CLINICAL EVALUATION OF MIZAJ (TEMPERAMENT) IN THE PATIENTS OF PRURITUS VULVAE (HIKKATUL FARJ)

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ABSTRACT

Background: The concept of Mizaj (Temperament) is unique to Unani system of Medicine, and the whole system is based on the fundamentals of Mizaj. A person’s temperament directly influences the state of health and inclination towards illnesses. Unani physicians have classified the mizaj of an individual into four types, namely Damvi (sanguine), Balghami (phlegmatic), Safravi (bilious), and Saudavi (melancholic). Mizaj plays an essential role in assisting specific treatment to the patients of any disease. Pruritus vulvae is one of the commonest and most prevalent diseases among females affecting a wide age range. It is a complicated disease of multifactorial origin, frequently affecting the patient’s quality of life. We still have the assumption that until now, these specific female itch entities are still underdiagnosed and undertreated and lead to complications such as pelvic inflammatory diseases, endometriosis, infertility, urethral syndrome, ectopic pregnancy, pregnancy loss, and preterm labor. It is, therefore, necessary to recognize them early and to treat them appropriately. The treatment of patients of pruritus vulvae with vaginal discharge is particularly challenging and often requires a multimodal strategy with an interdisciplinary approach.

Objectives: To assess the temperament (Mizaj) of patients of Pruritus vulvae. The consideration of this study could prevent and treat Pruritus vulvae based on the classical theory of temperament (Mizaj).

Material & Methods: This study was carried out in the Department of Amraz-e-Niswan Wa Atfal, AKTC, Aligarh. It was conducted on the patients of Pruritus vulvae with vaginal discharge. Temperament (Mizaj) of the subjects was assessed by a standard questionnaire of temperament based on “Ajnas-e-Ashra” as described in the classical Unani literature.

Results: 80 subjects were
enrolled in the study. The highest number of subjects was of Safravi mizaj (bilious temperament) \((n=43)\) followed by Damvi (sanguine temperament) \((n=22)\). Balghami mizaj (phlegmatic temperament) \((n=13)\), and 2 patients of Saudavi (melancholic temperament) were found. **Conclusion:** It can be concluded that patients with Safravi mizaj (bilious temperament) are more prone to develop pruritus vulvae.

**KEYWORDS:** Pruritus vulvae, Hikkatul farj, mizaj, temperament, Unani.

**INTRODUCTION**

The concept of Mizaj (Temperament) is distinctive to Unani system of Medicine and the whole system is based on the fundamentals of Mizaj. Hippocrates (460-370BC), the father of Medicine, was the first to propose the principles of Mizaj. The concept of Mizaj states that the individual temperament of a person is fixed and cannot be changed. After Hippocrates, each and every Unani physician has explained the concept of mizaj as the most important fundamental concept of Tibbe-e-Unani. Every person has a unique Mizaj, which includes his/her physical characteristics, physiological profile, psychological and emotional status.[1] It also forms the basis of diagnosis and treatment of disease. Health and vigor stay as long as the temperament is in its balanced state, and any alteration from normal indicates the disease. Alteration in normal mizaj depends upon the change in environmental factors, i.e., asbab-e-sitta zaruriya and asbab-e-ghair zaruriya and ultimately resulting in the occurrence of a disease.[2] Restraining these factors and maintaining the normal mizaj of an individual is an important step in treating the disease in Unani system of medicines. The predisposition of a disease mainly depends on the mizaj such that the prevalence of a specific disease will be more in a specific temperament when compared to different temperaments in different phases of their lives.[1]

