

INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558
P-ISSN: 2616-454X
<https://www.unanijournal.com>
IJUIM 2022; 6(3): 37-40
Impact Factor (RJIF): 6.3
Peer Reviewed Journal
Received: 21-08-2022
Accepted: 24-09-2022

Dr. Kalimullah
Research Scholar (Physiology),
A and U Tibbia College, Karol
Bagh, New Delhi, India

Dr. Ehtesham ul haq
Research Scholar (Physiology),
A and U Tibbia College, Karol
Bagh, New Delhi, India

Dr. Rishi Kumar
Research Scholar (Physiology),
A and U Tibbia College, Karol
Bagh, New Delhi, India

Dr. Yusuf Jamal
H.O.D and Professor
(Physiology), A and U Tibbia
College, Karol Bagh, New
Delhi, India

Corresponding Author:
Dr. Kalimullah
Research Scholar (Physiology),
A and U Tibbia College, Karol
Bagh, New Delhi, India

An observational study of dermatology life quality score (DLQS) in various skin diseases with reference to different Mizaj

Dr. Kalimullah, Dr. Ehtesham Ul Haq, Dr. Rishi Kumar and Dr. Yusuf Jamal

Abstract

Mizaj is a fundamental concept of the Unani system of medicine as practised in India and a basic pillar for diagnosis and line of treatment for diseases. Every human being has been provided a specific Mizaj to perform his functions properly and if Mizaj gets disturbed body becomes susceptible to developing the disease. The objective of this study was to evaluate the relationship between the dermatology life quality score (DLQS) developed by Department of Physiology Unani section, A&U Tibbia College, New Delhi in young adults and Mizaj. 100 (Hundred) participants fulfilling the criteria were enrolled in the study and their Mizaj were assessed with the help of proforma developed by Department of Physiology Unani section, A&U Tibbia College, New Delhi based on objective and subjective parameters given by eminent Unani physicians and DLQS was assessed by questionnaires that are specially designed for skin diseases. Based on various observations it is found that the Mean and standard deviation of DLQS value in Sافرavi Mizaj individual is highest (9.5±3.697) among all Mizaj group followed by Damvi Mizaj (9.33±4.2), Balghami Mizaj (9.19±3.691) and Saudavi mizaj had lowest mean and standard deviation (9.086±4.328) in all four categories.

Keywords: Mizaj, Saudavi, Damvi, Balghami, Sافرavi, DLQS, Unani, temperament

Introduction

Dermatology is the science concerned with skin and diseases of the skin, which are directly in contact with the environment and can, alter the skin physiology in either intrinsic (Genetic and metabolic process) or extrinsic ways (Chemicals and pathogens). The most prevalent dermatological disorders include scabies, dermatitis, urticaria, pyoderma, fungal skin infection, alopecia, and acne, and less common are eczematous disorders such as psoriasis, skin cancer, and cutaneous adverse drug reaction.

World Health Organization (WHO) defines the quality of life as the individual's perception of their position in the context of culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. Measurement of quality of life is done with validated questionnaires like the dermatology life quality index (DLQI), Acne disability index (ADI), and Cardiff acne disability index (CADI). skin diseases in developing countries have a serious impact on people's quality of life due to the presence of physical symptoms as they can cause anxiety, depression, anger, and embarrassment which leads to social isolation and absenteeism at work and public places. The dermatology life quality score (DLQI) is one of the qualities of life questionnaires that is specially designed for skin diseases and can be used to measure the quality of life. Irrational drug combinations, overuse of multivitamins, and emollients, and unnecessary use of antibacterial in fungal infections are pres cribbing drugs from the same class-leading to unnecessary skin diseases and deteriorating people's quality of life. This study aims to evaluate the impact of dermatological conditions on quality of life by using DLQI^[1].

Dermatologic diseases may affect not only the daily lives of individuals but also their psychological and social relationships and daily activities. Appropriate measurement systems are required to draw a convenient treatment plan and to measure the impact of the disease on the quality of life of the patient.

