



Managing Menopause through Temperamental Approach: A Review

*¹Roqaiya M, ²Begum W, ¹Majeedi SF, ¹Jahan D

¹PG Scholar, Dept. of Ilmul Qabalat wa Amraze Niswan NIUM Bangalore, Karnataka, India

²Reader Dept. of Ilmul Qabalat wa Amraze Niswan NIUM Bangalore, Karnataka, India

***Author for correspondence:**

Mariyam Roqaiya

Ph.No. 7795291129

Email-dr.mroqaiya@gmail.com

Abstract: The Unani medicine is based upon the concept of *Mizaj* (Temperament). The temperament (*mizaj*) of an individual being a dynamic state varies under different physiological conditions such as age, sex, environment, etc. The entire span of life is divided into four phases; *sin-al-namu* (the period of growth and development extends from birth of the child up to the age of thirty years), *sin-al-shububiyah* or *sin-al-waquf* (manhood extends from thirty to forty years), *sin-al-kuhulah* (Aetus verelis extends from forty to sixty years) and *sin-al-shaykhukhah* (old age or Aetus cripita). The *mizaj* of *sin-al-namu* is hot and moist, *sin-al-waquf* is hot and dry, *sin-al-kuhulah* is cold and dry and of *sin-al-shaykhukhah* is also cold and dry. It has been also mentioned that during *sine kuhulat* production of *sauda* increases and its *mizaj* is cold and dry. According to the classification of age in *Unani* medicine, the menopausal age group comes under *sine kuhulat* so menopausal women are more prone to develop *saudavi* diseases like carcinoma, melancholia, depression, insanity which are common in this age. So all those methods which has been mentioned in *Unani* literature to correct the *mizaj* and prevent the *ghalbae* (excess) *sauda* will be beneficial in postmenopausal symptoms as well as in preventing the development of carcinoma.

Keywords: *Mizaj*, menopause, management, *Unani*

Introduction

The temperament (*mizaj*) of an individual being a dynamic state varies under different physiological conditions such as age, sex, environment, etc. The physiological conditions and requirements do not remain static throughout the entire span of life, they do vary so does the temperament.¹ The entire span of life is divided into four phases; *sin-al-namu* (the period of growth and development extends from birth of the child up to the age of thirty years), *sin-al-shububiyah* or *sin-al-waquf* (manhood extends from thirty to forty years), *sin-al-kuhulah* (Aetus verelis extends from forty to sixty years) and *sin-al-shaykhukhah* (old age or Aetus cripita). The *mizaj* of *sin-al-namu* is *haar-ratab*, *sin-al-waquf* is *haar yabis*, *sin-al-kuhulah* is *barid-yabis* and of *sin-al-shaykhukhah* is also *barid-yabis*.² During *sine kuhulah* the production of *sauda* increases.³ The temperament (*mizaj*) of a person is most often described in terms of the *khilt* (humor) in domination in the body, and therefore are named as *damviul mizaj*, *balghamiul mizaj*, *safrawiul mizaj* and *saudawiul mizaj*.¹

The average age of menopause in the western world is 51 years while as in India it is 44.3 years and the normal age range for the occurrence of menopause is somewhat between the age of 45 and 55.⁴ Menopausal age group comes under *sin-al-kuhulah*. So the temperament of the menopausal age group women is *barid-yabis* which indicates the domination of *khilt sauda* in this age group. As per the classical division, fourth fluid of the body is *sauda* which is attributed with black colour and of cold and dry (*barid yabis*) temperament.¹ Primarily there is two kinds of *sauda*; *sauda-e-tabai*, and *sauda-e-ghyr tabai*. *Sauda-e-tabai* is that kind of *sauda* which is mixed with normal blood and said to nourish certain organs and tissues

while *sauda-e-ghyr taba'i* is that kind of *sauda* which is produced when *ehtiraq* (oxidation) occurs in any kind of *khilt*, including *sauda* itself. *Ehtiraq* of *khilt* produces pathological conditions in the body.² Signs and symptoms of *ghalbae sauda* include dry and dark skin, thick and dark blood, anxiety, burning in the epigastrium, false appetite, thick and turbid urine of blue, black or red colour, dark complexion, patches of pigmentation, chronic indolent ulcers, depression and anxiety without apparent cause.⁵