**Pruritus vulvae (Hikkatul farj)** is one of the most typical gynecological conditions, which presents with a myriad of different causes. It may cause immense pain and embarrassment for those affected, negatively impacting the quality of life. The exact incidence is not known, although most women complain of vulvar pruritus at some point in their lifetime. Itching is the single most presenting complaint, occurring in 70% of females of all age groups consulting a Gynaecologist for vulvar diseases.[3] It affects up to 10% of women at some point in their life.[4] Chronic vulvar pruritus has been the most disquieting physical and sociologic disorder for many patients as well as for their consultants.[5]
In classical Unani literature pruritus vulvae is mentioned as Hikkatul farj, Kharish rahem, Hikkah mehbal and Rahem ki khuji. Ancient physicians have described Hikkatul farj as the intense itching sensation of vulva which urges the patient to rub or scratch it. The causes mentioned for the disease are khitte haad safravi, balgham malih, khitte boriqi ya akkal saudavi, hiddate manti sailanur rahem warm-e-rahem muzmin, qarah fam-e-rahem, ehtebas-e-haiz, qabz, ziabetis, deedan e ama, bawasir, futoor-e-haiz iltehab-e-mehbal, and fasaad-e-dam etc. Rabban Tabri (780-850AD), in his book Firdaus-ul-Hikmat said that Hikkatul farj is the result of Ratoobate ghaleeza, which has become hot. Ali Ibn Abbas Majoosi (930-994AD), in his book Kamil-us-Sana Vol-I, explained that the disease is caused by Ghair-tabayee safra and Dam.

Signs and Symptoms (Alamat)

- Intense itching and burning over the vulva usually increases during the night
- Vaginal discharge
- Reddened and inflamed vulva
- Excoriation or ulcers over the vulva due to itching and scratching
- Pus discharge from ulcers due to superadded infection
- Dysuria
- Burning micturition
- Frequency of micturition
- Increase sexual desire, or there may be loss of libido
- Increased thirst
- General debility
- Sometimes intense itching may lead to uterine prolapse.

Objectives of the study

- To evaluate the temperament (Mizaj) in the patients of Pruritus vulvae (Hikkatul farj).

Methodology

The present study is an observational study conducted in the Outpatient Department (OPD) and Inpatient Department (IPD) of Amraz-e-Niswan wa Atfal, Ajmal Khan Tibbiya College Hospital, Aligarh Muslim University, Aligarh. Total 80 patients were taken as the sample size. The patients were enrolled in the study after fulfilling the following criteria.
Ethical considerations
The study was approved by the Institutional Ethical Committee (AMU)

Inclusion criteria
- Married women in the age group of 18-45 years.
- Patients complaining of vulval itching with vaginal discharge
- Willing to participate in the study

Exclusion criteria
On the basis of history, clinical examination, and laboratory tests (in some cases whenever required)
- Pregnant women
- Lactating mothers
- Unmarried patients
- Patients in Menopausal age group
- Patients with generalized skin lesions.
- Patients with other localised skin lesions like scabies, psoriasis etc.
- Diagnosed cases of AIDS, Syphilis, Gonorrhea and *Chlamydia trachomatis*
- Patients with systemic diseases and malignancy
- Patients on OCPs

**Temperament (Mizaj) questionnaire**
Temperament (Mizaj) of the subjects enrolled in the study was assessed by a standard questionnaire-based on “Ajnas-e-Ashra” as described in the classical Unani literature\(^2\), formulated by Central Council for Research in Unani Medicine (CCRUM), Ministry of AYUSH, New Delhi (Annexure-i). On the basis of the total score of “Ajnas-e-Ashra” (10 determinants), a particular Mizaj was assigned to the patient.

**OBSERVATION AND RESULT**
Table no. 01: Distribution of patients according to *Mizaj* (Temperament).

<table>
<thead>
<tr>
<th><em>Mizaj</em></th>
<th>No. of patients</th>
<th>% age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanguine (<em>Damvi</em>)</td>
<td>22</td>
<td>27.50</td>
</tr>
<tr>
<td>Phlegmatic (<em>Balghami</em>)</td>
<td>13</td>
<td>16.25</td>
</tr>
<tr>
<td>Bilious (<em>Safravi</em>)</td>
<td>43</td>
<td>53.75</td>
</tr>
<tr>
<td>Melancholic (<em>Saudavi</em>)</td>
<td>2</td>
<td>2.50</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Inference: Table no. 01 and graph no. 01 shows that maximum number of patients 43 (53.75%) were of Safravi mizaj (Bilious temperament). Followed by 22 (27.5%) Damvi, Balghami 13 (16.25%) and 2 (2.5%) Saudavi mizaj.

