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Clinical evaluation of *mizaj* (temperament) in the patients of uterine fibroid (*sala`al-rahim)*

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Abstract
The Unani system of medicine is founded on the concept of *Mizaj* (Temperament), which forms the basis of its therapeutic principles. The term Temperament, derived from the Latin word Tempero means- to mix together, refers to the unique constitution of each individual. This individuality determines one's response to internal and external stimuli such as food, climate, emotions, medicines, and disease processes. Hence, *Mizaj* plays a vital role in tailoring patient-specific treatment.
Uterine fibroid is one of the most common benign tumors of the uterus, manifesting with heavy or prolonged menstrual bleeding, pelvic pain, dyspareunia, and sometimes recurrent pregnancy loss. In Unani literature, it is described as *Salaat*. According to Unani theory, diseases occur due to imbalance in the four humours—*Khilt-e-Dam*, *Khilt-e-Safra*, *Khilt-e-Balgham*, and *Khilt-e-Sauda*. Treatment is therefore aimed at correcting the dominant humour responsible for pathology. Classical physicians like Hippocrates and Ibn Sina associated uterine fibroid with the predominance and accumulation of *Ghaliz Balgham*.
An observational study was conducted in the Department of Amraz-e-Niswan wa Qabalat, Ayurvedic and Unani Tibbia College and Hospital, Karol Bagh, Delhi, on women diagnosed with uterine fibroid. Patients presented with irregular, heavy, and painful menstrual cycles, lower abdominal pain, pelvic heaviness, and were confirmed through ultrasonography.
The result of the present study revealed that *Balghami Mizaj* (*barid ratab*) was predominant among patients suffering from uterine fibroid, constituting 36.7% of the total sample. This was followed by *Safrawi Mizaj* at 33.3%, while *Damvi Mizaj* and *Saudawi Mizaj* accounted for 16.7% and 13.3%, respectively.

Keywords: *Mizaj* (Temperament), Uterine Fibroid (*Sala`al-rahim*), Unani medicine

Introduction
The Unani system of medicine, founded on the philosophy of *Mizaj* (temperament) introduced by Hippocrates (460–370 BC), forms the core of Unani therapeutics. According to this concept, every individual possesses a unique and constant temperament that shapes their physical, mental, and behavioral characteristics. Health, as per Unani principles, depends on the balanced composition and proportion of the four vital humours (*Akhlat*)—*Dam* (blood), *Balgham* (phlegm), *Safra* (bile), and *Sauda* (black bile). Any imbalance or dominance of a particular humour (*Khilt*) alters the *Mizaj* and leads to disease, while treatment aims to restore this equilibrium by correcting the affected humour [1, 2]. Ibn Nafees described *Mizaj* as a specific admixture resulting from the proportion and interaction of bodily components and the relative energy of organs [3]. Thus, *Mizaj* serves as a cornerstone in diagnosing and determining personalized treatment in the Unani system, with the four principal temperaments—*Damvi* (sanguine), *Balghami* (phlegmatic), *Safravi* (bilious), and *Saudavi* (melancholic)—forming the basis of individual constitution and therapeutic approach [4].

Uterine Fibroid
Fibroid, myoma, and leiomyoma are synonymous terms referring to the most common benign tumors of the female reproductive system, originating from the smooth muscle tissue of the uterus [5]. These non-cancerous growths are a major cause of hysterectomy worldwide. The reported prevalence of uterine fibroids varies across studies and populations, ranging from 4.5% to 68.6%, and tends to rise with age, reaching its peak during the early forties [6]. Age and ethnicity are key determinants, with African American women showing a markedly higher incidence compared to Caucasian women [7]. A positive family history further

elevates the likelihood of developing fibroids [8].

Several lifestyle and environmental factors—such as obesity, poor dietary habits, lack of physical activity, smoking, and stress—are thought to contribute to fibroid formation, likely through their impact on estrogen metabolism. High consumption of red meat, for instance, has been linked to a 70% greater risk [9]. Although many fibroids remain asymptomatic, symptomatic cases may present with heavy menstrual bleeding (menorrhagia), pelvic pain, pressure-related discomfort, or infertility. Large fibroids may distort the uterine cavity, adversely effecting embryo implantation and increases the risk of miscarriage. Diagnosis is established through clinical evaluation supported by imaging modalities like ultrasound or MRI [10]. Management strategies depend on the severity of symptoms and the patient's reproductive goals. Medical therapy—including hormonal and non-hormonal treatments—can alleviate symptoms, particularly excessive bleeding, while surgical options such as hysterectomy, myomectomy, or uterine artery embolization are chosen based on individual needs [6].

Review of Unani literature

In Unani medicine, tumors are described under the term *Sal'aat,* which are considered a form of *Waram Balghami* (phlegmatic swelling) [11]. These swellings develop due to the accumulation of *Balgham* (phlegmatic humour), which may be soft or hard in consistency and are often enclosed within a membranous sac. Classical Unani scholars, including Razi (860–925 AD) and Ali Ibn Abbas Majusi (930–994 AD), have provided detailed explanations of this condition. Razi characterized *Sal'a* as a phlegmatic tumor filled with putrefied phlegm, varying in size from that of a Bengal gram to a watermelon [12]. Majusi categorized it under *Waram Balghami*, describing it as a swelling composed of thick, viscous phlegm (*Balgham-e-Ghaleez*) [13, 14].