Etiopathogenesis of menopause in *Unani*

The menopause has been described in the classical *Unani* literature as physiological cessation of menses (*ehtebase tams*) which occurs between 35 to 60 years of age. One of the causes of *ehtebase tams* is *barudat* and *yabusat*.⁶ According to the classification of age in *Unani* medicine, the menopausal age group comes under *sine kuhulat* and the *mizaj* of *sine kuhulat* is *barid yabis*.² It has been also mentioned that during *sine kuhulat* production of *sauda* increases and its *mizaj* is also *barid yabis*.³ Sign and symptoms found during menopausal age is due to *barid yabis mizaj* and excess of *khilt sauda*. The menopausal women are more prone to develop *saudavi* diseases. *Saudavi* diseases are produced by *Sauda-e-ghair taba'i* (abnormal *sauda*) which is formed as a result of *ehteraq* (oxidation) of any kind of *khilt*, including *sauda* itself. These kind of abnormal *sauda* serves no physiological functions in the body and precipitates diseases like carcinoma, melancholia, depression, insanity which are common in this age.²

Management of *Sine yaas*

1. Prevent the production of *Sauda-e-ghair taba'i*
2. Correction of *mizaj*
3. Removal of excess of *sauda*

1. Prevent the production of *Sauda-e-ghair taba'i*.

As discussed in the etiopathology, the *saudavi* diseases develops due to *sauda-e-ghair taba'i* produced by *ehtiraq* (oxidation) of *khilt*. So all those herbs having an antioxidant property prevent the production of *sauda-e-ghyr taba'i* by preventing *ehtiraq* (oxidation) and thus will prevent the cancer as well as other *saudavi* disease. Oxidative stress is an important factor in the pathophysiology of pathological conditions, including cardiovascular dysfunction, atherosclerosis, inflammation, cancer, drug toxicity, reperfusion injury and neurological disease.⁷ There are list of drugs mentioned in *Unani* medicine having antioxidants property (Table1).

Table1: List of *Unani* herbs with antioxidant property

S.No.	Unani Name	Botanical Name	Family	Part studied
1	Aabnoos	Diospyros ebum	Ebenaceae	Leaves ⁸
2	Abhal	Juniperus communis	Cupressaceae	Berries ⁹
3	Afiyun	Papaver somniferum	Papaveraceae	Seeds ¹⁰
4	Afsanteen	Artemesia vulgaris	Compositae	Leaves ¹¹
5	Akhrot	Jugulans regia	Juglandaceae	Bark ¹²
6	Alsi	Linum usitatissimum	Linoceae	Seeds ¹³
7	Amla	Emblica officinalis	Euphorbiaceae	Fruit ¹⁴
8	Anantmol	Hemidesmus indicus	Periplocaceae	Leaves ¹⁵

9	Anar	Punica granatum	Punicaceae	Fruit peels ¹⁶
10	Anisoon	Pimpinella anisum	Apiaceae	Seeds ¹⁷
11	Anjbar	Polijgonum bistorata	Polygonaceae	Root ¹⁸
12	Arjun	Terminalia arjuna	Combretaceae	Bark ¹⁹
13	Asgandh	Withania somnifera	Solanaceae	Root ²⁰
14	Ashok	Saraca indica	Fabaceae	Bark ²¹
15	Atees	Aconitum heterophyllum	Renunculaceae	Root ¹⁸
16	Babool	Acacia arabica	Mimosaceae	Bark ²²
17	Badranjboya	Melissa officinalis	Lamiaceae	Leaves ²³
18	Bael	Aegle marmelos	Rutaceae	Fruit pulp ²⁴
19	Balela	Terminalia belerica	Combretaceae	Fruit ²⁵
20	Baranjasif	Achillea millefolium	Asteraceae	Leaves,flowers,seeds ²⁶
21	Bhangrah	Eclipta alba	Asteraceae	Plant ²⁷
22	Chirchita	Achyranthus aspera	Amaranthaceae	Plant ²⁸
23	Chobchini	Smilex chinensis	Liliaceae	Root ²⁹
24	Darchini	Cinnamomum zeylanicum	Lauraceae	Bark ³⁰

