



## TEMPERAMENTAL ANALYSIS IN CASE OF MENORRHAGIA IN REPRODUCTIVE AGE GROUP

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**ABSTRACT;**

The term menorrhagia is derived from Greek (*men*=month *rhagia*=to burst forth). Menorrhagia denotes cyclic regular bleeding which occur excessive in amount or duration or both. Menorrhagia means excessively heavy menstruation and has been defining as a measured menstrual blood loss more than 80 ml per month. Menstrual disturbances can cause a lot of discomfort, inconvenience and can also disrupt a normal healthy life style. Menorrhagia according to the unani concept can be describe on the basis of gradual changes of temperament of ages as well as concerned organ i.e. ;uterus, ovaries and their mucus membrane . So according to, ilaj bizzid, such therapy should be given which should help the tabiyat to bring temperament to normal. In the present study we have taken 80 patients of menorrhagia in reproductive age group from OPD and IPD Department of Qabalat wa Amraze niswan, Ajmal khan tibia college A.M.U Aligarh. Patients were assessed according to Ajnas-e- ashra in our study we have found the patients with, Safravi temperament were 44% and phlegmatic temperament were 35% along with other temperaments. This study shows that bilious & phlegmatic patients are much prone to developed menorrhagia in reproductive age group.

**Key words;** Menorrhagia, temperament, humor.

**INTRODUCTION**

Menorrhagia is defined as menstruation at regular cycle intervals but with excessive flow and duration and is one of the most common gynecologic complaints in contemporary gynecology. Clinically, menorrhagia is defined as total blood loss exceeding 80 ml per cycle or menses lasting longer than 7 days <sup>1</sup> The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant, <sup>2</sup> Reports show that only 10% of these women experience blood loss severe enough to cause anemia or be clinically defined as menorrhagia.<sup>1, 3, 4</sup> in practice, measuring menstrual blood loss is difficult. Thus, the diagnosis is usually based upon the patient's history. A normal menstrual cycle is 21-35days in duration, with bleeding lasting an average of 7 days and flow measuring 25-80 ml, <sup>5</sup> Patients who lose more than 80 ml of blood, especially repetitively, are at risk for serious medical squeal. These women are likely to develop iron-deficiency anemia as a result of their blood loss. Menorrhagia is the most common cause of anemia in premenopausal women.<sup>6</sup> Normal Menstruation is that 'which is average in quantity (Miqdar) and normal in quality (kafiyat) and is discharged at the time which is normal for nature and health of women & cleans her body by removing harmful constituents of her body'.<sup>7</sup> Normal blood is that in which all humors (akhlat) are in normal proportion with respect to their quality and quantity. Normal menstrual cycle is 30 days including days of menstrual flow. Menorrhagia at pubertal age according to Unani can be described on the basis of gradual change of the **temperament** of ages as well as of concerned organ i.e. uterus, ovaries and arteries and mucous membrane. Normal menstruation flow occurs about every 28 day lasts about 5days and produces total blood loss 30- 40 ml. Some unani physicians considered menorrhagia according to mizaj (temperament) of women other used to find out the organ (reham) defected and some akhlat to be responsible for it.

The literal meaning of mizaj is intermixture. Mizaj indicates the properties of Unsur (Atom), a molecule, a cell, a tissue, an organ and the organism as a whole. Each and every day atom, molecule (murakkab), khilt (humour), cell organand

body as a whole is furnished with a mizaj (equilibrium) upon which their properties, functions and life depends.<sup>8</sup>

Mizaj is defined the new state of matter, having quality different from that present in the elements or compound before coming into imtezaj (intermixture) which result from Action and reaction among the contrary qualities' and power present in the minute particles (atoms) of different elements<sup>9</sup>. When they combine together the resultant new quality, a uniform state or the state of equilibrium emerging after the combination of more then one element is called mizaj (temperament).

The Unani physicians have classified the temperament according to the dominating sign and symptoms as follows.

