

# PREVALENCE OF GASTRITIS ACCORDING TO THE TEMPERAMENT (MIZAJ)

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**Abstract- Aim:** *The present Study was conducted to find out the prevalence of gastritis in different Mizaj (temperaments).*

**Methods:** *Study was conducted on 200 patients having gastritis confirmed by UGI Endoscopy evaluated for the temperament.*

**Results:** *In our study we found that 57.0% patients were having Safravi Mizaj (bilious temperament), 29.0% patients were having Damvi Mizaj (sanguineous temperament) and 14.0% patients had Balghami Mizaj (phlegmatic temperament). Not a single patient belongs to Saudavi Mizaj (melancholic temperament).*

**Keywords—***Gastritis, Temperament, UGI Endoscopy.*

## I: INTRODUCTION

Gastritis (warm-e-meda) is a well known entity since centuries [1] and has been given many names by Unani Physicians e.g. Iltehab-e-meda, hurqat-e-meda, sozish-e-meda, and warm-e-meda. Unani Physicians described the gastritis (warm-e-meda) as the inflammation of mucous membrane of the stomach. Hippocrates (460-370 B.C.) had mentioned warm-e-Meda as a symptom under the description of various types of fevers. He described that severe pain in stomach and palpitation during fever is a bad sign [1].

Sabit Bin Qurrah (826-901 A.D.) in his book "Al Zakheerah Fil Tibb" has mentioned Warm e Meda as a result of imbalance in the Mizaj (The Temperament) of Meda (Stomach). He described four varieties of gastritis. According to him Warm-e-Meda may be Har Ratab (hot and wet), Har Yabis (hot and dry), Barid Ratab (cold and wet) and Barid yabis (cold and dry). The cause of these varieties of gastritis has been described as domination of Khilt e Dam (Blood), Khilt e Safra (Yellow Bile), Khilt e Balgham (Phlegm) and Khilt e Sauda (Black Bile) [2].

Ali Ibn Abbas Majoosi (930-994 A.D.) described two varieties of Warm-e-Meda either har (hot) or barid (cold) in origin according to their causative factors [3].

Hakim Ali ibn Kamal al-Din Muhammad Gilani, 16<sup>th</sup> Century Persian Royal Physician from Gilan IRAN, described Warm-e-Meda mostly of Balgham origin. He mentioned chronic pain at the site of stomach as diagnostic feature of Warm-e-Meda [4].

Hakim Muhammad Akbar Arzani (d. 1722) a notable Muslim physician and writer from southern Asia who worked extensively in India, in his book "Tibb e Akbar" described four types of warm e Meda. These are Damvi, Safravi, Balghami and Saudavi [5].

Abu Ali al-Husayn ibn Abd Allah Ibn Sina (Avicenna) (980-1037 A.D.) has mentioned that causes of Warm-e-meda Har (Hot) are like of Har Auwrans (Hot Swellings) of other body parts. According to him Auwram-e-Meda Har of the stomach are mostly Damvi and occasionally Safravi [6].

Zayn al-Din Sayyed Isma'il ibn Husayn Gorgani (1040–1136 A.D.) In his book "Zakhirah Khawarizm Shahi" has mentioned alteration in the composition of Akhlat as the cause of Warm-e-Meda. According to him in most of the cases the Warm-e-Meda is either Damvi (because of domination of Blood) or Safravi (because of domination of Yellow Bile). Rarely this is Balghami (because of domination of Phlegm). Very rarely this is firm type of Warm which indicates that Warm-e-Meda Damvi or safravi has converted into Chronic Warm of Meda [7].

Muhadhib al-Din Abul-Hasan Ali Ibn Ahmad Ibn Hubal (1122-1213) in his book "Kitab Al Mukhtarat fil Tibb" has described many causes of Warm-e-Meda and quoted that fever is an important symptom. He mentioned the Alteration in the composition of Akhlat (Humors) and the accumulation of bad material in vessels of stomach among the main causes of Warm-e-Meda. According to him The Warm-e-Meda may either be har (Hot) because domination of Khilt-e-Dam and Khilt-e-Safra or Rikhu (loose) [8].

