

Original Research Article

Analysis of temperament/mizaj of men with benign prostatic hyperplasia: a novel research

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ABSTRACT

Background: Benign prostatic hyperplasia (BPH) is a commonest health disorder affecting elderly men characterized by lower urinary tract symptoms (LUTS). It is a non-malignant neoplasm of men with an incidence of approximately 20% in their 40s and reaches up to 90% in their 80s. Androgens play a vital role in its development. In Unani system of medicine, BPH can be traced under the headings of waram-i-unuq al-mathāna (swelling at the bladder neck) and insidād majrā-i-mathāna (bladder outlet obstruction). As per the basic fundamentals of the said system of medicine, a disease arises due to the humoral imbalance or distemperament. Knowing the temperament of men having LUTS associated with BPH will help in appropriate selection of herbs and other Unani medicinal remedies for its treatment and productive research. It might prove a breakthrough in managing BPH and decreasing burden on conventional medicines and their side-effects.

Methods: The current study was based on a questionnaire and examination of sixty (60) diagnosed cases of BPH, as per the standard temperament chart recommended in Unani literature.

Results: The study revealed that 73.3% of BPH patients were having phlegmatic temperament (balghami al-mizaj), 20% having sanguine (damwi al-mizaj) and 6.7% were of bilious temperament (safrawi al-mizaj).

Conclusions: BPH was found to be more prevalent among men with phlegmatic temperament (balghami al-mizaj) and hence is likely a phlegmatic disorder (marad-i-balghami) or in other words phlegmatic distemperament (su-e-mizaj balghami).

Keywords: Benign prostatic hyperplasia, Mizaj, Phlegmatic, Temperament, Unani

INTRODUCTION

Benign prostatic hyperplasia (henceforth BPH) refers to the prostate gland enlargement which is one of the commonest non-malignant neoplasm to affect men beyond middle age.¹ It has been found to influence approximately 10% of men in their 30s, 20% of men in their 40s, 60% of men in their 60s, 80% of men in their 70s, and 90% of men in their 80s. Dihydrotestosterone (DHT) derived from testosterone with the help of 5- α reductase is probably a major stimuli for stromal and glandular proliferation of prostate in men with nodular

hyperplasia.^{2,3} Unani system of medicine is based on the humoral theory proposed by Hippocrates, father of medicine, which states that any disturbance in the ratio of four humors, Akhlat, viz; blood, bile, phlegm and black bile, is responsible for disease, and so is in BPH. In this system of medicine, BPH can be traced under the headings of waram-i-unuq al-mathāna (swelling at the bladder neck) and insidād majrā-i-mathāna (bladder outlet obstruction).⁴⁻⁶ The most common manifestations of BPH known as lower urinary tract symptoms (LUTS), are divided into obstructive and irritative symptoms.¹ Obstructive symptoms include; hesitancy, straining, weak flow, prolonged voiding, partial or complete urinary

retention, and overflow incontinence, while as irritative symptoms are much disturbing to the patient include; increased frequency of micturition, urgency with urge incontinence, nocturia and painful urination. In terms of Unani literature these symptoms are discussed as ‘usr al-bawl (dysurea), ihtibas al-bawl (anuria), taqtir al-bawl (dribbling), salas al-bawl (incontinence), etc.^{5,6} Severity of symptoms is quantified by American urological association symptom index. A symptom score of <8 is considered to be mild disease which needs watchful waiting, a score of >8 indicates moderate to severe symptoms where treatment plan is devised, and in case of complications surgical intervention is mandatory.^{7,8} The basic principle of Unani treatment is to normalize the humoral disequilibrium and altered temperament. LUTS has been managed for centuries with herbal medicines yet demanding a comprehensive scientific validation. Knowing the temperament of men having LUTS associated with BPH will help in appropriate selection of

herbs and other Unani remedies for its treatment and productive research. It might prove a breakthrough in managing BPH and decreasing the burden on conventional medicines and their side-effects.

The current study was thus performed to assess the temperament (mizaj) of men having BPH.