**1. Damvi Mizaj** (Sanguine temperament)

They have hot and moist temperament, obese and average built. They are very active and tense, and are moderately hypersexual. A good appetite and full strong pulse. They have a slight feeling of heaviness in their body, wide chest and curly hairs& pass fiery (Reddish concentrated) urin.<sup>10</sup>

**2. Balghami Mizaj** (Phlegmatic temperament)

They have cold and wet temperament. Flaccid, obese body. White, pasty skin. They have thin and soft hair, blood vessels are not prominent. There movement and activities are sluggish, intelligence is dull. They do not get angry (Even tempered), over come with drowsiness and experience excessive heaviness of the body. Their digestion is sluggish, urine is white (Colorless).

**3. Safravi Mizaj** (Choleretic or Bilious temperament)

They have hot and dry temperament, get angry quickly and have a shallow complexion, lean hairy body. They are energetic and intelligent with a strong inclination to indulge in sexual pleasure and are fastidious about food, have a strong rapid pulse. Blood vessels are prominent. In some cases sensations of pain and pricks is felt by these individuals over their body. Pass Fiery and yellow urine.

**4. Saudavi Mizaj** (Melancholic temperament) their temperament is cold and dry. They are thin and dark. Their blood vessels are narrow and pulse slow and hard (sulb). They show sluggish inclinations towards sexual activity and

suffer from insomnia. Their urine may be black, reddish black or greenish tinge.

The human body is considered to be composed of following seven natural principals of body known as **Al-Umur-al-tabiya**. These factors are responsible for maintenance of health. Disturbances in any one of these can lead to disease.<sup>11, 12, 10</sup>

1. Al arkan.
2. Al mizaj.
3. Al akhlat.
4. Al aaza.
5. Al arwah.
6. Alquwah.
7. Al afaal.

#### **Asbab-e-sitta zarooriya**

In addition to above seven umur e tabiya the following (six essential causes) Asbabe sitta zaroorya are also considered which influence the human body to preservation of health or causation of disease<sup>8, 10</sup>.

1. AL-hawa al- muheet
2. Al -makool wal- mashroob.
3. Al- harkat wa sukoon e- badaniya.
4. Al- harkat wa sukoon e- nafsaniya.
5. Al- naum wal- yaqza.
6. Al-istefragh wal- ihtebas.

#### **Etiopathology of menorrhagia according to unani concept**

Our renewed unani physician has described the etiopathology of kasrate tams under seven categories:

##### **1. Ghalbae khoon; (excessive congestion of blood).**

Increase in volume of blood (plethora) is either due to increased production of blood or decrease utilization of blood by body tissues, thereby increasing its volume in blood vessels. Tabiyat (the body defensive mechanism) plays its part by eliminating the excess blood from the body, either via nose, gums, and piles or in females by kasrat-e tams<sup>13, 14</sup>.

##### **2. Riqqat wa hiddat khoon (excess in heat and liquidity of blood).**

Some time the mizaj of blood increases in heat and becomes more liquefied. This makes the uterine blood vessels more dilated and tortuous resulting excessive uterine bleeding.

##### **3. Ghalbae safra (dominance in bile)**

Sometimes the dominance of khilte safra alters the temperament of blood by increase in heat, thereby making the blood vessels of uterus fragile.<sup>13, 14</sup>

##### **4. Ghalbae balgham (dominance of phlegm)**

When there is a dominance of khilte balgham in blood, it weakens the uterine blood vessels and musculature. Khilte balgham by its virtues of mizaj "barid ratib" increase the fluidity of blood, hence result in excessive flow of menstrual bleeding.<sup>13, 14</sup>

##### **5. Ghalbae soda (dominance of black bile)**

Emotional disturbances, worry, fright, anxiety, depression etc, are due to elevation of one's temperament to soudavi, there change cause disturbances in menstrual cycle<sup>13, 14</sup>

**6. Zof-e- reham (uterine debility)** frequent pregnancies, abortions and excessive intercourse weakens the uterine musculature. This alters the constricting power of uterine blood vessels. There by resulting in excessive painless menstrual bleeding.<sup>14, 15, 16</sup>

##### **7. Soo -e- mizaj -e- reham.**

The various pathological conditions in the genital tract such as polyps, ulcers or surgery alter the temperament of uterus which weakens the muscles and vessels of uterus result in excessive menstrual flow.<sup>13, 14</sup>

#### **Causes of Menorrhagia According to Unani concept;**

According to Ismaeel al-Jerjaani Bin Husain<sup>17</sup> in "Zakheera-e- Khwarzam shahi" following are causes of menorrhagia.

