

## Relationship Between *Qooba* (Dermatophytosis) and *Mizaj* Temperament

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In this study we have tried to assess the *Mizaj* (temperament) of the patients of *Qooba* (dermatophytosis). Among 126 patients we have found that maximum number of patients (46.83%) belonged to *Saudawi* temperament, followed by *Damwi* (31.75%), *Balghami* (24.60%) and *Safrawi* (13%) temperament.

### Introduction

*Qooba* (dermatophytosis) is one of the oldest and commonest skin ailments known to mankind and despite recent advances there has been a continuous rise in the prevalence of dermatophytosis (Tripathi, 2008). Hence, *Qooba* requires a comprehensive study pertaining to its causes/predisposing factors, so that, treatment can be aimed accordingly. This compelled us to take a step to explore the temperament of the patients of *Qooba*.

### Materials and Methods

Two hundred and seven patients, with clinically suspected dermatophytosis were screened for the study. Out of this only 126 cases confirmed by direct microscopy were selected for the study. For direct

microscopy skin scraping was done using the edge of a slide and the material obtained was kept over the slide. Then 2 drops of 10% KOH were put over it and it was then covered with a coverslip. Coverslip was gently tapped with a blunt pencil to crush the scales. The smear was allowed to stand for about 15-20 minutes. Then the slide was examined under the microscope. In case of tinea capitis hair was also plucked from the affected area along with the scraping. In case of tinea unguium nail clippings were taken along with sub-ungual debris and the smear was allowed to stand overnight.

For the assessment of *Mizaj* we have taken into consideration the aspects laid down by the eminent Unani physicians. To record the *Mizaj* of each patient we have followed a prepared proforma shown in Table (Hafeel *et al.*, 2010).

## Result

During the study, we have found that majority of patients had *Saudawi* temperament, comprising of 59 patients. *Saudawi* temperament was followed by *Damwi* and *Balghami* temperament, which had 40 and 31 patients respectively. Least incidence was found among the individuals of *Safrawi* temperament which were only 13.

## Discussion

*Mizaj* is one of the fundamentals of Unani system of medicine. It plays a vital role in assessment of an individual and his or her ailment. Assessment of *Mizaj* should be done at the very outset, so that the patient as well as the disease can be managed in the right direction. One can get better results if the treatment is *Mizaj* based.

TABLE 1

<i>Mizaj</i>	No.	%
<i>Damwi</i>	40	31.75
<i>Safrawi</i>	13	10.32
<i>Balghami</i>	31	24.60
<i>Saudawi</i>	59	46.83

TABLE 2  
Mizaj Assessment Chart

S.No.	Parameter	Damwi/ Sanguineous	No.	Balghami/ Phlegmatic	No.	Safrawi/ Choleric	No.	Saudawi/ Melancholic	No.
1.	Complexion	Reddish/ Whitish brown		Chalky/White		Pale/ Yellowish		Blackish	
2.	Body Built	Muscular and broad		Fatty and broad		Moderate in musculature and thin		Skeletal	
3.	Touch	Hot and Soft		Cold and Soft		Hot and Dry		Cold and Dry	
4.	Hair	Blackish		Brownish		Yellowish		Black and white	
5.	Movement	Active		Dull		Hyperactive		Less active	
6.	Diet most liked	Cold and Dry		Hot and Dry		Cold and moist		Hot and Moist	
7.	Weather most suitable	Spring		Summer		Winter		Autumn	
8.	Sleep	Normal		Excess		Inadequate		Insomnia	
9.	Pulse	70-80/min		60-70/min		80-100/min		<50-70	
10.	Emotions	Normal		Calm and		Angry		Nervous	
	<b>Total</b>								

Sanguine (*Damwi*) = 7.5 to 10, Phlegmatic (*Balghami*) = 5.10 to 7.50, Choleric (*Safrawi*) = 2.51 to 5.00 and Melancholic (*Saudawi*) = 0.00 to 2.50.

Majority of patients in the current study were found to be *Saudawi* followed by *Damwi*, *Balghami* and *Safrawi*. This is in consonance with the views of Unani scholars. Unani physicians have mentioned *Sauda* as the main culprit for *Qooba* (Qamri, (ynm); Ibn Hubal, 2007; Chandpuri, 1988). This can be established as scaling is one of the important signs of *Qooba*, which has been accepted by the Unani physicians and the modern physicians as well. According to the Unani physicians scaling indicates dryness. Also in most of the instances the disease is chronic and according to Unani concept, chronic diseases are usually associated with cold temperament. In other words we can say that chronicity indicates coldness. Based on this we have establish the ancient view that *Qooba* is mainly a *Saudawi* disease. In some instances the disease may be *Haad* (acute) and when the disease is acute it is usually reddish in color and according to Unani physicians *Damwi* diseases usually present with reddish discoloration. In very rare instances this disease is characterized by burning sensation which could be due to involvement of *Safra*. When the disease is chronic but not associated with scaling, it could be due to *Balgham*.

So, the *Mizaj* of the patient and the general nature of the disease should be assessed at the very outset and the treatment should be *Mizaj* or *Akhlat* based. In the present study related to *Qooba*, we have encountered that the majority of patients belonged to the *Saudawi* temperament and the general nature of the disease is also *Saudawi*, so the treatment should be aimed at *Daf-e-Amraz-Saudawi* drugs with exception of those who have different temperament or the involved humour is different. The action will be potentiated if the drugs are *Saf-e-Jarasim* also and particularly anti-fungal. According to the modern concept, it is established that the disease, dermatophytosis, which seems exactly similar to *Qooba* is caused by specific type of fungi known as dermatophytes. However, the infective nature of the disease was also mentioned by Unani scholars and they have clearly mentioned that *Ufinat* (infection) is one of the causes of *Qooba* (Tabri, 1997; Khan, 1289). This has been established by them centuries before the true fungal nature of the disease was established by the modern physicians. We should also pay heed to the temperament of the drugs. For instance, when we are prescribing a drug against *Sauda* we should select those drugs which have hot temperament, as management in Unani medicine is *Ilaj bil Zid*.

## Conclusion

*Qooba* has a strong relationship to *Mizaj*. It was found to be mainly a *Saudawi* disease, followed by *Damwi* and *balghami*. *Safrawi Mizaj* showed least incidence.

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