

## CLINICAL EVALUATION OF MIZAJ (TEMPERAMENT) OF THE SUBJECTS OF PELVIC INFLAMMATORY DISEASE

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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 these fundamentals of Mizaj. The Hippocrates (460-370BC), father of Medicine was the first to propose the principles of Mizaj (temperament). The theory of Mizaj states that the individual temperament (Mizaj) of a person is fixed and cannot be changed. Just as a fingerprint cannot be changed, so our fundamental temperament (Mizaj) cannot be changed. Each individual may have their own likes, dislikes, interests and skills. These all characteristics make up the unique disposition or temperament (Mizaj). People of one type of mizaj (temperament) may be prone to a particular group of diseases in

different phases of their life. Hippocrates rightly said, *"It is more important to know what sort of person has a disease, than to know what sort of disease a person has"*. A person's temperament (Mizaj) has a direct influence on the state of health and inclination towards illnesses. Unani physicians have classified the mizaj (temperament) of an individual into four types namely *Damvi (sanguine)*, *Balghami (phlegmatic)*, *Safravi (bilious)* and *Saudavi (melancholic)*. Thus, knowledge of temperament can help in planning a diet that is optimum for an individual and physical activities that promote a happy, healthy and productive lifestyle enabling people to live in harmony with self and world around them. Pelvic Inflammatory Disease (PID) is a major source of short and long-term morbidity amongst the women in reproductive age group, perhaps also the most important avoidable cause of female tubal factor infertility. **Objectives:** This study tried to assess and establish the temperament (Mizaj) of patients of Pelvic Inflammatory Disease. The consideration of this study had the potential to prevent and treat Pelvic Inflammatory Disease based on classical theory of

temperament (Mizaj). An early and accurate diagnosis of pelvic inflammatory disease (PID) is of paramount importance for the effective management of the acute illness and for the prevention of long-term sequelae. **Material & Methods:** The study was carried out at A& U Tibbia College, Karol Bagh, New Delhi-05. 60 subjects with confirmed clinical diagnosis of PID complying inclusion and exclusion criteria's were included in the study. Mizaj (temperament) of the subjects was assessed by a standard questionnaire of temperament. **Literature Review:** All the renowned classical Unani textbooks were searched for the term "Warm-e-Rahm", such as Kitab al-Hawi, Al-Qanoon fil-Tib, Al-Moalijat-i Buqratiya, Zakhira Khwarzam Shahi, Kitab al-Mukhtarat-fit-Tibb, Kitab al-Taisir, Tarjuma Shara Asbab, etc. The etiology, sign and symptoms and management were carefully studied and recorded. Modern medicine texts such as Dutta's Textbook of Gynecology, Shaw's Textbook of Gynaecology, etc were also searched for references. Beside this, related articles from authentic journals in PubMed and Google Scholar were also explored. **Results:** 60 subjects were enrolled for the study. The maximum number of subjects was found in 25-29 years age group. Highest number of subjects was of balghami mizaj (phlegmatic temperament) (n=30) followed by saudawi (melancholic temperament) (n=14). 10 patient of damvi (sanguine temperament) and 6 patients of safrawi (bilious temperament) were found. **Conclusion:** In light of this study, it can be concluded that patients with damvi (sanguine) and safravi (bilious) mizaj are prone to develop acute form of PID and with subsequent shift of acute inflammation towards mild and chronic grade; the mizaj (temperament) also shows predominance of balghami (phlegmatic) and saudaviyat (melancholic) constitution. So the temperament of a patient may be considered as an important factor in the pathogenesis of PID.

**KEYWORDS:** Pelvic inflammatory disease, mizaj, temperament, damvi, balghami, safravi and saudavi mizaj.

## 1. INTRODUCTION

The concept of Mizaj (Temperament) is unique to Unani system of Medicine and the whole system is based on these fundamentals of Mizaj. The Hippocrates (460-370BC) gave the fundamental principles of with a belief that the body of the individual is composed of four basic elements, which together, are termed as 'Anasir-e-Arba' or Arkan'(Elements) comprising earth, water, air and fire. The Anasir-e-Arba possesses four different qualities, i.e. hot, cold, dry and wet. The admixture of these four basic elements results in the formation of