For this purpose, several test methods are developed and widely used in patients with skin diseases. The dermatology life quality index (DLQI) is recognized as the most frequently used primary dermatological scale to investigate the life quality of patients.

This test has been widely used worldwide for 16 years by many medical centers to explore the impact of dermatological diseases on quality of life. It is a short, easily understandable, and simple scale. Due to these features it has been widely used both in clinical practice and research studies.

In this study, we applied DLQI to patients at a hospital setting and compared the results from these diseases to the results of the most frequently examined cases. Most DLQI studies we identified in the literature interestingly investigated only a single disease. We found only a few DLQI studies comparing certain dermatological disease groups. The present study compares dermatological disease groups based on DLQI scores [2].

The dermatology life quality index (DLQI) is a ten-question questionnaire used to measure the impact of skin disease on the quality of life of an affected person. It is designed for people aged 16 years and above.

There are 10 questions, covering the following topics: symptoms, embarrassment, shopping and home care, clothes, social and leisure, sports worker study, close relationships, sex, and treatment. Each question refers to the impact of the skin disease on the patient's life over the previous week [3].

The DLQI can provide clinicians with more accurate insight into the impairment of quality of life experienced by individual patients. This may lead to more appropriate clinical decisions [4]. The DLQI can also be used when required by national guidelines, for example in the management of psoriasis [5] or hand eczema [6].

Mizaj is one of the basic and fundamental concepts of the Unani system of medicine. The Unani system of medicine originated in Greece. The Unani system of medicine is a comprehensive medical system that meticulously deals with the various states of health and disease. It provides promotive, preventive, curative, and rehabilitative healthcare with a holistic approach [7]. The concept of Mizaj, a pillar of Tibb philosophy, is the amalgam of a person's physical characteristics and his/her psychological and emotional attributes [8]. The fundamentals framework of this system is based on deep philosophical insights and scientific principles including the Empedoclean theory of four elements i.e. air, water, fire, and earth, four proximate qualities (kafiyat) i.e hot, cold, dry, and wet described by Pythagoras and Hippocrates (370-377B.C.), an Unani physician, gave the concept of four humors, which includes Blood (Dam), Phlegm (balgham), bile (Safra) and black bile (Sauda). This humoral theory holds that the human body is filled with four body fluids called humors, which are in balance when the person is healthy. These four humors, when in balance quantity are responsible for an internal physiological environment which is termed as MIZAJ (BODY TYPE) [9]. According to Majoosi, all sorts of bodies, which are found in this ever-changing world are formed by four elements are formed by four elements(Ustuqussat) after mixing in different or uniform quantities in accordance with the needs of the body. As a

result of this mixing, one or two qualities become dominant over the body, and this is called MIZAJ [10, 11]. Mizaj also described Ibn Habal Baghdadi as, when small elements get admixed, most of the elements mix and their various qualities act and react so hotness breaks the coldness and coldness break the hotness, similarly, dryness tries to break wetness and wetness tries to break dryness. Low-grade qualities mix with high-grade qualities and lightweight particles mix with heavy-weight particles until a new quality is developed which is equally found in all components of elements, this new and moderate quality is known as Mizaj [12, 13].

Methodology

The study was a prospective observational study that was conducted in the outpatient department of A & U Tibbia College Hospital, Karol Bagh, New Delhi, India. Patients of all gender and age above 20 years, who attended the dermatology outpatient department were included in this study with written consent. Subjects were given out informed consent forms to go through the details and sign.

The data were collected from August 2022 to September 2022. The data were collected in a structured proforma, which included the mizaj assessment proforma, and the validated dermatology life quality index questionnaires.

