

Integrating Mizaj-Based Understanding in the Management of Cervicitis: A Unani Review

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Abstract: *Cervicitis (Iltehab-e-Unqur Rehm) is a common gynaecological condition frequently observed in women of reproductive age. The Unani system of medicine attributes such conditions to imbalances in Akhlat (humors), reflected in the individual's Mizaj (temperament). This review consolidates evidence from several observational and clinical studies on the role of Mizaj in cervicitis and related pathologies, underscoring the predominance of Damvi and Safravi temperaments. The article identifies existing research gaps and proposes future directions to bridge traditional Unani insights with modern clinical frameworks.*

Keywords: Cervicitis, Review article, Mizaj

1. Introduction

Cervicitis is an inflammatory condition of the cervix, commonly caused by infections, chemical irritants, or trauma. It presents with symptoms such as vaginal discharge, pelvic pain, dyspareunia, and post-coital bleeding. From the perspective of conventional medicine, it is typically managed through antimicrobial agents. However, recurrence and chronic cases are frequently observed, indicating a need for holistic understanding and treatment.

In the Unani system of medicine, cervicitis is classified as Iltehab-e-Unqur Rehm, a type of uterine inflammation (Warm-e-Rehm). The disease is believed to result from an imbalance in the body's humors (Akhlat), particularly the predominance of hot humors—Dam (blood) and Safra (yellow bile) [2][3]. Unani scholars such as Ibn Sina [2] and Al-Razi [3] emphasized that the cervix, like other organs, functions optimally when the temperament (Mizaj) is in balance.

According to Unani concepts, disturbances in Mizaj lead to Sue Mizaj (abnormal temperament), which predisposes the cervix to inflammatory changes. The cervix's natural Mizaj is considered moderate in warmth and moisture. When this balance is lost due to internal or external factors such as hormonal imbalances, excessive sexual activity, or infections, the result is inflammation manifesting as cervicitis [2][4].

Unani therapeutics for cervicitis include lifestyle modification, dietary regulation (Ilaj bil Ghiza), drug therapy using temperament-specific formulations (Ilaj bil Dawa), and local applications like vaginal suppositories and douches [5]. The holistic and temperament-guided approach not only aims at symptomatic relief but also restores humoral balance, potentially reducing recurrence.

This review explores the interrelation of cervicitis and Mizaj, examines existing Unani clinical studies, and discusses

potential integration with modern diagnostic and therapeutic frameworks.

2. Material and Methods

This review article is based on a comprehensive analysis of classical Unani texts and published clinical studies that investigate the role of *Mizaj* (temperament) in cervicitis. Relevant Unani treatises such as *Al-Qanoon fil Tibb* by Ibn Sina, *Kitab al-Hawi* by Al-Razi, and *Kamil us Sana* by Majooosi were referred for theoretical background. Contemporary research articles indexed in biomedical and Unani-specific journals were retrieved from online academic platforms such as Google Scholar, Innovare Journals, and Academia.edu.

Inclusion criteria for clinical studies comprised:

- Studies focused on cervicitis or related reproductive tract infections.
- Those that evaluated *Mizaj* distributions.
- Those that employed Unani pharmacological or non-pharmacological interventions.

Data extraction emphasized the distribution of temperaments in cervicitis patients, therapeutic responses, and integration with modern diagnostic tools where available.

3. Summary of Literature

3.1 Clinical Evaluation of Mizaj in Cervicitis

Anees and Naaz (2017) observed that among 60 cervicitis patients:

- 50% had Damvi Mizaj
- 30% had Safravi Mizaj
- 20% had Balghami Mizaj
- 0% had Saudavi Mizaj [1].

This reinforced classical views that hot temperaments are more prone to cervicitis due to inflammatory tendencies.

3.2 Unani Formulations in Management

A study on Joshanda Mazu (*Quercus infectoria*) demonstrated clinical improvement in cervicitis patients when used intravaginally, validating Unani pharmacotherapy for hot temperament diseases [6].