four biological fluids or Akhlat (Humors) viz. Blood (Dam), Phlegm (Balgham), Bile (Safra) and Black bile (Sauda); a right proportion, according to quality and quantity constitutes health and upright proportion and irregular distribution, according to their quantity and quality constitutes disease. When these different Kaifiate Arba (qualities) of Arkan (elements) acts and reacts by their powers, then previous qualities become diminished and a new moderate quality is developed which is known as Mizaj.<sup>[1]</sup> The theory of Mizaj states that the individual temperament (Mizaj) of a person is fixed and cannot be changed. Just as a fingerprint cannot be changed, so our fundamental temperament (Mizaj) cannot be changed. We all are different. It can be understand as one may seldom get cold, someone else may always need a jersey. One hate mornings and can stay up all night; another may love getting up dawn. Each individual may have their own likes, dislikes, interests and skills. These all characteristics make up the unique disposition or temperament (Mizaj).<sup>[2]</sup>

According to Unani medicine, the state of health resides in body till the maintenance of Motadil Mizaj (natural temperament) within the cells, tissues, organs, fluids, etc. of the body. Maintenance of mautadil mizaj means the maintenance of static or constant conditions (hemostasis) in the internal environment of the cells or the whole body.<sup>[3]</sup> When motadil mizaj is lost it is termed as Mizaj-e-Ghair Mautadil (immoderate temperament), a temperament which deviates to certain degree from the moderation in the natural temperament.<sup>[4]</sup>

Excess of any of the four basic humours (akhlat) of body obviously exerts its influence on the mizaj (temperament) of the person and treatment is based upon the correction of that particular humor (khilt). Hence mizaj (temperament) plays an important role in assigning specific treatment of any disease.

## 2. Objectives of the study

This study aimed to assess and establish the temperament (Mizaj) of patients of Pelvic Inflammatory Disease. The consideration of this study had the potential to prevent and treat Pelvic Inflammatory Disease based on classical theory of temperament (Mizaj). An early and accurate diagnosis of pelvic inflammatory disease (PID) is of paramount importance for the effective management of the acute illness and for the prevention of long-term sequelae.

### 3. MATERIAL AND METHODS

It is an observational study, carried out at Ayurvedic & Unani Tibbia College, Karol Bagh, New Delhi-05 during 2010-2012. A comprehensive protocol was framed and approved prior to the commencement of the study. 60 subjects with sign and symptoms of PID as per screening criteria were enrolled for the study. All the screened subjects were then subjected to Revised CDC criteria for confirming the clinical diagnosis. Subjects agreed to participate in the study were given informed consent form to go through the details and sign the consent form. During the enrollment procedure, complete history including general physical and systemic examination was carried out and recorded on a case report proforma.

#### Criteria for screening of cases

- Lower abdominal pain
- Abnormal vaginal discharge
- Elevated temperature with chills associated with nausea & vomiting
- Irregular bleeding
- Urinary symptoms such as dysuria, burning micturition etc.
- Dyspareunia

All the screening parameters were strictly in accordance with prevalence of symptoms in cases of laparoscopically proven PID. Patients presenting with any of the one above mentioned symptoms were screened for the clinical evidence of pelvic inflammatory disease. All the screened subjects underwent speculum and bimanual vaginal examination. Cusco's bivalve speculum was used for per speculum examination and all the other aseptic precautions were taken for per speculum and per vaginal examination. Patients were subjected to lab. Investigations for routine examination and exclusion i.e. CBC, ESR, Urine-Routine & Microscopic examination, Random Blood Sugar, LFT, KFT, Mantoux Test, PAP smear, VDRL, USG, Gram's Staining of the Endocervical Swab.

Subjects with confirmed clinical diagnosis of uncomplicated Pelvic Inflammatory Disease as per Revised CDC criteria for the diagnosis of PID were subjected to inclusion and exclusion criteria's as outlaid in the approved protocol

#### Inclusion Criteria

- Women between the ages of 20 to 40 years.
- Married females.

- Medical diagnosis of uncomplicated pelvic inflammatory disease.
- Positive clinical findings confirming the diagnosis of mild to moderate pelvic inflammatory disease as per CDC Criteria.
- Only women with first episode of PID were included.
- Patients willing to comply with various demands of study executives.
- Patients willing to sign informed consent form to participate in the study.