Weakness of the uterus & uterine vasculature.

##### **1. Ulcers in diseases:-**

Uterus

Polyp or Uterine fibroid uterus

Change in uterine temperament

Uterine rupture

Rupture of uterine vessels

##### **2. Change in blood:-**

Increase in quantity of blood.

Increase in fluidity of blood.

According to Al-majoosi<sup>16</sup>, Zakaria Razi<sup>18</sup>, Abul hasan tabri<sup>19</sup> and Hkm Mohd Azam Khan<sup>20</sup>

Causes of menorrhagia are,

Weakness of retaining power (Quwwate maseka) of the uterus. Increase in the amount of blood or any humour and decrease in its weight. Increase in fluidity of blood. Rupture of uterine vessels. Quantity of body fluid increases leading to weakness in power of retention leads to menorrhagia. Dominant humors i.e. khilte safra, khilte balgham, khilte sauda. Fibroid Uterus & uterine polyps.

According to **Akber Arzani**<sup>21</sup> menorrhagia occur when, Quantity of blood increases (Imtela-ud-dam) in body & tabiyat want to get rid of it. Fluidity of wounds & ulcers. Weakness of uterus after difficult labor leads to rupture of weakened vessels. Rupture of hymen.

#### **Causes of Menorrhagia According to modern concept;**

The etiology of menorrhagia includes hormonal, mechanical, and clotting abnormalities. Hormonal causes include: an ovulation, hypothyroidism, Mechanical causes include: Uterine Polyps, Uterine Fibroids, Intrauterine devices, cancer, Atopic pregnancy, endometriosis, and endometritis. Clotting abnormalities include: vitamin K deficiency, and circulating inhibitors of coagulation.<sup>22</sup> It is important to evaluate younger patients for von Willebrand's Disease (vWD), a bleeding disorder in which heavy menstrual bleeding is a common clinical manifestation.<sup>23</sup>

#### **Method: Diagnosis of mizaj (temperament) by ten principles.**

Besides diagnosing normal or abnormal temperaments (su-al-mizaj) by chemical analysis of different Akhlat (Humor) of the body. The physicians have devised some other ways and means to find mizaj. There are ten parameters upon which a person is tested. There are the sign and symptom by which the temperament is diagnosed is classified in to the following ten division.<sup>10</sup>

- |                         |                                        |
|-------------------------|----------------------------------------|
| 1. Malmas               | (tactile sensation)                    |
| 2. Leham wa shaham      | (muscles and fats)                     |
| 3. Ashaar               | (hairs of the body)                    |
| 4. Laun                 | (color of the body)                    |
| 5. Hayat-al - aza       | (Stature)                              |
| 6. kaifiyat-al-infiial. | (Quality of passiveness of the organs) |
| 7. Naum wa- yaqza       | (sleep and wakefulness)                |
| 8. Afaal-al-aza         | (body functions)                       |
| 9. Fudhlat-al-badan     | (excreta of the body)                  |
| 10. Infalat-e-nafsaniya | (psychic reactions)                    |

#### **MATERIALS AND METHODS**

The aim of this study is to assessment of mizaj in menorrhagic patients. for this purpose patients were registered for clinical trial in the age group of 13- 40 years without any uterine ovarian and other pathology from OPD & IPD department of Amraze niswan wa Qabalat A.K.T.C A.M.U. Aligarh. An assessment of temperament

registered patients in clinical trial was made on the basis of a questionnaire prepared in the light of ten parameter (Ajnas-e-ashra) described in clinical unani books. These cases were diagnosed clinically on the basis presenting clinical signs and symptoms; investigations. Further diagnosis was confirmed by asking the patients, pads used per day, amount of blood flow, Duration of blood flow.

