

Physiological Co-Relation of Unani Concept of Temperament with Hyperacidity

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Abstract: Background: The theory & practices of Unani system of Medicine are based on logic & philosophy that is why observation & reasoning have been used as important tools for its exposition. In present scientific era Unani fundamentals are also required to be comprehended in light of contemporary sciences.

The present paper is an attempt towards the physiological co relation of unani concept of temperament with hyperacidity.

Objective: physiological co relation of Unani concept of temperament with hyperacidity.

Material & Method: The study was conducted on OPD of Deoband Unani medical college and research center inclusive criteria for pt selection was based on four different temperaments both sex age 20-60yrs patients fulfilling the inclusive criteria were enrolled in the present clinical trial then individuals assessing by their temperament all sign like color of urine ,pulse, sleeping pattern, behavior ,external appearance (color of skin, hair,built)been either sex having balghami (phalgomatic) choleric, sengeuine and melancholic temperaments with related for the studies first we diagnose the temperament by self designed Performa of ajnas- e- ashra and then followed and observed for sign and symptoms of hyperacidity. After the diagnosis of mizaj we followed and observed the patients. From this study we find out the symptoms of hyperacidity in deferent temperament. Divided group of four different temperament A, B, C, D, distribute the patient on symptoms of hyperacidity. There are so many symptoms of hyperacidity but some common mostly found symptoms selected e.g. regurgitation and heart burn. On the severity and frequency of symptoms grade have given then decide that person come in to which group of temperament.

Result: on the four different visit observation of the sign and symptoms of hyperacidity was sever in choleric temperament as compare to other temperament found.

Conclusion: All the point of studying reveals that a safravi mizaj (choleric temperament) patient more prone to hyperacidity. Safravi mizaj (choleric temperament) effect on built different age, diet and weight. Along with all these above points we studied symptoms of hyperacidity which are easy to point out and observed in patients in different visit for e.g. Heart burn and regurgitation.

Keywords: Hyperacidity, Safravi, Temperament, Bile, Gerd

Introduction:

Mizaj (Temperament) is one of the basic concepts of Unani systems of medicine upon which diagnosis and line of treatment of a disease are based. Every human being has been furnished a specific Mizaj through which an individual performs his function properly. If it is disturbed, body becomes more susceptible to develop some diseases having same temperament as that of an individual. (2)

The Hippocrates (460-3703C) gave the fundamental principles of with a belief that body of the individual is composed of four basic element which together are termed as Anasir-e-Arba possesses four different qualities ie. hot cold dry and wet. The admixture of these four basic element result in the formation of four biological fluid Akhlat (Humors) viz. Blood (Damvi), Phlegm (Balghami).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 constitute disease. When these different Kaifiate Arba quality) 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. According to Unani medicine, states of health reside in body till maintenance of Motadil Mizaj (natural temperament) within the cell, tissue, organs. fluids, Maintenance of Mautadil Mizaj means the maintenance of static or constant conditions (haemostasis) in the internal environment of the cells or the whole body When motadil mizaj is lost it is termed as Mizaj e-Ghair Mautadil (immoderate temperament). . Excess of any of the four basic humours (Akhlat) of body exerts its influence on the mizaj 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. GERD is a

common problem in our communities that can potentially lead to serious medical complications, and the medical expense involved in the diagnosis, treatment, and management of the disease is significant.(1,2,20,21)

The two most frequently reported symptoms of GERD are heartburn, which can be described as a burning discomfort that begins behind the breastbone and radiates to the neck and throat, and acid regurgitation, which is characterized as a bitter, sour tasting fluid. One out of five people experience heartburn or acid regurgitation on a weekly basis and two out of five people experience heartburn or acid regurgitation at least once a month. One common cause of acid reflux disease is a stomach abnormality called a hiatus hernia.