The DLQS was calculated by adding the score of each question, resulting in the maximum of 30 and a minimum of 0. The higher the score, the more the quality of life is impaired the meaning of scores who scored from 0-1 had no effect at all on patient's life, 2-5 had small effect, 6-10 had moderate effect, 11-20 had very large effect and scored 21-30 had extremely large effect on patient's life.

Inclusion Criteria

- Individuals 21-70 years of age.
- Either gender.
- Patients with symptoms of various skin diseases

Exclusion Criteria

- Person with age below 21 years
- Person with age above 70 years
- Alcoholics
- Smokers and tobacco users

Statistical analysis

All numerical variables with normal distribution were expressed as the mean + standard deviation (SD). Categorical variables were given as percentages.

Results and Observations

Total 100 patients were randomly selected for Mizaj identification and determination of DLQS as per inclusion criteria and completed their study from Ayurvedic and Unani Tibbia hospital, out of which 27 were Damvi, 26 were Balghami, 24 were Safravi and 23 volunteers were of Saudavi Mizaj.

Table 1: Number of Patients in different age groups of different Mizaj.

Age Group	Damvi		Balghami		Safravi		Saudavi	
	Male	Female	Male	Female	Male	Female	Male	Female
21-30	4	4	2	4	2	4	4	4
31-40	4	4	3	4	1	4	2	1
41-50	3	2	2	4	5	2	4	1
51-60	2	1	2	2	1	3	4	1
61-70	1	2	2	1	1	1	1	1

Amongst different age groups, Out of 27 participants, Damvi subjects include 21-30 (M= 4, F=4), 31-40 (M= 4, F=4), 41-50 (M= 3, F=2), 51-60 (M= 2, F=1) 61-70 (M= 1, F=2) according to different age groups while Balghami subjects out of 24 include 21-30 (M= 2, F=4), 31-40 (M= 3, F=4), 41-50 (M= 2, F=4), 51-60 (M= 2, F=2) 61-70 (M= 2, F=1) in different age groups and safravi mizaj out of 23 is

divided as 21-30 (M= 2, F=4), 31-40 (M= 1, F=4), 41-50 (M= 5, F=2), 51-60 (M= 1, F=3) 61-70 (M= 1, F=1) according to different age groups followed by saudavi mizaj which includes 21-30 (M= 4, F=4), 31-40 (M= 2, F=1), 41-50 (M= 4, F=1), 51-60 (M= 4, F=1) 61-70 (M= 1, F=1) out of 23 participants as shown in Figure 1.

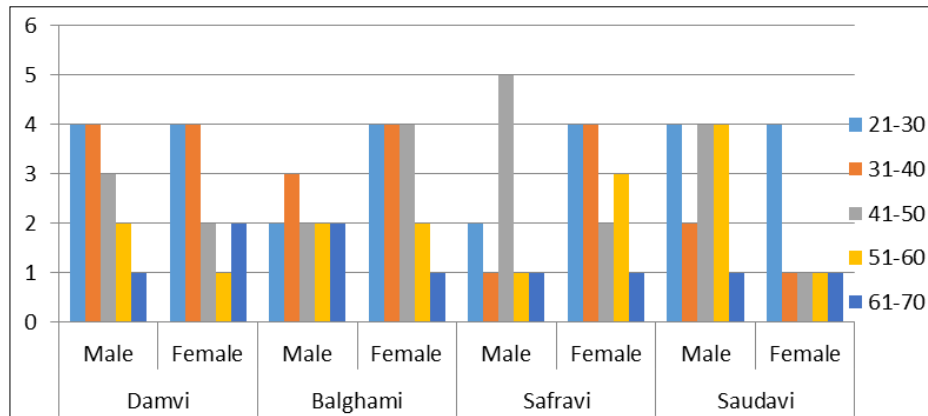


Fig 1: Distribution of subjects according to Mizaj, gender and age groups

Table 2: Mean & standard deviation of DLQS in different Mizaj group

Mizaj	Number of Volunteers	Mean±Standard Deviation
Damvi	27	9.33±4.2
Balghami	26	9.19±3.691
Safravi	24	9.5±3.697
Saudavi	23	9.086±4.328

According to Table 2, Mean and standard deviation of DLQS value in Safravi Mizaj individual is highest (9.5±3.697) among all Mizaj group followed by Damvi Mizaj (9.33±4.2), Balghami Mizaj (9.19±3.691) and Saudavi mizaj had lowest mean and standard deviation (9.086±4.328) in all four category.

