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The Association between Temperament and Gynecological Disease from Persian Medicine Point of View

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Abstract

Introduction: Persian medicine (PM) as a holistic system of medicine, have believed in the existence of Cold and Hot natures in humans and foods. In the context of this theory, people of a particular temperament (mizaj) are susceptible to certain diseases due to their individual temperament during their life and may need different treatments for the same disease and even different lifestyle recommendations for health care and disease prevention. The aim of this study is to review the correlation between Mizaj-dependent qualities and gynecological diseases. Method: In this review which was performed in 2018, required data was gathered using electronic databases, such as Google scholar, Pub med, Web of science, EMBASE and Chinese Iran Medex journal database as well as local references. The key terms used in this study were temperament, mizaj, dystemperament, sue mizaj, CAM, and gynecological disease.orginal and translated books were used. Results: According to this study, cold temperament plays an important role in the gynecological disease. Vaginitis, amenorrhea, oligomenorrhea, urinary incontinence, and infertility are associated with cold dystemperament. Cervicitis and hypermenorrhea are associated with hot dystemperament. There was no significant relationship between postpartum depression and temperament. Conclusion: Recognizing the temperament of individuals and their relationship with their diseases is essential in treatment. Adherence to Persian medicine recommendations, in dealing with each person's temperament, can be effective in improving their lifestyle and health promotion.

Keywords: Temperament and Gynecological, Medicine, Disease

Introduction

Complementary and alternative medicine (CAM) is considered as an acceptable and beneficial method to treat different diseases in accompaniment with conventional medicine (WHO, 2013). Recently, there has been an increasing trend in usage of complementary and alternative medicine (CAM) (Moini et al., 2018). Nowadays, a high percentage of people in Asian and African countries benefit from CAM for treatments (Shirbeigi et al., 2017). Also, Persian medicine (PM) as a holistic system of medicine is one of the Valuable examples of traditional medicine since ancient times up to now (Mozaffarpur et al., 2017). According to Avicenna, the goal of medical science is to maintain health and, if it is lost, to restore it (Ansari et al., 2010). Persian medicine system attempts to propose the best possible ways by which a person can lead an optimum healthy life with minimum illness (Emtiazy et al., 2012). PM, encompassing in the

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fields of Preventive medicine, disease control and treatment, provides efficient advice on life style, as well as natural, safe and affordable treatments (WHO, 2013). PM has believed in the existence of Cold and Hot natures in humans and foods (Mizaj) (Rezapour-Firouzi et al., 2013 Shahabi et al., 2008). Mizaj is developed due to the interaction of different elements in the human body and affects the normal physical and emotional characteristics as well as the physiological functions of the body (Mojahedi et al., 2014). In other words, Mizaj means the dominant quality of a composite being (Emtiazy et al., 2012).According to PM, a person is considered to be in a healthy state when his or her Mizaj keeps its balance and most of the diseases occur when the Mizaj becomes imbalanced, which is called dystemperament (Emtiazy et al., 2012; Mojahedi et al., 2014). The most important rule of all the ancient theories was the maintenance of the balance among the fundamental body elements, among which Warmth and Coldness played a completely essential role (Rezapour-Firouzi et al., 2013). According to the theory of Mizaj, each organ has its particular Mizaj (organ Mizaj) and the outcome of the Mizaj of various organs constitutes the Mizaj of the whole body (general Mizaj) (Salmannezhad et al., 2017). Each person has a unique characteristic named Mizaj, which is recognized and classified by his or her morphological, physiological and psychological features (Yousefifard et al., 2013). It is believed that we have different temperaments for the whole number of the creatures in the world. Since there can be a lot of temperaments, Persian medicine elite divided them into nine distinct groups for a more convenient assessment (Mojahedi et al., 2014). In the context of this theory, people of a particular temperament are susceptible to certain diseases due to their individual temperament during their life (Ansari et al., 2010) and may need different treatments for the same disease and even different lifestyle recommendations for health care and disease prevention (Mojahedi et al., 2014). In recent decades, conventional medicine has paid special attention to biological differences between individuals, while new scientific disciplines such as nutrigenomics and pharmacogenetics are trying to classify individuals according to these differences as the new promising area of personalized medicine (Mozaffarpur et al., 2017). Researchers in this field believe that therapies should focus on patients rather than focusing on the disease. According to one definition of personal medicine, it can be said that Iranian medical practitioners have been using personal medicine for many years to treat various diseases (Yousefifard et al., 2013). Therefore, in order to maintain the health of each person, it is necessary to understand the personal temperament and the factors affecting it (Ansari et al., 2010). The aim of this study is to review the correlation between Mizaj-dependent qualities and gynecological diseases. If there is a meaningful relationship between temperament and diseases, the use of the recommendations related to that temperament, as mentioned in Persian medicine, may be useful.