2. Correction of *mizaj*

In all types of *sue mizaj*, *barid yabis* is worst.³¹ To correct the *mizaj* those methods should be used which causes *hararat* and *rutubat* (hot and moist) in the body. These methods include *ilaj bil ghiza*, *ilaj bil tadbeer*.

a. *Ilaj bil ghiza* (Dietary management): According to *Unani* concept *haar* and *moist* component of the body is destroyed fastly as compared to other component and the nutritional property of food is present in the *haar* and *moist* component only.³ As the *mizaj* of menopausal age women is *barid yabis* so foods having *haar ratab mizaj* will be helpful like, *badam* (*Prunus amygdalus*), *narial* (*Coco snucifera*), *pista* (*Pistachia vera*), *kaju* (*Anacardum occidentale*), *kishmish* (*Vitis vinefera*), *munaqqa* (*Vitis vinefera*), *sabz chana* (*Cicer arietinum*), *angur* (*Vitis vinefera*), *sweet aam* (*Mangifera indica*), *sweet kharbuzah* (*Cucumis melo*), *gajar* (*Daucus carota*), *injeer* (*Ficus carica*), *khajur* (*Phoenix dactilifera*), *taroi* (*Luffa cylindrical*), *palak* (*spinacea oleracea*), cow and goat milk, sweet curd, jaggery, *ghee*, butter, half boiled egg.³² Stale, salty, astringent and spicy foods should be avoided. Spicy foods have hot *mizaj* but it also produce dryness and causes burning of *khilt* and thus produce *sauda*. Salty foods also cause dryness in the body.³³

b. *Ilaj bil tadbeer*: People should be kept in balanced environment neither very hot not very cold. Excess physical activity should be avoided. Proper rest and *taweel neend* (extra sleep) will help. *Jima* (Sexual intercourse) is harmful for these kind of *sue mizaj* because it will further increase in dryness. *Riyazate muskkina* and light massage will be helpful.³¹ People should apply those oils over the body having *ratab* (moist) quality like *roghane banafshan* (*Viola odorata*), *roghane badam* (*Prunus amygdalus*) and *roghane kaddu* etc. *Hammam* and *abzan* (sitz bath) is beneficial in these people.³³

3. Elimination of excess *sauda*

Elimination of excess *sauda* is done by use of *munzij wa mushil* drugs. *Munzij* drugs assembled the *akhlata raddiyah* (morbid matter) in order to evacuate easily from the affected part. Once the *akhlata-e-raddiya* (abnormal/deranged humours) are ready for elimination from the superficial and deeper structure of affected organ, then *mushilat* (purgatives) are used to facilitate the elimination of material from the body. There are four types of *muzijat* and *mushilat* specific for elimination of particular *ghalbae khilt* (excess humour). In menopausal age there is excess of *sauda*, so *munzije sauda* and *mushile sauda* drugs is used either single or in combination (**Table2**).³⁴

Table2. List of munzije sauda and mushile sauda drug.

<i>Munzije Sauda</i>	<i>Mushile Sauda</i>
<i>Ustukhudus</i> (Lavendula stoechas)	<i>Shahm hanzal</i>
<i>Aftimoon vilayati</i> (Cuscuta epithymum)	<i>Aftimoon vilayati</i> (Cuscuta epithymum)
<i>Gauzaban</i> (Borage officinalis)	<i>Halela siyah</i> (Terminalia chebula)
<i>Unnab</i> (Zizyphus sativa)	<i>Khurbuq siyah</i> (Helleborus niger)
<i>Shahitra</i> (Fumaria officinalis)	<i>Ghariqoon</i> (Agaricus albus)
<i>Badranjaboya</i> (Mellisa officinalis)	<i>Turbud</i> (Ipomea turpthum)
<i>Badiyan</i> (Foeniculum vulgare)	<i>Jamal gota</i> (Croton tiglium)
<i>Sapistana</i> (Cordia latifolia)	
<i>Aslussoos</i> (Glycyrrhiza glabra)	