These are other common risk factors for acid reflux disease:

- Eating too much too fast, high fatt food also add to the problem..
- Hurry worry and spicy curry are the reasons for the hyperacidity
- Stress and fatigue,
- Pregnancy
- Sensitive of sour test food
- Intake of alcohol
- Smoking
- Eating habits medication like aspirin long gape between meal.
- Irregular meal timings, long and odd working time are some common reasons. Night working peoples have acidity and gastric problem.(8,11.)
- Consuming too much tea and coffee,
- When taking emptying stomach, tea or coffee could trigger acidity.
- High fiber food may causes acidity
- Gut bacteria imbalance can also causes acidity which can tackled by probiotic or natural probiotics like buttermilk.
- Spicy food, fried food,
- Lack of sleep.
- Lack of causes fatigue that can inhibit stomach function .lack of sleep because of stress promoting acid secretion in the stomach.
- Medication some antibiotics, steroids, antidepressants etc
- Eating large meals or lying down right after a meal
- Being overweight or obese
- Eating a heavy meal and lying on your back or bending over at the waist
- Snacking close to bedtime
- Eating certain foods, such as citrus, tomato, chocolate, mint, garlic, onions, or spicy or fatty foods
- Drinking certain beverages, such as alcohol, carbonated drinks, coffee, or tea
- smoking
- Being pregnant
- Taking aspirin, ibuprofen, certain muscle relaxant, or blood pressure medications(52,48,75)

Heart Burn and Regurgitation

- **Definition:** A burning sensation of or feeling rising from the stomach or lower chest towards the neck. Reflux disease may be associated with many symptoms but the major ones
- Assessed in clinical trials are ‘‘ HEART BURN AND REGURGITATION.’’

Hyperacidity:

- Hyperacidity simply means an increased level of acid in the stomach.
- The stomach secretes digestive juice that breaks food particles into their smallest form for digestion.
- When there is an excessive amount of gastric juice in the stomach the condition is known as Hyperacidity.
- Temperaments differ from person to person and which varying from age to age. Blood parameters may differ from person to person which indicates the different constituents in their body fluids as per their temperament. Here I contemplated ‘‘**Physiological Co-Relation of Unani Concept of temperament with Hyperacidity.**’’Because acidity is a very common problem of the community. Everyone person of community facing heart burn and regurgitation problem, which are symptoms of acidity as a medical professional I observe or attend many patients of acidity and decide to work on temperament which effect on acidity symptoms.(75,77,145)

Material & methods:

The present clinical study entitled “**Physiological Co-Relation of Unani Concept of temperament with Hyperacidity.**” was conducted at OPDs of Deoband Unani Hospital and Research Centre Deoband from 2019 was executed after obtaining approval of the study protocol from the Ethical Committee Deoband.

The study protocol comprises of following headings

Criteria for selection of cases:

Inclusion criteria:

Balghami, Damvi, Saudavi and Safravi Mizaj volunteer are enrolled for the Study.
Volunteer of both sex
Age between 20-60 yrs
Volunteer who follow the protocol

Exculsion Criteria:

- History of GIT disease
- History of liver disease
- Pregnancy
- Hestory of stress and hypertention.

Clinical Evaluation of the Temperament:

History taking

Examination general physical examination and systemic examination

Ajnas-e- Ashra Chart

Patients fulfilling the inclusion criteria were enrolled in the present clinical trial then individuals assessing by their temperament all signs like colour of urine, pulse(Nafz), sleeping pattern, behaviour, external appearance (colour of skin, hair, built)

Subjective Parameters:

Damvi Mizaj

Balghami mizaj

Safravi

Saudavi

Objective Parameters:

Nabz

Colour of urine

Assessment of Mizaj (Temperament)

Total 60 healthy volunteers have been of either sex having balghami, damvi, safravi, saudavi, mizaj will related of studies first we diagnose

The temperament by self design purforma of ajnas ashra and then followed and observed for sign and symptoms of hyperacidity.

Study design: The study was open observational clinical study.

Allocation of subject:

- Group A-Damvi Mizaj Volunteers
- GROUP-B-Balghami Mizaj volunteers
- GROUP-C-Safravi Mizaj volunteers
- GROUP-D -Saudavi Mizaj volunteers

After the diagnosis of mizaj we followed and observed the patients. From this study we find out the symptoms of Hyper Acidity in different temperament.

