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Clinical Evaluation of Mizaj (Temperament) of the Patients of Zeequn Nafas (Bronchial Asthma)

Nida Sultana[1], Dr. M.Y. Siddiqui[2], Dr. M.Mohsin[3]
[1]*SRF (Unani), RRIUM, Aligarh*
[2]*Asso. Professor, D/o Moalajat, F/o Unani Medicine, AMU Aligarh.*
[3]*Assisstant Professor, D/o Amraze-jild-wa-Zohrawiya, F/o Unani Medicine, AMU, Aligarh.*
Corresponding Author: Nida Sultana

Abstract
Aims and objectives : To know the incidence of Zeequn Nafas (Bronchial Asthma) in the patients of different temperaments at Ajmal khan Tibbiya College and Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh.
Methodology : The study was conducted on the outdoor patients who attended the Moalajat and modern medicine OPD of Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh, with the shortness of breath due to Bronchial Asthma during 2013-2015. Sixty (60) individuals of both the sexes were included in the study between the ages of 15 to 60 years. The eligible individuals were selected randomly on the basis of clinical symptoms, examinations and who were taking bronchodilator drugs. Then their temperaments were assessed by the pre-structured proforma based on Ajnas-e-Ashra. Lastly on the basis of total score of Ajnas-e-Ashra (10 determinants), a particular Mizaj was assigned to the patient.
Results : The study revealed that 76.67% have Balghami (Phlegmatic) temperament followed by 13.33% have Damvi temperament (Sanguineous) temperament and 10 % in Saudavi Melancholic) respectively. There was no case of Safravi (Choleric) temperament in the study.
Conclusion: On the basis of above results it can be concluded that this disease is more common in Balghami Mizaj persons. Females are found to be more prone to develop this disease.
Keywords: Zeequn Nafas, Bronchial Asthma, Mizaj, Ajnas-e-Ashra

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I. INTRODUCTION

Asthma is a chronic inflammatory disease of the airways characterized by reversible airway obstruction, Inflammation and hyper responsiveness of the airways.[1] The actual term asthma is a Greek word that is derived from the verb aazein, meaning to exhale with open mouth, to pant[2].

The American Thoracic Society produced the most widely quoted modern definition of asthma in 1963, revised in 1987 [ATS 1987]. This now reads: "Asthma is a clinical syndrome characterized by increased responsiveness of the tracheobronchial tree to a variety of stimuli. The major symptoms of asthma are paroxysms of dyspnoea, wheezing, and cough, which may vary from mild and almost undetectable to severe and unremitting (status asthmaticus). The primary physiological manifestation of this hyper responsiveness is variable airways obstruction. This can take the form of spontaneous fluctuations in the severity of obstruction, substantial improvements in the severity of obstruction following bronchodilators or corticosteroids, or increased obstruction caused by drugs or other stimuli."[3]

Asthma is one of the most common chronic diseases globally and currently affects approximately 300 million people world-wide. Approximately 10-12% of adults and 15% of children are affected by the disease and is directly proportional to the rate of urbanization. Epidemiological observations suggest that it has most likely a genetic predisposition.[4] It appears that global prevalence of asthma ranges from 1% to 18 % of the population in different countries.[5,6] [74,75]

The World Health Organization has estimated that 15 million disability adjusted life years (DALYs) are lost annually due to asthma, representing 1% of the total global disease burden. [5,6] [74,75] Annual deaths from asthma have been estimated at 250,000 worldwide.[6,7] [37,75]

Factors that have been implicated in the causation of asthma include urbanization, air pollution, passive smoking and change in exposure to environmental allergens.[7]

This disease is very well recognized since ancient times in Unani system of medicine. Some important synonyms of asthma used by Unani scholars are *Buhr, Rabu, Zeequn Nafas, Dama* and *Intesabun Nafas*.[8,9,10,11,12,13,14] [48,49,50,51,52,53,54] They also described the etiopathological factors, clinical features, types, and various complications of bronchial asthma that are presented in detail in their concerning treatises.

