

EDITORIAL

Opioid Abuse throughout History

Dear Editor,

Regarding the history of opioid abuse in Iran, there are reports that it began in the 16th century during the Safavid Dynasty. Before that era, it was used by Iranian physicians for its medicinal properties. It was called Gaokerena in the Avestan culture, which dates to at least 3000 years ago and was used as an analgesic agent for pain control during surgery (Moosavyzadeh, et al, 2018, pp. 77-83; Adhami, Mesgarpour, and Farsam, 2007, pp. 34-43; Zargaran, Fazalzadeh, and Mohagheghzadeh, 2013, pp. 2002-2004).

During the Safavid dynasty, an Iranian physician named Imad al-Din Mahmud ibn Mas'ud Shirazi wrote a manuscript named Afyunieh. This book is

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an important book that explores the use and abuse of opium, and was very popular in that era. The word Afyunieh is derived from the term Afyun, which is an equivalent for opium in the Persian language. In the Afyunieh, Imad al-Din Mahmud highlighted 31 potential benefits of opium, with pain relief as its primary feature. Other advantages included its hypnotic effects on sleep, anti-diarrheal properties, cough and coryza symptoms alleviation, and even weight reduction (Moosavyzadeh, et al, 2018, pp. 77-83; Elgood, 2010; Choopani, and Sadeghpour, 2011). There was an increase in the abuse rate of opium at that time, and it was prevalent among governors due to the high benefits it had for the East India Company. Different factors lead to its increased appeal, like its analgesic and euphoric features, religious prohibition of drug abuse and alcohol consumption (Moosavyzadeh, et al, 2018, pp. 77-83, Moemeni, Kajbaf, and Allahyari, 2010, pp. 15-26, Raisdana, and Nakhjavani, 2002, pp. 149-66). Also, Imad al-Din Mahmud suggested three interventions to treat opioid dependence, for instance, decreasing the dose called taghleel, replacing opium with a substitute with the same features called taa-veez, and increasing the intervals of consumption called taa-veegh (Moosavyzadeh, et al, 2018, pp. 77-83).

Additionally, during the Qing dynasty in China, opium abuse became a significant issue in the 19th century. British traders exploited the opium market, which led to its prohibition in 1729 by the ruling Qing emperor to reduce consumption. This ban inadvertently resulted in underground trafficking, driving prices higher without diminishing consumption (Nakayama, 2024, pp. 327-331; Chen, 2017). By the 1820s and 1830s, British traders—taking advantage of India's opium production—overwhelmed the Chinese market, exchanging the drug for tea through Guangzhou (Canton), the only port open to foreign trade. In 1839, due to the devastating effects of opium addiction on public health and state finances, Chinese agents confiscated 20000 chests of opium, triggering the first opium war. This agreement compelled China to pay restitution to the British Empire (Nakayama, 2024, pp. 327-331).

In modern times, drug abuse and opioid dependence are significant health issues worldwide, and a major challenge for these patients is managing cravings and preventing relapse. For treatment, agonist maintenance therapy with methadone has been commonly used. However, this method has both advantages and drawbacks. In one study, an herbal compound called Deaddicta, consisting of *Datura stramonium* seeds, *Rheum palmatum* root, *Zingiber officinale* rhizome, and *Acacia senegal* gum, was explored as a potential treatment option. This compound was administered to 41 patients



during a 12-week follow-up study, with participants receiving either 500 mg of Deaddicta or a placebo three times daily after detoxification. Following this, patients who successfully completed the trial were selected for a 6-month follow-up, with 15 patients completing this phase of the study. Results indicated a significant decrease in anxiety scores and a reduction in craving levels after six months. (Moosavyzadeh, et al, 2024, p. 318).

Authors' Contribution

Mohammad Mahdi Ghazimoradi has written the whole manuscript and Arman Zargaran and Mohsen Naseri assessed the process of writing and also analyzed it based on their expertise. All authors read and approved the final version of the work.

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Conflict of Interest

None.

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