METHODS

In a cross sectional study sixty (60) diagnosed cases of BPH were assessed for temperament according to the temperament chart recommended in Unani literature (Table 1). The study was conducted along with a randomized controlled trial at Regional Research Institute of Unani Medicine (RRIUM), Srinagar, Kashmir for a period of one year (December 2018 to December 2019). The data obtained was analyzed by using SPSS, version 20.0.

Table 1: Assessment of mizāj (temperament).

Parameters	Damwī (Sanguine)	Balghamī (phlegmatic)	Safrāwī (bilious)	Sawdāwī (melancholic)
Complexion	Ruddy (reddish/wheaty/brown) 1	Chalky (whitish) 0.75	Pale (yellowish) 0.5	Purple (blackish) 0.25
Built	Muscular and broad 1	Fatty and broad 0.75	Muscular and thin 0.5	Skeletal 0.25
Touch	Hot and soft 1	Cold and soft 0.75	Hot and dry 0.5	Cold and dry 0.25
Hair	Black and lusty thick. Rapid growth 1	Brown and thin. Slow growth. 0.75	Brown and thin. Rapid growth 0.5	Black and thin. Slow growth. 0.25
Movement	Active 1	Dull 0.75	Hyperactive 0.5	Less active 0.25
Diet (most liked)	Cold and dry 1	Hot and dry 0.75	Cold and moist 0.5	Hot and moist 0.25
Weather (most suitable)	Spring 1	Summer 0.75	Winter 0.5	Autumn 0.25
Sleep	Normal (6-8 hours) 1	In excess 0.75	Inadequate 0.5	Insomnia 0.25
Pulse	Normal (70-80) 1	Slow (60-70) 0.75	Rapid (80-100) 0.5	Slow (60-70) 0.25
Emotions	Normal 1	Calm and quiet 0.75	Angry 0.5	Nervous 0.25

Range of temperament in numbers are sanguine: 7.5-10; phlegmatic: 5.10-7.50; bilious: 2.51-5.00; melancholic: 0.00-2.50.

Damwī ☐

Balghamī ☐

Safrāwī ☐

Sawdāwī ☐

Inclusion criteria

Men in age group of 40-79 years, patients complaining of LUTS, serum prostate specific antigen <10 ng/dl.

Exclusion criteria

Patients <40 and >80 years of age, intellectually disabled patients, serum prostate specific antigen >10 ng/dl,

patients with debilitating diseases like chronic heart disease, chronic kidney disease, liver disease and hypertension.

RESULTS

While assessing the temperament (mizaj) of 60 diagnosed BPH patients, 44 men were found to have phlegmatic temperament (balghamī al-mizaj), 12 men possessing sanguine temperament (damwī al-mizaj) and 4 men were having bilious temperament (safrāwī al-mizaj). However, it was astonishing to see none of the patient having melancholic temperament (sawdāwī al-mizaj). The distribution of patients as per their temperament is shown in Table 2.

Apparently majority of men suffering from BPH are having phlegmatic temperament (73.3%), moderately fair percentage of men are having sanguine temperament and

a very little percentage possessing bilious temperament. The derived relationship can be easily understood from the given pie chart (Figure 1) and bar chart (Figure 2).

Table 2: showing the distribution of sixty BPH patients according to their temperament (mizāj).

Temperament (mizāj)	Number of patients out of sixty	Percentage
Phlegmatic (balghamī)	44	73.3
Sanguine (damwī)	12	20
Bilious (safrawī)	4	6.7
Melancholic (sawdawī)	0	0.0

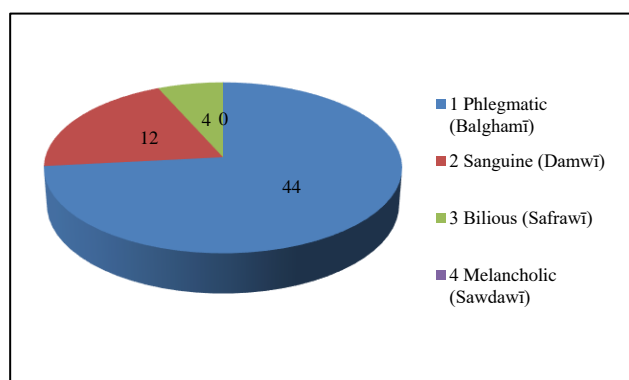


Figure 1: Distribution of patients as per their temperament.

