrated approach is the result of centuries of

searching, and it represents a massive leap from the ancient method of simple bloodletting to the targeted, effective therapies available today.

References

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-I used Gemini to research the books I need for this essay, I used the prompt: “what books to read on melancholia”

-I used Gemini to check my spelling; I used the prompt: “check my spelling”