According to Unani theory, *Sal'aat* are broadly classified into two types based on their nature and progression—*Sal'a Saleema* (benign tumors) and *Sal'a Khabeesa* (malignant tumors). *Sal'a Saleema* remains confined to the originating organ, exhibits slow and localized growth, and is generally painless, although it may cause pressure-related discomfort. Their primary cause is the accumulation of viscous phlegm that alters the *Mizaj* (temperament) of the affected organ [15]. Unani scholars further categorized *Sal'a* into four subtypes—*Sal'a Shahmiyya, Sal'a Asaliyya, Sal'a Ardahaliya*, and *Sal'a Shiraziyya*—based on consistency and characteristics [16]. In the case of uterine tumors *(Sal'a al-Rahim),* the condition is described as a *warm e balghami* (phlegmatic benign swelling) resulting from the deposition of abnormal *Balgham* in the uterus.[16-18] Treatment principles emphasize the use of drugs possessing *Mundij-e-Balgham* (concoctive), *Muhallil-e-Waram* (resolvent/anti-inflammatory), and *Qabiz* (astringent) properties. For firm swellings, therapy begins with *Mundij-e-Balgham* to soften the mass, followed by *Muhallil-e-Waram* formulations to dissolve and resolve the lesion. In cases unresponsive to pharmacological management, surgical intervention is recommended [19, 20].

Objective of the Study

1. To determine the predominant *Mizaj* (temperament) among patients diagnosed with uterine fibroid.
2. To evaluate the role of *Mizaj* (temperament) in the patients of uterine fibroid.

Materials and Methods

The present observational study was carried out in the Department of Ilmul Qabalat wa Amraz-e-Niswan, Ayurvedic and Unani Tibbia College and Hospital, Karol Bagh, New Delhi. A total of 30 female patients diagnosed with uterine fibroid (*Salaat-ur-Rahem*) were selected for the study.

The selection of patients was based on detailed history taking, thorough clinical examination, and relevant investigations, including ultrasonography (USG) of the lower abdomen to confirm the diagnosis. The *Mizaj* (temperament) of each patient was assessed according to standard Unani parameters, considering both physical and psychic characteristics. Patients fulfilling the diagnostic criteria of uterine fibroid were enrolled after obtaining informed consent.

Result and Observation

Table 1: Number and percentage of different *Mizaj* of uterine fibroid patients

S. No.	Mizaj	Number	Percentage (%)
1	*Balghami*	11	36.7
2	*Damvi*	5	16.7
3	*Safrawi*	10	33.3
4	*Saudawi*	4	13.3
	TOTAL	30	100

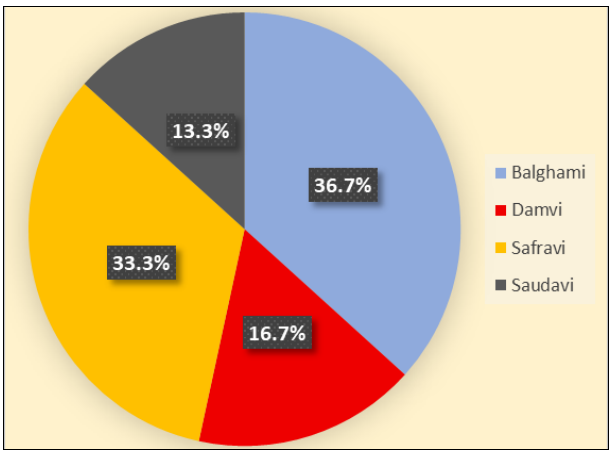

Fig 1: Pie chart showing the distribution of *Mizaj* among uterine fibroid patients

Discussion

The results revealed that the *Balghami Mizaj* was predominant among uterine fibroid patients, constituting 36.7% of the total sample, followed by *Safrawi Mizaj* (33.3%). *Damwi Mizaj* accounted for 16.7%, while *Saudawi Mizaj* was observed in 13.3% of the patients.

This indicates that *Balghami* temperament shows a higher predisposition towards the development of uterine fibroid, which is consistent with the Unani concept that *Waram e Balghami* (phlegmatic swelling) is often associated with cold and moist temperamental predominance leading to fibroid formation.

Conclusion

The findings of the present study highlight a significant

relationship between *Mizaj* (temperament) and the occurrence of uterine fibroid (*Salaat-ur-Rahem*). Among the studied patients, *Balghami Mizaj* was found to be predominant, followed by *Safrawi, Damwi,* and *Saudawi* temperaments. This predominance of the *Balghami* temperament suggests a clear predisposition of individuals with a cold and moist temperament toward the development of fibroid pathology.

In the light of Unani principles, this observation substantiates the classical concept that Salaat, being a type of *Waram-e-Balghami* (phlegmatic swelling), originates from the accumulation of abnormal and viscid *Balgham* (phlegm) within the uterine tissue. The sluggish metabolism and moisture-retentive nature of *Balghami* individuals may create favorable conditions for the gradual deposition of morbid matter, leading to the formation of fibroid masses.

This study reinforces the Unani doctrine that *Mizaj* assessment is not only vital for understanding disease predisposition but also for designing individualized preventive and therapeutic approaches. By identifying *Balghami* predominance in uterine fibroid patients, the research provides a rational basis for adopting *Mundij-e-Balgham* (concoctive), *Muhallil-e-Waram* (resolvent), and *Qabiz* (astringent) therapies as per classical guidelines.

Further research with a larger sample size is recommended to strengthen these observations and to explore the preventive potential of *Mizaj* based interventions in women predisposed to uterine fibroids.

Conflict of Interest
Not available

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Not available

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