Another study evaluating a Unani topical formulation for cervical ectopy found that 53.3% of patients had Damvi Mizaj, and Pap smear outcomes improved post-treatment [7].

3.3 Temperament in Related Disorders

In Pelvic Inflammatory Disease (PID), a study revealed:

- 50% had Balghami Mizaj
- 23.3% had Saudavi
- 16.7% Damvi
- 10% Safravi [8].

This suggests different temperament distributions in upper reproductive tract infections, possibly indicating more chronic manifestations in cold Mizaj types.

In Endocervicitis, comparative analysis of two Unani regimens over three menstrual cycles showed effectiveness in both groups without significant difference, indicating the therapeutic potential of temperament-matched regimens [9].

4. Research Gaps

4.1 Lack of Standardization in Mizaj Assessment

- Evaluation of Mizaj is based on subjective parameters (Ajnas-e-Ashra), with no validated or quantifiable tools currently in use.
- Cross-study comparisons are limited due to variations in assessment methodology [1].

4.2 Absence of Longitudinal Outcome Data

- Existing studies are mostly cross-sectional or short-term.
- No data on the effect of temperament correction on recurrence or chronicity of cervicitis [1][7].

4.3 Limited Integration with Modern Diagnostics

- Studies rarely include microbiological, immunological, or hormonal correlates.
- Modern tools like Pap smears or PCR are underutilized in correlation with Mizaj types [7][9].

4.4 Narrow Demographics

- Most samples are married women aged 18–40.
- No studies on unmarried women, postmenopausal cases, or those with comorbid gynaecological conditions (e.g., endometriosis) [7][8].

4.5 Undocumented Therapeutic Response Variability

- There is minimal data correlating treatment response to different Mizaj types.

- Are Damvi patients more responsive to certain Unani formulations? This remains unverified [6][9].

4.6 Insufficient Emphasis on Preventive Strategies:

While Unani medicine emphasizes Ilaj bil Tadbeer (regimenal therapy) and lifestyle modifications, there is a lack of focused studies on preventive approaches for cervicitis based on temperament assessment. There are no structured protocols exploring how early temperament correction, dietary guidance, or hygienic regimens could reduce incidence in at-risk populations (e.g., women with dominant Damvi or Safravi Mizaj). Preventive frameworks tailored to Mizaj could potentially play a pivotal role in minimizing recurrence and chronicity.

5. Recommendations for Future Research

- Develop validated temperament scales based on classical parameters and clinical indicators.
- Conduct multicenter, randomized controlled trials including diverse demographics.
- Incorporate modern diagnostics (e.g., cervical swabs, biomarkers) for mixed-method analysis.
- Explore temperament-specific treatments and measure differential outcomes.
- Integrate artificial intelligence for temperament prediction using clinical, psychological, and lab data.

6. Conclusion

Unani medicine offers a nuanced and individualized approach to managing cervicitis, grounded in the theory of Mizaj. Available evidence affirms a higher prevalence of Damvi and Safravi Mizaj in patients with this condition. However, gaps in methodology, diagnostic integration, and therapeutic response mapping limit its broader application. Future research combining Unani principles with modern evidence-based tools may pave the way for a truly integrative gynaecological care model.

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References

- [1] Anees S, Naaz SA. Clinical Evaluation of Mizaj in Cervicitis. *Int Arch BioMed Clin Res*. 2017;3(1):71–72.
- [2] Ibn Sina. *Al-Qanoon fil Tibb*, Vol 3 & 4. New Delhi: Idara Kitabus Shifa; 2010.
- [3] Razi AMZ. *Kitab al-Hawi*, Vol 9. CCRUM, New Delhi; 2001.
- [4] Majoosi ABA. *Kamil us Sana*. New Delhi: Idara Kitabus Shifa; 2010.
- [5] Jurjani AH. *Zakhira Kharazmshahi*. New Delhi: Idara Kitabus Shifa; 2010.
- [6] IMSEAR.
- [7] Academia.edu – Cervical Ectopy Study.

- [8] Academia.edu – PID Study.
- [9] Innovare Journals.
- [10] IABCR.