# OBSERVATION AND DISCUSSION

Total 80 patients of menorrhagia were registered for clinical study in reproductive age group (13- 40 years). It has been observed that maximum numbers of patients were in the age

groups of 33-43years (table 1). Maximum no of patients were married 50 and unmarried 30 (Table 2). It has been observed, in married patients Maximum no of patient 36 were multi Para (p4-p5) table 3. It has been observed; out of 80 patients 75 had profuse menstrual flow and 6 moderate blood folw during menstruation table 4. It has been observed out of 80 patients, 35 were assessed Saffravi, 11 patients Damvi, 28 Balgami and 6 were Saudavi temperament. This study shows that patients having bilious &phlegmatic temperament were much prone to developed menorrhagia in all age groups (table 5).

**Table 1. Distribution of temperament according to the age**

| Age in year | No of patients | Percentage | Most finding temperament |
|-------------|----------------|------------|--------------------------|
| 13-23       | 27             | 333%       | Bilious                  |
| 24-33       | 20             | 25%        | Damvi                    |
| 34-43       | 33             | 41 %       | Phlegmatic               |

**Table 2. Classification according to marital status**

| SN    | Patients | marital status | %   | Most finding temperament |
|-------|----------|----------------|-----|--------------------------|
| 1     | 50       | Married        | 62  | Phlegmatic/ Choleric     |
| 2     | 30       | un married     | 37  | Choleric/phlegmatic      |
| Total | 80       |                | 100 |                          |

**Table 3. Classification of patients according to parity**

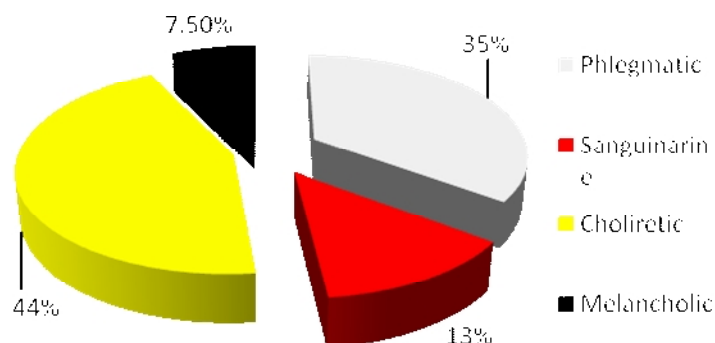
| s.no | Parity      | No of patient | Percentage |
|------|-------------|---------------|------------|
| 1    | P1-p3       | 18            | 22.5%      |
| 2    | P4-p5       | 29            | 36.2%5     |
| 3    | More then 6 | 2             | 2.5%       |
| 4    | No issue    | 1             | 1.25%      |
| 5    | Total no    | 50            | 100%       |

**Table 4. Classification of patient according to blood flow**

| s.no     | No of patient | Blood flow    | Percentage |
|----------|---------------|---------------|------------|
| 1        | 6             | Moderate flow | 7 %        |
| 2        | 75            | Profuse flow  | 93 %       |
| Total no | 80            |               | 100 %      |

**Table 5. Classification according to the temperament**

| S. no | temperament           | No of cases | percentage |
|-------|-----------------------|-------------|------------|
| 1     | Balghami (Phlegmatic) | 28          | 35%        |
| 2     | Damvi (Sanguinarine)  | 11          | 13 %       |
| 3     | Saffravi (Choliretic) | 35          | 44%        |
| 4     | Saudavi (Melancholic) | 6           | 7.5%       |



This study shows that bilious & phlegmatic patients are much prone to develop menorrhagia to all age groups.

## CONCLUSION

The result observed during the research work has been analyzed and explain in the term of table and graphs clearly. The result obtained, show the choleric temperament are more prone to developed menorrhagia.

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