



Basic Temperament among Patients with Functional Constipation

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Dear Editor-in-Chief

In Iranian traditional medicine, Mizaj (temperament) is a basic concept in defining health and illness, and a milestone in physiopathology of diseases (1). Mizaj, is a quality that evolves following the interaction between the four elements (warm, cold, wet, dry) and shapes an individual's physical and spiritual characteristics (2). Based upon this definition, each person has a unique appearance, body physiology and mental status and no two people are alike in terms of Mizaj (3).

According to traditional medicine, as long as a person's Mizaj is in balance, they are healthy, and a disease is simply an imbalance of Mizaj (1). As to a evaluate a person's Mizaj more easily, nine main Mizajes have been defined, including four simple Mizajes (warm, cold, wet, and dry) and four complex Mizajes (warm and dry, warm and wet, cold and wet, and cold and dry) and one equilibrium Mizaj (2).

Based on this theory, each of these nine groups have tendency to certain disorders that correlate with their Mizaj, and consequently require a certain management and a special lifestyle to maintain their health and prevent diseases. For instance, a person with a cold and wet Mizaj, is susceptible to obesity, therefore needs more physical exercise compared to individuals with other Mizajes (2-4).

Considering the importance of Mizaj, we designed a study to determine Mizaj of patients with functional constipation, referring to the Gastroenterology Clinic of Shariati Hospital, Isfahan, Iran, in December 2013 to June 2014.

Patients with the diagnosis of functional constipation made by a gastroenterologist based on Rome III diagnostic criteria (5), between the ages of 20 to 40 years were included in this study. Patients with secondary chronic constipation such as drug-related constipation, organic and metabolic diseases were excluded. Eventually, 48 patients were enrolled in the study with informed consent. Their Mizaj was assessed using a reliable self-administered Mizaj questionnaire (6). The questionnaire included the general information and ten items based on Mizaj-related indices. Simple sums of scores were computed and a particular Mizaj was assigned to the patient. We found that 37.5% of patients with functional constipation had cold and dry Mizaj (Fig. 1). People, who have cold and dry Mizaj appear to be more likely susceptible to constipation. Iranian traditional medicine aims to maintain individual's health and prevent diseases, and to achieve it, individuals need to know their Mizaj and try to base their life style on that.

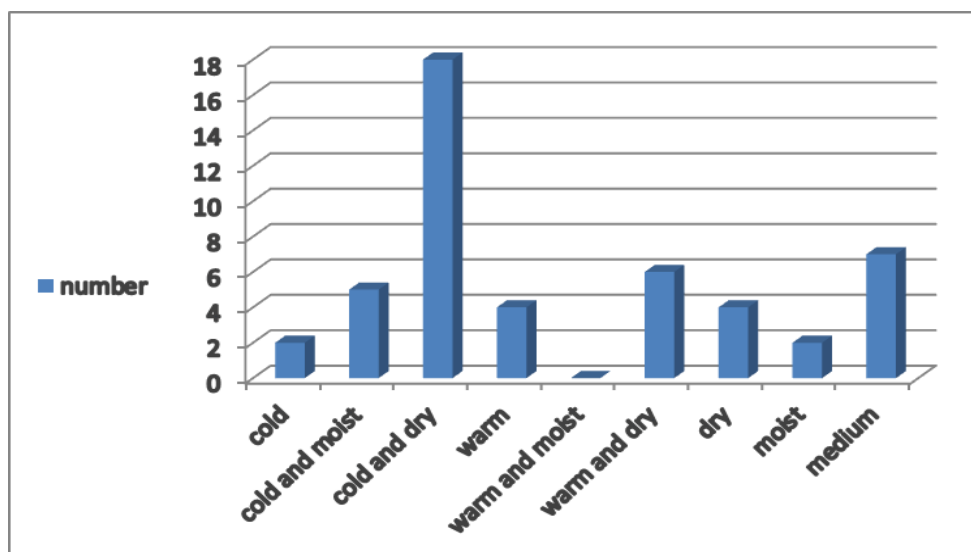


Fig. 1: Distribution of patients with functional constipation according to nine kinds of mizaj

According to traditional medicine, individuals with cold and dry Mizaj need to take more fluids (carrot and apple juice are specifically recommended in this group), and have more sleep than others, since calmness leads to higher moisture in the body while insomnia leads to waste of the moisture. Moreover, they need to limit consumption of beef, fish, canned food, frozen food and leftovers, fast food, and sour fruits like lime and grapefruit.

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References

1. Naseri M, Rezaeizadeh H, Taheripana H, Naseri V (2010). Temperament Theory in the Iranian Traditional Medicine and Variation in Therapeutic Responsiveness, Based on Pharmacogenetics. *J Islam Iran Tradit Med*, 1(3):237–42.
2. Ibn e Sina AAH (2005). *Al-Qanon fi al-Tibb*. 1st ed. Alamy Le-Al-Matbooaat institute, Beirut, Lebanon.
3. Rezaeizadeh H, Alizadeh M, Naseri M, Shams Ardakani MR (2009). The traditional Iranian medicine point of view on health and disease. *Iran J Public Health*, 38(Suppl. 1):169–72.
4. Naseri M, Rezaeizadeh H, Choopani R, Anushiravani M (2012). *Morouri bar kolyate tebe sonatiye Iran*. 9nd ed. Entesharate Tebe Sonata Iran, Tehran, pp:125-132.
5. Longstreth GF, Thompson WG, Chey WD, Houghton LA, Mearin F, Spiller RC (2006). Functional bowel disorders. *Gastroenterology*, 130: 1480-1491.
6. Mojahedi M, Naseri M, Majdzadeh R, Keshavarz M, Ebadini M, Nazem E, Saberi Isfeedvajani M (2014). Reliability and Validity Assessment of Mizaj Questionnaire: A Novel Self-report Scale in Iranian Traditional Medicine. *Iran Red Crescent Med J*, 16(3): e15924