Table 3: Mean & standard deviation of DLQS in different age groups with respect to different mizaj

Age Group	Damvi		Balghami		Safravi		Saudavi	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
21-30	9.25	6.431	9.16	3.5449	8.33	6.345	8.25	3.732
31-40	9.37	5.0138	8.42	3.801	10	4.099	11.66	5.099
41-50	7.2	4.776	8.33	2.162	6.71	3.696	10.2	3.773
51-60	13	4.264	10.25	3.5261	13.25	4.098	8	3.162
61-70	9.33	4.2	11.33	1.723	14	3.683	8.5	4.078

According to Table 3, the Mean and standard deviation of DLQS value in different age groups showed the following results: In Safravi Mizaj participants in the age group, 61-70 showed the highest mean and standard deviation (14±3.683) followed by the least in 41-50 (6.71±3.696) while Damvi Mizaj results came as age group 51-

60 (13±4.264) followed by lowest in 41-50 (7.2±4.776), Balghami Mizaj had highest mean and standard deviation in 61-70 (9.19±3.691) and least in 41-50 (8.33±2.162) and Saudavi Mizaj had highest mean and standard deviation in the age group 31-40 (9.086±4.328) and lowest in 51-60 (8±3.162) in all four categories also showed in Figure 2.

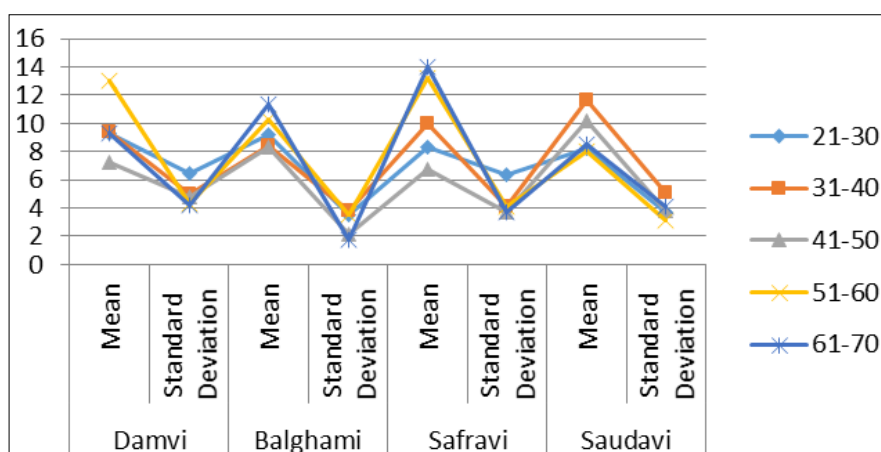


Fig 2: Mean & standard deviation of DLQS in different age groups with respect to different mizaj.

Discussion

Skin diseases have a genuinely negative effect on people's quality of life regardless of other factors. Skin – appearance has a direct impact on an individual's personality which relates to self-confidence and, sometimes, invites psychological consequences. The effect of skin diseases on quality of life is higher than the impact of many systemic disorders. As skin lesions are generally visible, interaction with other individuals becomes very difficult. Hence the patients are prone to be isolated from social lives. Additionally, symptoms such as itching and pain can also negatively impact the life quality of the patient.