### **Exclusion Criteria**

- Complicated cases of PID i.e Presence of TO abscess etc confirmed by clinical examination and by ultrasonography.
- Women with recurrent PID or chronic PID excluded by careful history taking.
- Patients seropositive for syphilis excluded by negative VDRL.
- Women with previous antibiotic therapy excluded by careful history taking.
- Tuberculos peritonitis excluded with the help of Mantoux test and chest radiograph in suspected cases on clinical examination.
- Patients with malignancy ruled out in suspected cases where the patients will appear with signs of bad erosions, hypertrophy and presence of multiple nabothian follicles and PAP smear.
- Pregnancy.
- Concomitant disease that may affect the evaluation of response to protocol therapy (such as inflammatory bowel disease or significant renal or hepatic disease).
- Diabetes mellitus excluded by careful history taking and blood sugar random examination.
- Liver diseases and Chronic Renal Failure.

### **Investigations**

- Certain investigations were carried to exclude the subjects as part of exclusion criteria.

### **Temperament (Mizaj) Questionnaire**

Mizaj (temperament) of the subjects was assessed by a standard questionnaire formulated by Central Council for Research in Unani Medicine (CCRUM), Ministry of AYUSH, New Delhi (Annexure-I).

#### 4. Review of Literature

The general term pelvic inflammatory disease has been used to describe infection of the uterus and fallopian tubes usually occurring following ascent of bacteria present in the cervix and presents with history of abnormal vaginal discharge, fever and adnexal tenderness.<sup>[5]</sup> The actual burden of disease is unknown, but data from the USA suggest that > 10.0% of women of reproductive age have a history of PID.<sup>[6]</sup>

In Unani medicine, there is no such description of diseases with the name of pelvic inflammatory disease, as disease has been categorized recently just a century before. However, 'warm-e-reham' (inflammation of uterus) has been described in full details. The inflammation of cervix, uterus, fallopian tubes and ovaries are collectively named as warm-e-reham. Moreover, the causes, clinical features and pathology of warm-e-reham described in Unani medicine seem to be similar to that of PID.

According to Hippocrates the main cause of disease is impairment of humors (akhlat). The inflammation of uterus occurs like that of other organs. The anatomical texture and position of uterus makes it difficult to expell out the unwanted matter.<sup>[7]</sup> In the inflammation of uterus, the muscular layer is principally involved and it extends to other layers of the uterus.<sup>[7]</sup> Most of the ancient Unani scholars such as Razi (860-925 AD)<sup>[8]</sup>, Ibn-e-Sina (980-1037 AD)<sup>[9]</sup>, Jurjani (1878 AD)<sup>[10]</sup>, Majoosi (1160-1240 AD)<sup>[11]</sup> have classified warm-e-reham according to the predominance of causative humour (khilt) into three categories, i.e, Warm Haar; resulting from either safravi (bilious) or damvi (sanguine) humor<sup>[12]</sup>, Warm Balghami (phlegmatic) and Warm Saudavi (melancholic)/Sulb. Warm haar is synonymous with acute PID, warm balghami is synonymous with mild to moderate PID and Warm Saudavi (melancholic)/Sulb is synonymous with chronic PID.

#### Kafiyat (Qualities) of Temperamental types

Each of four temperament (Mizaj) has got specific kafiyat (quality), which is as follows:

- Damvi Mizaj (Sanguinous temperament): *Hot and Wet*
- Safravi Mizaj (Bilious temperament): *Hot and Dry*
- Balghami Mizaj (Phlegmatic temperament): *Cold and Wet*
- Saudavi Mizaj (Melancholic temperament): *Cold and Dry*

**Characteristics of Damvi Mizaj (Sanguinous temperament) individuals**

These people are tall, strong and have muscular body, broad chest, large and strong bones and well-formed joints, reddish complexion, thick, black and straight hair which shows rapid growth, mildly prominent veins, full and strong pulse. They get troubled with hot environment and food. They feel comfortable with cold and dry things and like cold weather. Their digestive power is wonderfully good; the appetite keen, sleep sound, excreted urine is concentrated and in moderate quantity, physical activity and speech are average, psychological aggressiveness and psychic condition comes on easily and easily lost, mental condition is good, in dream red object are seen frequently and the general health is remarkably sound. The sanguineous individual looks everything from the bright side. He is optimistic and is always sure of success. He is extrovert and makes acquaintance with other people.