Methods

This review was performed in 2018 by searching studies in Google scholar, Pub med, Web of science, EMBASE, and IranMedex databases. The initial search strategy identified about 205 references. In this study, 12 studies were accepted for further screening. Inclusion criteria included the following keywords used to search for the relevant articles published from August 2000 to June 2018; their full text should be available and in English and Persian languages. Exclusion criteria were abstracts and being not in the timeline of the study. Those articles not matching our inclusion criteria.

Results

Many researchers believe that temperament has a biological and genetic basis, although environmental factors also affect on it (Yousefifard et al., 2013). People of a particular temperament are susceptible to certain diseases due to their individual temperament during their life (Ansari et al., 2010). Study by Miraj et al. indicate the relationship between dystemperament and incidence of some diseases such as muscle diseases, skin diseases, asthma, palpitations, bipolar disorder, hemodialysis hysteria, hypertension, sinusitis, aging, diabetes, diarrhea (Miraj & Kiani, 2016). In recent studies, the relationship between whole body temperament and uterus temperament has been shown with some diseases of women. For example, cold-wet uterine temperament is maybe a predisposing agent for developing vaginitis and this finding proves the theory of Iranian medicine about the association of cold-wet temperament with infectious secretions of the uterus (Adham et al., 2017). Another study by Anees and Naaz indicates that the cervicitis is more related to hot-wet (*Damvi*) dystemperament (Anees & Naaz, 2017).Study by Alizadeh et al., On the association of the frequency of symptoms of dystemperament with amenorrhea, indicates that amenorrhea is associated with cold, dry, cold-wet, cold-dry dystemperaments (Jafari et al., 2011). Among single dystemperaments, hot and dry dystemperaments, from compound dystemperaments, cold-wet dystemperament, are likely to play a greater role in the incidence of uterine bleeding (Zafarghandi et al., 2012). A study by Sohrab et al. Suggests that, among single dystemperaments, cold and wet dystemperaments, from compound dystemperaments, cold-wet dystemperament, are likely to play an important role in the incidence of uterine infertility (Sohrabvand et al., 2014). According to study by Sultana, domination of melancholic dystemperament was observed in women with menopausal transition symptoms (Sultana et al., 2015). In the Zaidi study, there was no significant relationship between postpartum depression and temperament (Zaidi & Anjum, 2016). Mohebbi dehnavi and Colleagues demonstrated symptoms of pre menstrual syndrome symptoms such as entitlement, palpitations, hot flashes, and anger more seen in hot temperament and in the cold temperament more seen confusion, poor focus, loneliness and depression (Dehnavi et al., 2017). According to another study by Sultana, stress urinary incontinence can occur in reproductive-age women with cold-dry (sanguine) and cold-wet (phlegmatic) temperament (Sultana et al., 2016).