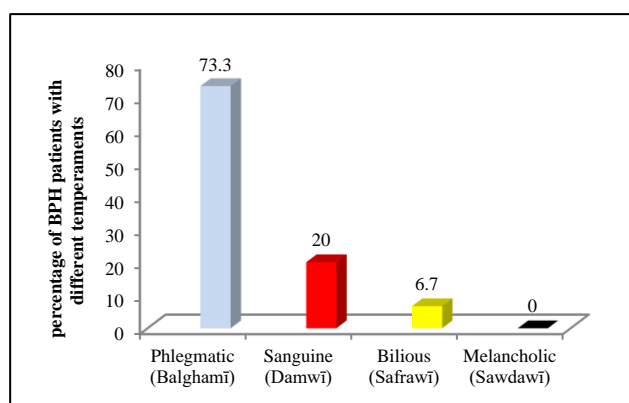


Figure 2: Percentage of BPH patients with different temperaments.

DISCUSSION

Sixty (60) BPH patients were assessed for their temperament during a study conducted at RRIUM Srinagar. For statistical analysis, recorded data was entered in a spread sheet and SPSS version 20.0. Variables were expressed in terms of percentage. Table 2 shows ceiling number of patients i.e., 44 (73.3%) in the sample having phlegmatic temperament (balghamī al-mizāj) followed by 12 (20%) of patients having sanguine

temperament (damwī al-mizāj) and only 4 (6.7%) of patients having bilious temperament (safrawī al-mizāj). None of the patients among study groups was having melancholic temperament (sawdawī al-mizāj). This study indicates that BPH is more prevalent in patients of phlegmatic temperament. These finding can be supported in several ways; firstly it is much accepted theory that hormones especially testosterone and dihydrotestosterone are responsible for causing BPH and in Unani concept all the hormones belong to the white humor (khilt-i-balgham) among the four humors.^{3,9-13} Secondly the swelling (waram) of the prostate in BPH is not painful or tender nor have any burning sensation as found in inflammation and moreover in such a swelling induration is felt.⁹ All these properties are those of swelling produced due to overindulgence or altered white humor/phlegm (khilt-i-balgham).⁶ Lastly, obesity and decreased physical activity tend to increase the risk of BPH according to latest researches and the humor responsible for both, obesity as well as decreased physical activity, is phlegm (khilt-i-balgham) according to Unani perspective.^{12,14} Furthermore, Unani books of medicine have given detailed list of symptoms produced in phlegmatic diseases (amarād-i-balghamīyya), some of the most important symptoms of it include, abnormally white colored urine (bawl-i-abyad), increased frequency of micturition or polyurea (kathrat-i-bawl), urgency and incontinence (salas al-bawl).^{15,16} The current study reflects the preponderance of patients with phlegmatic temperament. All this discussion makes it more obvious and rational that benign prostatic hyperplasia (sal'a ghudda-i-madhī/waram ghudda-i-madhī) is more prominent in men with phlegmatic temperament and is most likely a phlegmatic disease (marad-i-balghamī).

The present study however may not be considered extensive one due to the small sample size, limited data and also because the study sample was selected from a limited geographical area. Thus much extensive studies with larger sample size, carried out at multiple centers, from different geographical regions are required.

CONCLUSION

According to Unani concept a person can have any type out of four given temperaments, i.e., sanguine, bilious, phlegmatic or melancholic, depending upon which type of humor is in predominance. The current study advocates that BPH is commonest among men with phlegmatic temperament (balghami al-mizaj) and is a phlegmatic disease (marad-i-balghami). This study hence could pave the way for further researches that help in achieving best possible alternative treatment and prevention plan for BPH.

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