Observations and Results

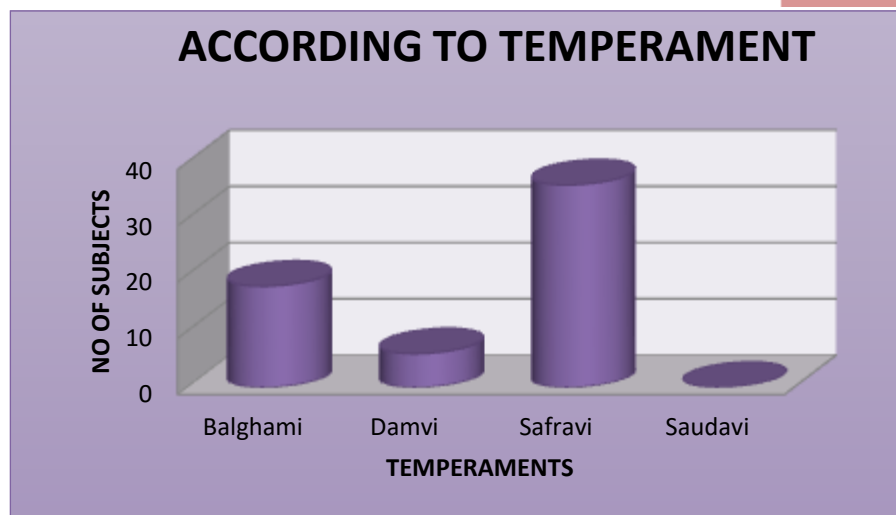
Study Design: An observational clinical study

Table 1: Temperament distribution of subjects studied:

Temperament	No of Subjects	%
Safravi	36	60
Balghami	18	30
Damvi	06	10
Saudavi	0	0
TOTAL	60	100

Mean \pm SD: 26.46 \pm 525

GRAPH - 1



Interpretation

It was observed that

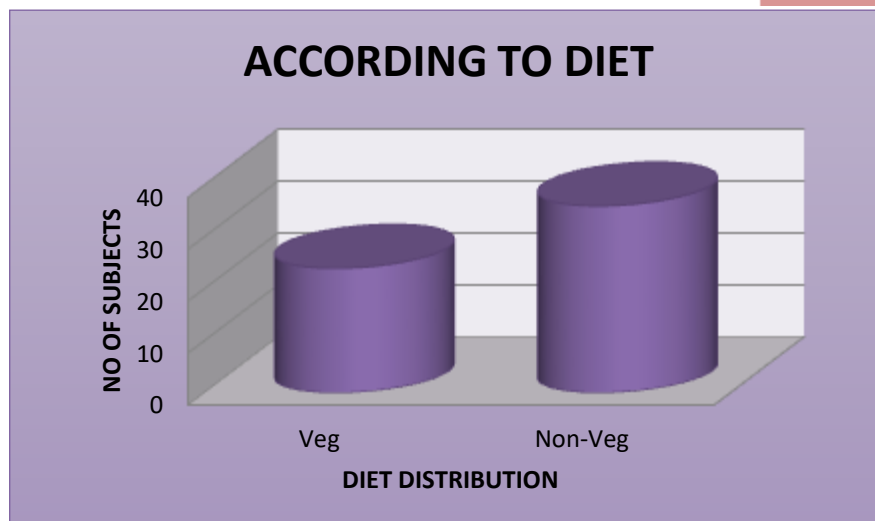
- 18(30%) patients belong to Balghami Mizaj
- 06(10%) Patient belong to Damvi Mizaj
- 36(60%) patient belong to Safravi Mizaj
- No Saudavi Mizaj patient found.

Table 2: Diet distribution of subjects studied:

Religion	No of Subjects	%
Veg	24	40
Non-Veg	36	60
Total	60	100

Mean \pm SD: 30 \pm 8.48

GRAPH - 2



Interpretation

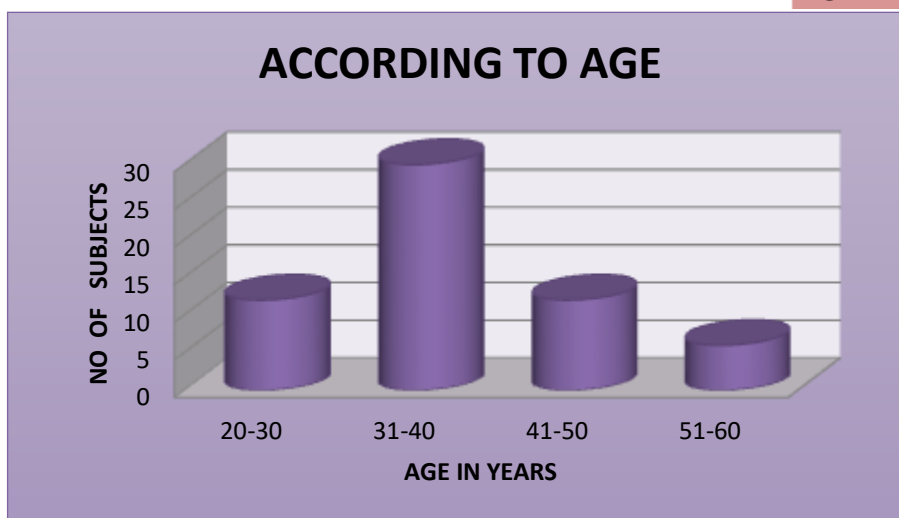
During the study all patients were divided according to diet pattern in vegetarian and non-vegetarian. While recording the data on dietary habits, it was observed that 24(40%) are vegetarian patients belongs to vegetarian group and remaining 36(60%) belong to Non-Vegetarian group.

