

Clinical Evaluation of Mizaj (Temperament) In the Patients of Menorrhagia - An Observational Study

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Abstract

Introduction: In classical Unani literature the causes of kasrat-e-tams is dystemperament of the uterus and imbalance of the body humours. According to the Unani literature excessive Safra (due to its hararat and hiddat) in the body humour is responsible for heavy menstrual bleeding(changes in the consistency). Mizaj plays an important role to detect the disease, assisting specific treatment to the patients of any diseases. Mizaj is one of the most important theories of Unani system of medicine.It has been explained by each and every Unani Physician and it is most important fundamental concept of Tibb-e-Unani. Every human being is born with a primitive temperament.Mizaj is derived from Arabi word "mzj" which means mixing of humours.

Menorrhagia(Kasrat-e-tams) is considered one of the most common gynaecological disorder that interferes with the woman's physical,social,emotional, and / or material quality of life. The negative effects of menorrhagia on quality of life (e.g., limitations in daily activities, work performance, and social interactions) are what often lead women to seek medical treatment.

Material&Methods: Present study is an observational study carried out in the department of Amraz-e-Niswan-wa-Atfal, Faculty of Unani Medicine, Ajmal Khan Tibbiya College Hospital, Aligarh. It has been conducted on the patients of menorrhagia in 35-45 year of age.

Results: The data was analyzed through percentage analysis. In the present study the maximum no. of patients i.e. 20(66.7%), were found to have Safravi Mizaj, were 7(23.3%) Damvimizaj and 3(10.0%) of Balghamimizaj, no patient was found to have Saudavi constitution uptill now.

Conclusion: From the above observation it has been concluded that the patients with Safravimizaj are more prone to Menorrhagia(Kasrat-e-Tams) as compared to other amzeja.

Keywords: Mizaj, Menorrhagia, Kasrat-e-tams, Unani.

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I. Introduction

Mizaj is one of the most important theories of Unani System of medicine. It has been explained by each and every Unani Physician and most important fundamental concept of Tibb-e-Unani. The literal meaning of Mizaj according to Ibn-e-Nafis is "Intermixture". He says that "the word mizaj originated from Arabic word Imtezaj meaning intermixture⁽³⁾. The mizaj is considered as the mizaj of the person and treatment is based upon the correction the particular dominant khilt(humour) in the body⁽¹⁸⁾. The determinants of mizaj were given by Ibn-e-Sina (980-1037 AD) in his famous book *Al-Qanoon-fit-Tibb*. These determinants are ten in number and used universally in the assessment of temperament. They are known as *Ajnas-e-Ashra* that are as follows⁽²⁾:

- 1) *Malmas*(Touch)
- 2) *Laham-wa-Shaham*(Muscles and Fat)
- 3) *Sha'ar*(Hair)
- 4) *Laun-e-Badan*(Body Complexion)
- 5) *Haiyat-e-Aza*(Physique)
- 6) *Kaifiyat-e-Infi'al*(Responsiveness of organs)
- 7) *Naum-wa-yaqzah*(Sleep and Wakefulness)
- 8) *Afal-ul-Aza*(Functions of the body organs)
- 9) *Fuzlat-e-Badan*(Excreta of the body)
- 10) *Infialat-e-nafsaniyah*(Psychic reactions)

Hence *Mizaj* plays an important role in assigning specific treatment of any disease. The present study aimed at assessment of *Mizaj* in the Patients of Menorrhagia (*Kasrat-e-Tams*).

II. Menorrhagia (Kasrat-E-Tams)

Menorrhagia is derived from Greek word, *men* means menses and *rrhagia* means burst forth⁽⁹⁾. It denotes cyclic regular bleeding which is excessive in amount (more than 80 ml but not exceeding 100ml) or duration (more than 7 days), the diagnosis of heavy menstrual bleeding is typically based on personal perception of menstrual blood loss and its effect on daily life. Menorrhagia interferes with the woman's physical, social, emotional, and / or material quality of life. The negative effects of menorrhagia on quality of life (e.g., limitations in daily activities, work performance, and social interactions) are what often lead women to seek medical treatment⁽¹⁰⁾.

