

CLINICAL EVALUATION OF MIZAJ (TEMPERAMENT) IN THE PATIENTS OF DERMATOPHYTOSIS- AN OBSERVATIONAL STUDY

Dr.Nightat Parveen,¹ Dr.Badrudduja Khan² Dr.Tanzeel Ahmad³, Dr Huma⁴

¹P.G Scholar Department of *Moalejat* AKTC, AMU, Aligarh,

²Associate Professor Department of *Moalejat* AKTC, AMU, Aligarh ,

³Professor Department of *Moalajet*, AKTC, AMU, Aligarh ,

⁴Assistant professor, Department of *Kulliyat*, SUMCH, Sanskriti University , Mathura, U.P

Received: January 17, 2019

Accepted: March 04, 2019

ABSTRACT: *Dermatophytosis is generally roughness of skin surface which includes itching ,Scaling ,dryness and sometimes may also include scales which shed off along with this there might also be oozing of yellow fluid. Ringworm is blisters or red scaly skin that grows outward as the infection spreads. In Unani medicine System, It is described under the caption of Qooba. The cases of fungal infection has increased owing to drug resistance. Worldwide, the infection and mortality rate have been increasing due to opportunistic mycosis such as Candida, Aspergillus among patients with weak immunity particularly children, elderly & immunocompromised. The reoccurrence of Qooba is very common among the individuals. Longer use of allopathic treatment of Qooba may have many side effects as compare to Unani system. Therefore further research is needed to understand the prevalence of Qooba regarding to temperament of people to analyse that in which temperament of people Dermatophytosis occurs more. This study elaborates Clinical evaluation of mizaj (temperament) in the patients of Dermatophytosis.*

Key Words: : *Dermatophytosis, Qooba , Unani medicine .*

I INTRODUCTION

Mizaj is one of the most important theory of Unani System of Medicine. It has been explained by each and every Unani Physician and most important fundamental concept of Tibb-e-Unani. The literal meaning of Mizaj according to Ibn-e-Nafis is "Intermixture". He says that "the word mizaj originated from Arabic word Imtezaj meaning intermixture ¹. The mizaj is considered as the mizaj of the person and treatment is based upon the correction the particular dominant khilt (humour) in the body ². The determinants of Mizaj were given by Ibn-e-Sina (980-1037 AD) in his famous book Al-Qanoon-fit-Tibb. These determinants are ten in number and used universally in the assessment of temperament. They are known as Ajnas-e-Ashra that are as follows ³:

- 1) Malmas(Touch)
- 2) Laham-wa-Shaham(Muscles and Fat)
- 3) Sha'ar(Hair)
- 4) Laun-e-Badan(Body Complexion)
- 5) Haiyat-e-Aza(Physique)
- 6) Kaifiyat-e-Infi'al(Responsiveness of organs)
- 7) Naum-wa-yaqzah(Sleep and Wakefulness)
- 8) Afal-ul-Aza(Functions of the body organs)
- 9) Fuzlat-e-Badan(Excreta of the body)
- 10) Infialat-e-nafsaniyah(Psychic reactions)

Hence Mizaj plays an important role in assigning specific treatment of any disease. The present study aimed at assessment of Mizaj in the Patients of Menorrhagia(Kasrat-e-Tams).

II DERMATOPHYTOSIS(QOOPA)

Qooba is a disease which leads roughness of skin along with this the other symptoms include-itching, scaling, dryness and sometime fish like scales sheds off from them. The color that usually appears is black or red, periphery is red and at times a yellow color fluid oozes out from it. These conditions advance as per as pathogenic substances. ^{4,5,6}

The Dermatophytes represent more than 40 closely related species classified in three genera: Epidermophyton, Trichophyton, and Microsporum. Only a few of these species are responsible for most human infections.⁷

- ❖ The clinical presentation are quite variable and depend on a number of factors, including the species of fungus, which account for 3-4 % of dermatological consultations, are known as Dermatophytosis (ringworm, tinea).⁸
- ❖ Dermatophytoses can occur in any patient, irrespective of age or sex.⁹