Table 3: Age distribution of subjects studied:

Age in Years	No of Subjects	%
20-30	12	20
31-40	30	50
41-50	12	20
51-60	06	10
TOTAL	60	100

Mean \pm SD: 81 \pm 10.39

GRAPH - 3



Interpretation:

Total No of Patients were 60.

In which 20-30 Years Patients are 12(20%)

31-40 Years of Patients are 30(50%)

41-50 Years of Patients are 12(20%) &

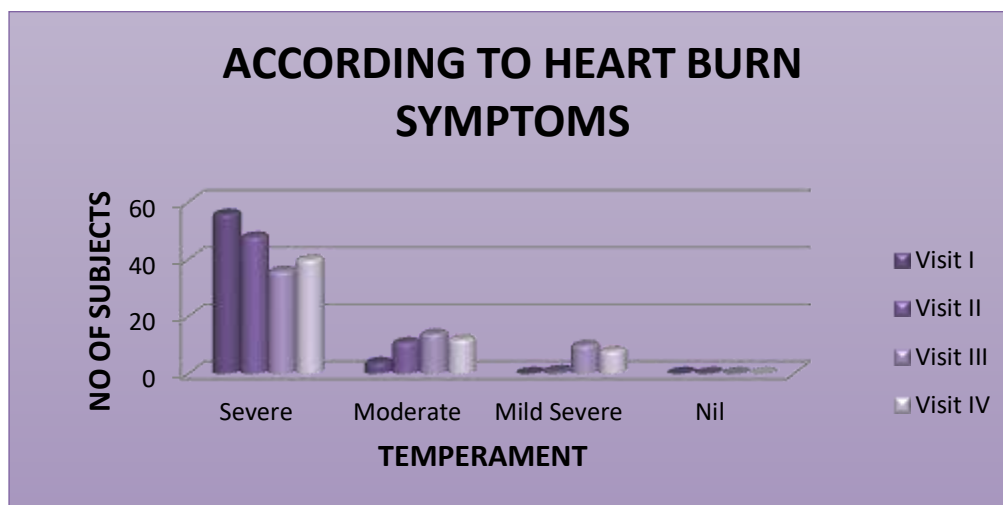
51-60 Years of Patients are 06(10%)

Studied or Observed

Table 4: Symptom Heart Burn of subjects studied:

Grade	Visit I		Visit II		Visit III		Visit IV	
	Nos	%	Nos	%	Nos	%	Nos	%
Severe	56	93.33	48	80	36	60	40	66.67
Moderate	04	6.66	11	18.33	14	23.33	12	20
Mild	00	0.0	01	1.67	10	16.67	08	13.33
Nil	00	00	00	00	00	00	00	00
	60	100	60	100	60	100	60	100

GRAPH - 4



Interpretation

It was observed that from total number of patients of Heart burn

On First Visit: Out of 60 (100%) patients were having complaint of heart burn, out of which 56(93.33%) were with severe heart burn complaint and 04(6.66%) of patients are moderate symptom of heart burn and no patients from mild Severe and Nil symptom.

On Second Visit: Out of 60 patients out of which 48(80%) were with severe heart burn complaint and 11(18.33%) of patients are moderate symptom of heart burn 01(1.67%) patients from Mild symptom and no patients from Nil symptom.