This study was conducted to explore the relationship between mizaj and DLQS which is mainly focused on the evaluation of the quality of life in dermatology on patients of different age groups and gender. After taking the history of 100 patients of different mizaj and ages, according to table 2, safravi mizaj individuals group has the highest DLQS and saudavi mizaj individuals group showed the lowest DLQS. Thus, this result is statistically significant from the hypothesis according to which there is a possible correlation between DLQS and mizaj certainly does exist. According to table 3, In *Safravi Mizaj* participants in the age group, 61-70 showed the highest DLQS followed by the least in 41- 50 while *Damvi Mizaj* results came in the age group 51-60 followed by the lowest in 41-50, *Balghami Mizaj* had highest DLQS in 61-70 and least in 41-50 and *Saudavi mizaj* had highest DLQS in the age group 31-40 and lowest in 51-60. It also implies that there is a possible significant relationship between age and DLQS.

Conclusion

In view of the different observations, it is found that DLQS, is most noteworthy in individuals having Damvi Mizaj and least in individuals having saudavi Mizaj and it is in concordance with the hypothesis of this research work. From this review, it was found that a co relation between DLQS, age and Mizaj certainly does exist as per hypothesis. This study has limitations as this data is lacking to have a large number of participants in all age groups. So, this data can't be generalized over the whole population due to the small sample size. Further study needs to be conducted with a large sample size to get a better understanding of the correlation between Mizaj and DLQS.

Conflict of interests: Authors declare no external funds were used in this study.

Acknowledgement

Not available

Financial Support

Not available

References

1. Department Bhandari S, Khan GM. Assessment of Quality of Life among outpatients Visiting Dermatology at a Hospital in Pokhara, Nepal.
2. Journal of the Turkish Academy of eISSN 1307-394X Dermatology, Dermatology Life Quality Index in Various Skin Diseases Among Hospitalized Patients,
3. AyseSerap Karadag MD, Necmettin Akdeniz Md, SerapGunesBilgili MD, HaticeUceOzkol MD, Omer Kolka MD, AlicanDalkilic MD Quality of life

- questionnaires School Of Medicine
4. Salek S, Roberts A, Finlay AY. The practical reality of using a patient-reported outcome measure in a routine dermatology clinic. *Dermatology*. 2007;215:315-319.
5. Smith CH, Anstey AV, Barker JNWN, Burden AD, Chalmers RJG, Chandler DA, *et al*. British Association of Dermatologists guidelines for biologic interventions for psoriasis. *British Journal of Dermatology*. 2009;161:987-1019.
6. Unani system of medicine, the science of health and heaking AYUSH, ministry and family welfare, Government of India, www.indianmedicine.nic.in.
7. Glynn, john ynm' Temperaments revisited new interest in an old concept' at [www.eimj.com/vol2- No2/vol2-NO2-N2.Htm](http://www.eimj.com/vol2-No2/vol2-NO2-N2.Htm)
8. Ahmad SI. (ynm). *Kulliyat-e-Asari*, 1st Ed. Daftar al-masihi, Karol Bagh, p. 62, 86.
9. Glynn, Jonnp, YNM. 'Temperament revisited-new interest in an old concept' at www.eimj.com/vol2-No2.
10. Azmi AA. *Basic concept of Unani medicine-A critical study*' 1st edition, Jamia Hamdard, New Delhi; c1995. p. 57, 58, 59, 61, 62, 73.
11. Ibn-e-habal, AbulHasan. Ali Bin Ahmed Baghdadi, *Kitabulmukhtaralfitibb*, part 1 Urdu translation by CCRUM New Delhi. 2005. p. 23.
12. Analytical case study of bmi of mildly symptomatic covid-19 patients with reference to Mizaj 1 Iqra Hashmi, 2 Ubaid Amir, 3 Aysha Raza & 4 Yusuf Jamal.

How to Cite This Article

Kalimullah, E Ul Haq, K Rishi and J Yusuf Jamal. An observational Study of Dermatology life quality score (DLQS) in various skin diseases with reference to different Mizaj. *National Journal of Clinical Orthopaedics*. 2022;6(3):37-40.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.