It affects 20-30% of reproductive and upto 50% of perimenopausal women⁽¹²⁾. Menorrhagia is extremely common. Indeed, each year in the UK, 5 % of women between the ages of 30 and 49, in North America in a period of their reproductive age; 9-14% of women lose 80 ml blood in each cycle. This proportion shows similar frequency in developing countries as well. It was indicated that 12 % of the adolescents in Nigeria complained about menorrhagia with blood loss over 80 ml. As to our country, 16% of the women aged between 15 and 44 were diagnosed with menorrhagia, and 25 % of the women complained about long-frequent periods of bleeding or staining. In its multiple country study, World Health Organization (WHO) identified the prevalence of three-month severe bleeding as 8-27%. Menorrhagia is the single leading cause of referral to hospital gynaecology clinics⁽¹¹⁾.

The etiological FIGO classification includes nine categories of abnormal bleeding arranged according to the acronym **PALM-COEN**: four have objective visual criteria detected by imaging, biopsy, or pathology **PALM**: Polyps; Adenomyosis; Leiomyoma; and Malignancy and Hyperplasia while another five are not directly related to structural abnormalities i.e., **COEN**: Coagulopathy; Ovulatory dysfunction; Endometrial; Iatrogenic; and Not yet classified^(8,9,13).

III. Historical Background

One of the ancient references to heavy menstruation is found in the ancient Hindu works on Obstetrics and Gynaecology. The early Hindu sacred books (the four Vedas of Brahma) Date from about 1400 B.C. *Prodokoh* being the term used for excessive menstrual blood loss⁽¹⁹⁾.

The problem of excessive menstrual blood loss was also addressed by the ancient Greek and Romans. In his Aphorisms, Hippocrates wrote that the treatment consisted of cupping, applied below the breast line and also suggested a variety of treatments in the form of local applications⁽¹⁹⁾.

IV. Review Of Literature

In Unani literature it is also termed as *Kasrat-e-tams* and *Haiz ki kasrat*⁽²⁰⁾.

Different Unani scholars have defined menorrhagia in their books

- **Hakeem Hadi Hasan Khan** – *Zakheera-e-khwarzam-Shahi* “The duration of menstrual cycle exceeds more than the normal, and the colour of blood is also brighter than normal”⁽⁶⁾.
- **Hakeem Akbar Arzani**– *Tibb-E-Akbar* “Excessive loss of menstrual blood.”⁽⁵⁾

According to unani concept, *Kasrat-E-Tams* may present as

1. Increase in amount of blood loss.
2. Prolonged duration of menses.
3. According to Allama Najeebuddin Samarqandi, there is one more classification in his book “*Sharah-e-Asbab*” which is inter-menstrual bleeding i.e, frequent menses⁽⁷⁾.

According to the classical Unani literature Heavy menstrual bleeding occurs due to Dystemperament, weakness in *Quwwat-e-masika* or increase in *Quwwat-e-dafia*⁽¹⁴⁾, Imbalance in *Akhlat-e-salasa*⁽²¹⁾, uterine polyps⁽⁶⁾, uterine ulcer, fissure⁽⁵⁾ and carcinoma of cervix and uterus⁽¹⁶⁾ etc which leads to weakening of uterine vessels and causes vasodilation. Seldom the cause of excessive bleeding is the decrease in the viscosity of blood. The excessive blood loss can cause anaemia, tiredness, indigestion, decreased appetite, edema and pica⁽¹⁶⁾.

V. Objectives of the Study

- To study various aspects of Menorrhagia (*Kasrat-e-Tams*)
- To evaluate the *Mizaj* in the patients of Menorrhagia (*Kasrat-e-Tams*)

VI. Methodology

Sample: 30 Patients were taken as sample

Present study is an observational study carried out in the department of Amraz-e-Niswan-wa-Atfal, Ajmal Khan Tibbiya College, Hospital on the patients of Menorrhagia.

INCLUSION CRITERIA: -

- Patients with reproductive age group.
- Patients complaining p/v heavy menstrual bleeding.