Abu Mansoor Al Hasan in his book "Ghina Mina" has described Hararat (mild rise in temperature) as the main cause of Warm-e-meda. According to him this alteration in temperature is because of excess in the quantity of blood in the body. He mentioned haematemesis as one of the proof and also as the symptom of Warm-e-Meda [9].

Hakim Ajmal Khan (1868–1927) in his book "Haziq" has mentioned wrong food habits as an important cause of Warm-e-Meda [10].

These physicians have considered many causes of warm-e-meda but have emphasized more on wrong dietary habits and alteration in the composition of different Akhlats (Humors) of the patient.

In Modern medicine gastritis is classified on the basis of underlying causes e.g. H. Pylori, bile reflux, NSAID's, autoimmune or allergic responses [11].

We undertook this study to find out the prevalence of gastritis (Endoscopically proven) in different temperament (Mizaj assessment proforma given in table no. 1) [12].

Table-1: (Mizaj Assessment Performa)

Parameter (Evidence)	Damvi (sanguineous)	Balghami (phlegmatic)	Safravi (bilious)	Saudavi (melancholic)
<b>Assessment According To Morphology</b>				
1.Skin texture/temperature score:01	Warm& Smooth	Soft & moist	Hard & hot	Rough & cold
2.Complexion score:0.5 3.Bodybuilt score:05	Reddish Muscular	whitish Fatty	Pale Moderate	Blackish Lean & thin
4.Texture of hairs score:0.5 5.Growth& distribution of hairs 0.5 6.Colour of hairs score: 0.5	Thick & lusty Rapid, average Blackish	Thin & smooth Slow, scanty Brownish	Curly Moderate/profuse Yellow-black (golden)	Straight Excessive Black & white (mixed)
<b>Assessment According To Physiology</b>				
7. Urine score:01 8.Tolerate well score:01 9. Remains well in score:03	Moderate in quantity Dryness Spring	White, more in quantity Summer Summer	Yellow, less in quantity Cold Winter	Turbid, less in quantity Dampness Autumn
10.Appetite score:01	Strong appetite	Less appetite	Strong appetite	Irregular appetite
11. Thirst score:01 12. Digestion score:01 13. Movement & activities score:03 14. Sleep score:01	Average(++) Average Average in physical activity Average	Poor(+) Slow Dull, laziness Excess sleep	Increased(++++) Strong Brisk, hyperactive Disturbed	Low(+++) Irregular Less Insomnia
<b>Assessment According To Psychology</b>				
15. Dream score:01	Blood, red objects	Water, snow	Fire, yellow objects	Black, fearful dreams
16. Anger/ Joy score:01	Comes on easily & easily lost	Comes on hardly	Frequent, severe & persist for long	Infrequent but persist
17. Response to external stimuli in adverse condition score:01 18. Decision taking power score:01	Aggressive respond Take boldly	Weakly respond Hesitate in taking decision	Bravely respond Take quickly	Cowardly respond Afraid in taking decision
19. Memory score:01	Good, retention also good	Not good	Good, but can't retain for long	Don't learn easily but excellent retention

## II. MATERIALS AND METHODS

Present study was conducted to evaluate the temperament in U.G.I. Endoscopy proven gastritis patients during July 2010 to June 2014 in the department of Jarahat (Surgery), Ajmal Khan Tibbiya College, A.M.U., Aligarh. A written and well informed consent was taken from the patients before participation into the study.

### INCLUSION CRITERIA

We included the patients who meet the following criteria -

- The patients having following symptoms and signs -
  - Burning in epigastric region
  - Nausea and vomiting
  - Dyspepsia
  - Abdominal pain
  - Regurgitation
  - Epigastric tenderness
- Patients with endoscopically proven gastritis.
- Patients of both the gender between the age of 15-65 years.

**EXCLUSION CRITERIA**

- Patients with any systemic disease.
- Pregnant and lactating mothers.
- HBsAg +ve and HIV +ve
- Patients with history of peptic ulcer or gastric carcinoma.
- Patients with active gastrointestinal hemorrhage, obstruction and perforation.
- Non-cooperative patients.