**Characteristics of Safravi Mizaj (Bilious temperament) individuals**

These peoples have a medium stature, thin and hairy body, moderate musculature, deficient fat, well-formed and prominent joints, yellowish complexion, thick, curly, black, rough and abundant hairs, prominent Veins, strong and rapid pulse. They pass fiery and yellow urine. Sometimes, they feel sensation of pain and pricks over the body. They feel comfortable with cold things and get troubled with hot things. Their most suitable weather is winter. The bilious (savravi) temperament manifested a short response delay, but the response is sustained for a relatively longer time. Their digestive organs are active, appetite is good and sleep is light and often disturbed. According to Ahmad, these people are proud, revengeful, shrewd, and zealous and get angry quickly. They are also energetic and intelligent individuals with a strong inclination to indulge in sexual pleasure.

**Characteristics of Balghami Mizaj (Phlegmatic temperament) individuals**

They have flaccid and obese body built with soft and flabby muscles, flat chest, large and not well formed joints, whitish complexion, thin, straight, brownish or whitish hairs which shows slow growth, not prominent blood vessels, soft, slow and infrequent pulse. Their urine is colourless and more in quantity. They experience excessive heaviness of the body. Their movements and activities are sluggish. Their functions like digestion, appetite and thirst are poor, sleep is excessive, memory is bad and irretentive and their power of imagination and perception is slow and feeble. These people feel comfortable with the use of hot and dry things and in hot weather. They are sexually frigid and also do not get angry easily. The

phlegmatic (Balghami) temperament is characterized by a longer response delay but the response is also short-lived.

### Characteristics of Saudavi Mizaj (Melancholic temperament) individuals

They have lean and thin built with narrow chest, coarse and rough skin. Body hairs are profuse and the complexion is dark. Hairs are black, thin but have slow growth. According to Ahmad, the blood vessels are narrow and pulse is slow. Their digestion is weak and has irregular appetite. They have interrupted sleep and often suffer from insomnia. Their sense is acute and excellent memory. Hock observed that the individuals of this temperament are irresolute, reserved, despondent without courage, slow and awkward. He further writes, "The melancholic is a man of missed opportunities." They show sluggish inclination towards sexual activity. They experience excess of evil thought and anxieties. The melancholic temperament exhibit along response delay and the response is sustained at length, if not, seemingly permanently.

**Table 1 shows ten characteristics of different temperament (Ajnas-e- Ashra)**

Parameters	Damvi (Sanguine)	Safravi (Bilious)	Balghami (phlegmatic)	Saudavi (melancholic)
<b>(1) MALMAS (Touch)</b>				
i) Touch	Moderately Soft	Dry	Soft	Dry
ii) Temperature	Warm	Warm	Cold	Cold
<b>(2) LAHM-WA-SHAHM (Muscles and Fat)</b>				
Body Built	Muscular Muscles are fully developed & strong	Moderately muscular & less Fatty Muscles are moderately developed/ large joint	Fatty less muscular joint well covered	Lack of fat & muscle Muscles are under developed
<b>(3) SHAIR (Hairs)</b>				
(i) Texture	Thick & lusty	Thick & curly	Thin & straight	Coarse
(ii) Growth & Distribution	Rapid average	Rapid profuse	Slow scanty	Rapid excessive
(iii) Colour	Blackish	brownish	Black	white
<b>(4) LON-E-BADAN (Body Complexion)</b>				
Complexion	Reddish	Yellowish	Whitish	Blackish
<b>(5) HAYAT-E-AZA (Physique)</b>				
(i) Built	Muscular & firm	Slim & firm	Fatty & flabby	thin
(ii) Chest	Broad	Wide	Flat	Narrow
(iii) Height	Tall	Medium	Short	Short
(iv) Blood vessels	Mild prominent	More prominent	Not prominent	Narrow
<b>(6) KAIFIAT-E-INF'AL (Responsiveness of organs)</b>				
(i) Tolerate well	Dryness	Cold	Heat	Dampness
(ii) Remains well in	Spring	Winter	Summer	Autumn
<b>(7) AFAL-E-AZA (Functions of the body organs)</b>				
(i) Digestion	Average	Strong	Poor	Irregular