According to Unani Medicine, Mizaj (Temperament) is one of the important pillar among Umoore tabayiyah and it plays a major role whether it is a temperament of any person, drug, or season. It also forms the basis of Diagnosis and treatment of disease. Healthy state of a person is being represented by his Mizaj (temperament) with which every person from birth is endowed. Health and fitness stays as long as the temperament is in its balanced state and any alteration from normal indicates the disease. Alteration in normal Mizaj (temperament) depends upon change in Environmental factors (Asbabe Sitta Zaruriya and Asbabe Ghair Zaruriya) and ultimately favouring the occurrence of the disease. Controlling these external factors and maintaining the normal Mizaj of a person is an important step in treating the disease in Unani theory. The predisposition towards a disease mainly depends on the Mizaj (temperament) such that the incidence of a particular disease will be more in a particular temperament when compared to different temperaments in different phases of their lives.

Therefore, the present study was planned with an objective to know the incidence of Asthma (Zeequn Nafas) in the patients of different temperaments, So that, awareness regarding the temperament and factors that are responsible for its alteration can be prevented and controlled to greater extent by providing specific preventive measures.

Keeping these points into consideration, this study was conducted in the patients attending the Medicine OPD of Ajmal khan Tibbiya College and Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh.

II. METHODOLOGY

The study was conducted on the outdoor patients who attended the Moalajat and modern medicine OPD of Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh, with the shortness of breath due to Bronchial Asthma during November 2013 to November 2014. Sixty (60) individuals of both the sexes were included in the study between the ages of 15 to 60 years. The eligible individuals were selected randomly on the basis of clinical symptoms, examinations and who were taking bronchodilator drugs such as theophylline or Unani pharmacopeal preparation shrbat-e-sadar. Mizaj of the patients was evaluated on standard parameters (Alamat-eAjnas-e-Ashra) as described in the classical unani text (Annexure-I).Then their temperaments were assessed by the pre-structured proforma based on Ajnas-e-Ashra. Lastly on the basis of total score of Ajnas-e-Ashra (10 determinants), a particular Mizaj was assigned to the patient.

III. OBSERVATION AND RESULT

Table No. 1 Distribution of Patients According to Age and Sex

Age group (in years)	No. and % of males	No. and % of females	Total no. and %
10-20	5(8.33)	7(11.67)	12(20.00)
20-30	5(8.33)	6(10.00)	11(18.33)
30-40	9(15.00)	6(10.00)	15(25.00)
40-50	8(13.33)	6(10.00)	14(23.33)
50-60	6(10.00)	2(3.33)	8(13.33)
Total	33 (55)	27 (45)	60(100)

The patients selected for the study in both the groups were divided into 5 age groups. It was observed that maximum number of patients i.e. 15 cases belonged to age group of 30-40 years. 14 cases were recorded in the age group of 40-50 years and 12 cases lie in the age group of 10-20 years and 11 cases in 20-30 years and there were 8 cases in 50-60 years group. Out of 60 cases 27 (45%) were female while 33 (55%) were male. (Table No. 1 and Graph No. 1)