EXCLUSION CRITERIA:-

- Patients with bleeding disorders
- Patients with genital pathology
- Patients with chronic disorders

SELECTION CRITERIA:-

A detailed history was taken using a Standardized Performa with particulars of, name of the patients, age, address,, education, socio-economic status, religion and presenting complaints in chronological order for which the patient seeking advice from gynecologist.

The history of p/v heavy menstrual bleeding were taken in detail to include duration of cycle, duration of flow, and amount of flow, No. of pads/day and its relation to generalized weakness and associated symptoms like weakness, palpitation, dyspnoea on exertion and last menstrual period was noted. Assessment of p/v heavy bleeding of every patient was done by **Pictorial Blood Assessment Chart** in the form of scoring..

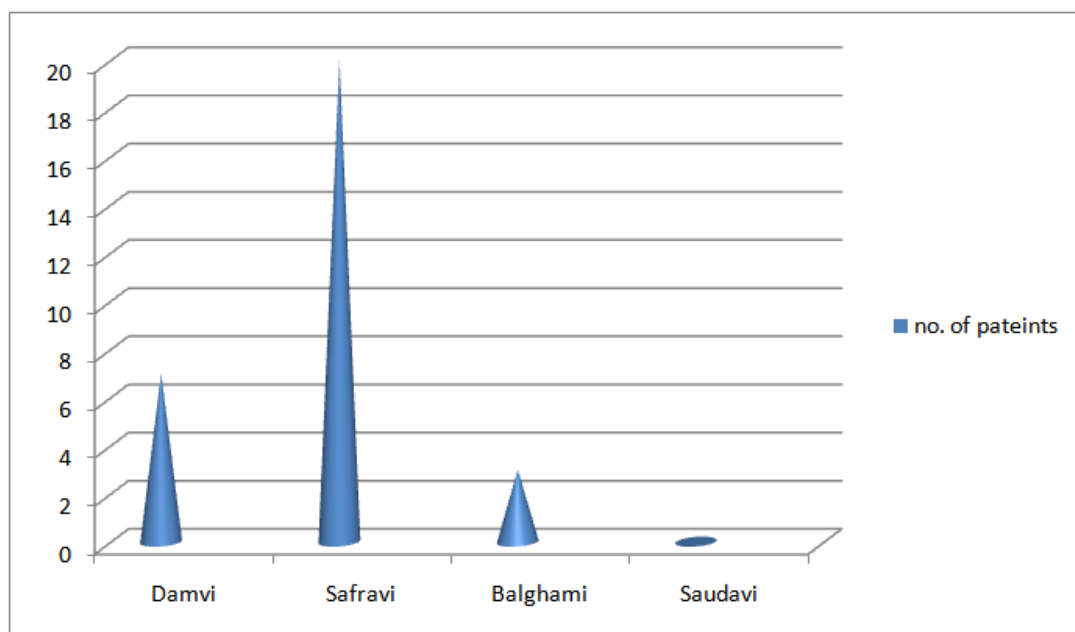
Patients were also interrogated for any systemic symptoms regarding Respiratory system, Cardio-vascular system (CVS), Gastro-intestinal tract (GIT), Genito-urinary system and Central nervous system (CNS) in details. Vitals were recorded. General Physical examination, local and pelvic examination (p/s/v).Assessment of mizaj of every patient was done by temperament assessment chart mentioned by *Ibn-Sina* in Unani literature.

VII. Observation & Results

Observation Table:

Shown the patients of different *mijaz*

S . N o	P a t i e n t s	No. of Patients	P e r c e n t a g e (%)
1	D a m v i (S a n g u i n e o u s)	7	2 3 . 3
2	S a f r a v i (B i l i o u s)	2	6 . 6
3	B a l g h a m i (P h l e g m a t i c)	3	1 0 . 0
4	S a u d a v i (B l a c k B i l i o u s)	0	0 . 0
	T o t a l	3	1 0 0 . 0



VIII. Discussion

From the Table: Maximum no. of patients i.e. 20(66.7%), were found to have *SafraviMizaj*, were 7(23.3%) *Damvimizaj* and 3(10.0%) of *Balghamimizaj*, no patients was found to have Saudavi constitution uptill now. The study carried out by Dr. Syeda Aamena Naaz *etal.* out of 30, 16 participants were Safravi mizaj which is similar to present study.⁽¹⁾ Another study was conducted by Nigar Fatima *etal* 35 patients with menorrhagia were safravi mizaj out of 80.⁽⁴⁾ This study is also similar to present study.