Conclusion

The transition from active reproductive life to inactive postmenopause is not always a smooth one. Due to aging, hormonal reversal and concomitant reluctance to adopt the new norms of postmenopausal life, women invariably are stressed and react in the form of somatic, vasomotor, and psychological disturbances, that constitute menopausal syndrome. Variety of problems occurs at or after menopause which are due to oestrogen deprived or relatively oestrogen deficient status of these women. The treatment strategy of menopausal syndrome has been to replace the deficient oestrogen. This strategy of hormone replacement has got alarming physical hazards. Although HRT prevents osteoporosis and fracture at 75years but causes carcinoma at 55 years. *Unani* system of medicine basically wants this transition to be smooth one. It wants to transit a woman from *sine shabab* to *sine yaas* in keeping up the relative *humoral* balance. This will help in reducing the morbidity of menopausal women as well as mortality rate by preventing carcinoma.

References

1. Zaidi IH. Kulliyat-e-Umoor-e-Tabi'yah 1stedn. Aligarh; Litho Offset Printers. 2011: 35,48,77,78.
2. Ahmed HSI. Al-Umoor Al-Tabiyah (Principles of Human Physiology in Tibb). 1stedn. CCRUM 2009: 44,129,133,135.
3. Masihi ASIYI. Kitab-al Mata. (Urdu translation) Vol I. New Delhi; CCRUM 2008: 107,179.
4. Mushtaq S. Post-menopausal Women: A Study of Their Psycho-physical Changes with an Impact on Family. Anthropologist, 2011; 13(2): 131-135.
5. Shah MH. The General Principles of Avicenna's Canon of Medicine. New Delhi; Idara Kitab-ul-Shifa. 2007: 229.

6. Jurjani AH. Zakhirah Khwarzam Shahi (Urdu translation). New Delhi; Idara Kitabushifa. 2010: 590.
7. Dashti Z, Shariatifar N, Nafchi AM. Study on antibacterial and antioxidant activity of *Berberis vulgaris* aqueous extracts from Iran. *International Journal of Pharma Sciences and Research* 2014; 5(10): 705-708.
8. Baravalia Y, Kaneria M, Vaghasiya Y, Parekh J, Chanda S. Antioxidant and Antibacterial Activity of *Diospyros ebenum* Roxb. Leaf Extracts. *Turk J Biol* 2009; 33: 159-164.
9. Stoilova IS, Wanner J, Jirovetz L, Trifonova D, Krastev L, Stoyanova AS, et al. *Bulgarian Journal of Agricultural Science* 2014; 20(2): 227-237.
10. Baroš S, Karšayová M, Jomová K, Gáspár A, Valko M. Free Radical Scavenging Capacity of *Papaver somniferum* L. And Determination of Pharmacologically Active Alkaloids Using Capillary Electrophoresis. *JMBFS* 2012; 1: 725-732.
11. Haniya AMK, Padma PR. Antioxidant potential of *Artemisia vulgaris*, L. Leaves. *WJPPS* 2013; 3(1): 654-660.
12. Agarwal K, Chakarborthy GS. In Vitro Antioxidant Activity of Different Extract of Bark of *Juglans Regia*. *International Journal of Innovative Pharmaceutical Research* 2012; 3(1): 199-202.
13. Shakir KAF, Madhusudhan B. Effects of Flaxseed (*Linum usitatissimum*) Chutney on GAMMA-Glutamyl Transpeptidase and Micronuclei Profile in Azoxymethane Treated Rats. *Indian Journal of Clinical Biochemistry* 2007; 22 (2): 129-131.
14. Shukla V, Vashistha M, Singh SN. Evaluation of Antioxidant Profile and Activity of Amalaki (*Embolica officinalis*), Spirulina and Wheat grass. *Indian Journal of Clinical Biochemistry* 2009; 24(1): 70-75
15. Murali A, Ashok P, Madhavan V. Antioxidant activity of leaf of *Hemidesmus indicus* (L.) R.Br. var. *pubescens* (W. & A.) Hk.f. (Periplocaceae)-an in vivo analysis. *Spatula DD*. 2011; 1(2): 91-100.
16. Shiban MS, Al-Otaibi MM, Al-Zoreky NS. Antioxidant Activity of Pomegranate (*Punica granatum* L.) Fruit Peels. *Food and Nutrition Sciences* 2012; 3: 991-996.
17. Rajeshwari CU, Abirami M, Andallu B. In Vitro and In Vivo Antioxidant Potential of Aniseeds (*Pimpinella anisum*). *ASIAN J. EXP. BIOL. SCI.* 2011; 2(1): 80-89.
18. Munir N, Ijaz W, Altaf I, Naz S. Evaluation of antifungal and antioxidant potential of two medicinal plants: *Aconitum heterophyllum* and *Polygonum bistorta*. *Asian Pac J Trop Biomed* 2014; 4(2): 639-643.
19. Doorika P, Ananthi T. Antioxidant and Hepatoprotective properties of *Terminalia arjuna* Bark on Isoniazid Induced Toxicity in Albino rats. *Asian J. Pharm. Tech.* 2012; 2(1): 15-18.
20. Shahriar M, Hossain MI, Sharmin FA, Akhter S, Haque MA, Bhuiyan MA. In Vitro Antioxidant and Free Radical Scavenging Activity of *Withania Somnifera* Root. *Iosr Journal of Pharmacy* 2013; 3(2): 38-47.
21. Panchawat S, Sisodia SS. In vitro Antioxidant Activity of *Saraca asoca* Roxb. De wilde stem bark extracts from various extraction processes. *Asian Journal of Pharmaceutical and Clinical Research* 2010; 3(3): 231-233.
22. Sundaram R, Mitra SK. Antioxidant activity of ethyl acetate soluble fraction of *Acacia Arabica* bark in rats. *Indian J. Pharmacol* 2007; 39(1): 33-38.
23. Koksall E, Bursal E, Dikici E, Tozoglu F, Gulcin I. Antioxidant activity of *Melissa officinalis* leaves. *Journal of Medicinal Plants Research* 2011; 5(2): 217-222.