Graph No. 1 Distribution of Patients According to Age and Sex

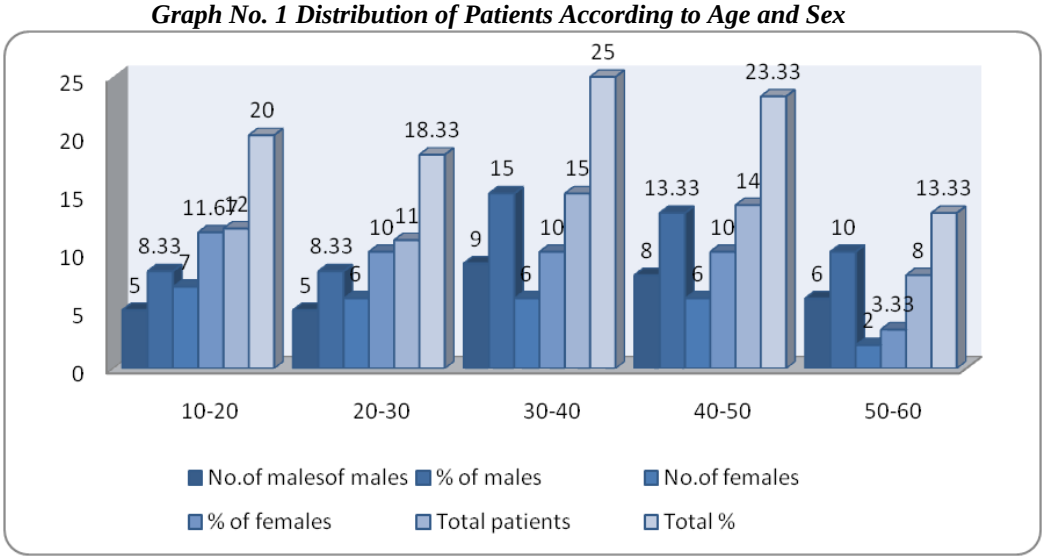
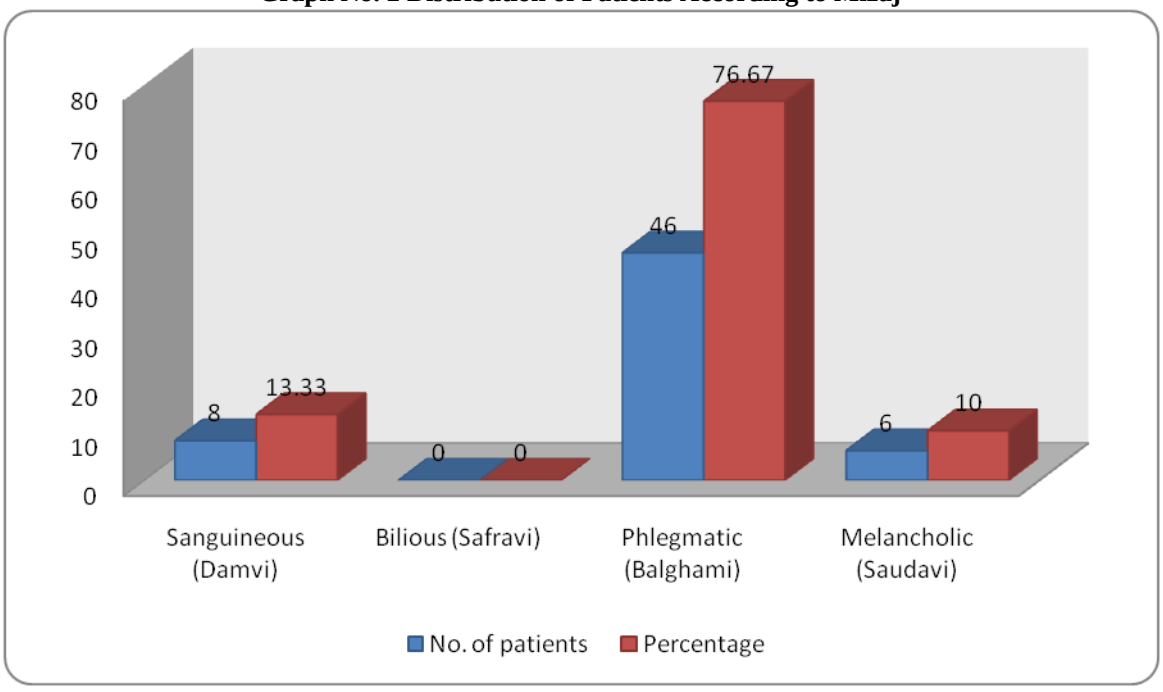


Table No. 2 Distribution of Patients According to Mizaj

Types of temperament	No. of patients	Percentage
Sanguineous (*Damvi*)	8	13.33
Bilious (*Safravi*)	0	0
Phlegmatic (*Balghami*)	46	76.67
Melancholic (*Saudavi*)	6	10

During the study, patients were divided into 4 groups on the basis of their temperament. The temperaments of patient were assessed on the basis of *Ajnas e ashra*. As depicted in the above tables it was seen that most of the patients i.e. 46 (76.67%) were of phlegmatic temperament. There was no case of Bilious (*Safravi*) temperament in both the groups and only 8 cases (13.33%) of Sanguineous (*Damvi*) temperament were found. There were 6 (10.0) cases of Melancholic (*Saudavi*) temperament in the study. (Table No. 2 and Graph No. 2)