(ii) Appetite	Normal	Increased	Less	Feeble
(iii) Taste	Sweet	Bitter	Normal	Sour/normal
(iv) Thirst	Normal	Increased	Decreased	Low
(v) Salivation	Moderate	Decreased	Increased	low
(vi) Voice	High	Medium	Slow	Slow
(vii) Respiratory rate	Easily/rapid	Rapid/increased	Regular slow	slow
(viii) Physical activity	Average	Hyperactive	Not active	Decreased
(ix) Speech	Average	Quick	Slow	Slow
(x) Pulse	Azeem wa qawi	Sari wa mutawatir	Saghir wa bati	Bati wa sulb
(xi) Nausea	Sometimes	Very rare	Frequent	Frequent
(xii) Favourable diet	Cold & dry	Cold & moist	Hot & dry	Hot & moist
(xiii) Dislikes	Hot & moist	Hot & dry	Cold & moist	Cold & dry
<b>(8) FUZLAT-E-BADAN (Excreta of the body)</b>				
(i) Urine colour	Normal/reddish	Yellowish	whitish	Darkish/blackish
(ii) Urine quantity	Moderate	Less	More	Less
(iii) Urine conc.	Concentrated	Dilute	Turbid	Turbid
(iv) Stool Consistency	Semi Solid	Loose	Loose	Constipated
(v) Stool quantity	Voluminous	Less amount	Voluminous	Less amount
(vi) Stool odour	Odour full	Odour full	Average bad odour	less
(vii) Stool colour	Brownish	yellowish	Whitish	Blackish
(viii) Sweat	Odour full	More odour full	Average bad odour	Less
<b>(9) NOM-WA-YAQZA (Sleep and Wakefulness)</b>				
Sleep	Average	Less	Excessive	Less & Disrupted
<b>(10) INFALAT-E-NAFSANIA (Psychic reactions)</b>				
(i) Response	Aggressive	Brave	Weak	Coward
(ii) Anger/Joy	Easily come, easily lost	Frequent, severe & persist for long time	Comes hardly, easily lost	Infrequent but persists
(iii) Mental Alertness	Enthusiastic prepared	Reactive provoked	Dull sluggish	Deep thinking
(iv) Memory	Excellent, Long term, retenti	Good, Short term, retention	Not good Cannot retain for long time	Not good but excellent retention
(v) Behavior	Cheerful	Angry/loose temper easily	Calm, quick	Depressed, nervous
(vi) Decision	Take bold	Quick	Hesitate	afraid
(vii) Dreams	Blood, red object	Fire, red or yellow object	White, cold object	Fearful, black object

## 5. RESULTS

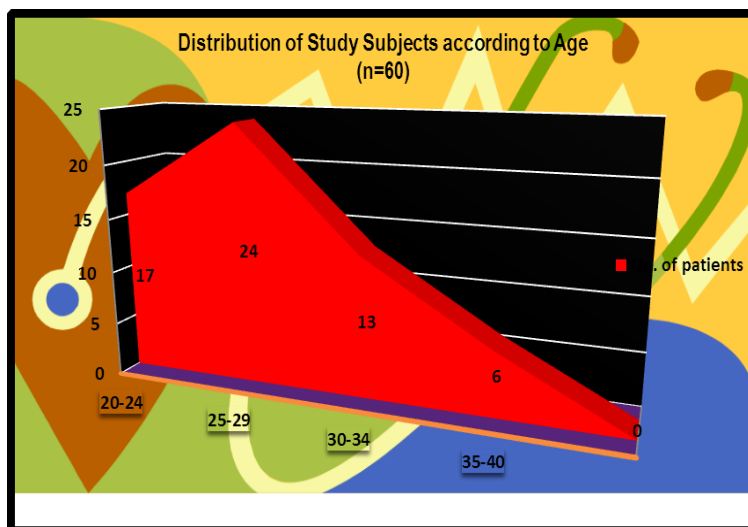
During the course of the study, subjects were divided into four age groups to study the prevalence of disease among the different age groups viz are 20-24 yrs, 25-29 yrs, 30-34 yrs and 35-40 yrs age groups. The highest number of subjects i.e., 24 (40%) subjects were observed in age group of 25-29 yrs followed in decreasing frequency by 20-24 yrs age group i.e., 17 (28.4%) subjects, 30-34 yrs age group i.e., 13 (21.6%) subjects and 35-40 yrs age group i.e., 6 (10%) subjects [Table.No.2].

Most of the patients presented with chronic PID i.e., 23 (38.3%) followed by mild PID i.e., 21 (35%). Only 16 (26.7%) patients of acute PID were registered [Table No.3].

Highest number of subjects was of balghami mizaj (phlegmatic temperament) 30 (50%) followed by saudawi (melancholic temperament) 14 (23.3%). 10 (16.7%) patient of damvi (sanguine temperament) and 6 (10%) patients of safrawi (bilious temperament) was found [Table.No.4].

