

Incidence of Renal Calculus (*HISSAT-E-KULIYA*) In different Temperaments of Peoples- A Research Article

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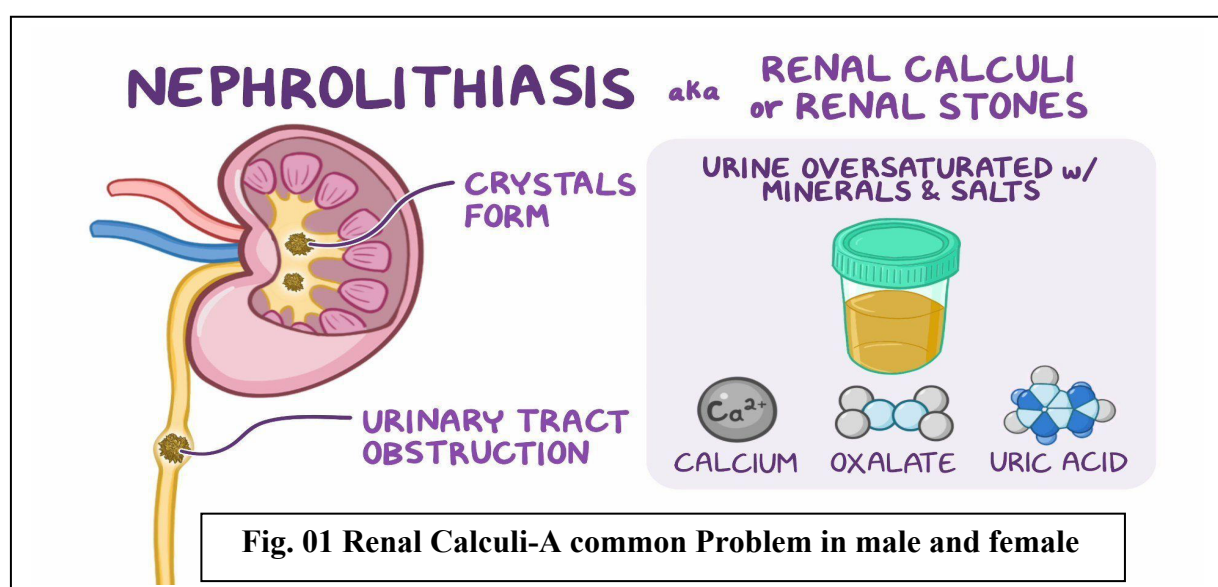
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Abstract: *Hissat-e-Kuliya* (nephrolithiasis) is one of the most common urological diseases affecting approximately 15 % population worldwide and about 2.3% population of India. It results from a complex process of several physicochemical events including supersaturation, nucleation, growth, aggregation and retention with the kidney. A kidney stone is a hard crystalline mineral material formed within the kidney or urinary tract. Various dietary, non-dietary and urinary risk factors contribute to their formation. High fluid intake and adopting healthy lifestyle measures are some of the cost-effective measures in preventing renal stones. Ancient Unani Literature is enriched in *Hissat-e-Kulya* (Renal Stone), whereas Unani physician described broadly the pathology, manifestation and treatment. In Unani system of medicine, the drug used for renal calculus breaks the stone and then remove it groom urinary system. Though males are at higher risk of developing ranal calculi than females. According to Unani Medicine it arises due to Sue Mizaj Gurdah, Qarha, Ghaleez Madda and their stationary. Fluid intake and dietary changes are important measures in preventing recurrence of kidney stones. In Unani medicine, renal calculus is often linked to an abnormal kidney temperament (sue mizaj kuliya), characterized by a disturbed balance of hot, cold, dry, and wet qualities, leading to impaired kidney function. A weakened expulsive power (Quwwat-e-Dafiya), the accumulation of thick, viscous humors, and a high-virulent temperature in the kidney are considered primary causes. Treatments focus on rebalancing the organ's temperament with appropriate diet and lifestyle to promote normal kidney function and the removal of morbid matter.