Graph No. 2 Distribution of Patients According to Mizaj



IV. DISCUSSION

In Unani medicine it is considered that everything has their own specific mizaj (temperament). Every individual has specific temperament; even drug and disease have their own specific temperament. In Unani System of Medicine the management of any disease depends upon the diagnosis of disease and for that sign, symptom, laboratory findings and mizaj play an important role. So the temperament determination is very important in Unani System of Medicine for characterizing a person normal state, as well as the nature of disease. From the table, it can be seen that maximum number of patients i.e. 46(76.67%) belongs to Balghami Mizaj, followed by 8 (13.33%) of Damvi Mizaj and 6 (10.0%) of Saudavi Mizaj and there was no patient who has Safravi Mizaj as assessed by temperament chart. (Figure 2 and Table 2)

This observation correlates to the theories presented by the eminent Unani physicians like Ibn Sina[15], Al Razi[16], Majoosi[17]and Ismail Jurjani[18]who have mentioned that this disease is caused by accumulation of phlegm and accumulation of phlegm in airways causes inflammation of airways that results in cough and breathlessness.

V. CONCLUSION

From the above study, it has been concluded that patients with Balghami Mizaj are likely to be more affected as compared to the patients with other mizaj. So, Balghami constitution may be considered as an important factor in the pathogenesis of bronchial asthma. Since bronchial asthma is the most distressing disorder affecting nearly 300 million people world-wide nowadays, so early screening could provide opportunity to target the group for promoting healthy lifestyles and early interventions to prevent future morbidities.

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Annexure I

Parameter (Evidence)	Damwi (Sanguineous)	Balghami (Phlegmatic)	Safrawi (Bilious)	Saudawi (Melancholic)
MORPHOLOGICAL				
1.**Skin texture/ Temperature Score:01**	Warm and smooth	Soft and moist	Hard and hot	Rough and cold
2.**Complexion Score:0.5**	Reddish	Whitish	Pale	Blackish
3.**Body built Score:5**	Muscular	Fatty	Moderate	Lean and thin
4.**Texture of hairs Score:0.5**	Thick and Lusty	Thin and smooth	Curly	Straight
5.**Growth and distribution of hairs**	Rapid, Average	Slow, Scanty	Moderate/ Profuse	Excessive

Score:0.5				
6. **Colour of hairs Score:0.5**	Blackish	Brownish	Yellow-black (Golden)	Black and White (Mixed)
PHYSIOLOGICAL				
7. **Urine Score:01**	Moderate in quantity	White, more in quantity	Yellow ,less in quantity	Turbid, less in quantity
8.**Tolerate Well Score:01**	Dryness	Summer	Cold	Dampness
9.**Remains well in Score:03**	Spring	Summer	Winter	Autumn
10.**Appetite Score:01**	Strong appetite(can't skip a meal)	Less appetite (feel heaviness after eating)	Strong appetite (can't skip a meal)	Irregular appetite
11.**Thirst Score:01**	Average (++)	Poor (+)	Increased (++++)	Low (+++)
12.**Digestion Score:01**	Average	Slow	Strong	Irregular
13.**Movements and activities Score:03**	Average in physical activity	Dull laziness	Brisk, Hyper active	Less
14.**Sleep Score:01**	Average	Excess sleep	Disturbed sleep	Insomnia
PSYCHOLOGICAL				
15.**Dream Score:01**	Blood, Red objects	Water, Snow	Fire, Yellow objects	Black, Fearful dreams
16. **Anger/ Joy Score:01**	Comes on easily and easily lost	Comes on hardly	Frequent, Severe and persists for long	Infrequent but persist
17.**Responsee to external stimuli in adverse condition Score:01**	Aggressively respond	Weakly respond	Bravely respond	Cowardly respond
18. **Decision taking power Score:01**	Take Boldly	Hesitate in taking decisions	Take quickly	Afraid in taking decisions
19.**Memory Score:01**	Good retention also good	Not good	Good but can't retain for long	Don't learn easily but excellent retention

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