**METHODOLOGY**

A written and well informed consent was taken from the patients before participation into the study. The patients were interrogated about the symptoms of heart burn, nausea or vomiting, indigestion, abdominal pain, loss of appetite, regurgitation and they were examined for the sign of epigastric tenderness. These patients under went UGI endoscopy for the confirmation of clinical diagnosis. Only those 200 patients were included in this study who were having clinical diagnosis of gastritis and proved by UGI endoscopy as the case of gastritis. The same endoscopist performed all the endoscopy procedure for the entire study period.

**III. RESULTS AND OBSERVATION**

Study was conducted on 200 patients. In this study it was found that maximum number of patients were in the range of 15-25 years of age group, mean age is  $33.7 \pm 13.9$  (Table-2).

**Table: 2**

Age group (in years)	No. of patient	%age
15-25	78	39.0
25-35	38	19.0
35-45	40	20.0
45-55	20	10.0
55-65	24	12.0
Total	200	100.0

Out of 200 patients, 88 patients (44.0%) were male and 112 patients (56.0%) were female (table 3).

**Table: 3**

Sex	No of Patients	% age
Male	88	44.0
Female	112	56.0
Total	200	100.0

Table-4 shows the distribution of patients according to the temperament, it was found that maximum number of patients 114 (57.0%) were having Safravi mizaj. Patients who belonged to Damvi mizaj were 58 (29.0%). 28 (14.0%) had Balghami mizaj. Not a single patient was having Saudavi mizaj (0.00%)

**Table: 4**

Temperament	No. of patients	%age
Safravi	114	57.0
Damvi	58	29.0
Balghami	28	14.0
Saudavi	00	00.0
Total	200	100.0

Table-5 shows the distribution of patients according to the endoscopy findings, antral gastritis was present in 168 (84%) patients and 22 (11%) patients had generalized gastritis. Antral gastritis with Duodenitis was found in 10 (5%) patients.

**Table: 5**

Endoscopic Diagnosis	No. of patients	%age
Antral Gastritis	168	84.0
Generalized Gastritis	22	11.0
Antral Gastritis with Duodenitis	10	5.0
Total	200	100.0

#### IV. DISCUSSION

Gastritis (Warm-e-Meda) has been one of the common problems of people during various periods and among different cultures and civilizations [13]. Unani Physicians have emphasized on the better functioning of the stomach (Meda). An old Arabic quote based on Unani Medicine, "AlMeda to Ummul Amraz" means stomach is the mother of diseases.

According to Sabit Bin Qurrah Warm e Meda as a result of imbalance in the temperament (Mizaj). According to Ibn Sina Warm e meda Har is mostly Damvi and occasionally Safravi. Gorgani has mentioned that the Warm-e-Meda is either Damvi or Safravi, rarely this is Balghami and very rarely Saudavi [2], [6], [7].

According to Abul Hasan gastritis is more prevalent in the person having Damvi temperament and Safravi temperament as compared to Balghami and Saudavi. Abu Mansoor Al Hasan has described alteration in temperature (Hararat) as the main cause of gastritis (Warm-e-Meda). While Muhammad Gilani described gastritis mostly of Balgham origin [4], [8], [9].

In our study, highest number of patients (57%) were found with Safravi Mizaj, then Damvi Mizaj were (29%) and (14%) cases had Balghami Mizaj. Not any patients were having Saudavi Mizaj. Most of the Unani Physicians have mentioned Safra is the commonest cause of gastritis [2], [14], [15], [16]. Another study done by Wasi et al in 2000 in the Department of Moalijat AKTCH Aligarh also mentioned that maximum no. of patients (55.6%) having Safravi temperament were suffering from gastritis [17].

According to the present study the prevalence of gastritis was more in women (56%), by Wasi et al 2000 (50%), Naqvi et al 2001 (53%), Albina et al 2015 (47.7%) and Hilal et al 2017 (47.5%) [17], [18], [19], [20].

In present study the main endoscopic findings are Antral gastritis (84%), Generalised gastritis (11%) and Antral gastritis with duodenitis (5%). Unani Physician Abu Marwan Abdul Malik Ibn Zuhr have also described gastritis at different locations of the stomach [21].

Although the results of this study are almost same with Unani Physicians described in different Unani text.

#### V: CONCLUSION

It is an era of evidence based study and in our study we have tried to demonstrate the relation of gastritis with different temperament (Mizaj). As our sample size was small therefore it needs further study on large sample size.

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