Keywords: Renal calculi, Hissat-e-kuliya, Amraz-e-kuliya, Unani medicine

I. Introduction of Renal Calculus (*Hissat-e-Kulya*)

Renal calculi are a common cause of blood in the urine (hematuria) and pain in the abdomen, flank, or groin. They occur in 1 of every 11 people in the United States at some time in their lifetimes, with men affected 2 to 1 over women. Development of the stones is related to decreased urine volume or increased excretion of stone-forming components such as calcium, oxalate, uric acid, cystine, xanthine, and phosphate. Calculi may also be caused by low urinary citrate levels (an inhibitor of stone formation) or excessive urinary acidity. Renal calculi may present with excruciating pain, and most patients present to the emergency department in agony. A single event does not cause kidney failure, but recurrent renal calculi can damage the tubular epithelial cells, leading to functional loss of the renal parenchyma.



Dietary and medications can modify many of the risk factors leading to nephrolithiasis. Depending on the size and location of the stone, lithotripsy or percutaneous intervention may be required, especially if pyonephrosis develops. This activity explores the cause, pathophysiology, presentation, and treatment of renal calculi, providing learners with a comprehensive understanding of this condition. The various risk factors contributing to nephrolithiasis and the dietary and medical interventions aimed at prevention and management are explored. Moreover, the course emphasizes the importance of an interprofessional team approach in caring for patients with renal calculi, highlighting effective communication and collaboration among urologists, nephrologists, radiologists, nurses, and dietitians to optimize patient outcomes and provide holistic care.

Objectives:

- Compare the different types of renal calculi and frequency in different patient populations.
- Evaluate the risk factors for renal calculi based on diagnostic testing and detailed patient history.

- Develop a comprehensive treatment plan for patients depending on risk factors, metabolic abnormalities, and results of diagnostic testing.
- Strategize care coordination among interprofessional team members to provide education and improve outcomes for patients affected by renal calculi.