IX. Conclusion

From the above observation it has been concluded that the patients with *Safravimizaj* are more prone to Menorrhagia(Kasrat-e-Tams) as compared to other mizaj. The viscosity of the blood is changed due to safra(harat-wa-hiddat), which may cause excessive bleeding from the vessels.

LIMITATION OF THE STUDY

- Present study is a preliminary study which needs further exploration as sample size was too small.

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References

- [1]. Naaz SA. Clinical Study and Therapeutic Response of Unani-drugs in Kasrat-e-tams Qabl Sin-e-yas(pre-menopausal Menorrhagia(thesis).1996;94.
- [2]. Quraishi AU. Iffadah Kabeer Mujmal(translated by Kabeeruddin). New Delhi:Idara kitab us shifa;2010;12,98.
- [3]. Hussain Hamdani HSK.Usool-e-Tibb.New Delhi:Qaumi Council Barae Urdu Zuban;1998;49.
- [4]. Fatima N, Ali T, Naaz SA. Temperamental Analysis in case of Menorrhagia in Reproductive age group. International Research Journal of Pharmacy.2012;3(9);146-149.
- [5]. Arzani MA. Tibb-e-Akbar.New Delhi:Idara Kitab- us -shifa;594-597.
- [6]. Hasan HAJ. Zakheera-khwarzam shahi (Urdu translation by Hkm Hadi).New Delhi:Idara kitab-us-shifa;2010;590-599.
- [7]. Samar kandi AN, Ibn Auz Kirmani AN. Sharah-e-Asbab (tarzuma-e-kabeer), New Delhi:Ejaz publication;YNM:124-125.
- [8]. Padubidri VG, Daftary SN. Howkins & Bourne Shaws's Text Book of Gynaecology 14th Edition. Elsevier Publication;2004;2-11,37-49,335-348.
- [9]. Padubidri VG, Daftary SN. Howkins & Bourne Shaws's Text Book of Gynaecology 16th Edition. Elsevier Publication;2011;2-11,37-49,269-278.
- [10]. Patel NK, Pandya MR. A Comparative study of tranexamic acid and ethamsylate in menorrhagia. IJBCP International Journal of Basic & Clinical Pharmacology.2012;1(2);85-90.
- [11]. Gokyildiz S, Aslan E,Beji NK, Mecdi M. The Effects of Menorrhagia an Womens's Quality of Life: A Case – Control Study.ISNR Obstetrics and Gynaecology.2013;1-7.
- [12]. Gupta S. A Comprehensive Text Book of Obstetrics & Gynaecology.New Delhi: Jaypee Brothers;2011;5-11,35-46,135-139.
- [13]. Munro MG, Critchley HOD, Broder MS, Fraser IS. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nonpregnant women of reproductive age. IJGO,113:2011;3-13.
- [14]. Rushd AWM. Kitab ul Kulliyat. New Delhi: CCRIUM;1987;115-116.
- [15]. Kabeeruddin M. Akseer-e-Azam(urdu translation) .New Delhi:Ejaz publication;2010;801-806.
- [16]. Anzar HM. Rehma-e-Niswan(A guide towards gynaecology).New Delhi:Idara kitab - us -shifa;2009;71-74.
- [17]. Azmi HWA. Amraz-e-Niswan.New Delhi: Ejaz publication;1995;293-304.
- [18]. Saman Anees et al. Clinical Evaluation of Mizaj in the patients of PCOD.IAMJ;3(11);2015;2173-2176.
- [19]. Dr. Naaz SA. The Natural Menopause..Aligarh:Publication Division;2007;1-3.
- [20]. Jeelani GH. Makhzan- ul- Zawahar(Tibbi luggat).New Delhi:Ejaz publication;2013;592,239.
- [21]. Kabeeruddin M. Akseer-e-Azam(urdu translation) .New Delhi:Ejaz publication;2010;801-806.

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