**Table No. 2: Distribution of study subjects according to Age (n=60)**

Age Group (years)	No. of patients	Percentage (%)
20-24	17	28.4
25-29	24	40
30-34	13	21.6
35-40	6	10
<b>Total</b>	<b>40</b>	<b>100.0</b>



**Table No. 3: Distribution of study subjects according to Severity of Disease (n=60)**

Severity of Disease	No. of patients	Percentage (%)
Acute	16	26.7
Mild	21	35
Chronic	23	38.3
<b>Total</b>	<b>60</b>	<b>100.0</b>

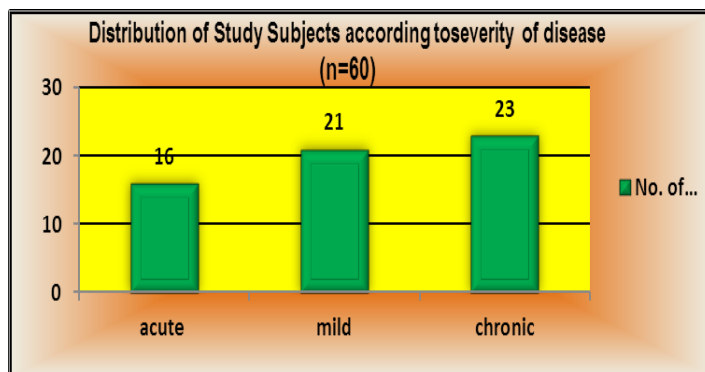
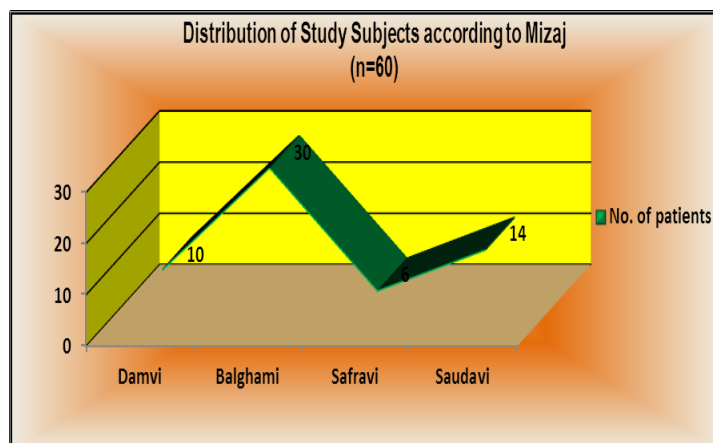


Table No. 4: Distribution of study subjects according to Temperament (Mizaj) (n=60)

Mizaj	No. of patients	Percentage (%)
Damvi (Sanguine)	10	16.7
Balghami (Phlegmatic)	30	50
Safravi (Bilious)	6	10
Saudavi (Melancholic)	14	23.3
<b>Total</b>	<b>60</b>	<b>100.0</b>



**Annexure-I**

**PROFORMA FOR THE ASSESSMENT OF MIZAJ (TEMPERAMENT)**

Developed By

Central Council for Research In Unani Medicine

**PROFORMA FOR ASSESSMENT OF MIZAJ (TEMPERAMENT)**

Name	:
Father's Name-Native place	:
Mother's Name-Native place	:
Address	:

Age		Sin-e-Numu (up to 25 yrs) <input type="checkbox"/>	Sin-e-Shabab (26-40 yrs) <input type="checkbox"/>	Sin-e-Kuhulat (41-60 yrs) <input type="checkbox"/>	Sin-e-Shaikhukhat (> 60 yrs) <input type="checkbox"/>
Gender :		Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Place of Birth**		:			
Native Place**		:			
Occupation					
Socio- Economic Status		HIG <input type="checkbox"/>	MIG <input type="checkbox"/>	LIG <input type="checkbox"/>	BPL <input type="checkbox"/>
Dietary Habits		Non Veg <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Occasional Non Veg <input type="checkbox"/>	Occasional Veg <input type="checkbox"/>
** Aqaleem (Geographical Position)					