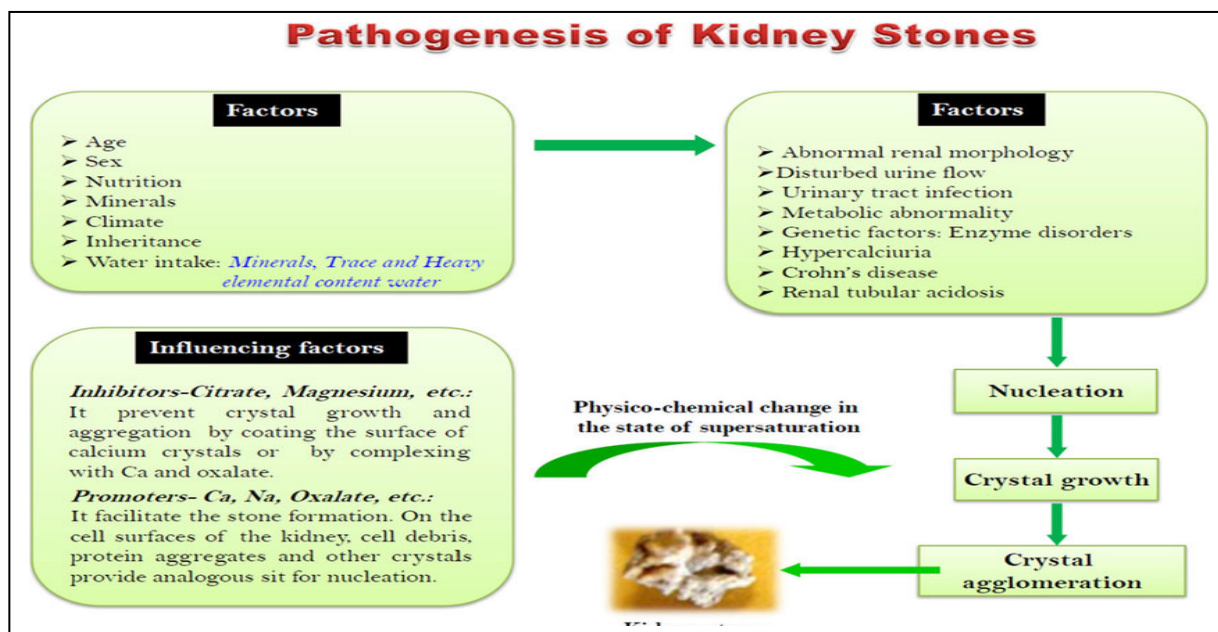


Fig. 02 Etiology and factor responsible for Renal Calculi

II. Etiology of Renal Calculus (*Asbab-e-Hissat-e-Kuliya*)

Urolithiasis occurs when solutes crystallize out of urine to form stones. Urolithiasis may occur due to anatomic features leading to urinary stasis, low urine volume, dietary factors (eg, high oxalate or high sodium), urinary tract infections, systemic acidosis, medications, or, rarely, inheritable genetic factors such as cystinuria.

Most patients with nephrolithiasis (75%-85%) form calcium stones, most composed primarily of calcium oxalate (monohydrate or dihydrate) or calcium phosphate. The other main types include uric acid (8%-10%), struvite (calcium magnesium ammonium phosphate, 7%-8%), and cystine stones (1%-2%).

The most common causes of urinary stone disease are inadequate hydration and low urine volume. The 4 most common chemical factors contributing to urinary stone formation are hypercalciuria, hyperoxaluria, hyperuricosuria, and hypocitraturia.

The 4 major types and causes of renal calculi include:

- Calcium stones: due to hyperparathyroidism, renal calcium leak, absorptive or idiopathic hypercalciuria, hyperoxaluria, hypomagnesemia, and hypocitraturia
- Uric acid stones: associated with a pH of less than 5.5, a high intake of purine-rich foods (fish, legumes, meat), or cancer; may also be associated with gout
- Struvite stones: caused by Gram-negative, urease-producing organisms that break down urea into ammonia
- Common organisms include *Pseudomonas*, *Proteus*, and *Klebsiella*. However, *E coli* does not produce urease and is not associated with struvite stones.

- Cystine stones: due to an intrinsic metabolic defect causing the failure of the renal tubules to reabsorb cystine, lysine, ornithine, and arginine; visually opaque and amber of these, uric acid and cystine are the most likely stone types that develop recurrences.