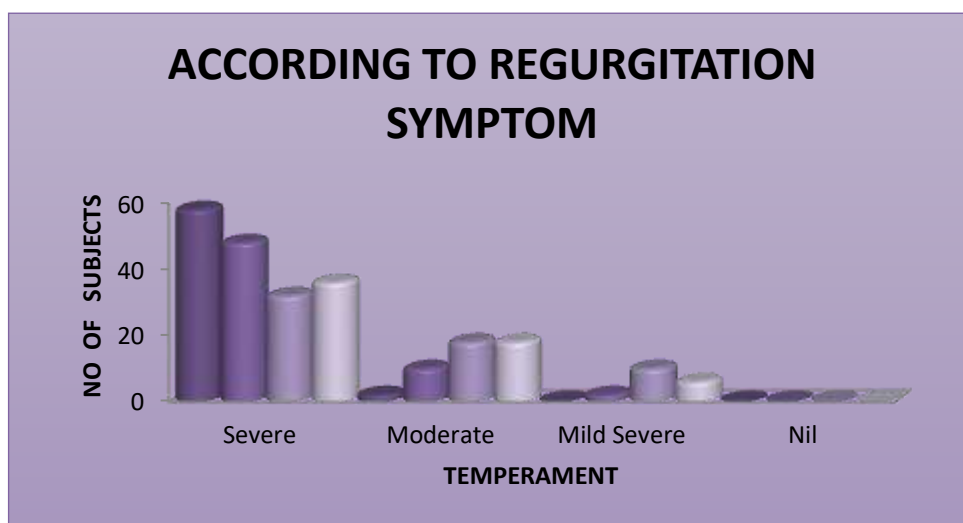
On Third Visit: Out of 60 patients out of which 36(60%) were with severe heart burn complaint and 14(23.33%) of patients are moderate symptom of heart burn 10(16.67%) patients from Mild symptom and no patients from Nil symptom.

On Fourth Visit: Out of 60 patients out of which 40(66.67%) were with severe heart burn complaint and 12(20%) of patients are moderate symptom of heart burn 08(13.33%) patients from Mild symptom and no patients from Nil symptom.

Table 5: Symptom Regurgitation of subjects studied:

Grade	Visit I		Visit II		Visit III		Visit IV	
	Nos	%	Nos	%	Nos	%	Nos	%
Severe	58	96.67	48	80	32	53.33	36	60
Moderate	02	3.33	10	16.67	18	30	18	30
Mild	00	0	02	3.33	10	16.67	06	10
Nil	00	0	00	0	00	0	00	0
	60	100	60	100	60	100	60	100

GRAPH - 5



Interpretation

It was observed that from total number of patients of regurgitation

On First Visit: Out of 60 (100%) patients were having complaint of heart burn, out of which 58(96.67%) were with severe heart burn complaint and 02(3.33%) of patients are moderate symptom of heart burn and no patients from mild Severe and Nil symptom.

On Second Visit: Out of 60 patients out of which 48(80%) were with severe heart burn complaint and 10(16.67%) of patients are moderate symptom of heart burn 02(3.33%) patients from Mild symptom and no patients from Nil symptom.

On Third Visit: Out of 60 patients out of which 32(53.33%) were with severe heart burn complaint and 18(30%) of patients are moderate symptom of heart burn 10(16.67%) patients from Mild symptom and no patients from Nil symptom.

On Fourth Visit: Out of 60 patients out of which 36(60%) were with severe heart burn complaint and 18(30%) of patients are moderate symptom of heart burn 06(10%) patients from Mild symptom and no patients from Nil symptom.

Discussion:

The present study conducted on physiological co-relation of unani concept of temperament with hyperacidity on symptoms of hyperacidity on four different visit of 60 patient of four different temperament patient divided in to four groups on their temperament with different age, sex, marital status, diet, religion and occupation. Symptoms of hyperacidity, heart burn and regurgitation were observed and study in different four group of patients. The severity of the symptom of the hyperacidity found more in Safravi choleric temperament on four different visit of patient.

Conclusion:

The present study conducted on physiological co-relation of unani concept of temperament with hyperacidity we were studying in deferent age, gender, religion, weight, occupation and temperament we were studying in different age gender religion, weight, occupation, diet and temperament. we found more patients out of 60 in age group of 31-40 years. In the different weight more patients were found in 61-70 kg weight group, mean and sd of age 81 ± 10.39 and mean and sd of weight is 15 ± 7.17 . All the point of studying reveals that a safravi mizaj patient more prone to hyperacidity. safravi mizaj effect on built different age, diet and weight. Along with all these above points we studied symptoms of hyperacidity which are easy to point out and observed in patients in different visit for e.g. heart burn and regurgitation. Observations of the patients are divided into 4 groups ist severe, moderate and mild then nil. Individuals were observing on different visits and observing symptoms of Hyperacidity of the individual and select 2 symptoms of hyperacidity of individual

selection. So severity of heart burn and regurgitation are found different in different temperament. After the completion of duration of all visit it has been observed that all the safravi temperament patents have severe symptom of heart burn, and regurgitation.

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