III. HISTORICAL BACKGROUND

The term Tinea is frequently used to identify Dermatophyte infections. This label has probably been in use for more than 1500 years as reference can be found as far back as AD 400. The Roman thought the “moth eaten” appearance of afflicted scalps resulted from the work of tinea moth worm, and so the term was born. All diseases of the scalp subsequently became known as “tinea”. It appears that the british firstutilized the term “ringworm” in the 16 th century.¹⁰

The term tinea literally means an insect larva(clothes moth). Romans used the term tinea as they wrongly thought that insects were the cause of such infections.¹¹

The ‘ringworm’is said to date from the 15th century and was perhaps formed because dermatophyte lesion of smooth skin is said to healfrom the centre as the fungus spreads out from a central inoculums point. As a result of this a circular lesion or ring is formed with an enhanced eruption, also a flaky, and red periphery,and a clear centre. ¹²

IV. REVIEW OF LITERATURE

- Ismail jurjani(12th century AD) stated in ZakheeraKhwarzam Shahi, Paryun is a Persian name of qooba and in hindi it is named as Daad. He described the two main causes for the existence of qooba.One is khilte-e-bad(noxious humour) and another is Quwat-e-tabiyat(corrective faculty).¹³
- Hakeem Akbar Arzani(17thcenturyAD) in Tibb-e-Akbar described the Qooba as roughness of external surface of skin. It may be black or red in colour,spreading in nature and when it gets transformed into a chronic case,it sheds off like fish-like scales. ¹⁴

V. OBJECTIVES OF THE STUDY

- 1.To study various aspects of Deramtophytosis(Qooba)
- 2.To evaluate the Mizaj in the patients of Deramtophytosis(Qooba)

VI. METHODOLOGY

Sample: 50 Patients were taken as sample. Present study is an observational study carried out in the department of Moalejat, Ajmal Khan Tibbiya College, Hospital, A.M.U.Aligarh on the patients of Dermatophytosis.

Inclusion Criteria:

- Diagnosed case of tinea corporis, tinea cruris, tinea facie where there is normal keratin turn over time.
- Above mentioned cases, not on concomitant therapy or left the treatment atleast 10 days before the trial.

Exclusion Criteria:

- Patients with tinea capitis, tinea unguium, tinea pedis,tinea manuum.
- Patients having diabetes mellitus.
- Patients on concomitant therapy.
- Immunocompromised patients.

METHOD OF COLLECTION OF DATA FOR THE CLINICAL TRIAL

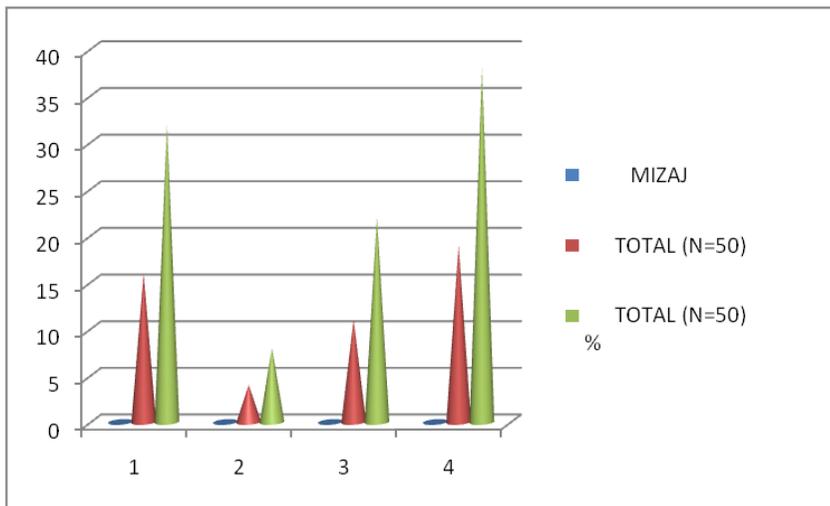
- **History:**
A relevant history of the patients was recorded with regards to their chief complaints with duration, age, sex, religion, marital status, occupation and address. Personal history, past history, family history and history of contact with animals. The *Mizaj* (temperament) of the patients was determined on the basis of assessment of different parameters mentioned in classical Unani literature.
- **Examination :**
All the patients were subjected to a comprehensive general physical, systemic, cutaneous and mycological examination.