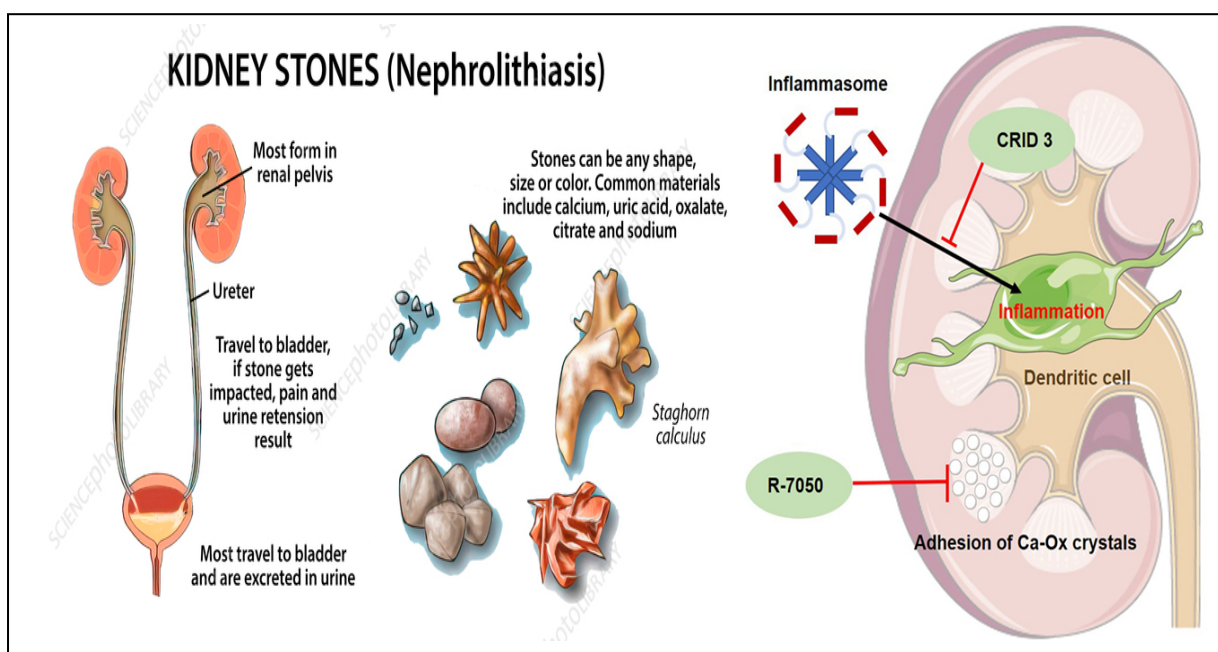
III. History and Background of Renal Calculus in Unani system of Medicine:

According to the Great Ancient Unani Physician, Sheikh Abu Ali Sina and Galen, the cause of the formation of stones in the kidney is abnormally altered temperament (Due to Mizaj Haar) and

Altered quality and quantity of Humers of the body, become viscous. Whether it is phlegm or abnormal blood, (when viscosity increased) heat dries up its moisture and makes it denser. If the process of heat continues for a period of time, it dries up and becomes stony. In particular, if the path between the kidney and the bladder is narrowed due to vascularity or if dirty mixture cannot pass through it due to obstruction, the possibility of the formation of stones increases even more. In Unani System of Medicine Renal stone is referred as "*Hissate Kuliya*". According to Unani scholars, calculi is formed due to morbid matter accumulating in the kidneys, influenced by various factors:

- **Ali Ibn-e-Majoosi:** Concentrated humors and viscous fluids adhere to the kidney's calyces and dry under intense heat, forming stones.
- **Galen:** Kidney ulcers produce pus, which, if not expelled, solidifies and forms stones.
- **Ibn-e-Sina:** Stones are shaped by Quwat-e-Faild (dynamic power), raised kidney temperature, and Madda-al-hasah (lithic matter), including phlegm, viscous blood, or pus. He noted differences in renal and bladder stones, with renal calculi being smaller, softer, and reddish compared to bladder stones, which are larger, harder, and pale or dark.
- **Shaikh:** Dietary habits like consuming thick milk, paneer, uncooked meat, and rich desserts lead to the formation of viscous matter (khilte-ghaleez), contributing to stone development when the kidney's expulsive power weakens.

The theory of temperament has been considered a distinctive feature of Unani medicine.



The theory of temperament has been an interesting subject of attention and research in medicine from the very beginning because temperament is a mirror of the human body, by looking at which the conditions of the body are guided in diagnosing diseases and their treatment.

If the incidence of diseases is seen in the context of the medical theory of temperament, it is certain that those with a certain temperament are prone to the occurrence of certain diseases or that changes in temperament. It is a precursor to certain diseases. In the present study, the first attempt has been made to use this temperament in this aspect to determine whether this particular disease is related to a particular temperament or not, and if so, how.

Methodology of Kidney Health:

This is the first study of its kind in the field of kidney health. For which we have prepared a research paper keeping in mind the problems and locations, profession, age, gender and habits of the people we have collected data. I am feeling great joy in presenting the analysis of which in this study and I hope that this humble effort of mine will prove to be helpful and helpful to future researchers to some extent. It is a precursor to certain diseases. In the present study, the first attempt has been made to use this temperament in this aspect to determine whether this particular disease is related to a particular temperament or not, and if so, how.