24. Rajan S, Gokila M, Jency P, Brindha P, Sujatha RK. Antioxidant and Phytochemical Properties of Aegle marmelos Fruit pulp. *Int J Curr Pharm Res* 2011; 3(2): 65-70.
25. Hazra B, Sarkar R, Biswas S, Mandal N. R. C. Soe amr chp artaicrleative study of the antioxidant and reactive oxygen species scavenging properties in the extracts of the fruits of Terminalia chebula, Terminalia bellerica and Emblica officinalis. *BMC Complementary and Alternative Medicine* 2010; 10:20.
26. Keser S, Celik S, Turkoglu S, Yilmaz O, Turkoglu I. Antioxidant Activity, Total Phenolic and Flavonoid Content of Water and Ethanol Extracts From Achillea millefolium L. *Turk J Pharm Sci* 2013; 10 (3): 385-392.
27. Swati, Bedi S, Tanuja. In Vitro antioxidant potential and phytochemical screening of Eclipta alba. *Asian J. EXP. BIOL. SCI.* 2012; 3(4): 785-789.
28. Beulah AG, Sadiq MA, Santhi JR. Antioxidant and antibacterial activity of Achyranthes aspera : An in vitro study. *Annals of Biological Research* 2011; 2(5): 662-670.
29. Kumar SS, Felicia C. In vitro Antioxidant Activity on the Root Tuber of Smilax china L. *Int J Pharm Bio Sci* 2015; 6(1): 421-426.
30. Varalakshmi B, Vijaya anandh A, Vijayakumar K, Prasanna R. In vitro Antioxidant Activity of cinnamomum zeylanicum Linn Bark. *International Journal of Institutional Pharmacy and Life Sciences* 2012; 2(3): 154-166.
31. Ibn Rushd AWM. *Kitab al Kulliyat* (Urdu translation). New Delhi; CCRUM 1987: 360-361.
32. Qureshi HEH. *Ilaj bazariye ghiza*. New Delhi; Qaumi Council Baraye Farogh Urdu Zaban 1999: 27,45.
33. Bughdadi AAA. *Kitab-al Mukhtarat fil tib* (Urdu translation) part I. New Delhi; CCRUM 2005: 191,207,208.
34. Hamdani SKH. *Usool-e-Tibb*. 1st edn. New Delhi; Qaumi Council Baraye Farogh Urdu Zaban 2011: 46,56.