VII. OBSERVATION & RESULTS

Observation Table: interpreting the patients of different miza

Distribution of Patients According to Mizaj

S.NO.	MIZAJ	TOTAL (N=50)	
		NO.	%
1	Damvi	16	32
2	Safrawi	4	8
3	Balghami	11	22
4	Saudavi	19	38



VIII. DISCUSSION

As far as Mizaj(Temperament) is concerned, a maximum number i.e 19(38%) belonged to saudavi(melancholic) Mizaj, It was followed by Damvi(Sanguine)Mizaj, which consist of patients 16(32%). Damwi Mizaj was followed by Balghami (phlegmatic) and Safrawi(bilious) Mizaj, with 11(22%) and 4(8%) patients respectively. Depicted in the Table and Graph.

IX. CONCLUSION

The present study has shown that maximum number of patients (38%) were from *Saudavi Mizaj*, followed by *Damvi*(32%), and *Balghami* (22%). Subjects of *Safrawi Mizaj* were least affected (8%) (depicted in Table & Graph). These findings are also in concert with the classical Unani literature, which states that the disease, in most of the instances is caused by *Sauda*.^{15,13} Therefore, the persons of *Saudavi* temperament are more afflicted by the disease and we have encountered the same results. According to Ibn-e-Sina, the disease is mainly caused by *Sauda*, but some types of Qooba may be *Damvi* also.¹⁶ After *Sauda*, the present study has found maximum incidence among the persons belonging to *Damvi* temperament. He has also mentioned that some *Yabis*(dry) types may even occur due to *istehala* and *ehtaraq* of *balgham-e-shor*, which ultimately converts into *Sauda*, making it dry.¹⁶ The present study has found that 23% of patients were *Balghami*.

LIMITATIONS OF STUDY

Multicentric, Limited period, Follow up, Systemic problems like diabetes, HIVinfection, Patient in immunocompromised condition, Culture of dermatophyte.

ACKNOWLEDGEMENT

The author want to expresses gratitude toward Dr.Fozia for their supportand is grateful to the patients and, Colleagues of Department and Hospital.

REFERENCES

1. Hussain Hamdani HSK.Usool-e-Tibb.New Delhi:Qaumi Council Barae Urdu Zuban;1998;49
2. Quraishi AU. Iffadah Kabeer Mujmal(translated by Kabeeruddin). New Delhi:Idara kitab us shifa;2010;12,98.
3. Saman Anees et al. Clinical Evaluation of Mizaj in the patients of PCOD. IAJM;3(11);2015;2173-2176.
4. Khan MA. Akseer Azam.vol-4.Kanpur: MatbaNizami; 1289(AH):436-39.

5. Khan MA. Ramooze Azam.vol-2.Delhi: Delhi printing Press; 1335 AH: 374-76.
6. Jamaluddin. Aqsaraee.Vol-1.MunshiNawal Kishore; YNM: 478-79.
7. Freedberg Irvin M. et al, .Fitzpatrick's Dermatologyin general Medicine.Vol-2.5thedi. McGraw Hill; 1999: 2327, 2339,2327-53.
8. Weedon D. Skin Pathology.2nd edition. Elsevier science limited. 2002: 660,661,662.
9. Noble W.C. The Skin Microflora and Microbal skin Diseases. Cambridge University Press; 1993:232-34, 239,244-45.
10. Ronald and Lawrence et al, Pediatric Dermatology. 3rdedi. Elsevier; 2003: 1093,1094,1097, 1099,1101.
11. Valia R G, Valia A R. IADVL, Text Book and Atlas of Dermatology. Vol-1.2ndedi. Mumbai: Bhalani Publishing House; 2001: 215, 216,217,218, 222,223,224,228, 229,230,231, 232,225,226,227 .
12. Johnson Liz, Dermatophytes-the skin eaters.Mycologist 2003; 17: 147-49.
13. Jurjani I.ZakheeraKhwarzamShahi. Vol-7(urdu translation by Khan HH).New Delhi: IdaraKitabusShifa ; 2010:24-26.
14. ArzaniAkbar.Tibbi-e-Akbar (Urdu translation by Husain M). New Delhi: IdaraKitabusshifa; YNM:720-22.
15. QamriAMH.GhinaMuna.PNM;YNM:392-97.
16. IbnSina AA. Al Qanoon fit Tib. Vol-4. 1stedi.Beirut: DarulKutub Al Hmiyah; 1999:415-17.