Discussion

The study by Adhami and colleagues showed phlegm dystemperament predisposes a person to vaginitis. In the study performed by Mobasher Khan on the correlation between uterine dystemperament and bacterial vaginosis, it was found that uterine temperament in patients with bacterial vaginosis was as 48.33% cold-wet, 28.33% warm-wet, 23.33% warm-dry and it was concluded that cold-wet dystemperament (phlegm) probably provides a good environment for bacteria to grow and causes infection(Tansaz, 2013). Study by Anees and Naaz demonstrate that the cervicitis is associated to hot-wet (*Damvi*) dystemperament. In Iranian medicine, cervicitis refers to cervical inflammation. Avicenna has pointed that the hot dystemperament can be one of the causes of cervicitis (Sina, 2005). Sultana study shows a significant relationship between cold dystemperament and menopausal transition symptoms. Dominant temperament at middle age is cold-dry temperament. At this age the production of blood in liver gets decreased, whatsoever is produced that too declines towards coldness (Sina, 2005). According to the Persian medicine, depression is seen in all four varieties of temperaments, but the person with cold-dry dystemperament (Melancholic temperament) is supposed to be more prone to get affected with this disorder (Zaidi & Anjum, 2016). In the zaidi study, there was no significant difference between the frequency of postpartum depression in different temperament groups.

Mohebbi dehnavi and Colleagues indicated symptoms of pre menstrual syndrome is various in the hot and cold temperament. Avicenna describes person with cold temperament is calm and have low composition and person with hot temperament is at least considering of environment and distress of the body (Dehnavi et al., 2017).

Conclusion

According to the results of this study, cold dystemperament seems to be one of the major causes of female illness. Persian medicine provides efficient recommendation on lifestyle modification as well as natural, safe and affordable treatments related to each person's temperament.

Disclosure

This research was presented as a Ph.D. thesis (Farrin Rajabzadeh) at School of Traditional Medicine, Tabriz University of Medical Sciences.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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Table 1: Studies on association between temperament and gynecological diseases

Ref Num.	Authors/year	Design	Sample size	Result
13	Adhami et al. (2017)	Case-control study	223	Uterine compound temperament was cold-wet in most patients (62.5%). Uterine singular temperament was cold in 73.7% of the patient in terms of coldness and hotness and was wet in 74.6% of the patients in terms of dryness and wetness.
14	Anees et al. (2017)	Observational study	60	Maximum number of patient i.e. 30 (50.0%) belongs to hot-wet dystemperament, followed by 18(30.0%) of hot-dry (*yellow bile*) dystemperament and 12(20.0%) of cold-wet (*phlegm*) dystemperament. None of the patient is of *cold-dry (melancholic)* dystemperament.
15	Jafari F et al. (2011)	Descriptive study Case series	69	Amenorrhea is associated with cold, dry, cold-wet, cold-dry dystemperaments
16	Zafarghandi N et al. (2012)	Descriptive study Case series	70	Among single dystemperaments, hot and dry dystemperaments, from compound dystemperaments, cold-wet dystemperament, are likely to play a greater role in the incidence of uterine bleeding
17	Sohrabvand F et al. (2012)	Cross-sectional	54	Among single dystemperaments, cold and wet dystemperaments, from compound dystemperaments, cold-wet dystemperament, play an important role in the incidence of uterine infertility. There is a significant relationship between uterine temperament and body temperament.(P=0.04)
18	Sultana et al. (2015)	pilot study	60	41(68.33%), 15(25%) and 4(6.67%) patients had cold, hot and dry dystemperament respectively and 55(91.67%), and 3(5) patients had clinical features of coldness and hotness of uterus. All patients had dominance of black bile humor.
19	Zaidi et al. (2016)	cross-sectional study	231	PPD was seen in women of all 4 temperaments, but on comparing the 2 groups (depressed and nondepressed) on the basis of mizaj of women, no statistically significant association was seen (P value > 0.05). Therefore, the result suggested no significant association of PPD with the temperament of postnatal women.
20	Mohebbi dehnavi et al. (2017)	Cross-sectional study	65	the results showed that the physical symptoms of premenstrual syndrome, hot flashes, nausea, headache, dizziness, diarrhea-constipation, swelling, a passion for food into warm temperament and acne, palpitations, increased appetite into cool temperament occurs with the highest score.
21	Sultana et al. (2016)	Observational study	60	Of 60 patients, sanguine and phlegmatic temperament was found in 31 (52%) and 29 (48%) patients, respectively. None of the patients had choleric and melancholic temperament. Maximum number of women were in the age group of 31–40 years (n = 38, 63%) in which 55% (n = 17) and 72% (n = 21) had sanguine and phlegmatic temperament, respectively. All patients had anterior vaginal wall prolapse.