S.No.	Ajnās	Parameters	MIZĀJ (Temperament)			
			DAMWĪ	BALGHAMI	SAFRĀWĪ	SAWDĀVĪ
1.	Adilla -i- Lams	Touch (Feel of the body)	Hot, Firm Smooth	Cold & Soft Smooth	Hot & Dry Rough	Cold & Dry Rough
2.	Adilla-i-Lahm -o- shahm	Muscularity and Adiposity	Muscular	Flabby (Adipose)	Lean	Very Lean
3.	Adillah-e- sha' r	Body Hair				
		Distribution	Dense	Scanty	Dense	Scanty
		Growth	Average	Slow	Rapid	Slow
		3. Texture	Coarse	Fine	Coarse	Fine
		4. Shape	Wavy	Straight	Curly	Straight
4.	Adilla -i-Lawn-e-Jild	5. Colour	Black	Brown	Black	Brown
		Skin Colour	Towards reddish	Towards whitish	Towards yellowish	Towards blackish
5.	Adilla-i- Hay'at	Physique	Well built, broad chest, blood vessels prominent	Average built, wide chest, blood vessels non-prominent	Thin built, narrow chest, blood vessels prominent,	Thin built, narrow chest, blood vessels superficial,
6.	Adilla -i-Harkat -o-Sukūn	Receptivity of Organs	<u>Quickly warmed</u> (quick response to heat) and <u>Slowly cooled</u> (slow response to cold)	<u>Quickly cooled</u> (quick response to cold) and <u>Slowly warmed</u> (slow response to heat)	<u>Quickly warmed</u> (quick response to heat) and <u>Slowly cooled</u> (slow response to cold)	<u>Quickly cooled</u> (quick response to cold) and <u>Slowly warmed</u> (slow response to heat)
7.	Adilla -i-Nawm -o- Yaqa	Sleep and Wakefulness				
		1. Quality and Duration	Moderate & Sound Sleep	Excessive & Sound Sleep	Less and Restless Sleep	Less & Light Sleep
8.	Adilla	2. Dreams (Dominant Colour and Character)	Red	White	Yellow and fiery	Black and fearful
		Functional state	Moderately	Lethargic and	Hyperac-tive	Sluggish

	-i-Af'āl-i-A'zā'	of organs	active	Sluggish			
	Adilla-i- Nabz	Pulse (Nabz chart Enclosed)	Nabz Azim (Strong & voluminous)	Nabz Bati wa Laiyyin ( Slow & Soft)	Nabz Sari wa Mutawatir ( Rapid & in quick succession)	Nabz Sulb Wa Bati (Hard & Slow)	
	Adilla-i-Zā'iqā	2. Taste	Sweet	Tasteless	Bitter	Sour	
	Adillah -i- Zawq	3.food liking (Reference to be provided)	Cold & dry	Hot & dry	Cold and wet	Hot & wet	
	Adilla -i- 'Atash	4. Thirst	Moderate	Less	Extreme	Excessive	
	Adilla -i- Ishtihā'	5. Appetite	Good	Poor	Very good / Excessive	blunted	
	Adilla -i- Hazm	6. Digestion	Moderate	Slow	Very good	Poor	
	Adilla -i- Nafsāniyya	7. Nervous System Activity (MOTOR)					
		1. Activeness	Active	Sluggish	Hyperactive	Bidirectional	
		2. Adventurousness	Moderate	Low	High	Bidirectional	
		3. Aggressiveness	Moderate	Low	High	Bidirectional	
		4. Boldness	Moderate	Low	High	Low ?	
		5. Gait	Fast	Slow	Very Fast	Bidirectional	
		6. Fatigability	Moderate	Early	Late	Early	
		7. Yawning	Infrequent	Very Frequent	Infrequent	Frequent	
		8. Nervous System Activity (SENSORY )					
	Adilla-i-Af'āl-i-A'zā' (Functional state of organs)	1. Feeling of Heaviness?	Moderate	High	Mild	Negligible	
		2. Receptivity	High	Low	Very High	Very Low	
		3. Alertness?	High	Low	Very High	Bidirectional	
		4. Prickling Sensation	Absent	Absent	Present	Absent	
<b>9.</b>	Adilla-e-Istifrāgh	Excretion					
		Bawl (Urine)	Odour	Strong	Weak	Very Strong	Negligible
			Colour	Reddish	Whitish	Yellowish	Greyish
			Turbidity	Moderate	High	Negligible	High
		Araq (Sweat)	Odour	Strong	Weak	Very Strong	Negligible?
			Colour	Reddish	Whitish	Yellowish	Greyish
	Quantity		More	Less	Excessive	Very Less	
<b>10.</b>	Adilla-i-Quwā Nafsāniyya	Psychological Activity					
		1. Intensity of Anger	Moderate	Low	High	Bidirectional	
		2. Depth of Sadness and Sorrow	Moderate	Low	High	Very High	