DISCUSSION

According to Mizaj (temperament), the maximum number of patients, 43 (53.75%), were of Safravi Mizaj (Bilious temperament). Followed by 22 (27.5%) Damvi, Balghami 13 (16.25%) and 2 (2.5%) Saudavi Mizaj. This finding correlates with the study done by Tabassum Ali Bhatt in NIUM\textsuperscript{[15]} and Nasreen Aainuddin in AKTC\textsuperscript{[16]} where the maximum number of patients of sailan-ur-rahem were of Safravi Mizaj. But it doesn’t correlate with the study of Mariyam Roqaiya where the majority of patients had Damvi Mizaj\textsuperscript{[17]} This disease is more prevalent in the reproductive age group, which is correlated with the quote of Ibn Sina that mature persons tend to be Safravi\textsuperscript{[18]}. According to other Unani Physicians like Al Razi, Majoosi, and Ismail Jurjani, this disease occurs due to Khilt-e-haar (Dam and Safra)\textsuperscript{[19]}

CONCLUSION

From this study, it has been concluded that patients with Safravi Mizaj are more prone to be affected by Pruritus vulvae as compared to other mizaj. So, the temperament of a patient may be considered as an important factor in the pathogenesis of Pruritus vulvae. Since it is a complicated disease of multifactorial origin, frequently affecting the patient’s quality of life,
an early screening could provide an opportunity to target the group for promoting healthy lifestyles and early intervention to prevent future morbidity.

ACKNOWLEDGMENT

We thank our patients who kindly consented to become the subjects of this study.

CONFLICTS OF INTEREST

None.

REFERENCES


Annexure-i

Mizaj assessment chart

<table>
<thead>
<tr>
<th>S. no</th>
<th>Parameters</th>
<th>Damvi/ Sanguineous</th>
<th>Balghami/ Phlegmatic</th>
<th>Safravi/ Biliious</th>
<th>Saudavi/ Melancholic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complexion</td>
<td>Reddish/wheatish brown</td>
<td>Chalky/ whitish</td>
<td>Pale/yellow ish</td>
<td>Purple/Blackish</td>
</tr>
<tr>
<td>2.</td>
<td>Body Built</td>
<td>Muscular &amp; Broad</td>
<td>Fatty &amp; Broad</td>
<td>Musculatur &amp; thin</td>
<td>Skeletal</td>
</tr>
<tr>
<td>3.</td>
<td>Touch</td>
<td>Hot &amp; soft</td>
<td>Cold &amp; soft</td>
<td>Hot &amp; dry</td>
<td>Cold &amp; dry</td>
</tr>
<tr>
<td>5.</td>
<td>Movement</td>
<td>Active</td>
<td>Dull</td>
<td>Hyperactive</td>
<td>Less active</td>
</tr>
<tr>
<td>6.</td>
<td>Diet (most liked)</td>
<td>Cold &amp; dry</td>
<td>Hot &amp; dry</td>
<td>Cold &amp; moist</td>
<td>Hot &amp; moist</td>
</tr>
<tr>
<td>7.</td>
<td>Weather (most suitable)</td>
<td>Spring</td>
<td>Summer</td>
<td>Winter</td>
<td>Autumn</td>
</tr>
<tr>
<td>8.</td>
<td>Sleep</td>
<td>Normal (6-8 hours)</td>
<td>Excess</td>
<td>Inadequate</td>
<td>Insomnia</td>
</tr>
<tr>
<td>9.</td>
<td>Pulse</td>
<td>Normal in rate (70-80/min)</td>
<td>Slow in rate (60-70/min)</td>
<td>Rapid in rate (80-100/min)</td>
<td>Slow in Rate (60-70/min) Less in volume</td>
</tr>
<tr>
<td>10.</td>
<td>Emotions</td>
<td>Normal</td>
<td>Calm &amp; Quiet</td>
<td>Angry</td>
<td>Nervous</td>
</tr>
</tbody>
</table>

(Maximum number of ticks in a particular column denotes the dominant temperament)

*Mizaj (Temperament) of patients*

*Damvi* (Sanguine): ..........................................................  

*Balghami* (Phlegmatic): ..........................................................  

*Safravi* (Bilious): ..........................................................  

*Saudavi* (Melancholic): ..........................................................