		3. Initiativity	Moderate	Low	High	Very Low
		4. Sensitivity	Moderate	Low	High	Least
		5. Irritability	Moderate	Low	Very High	Bidirectional
		6. Optimism	Moderate	Low	High	Very Low
		7. Sympathetic	High	Moderate	Low	Very Low
		8. Apprehensions	Low	Moderate	Low	Very High
		<b>ASSOCIATIONAL</b>				
		1. Intelligence	Moderate	Low	High	Bidirectional ?
		2. Decision taking power	Deliberate & Quick	Delayed	Quick	Very Slow
		3. Firmness	High	Low	Moderate	Very Low
<b>11.</b>	<b>Adilla-i-Fusul</b>	Seasonal Comfort ability	Winter	Summer	Autumn ?	None ?

Depending upon the history and symptoms of the patients.

DAMWĪ	BALGHAMI	SAFRĀWĪ	SAWDĀVĪ
Assessed dominant Temperament			

Signature

Name of the Physician

( )

Date:

## 6. DISCUSSION

The results were analyzed according to age of the study subjects, severity of disease and mizaj (temperament) of the subjects. Analysis of the results of 60 cases of pelvic inflammatory disease revealed following facts which are discussed below:

PID is a very common ailment of married women in India. The disease commonly affects married women of different age groups. In this study maximum number of patients was observed in age group of 25-29 years. These data are in agreement with the findings reported by L Westrom.<sup>[9]</sup>

In this study most of the subjects presented with chronic PID (38.3%) followed by mild form of PID (35%) and least number of patients of acute PID (26.7%).

Maximum number of subjects were found having balghami mizaj (phlegmatic temperament) (50%) followed by saudavi mizaj (melancholic temperament) (23.3%). Only 16.7% and 10% had damvi (sanguine temperament) and safravi (bilious) temperament respectively.

These findings suggested that acute PID is likely to be predisposed by damvi (sanguine) and safravi (bilious) constitution where as in milder and chronic types of PID, the temperament of individual shifts towards balghami (phlegmatic) and daudavi (melancholic) constitution. It validated the statement of Razi (Rhazes)<sup>[8]</sup>, Ibn-e-Sina (Avicenna)<sup>[9]</sup>, Jurjani (Gorgani)<sup>[10]</sup>, Majusi (Haly Abbas)<sup>[11]</sup>, Hubal (ibn hubal)<sup>[12]</sup>, where the different grades of PID are categorized according to the sign and symptoms of disease such as the difference between warm haar (acute type) and warm balghami (mild to moderate type) is that warm balghami is accompanied with heaviness and pain in back, abdominal muscles are relaxed, pain is less severe or absent in warm-e-balghami, there is ascites like appearance in warm-e-balghami due to bulging of pelvic area and there is no fever.<sup>[10]</sup> The typical sign and symptoms of warm haar include abnormal vaginal discharge, high grade fever with chills, coated tongue, nausea, headache, backache, pain in pelvic region and extends to groins, hip joints and in extreme cases to both legs. Patient feels difficulty in walking, if the posterior wall of uterus is involved, pain occurs in back and there is difficulty in defecation and when anterior wall is involved, patient feels difficulty in micturition, tachycardia and tachypnea.<sup>[8,12]</sup> Warm saudavi is also called warm muzmin or chronic inflammation. Sometimes, there is chronic inflammation from the beginning but most of the times it begins as acute and progresses to chronic inflammation. Warm Saudavi (chronic PID) presents with dysuria and heaviness in pelvic region, pain is less severe till this warm is transformed into malignancy, extreme general weakness, both legs are malnourished and oedematous, ascites develops if firmness occurs in inflammation, there is bulging at pelvic and umbilical region, leucorrhoea and dysfunctional uterine bleeding with loss of appetite, indigestion, constipation.<sup>[10,11]</sup>

## 7. CONCLUSION

In light of this study, it can be concluded that patients with damvi (sanguine) and safravi (bilious) mizaj are prone to develop acute form of PID and with subsequent shift of acute inflammation towards mild and chronic grade, the mizaj (temperament) also shows predominance of balghami (phlegmatic) and saudaviyat (melancholic) constitution. So the temperament of a patient may be considered as an important factor in the pathogenesis of PID. Since PID is one of the major causes of female infertility, an early screening could provide opportunity to target the group for promoting healthy lifestyles and early intervention to prevent future morbidity.

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