A. Kishori Dictionary: The meaning of Temperament (Mizaj) is to mix or blend, and in the

Fig. 03 Anatomy of Kidney in inflammable Renal Calculi

terminology of physicians, it is the condition that arises from the combination of several things, and the nature of a person is called Mizaj because this condition arises from the combination of four elements.

B. Makhzan al-Jawahiri: This is a medical word, so its medical meaning is found in some detail under the meaning of Mizaj.

The literal meaning of temperament is a mixture or to mix, but in medical terminology it is the condition that arises from the combination of the four elements (fire, air, water, and soil). That is, when the four elements come together, the properties of each of them, heat and cold, dryness and moisture, are combined and their intensity is removed by the combination and their action and inaction or effect. And a new intermediate condition is created, and this intermediate condition is called temperament.

Feroz Lughat: The meaning of temperament is nature, characteristic, characteristic, and habit.

C. Shams al-Lushaat: A mixture of things that the state of being mixed with something.

D. Translation (Urdu): To combine one thing with another by a conjunction. And the state that is obtained by combining things.

E. Noor Lughat: The literal meaning of mizaj is mixing. According to the terminology of Attibba, (Ancient Physician) the condition that arises from the mixing of different elements is called mizaj.

Terminological definition of temperament

It is a condition that the elements be contrasting and different. Elements are small particles and specific forces that interact with each other, causing chemical changes (combinations) to occur. It is under the above-mentioned laws that these chemical changes occur, as a result of

which various compounds come into existence in the universe.

IV. Aims & Objectives

The theory of temperament is an important pillar of Unani medicine. In the Unani method of treatment, temperament plays basic and important role. Whether it is the temperament of a person, the temperament of a medicine, or the temperament of a season. It affects the treatment and diagnosis of the disease, to the extent that temperament has been considered the key to the success of Diagnosis of Disease and treatment. The health of a person depends entirely on his temperament. As long as the temperament is in moderation, health remains, and any alteration occur in temperament that indicates illness. If we look at the incidence of diseases in the context of the medical theory of temperament, it is certain that people with certain temperaments are prone to developing certain diseases, or that changes in temperament are a precursor to various diseases.

V. Terminological definition of Temperament

The definitions given by some famous doctors are as follows.

- A. **Sheikh Al-Raes Bu Ali Sina:** Mizaj is a new state that arises from the interaction of the qualities of the Matzada. Which are divided into smaller parts so that most of the parts of each can be combined with each other. And when these non-parts are combined with each other and each one produces an action with its own powers and as a result of this action and inaction, a state arises that is the same in all the parts of the elements. This state is called balance.
- B. **Allama Kabiruddin:** When the components of the elements become very small and mix with each other, these components affect each other with their contradictory forces, each of them breaks the dominance of the state of the other element. And when their action and reaction reach a certain limit, an intermediate state is created in this mixture of elements which is the same in all the components of this mixture. This intermediate state is called temperament.
- C. **Hakim Muhammad Kabiruddin:** When the components of the elements become very small and meet each other, these components affect each other with contradictory (opposite) forces. And each of them breaks the dominance (speed) of the state of the other era. Finally, when their action and inaction (effect and impression) have reached a certain limit, an intermediate state is created in this mixture of elements that is the same in all the components of this mixture. This intermediate state is called temperament.
- D. **Hakeem Syed Ghulam Hussain Kishori,** Mood is a new state that arises from the interaction of opposite states, that is, when the components of the elements become smaller and meet each other, and often the majority of one element touches the majority of another element, and each one creates an action with its own powers. The result of this action and inaction is that a state of mind that is suitable for all the elements is created. This state is called Mood.
- E. **Allama Muhammad Kabiruddin:** When elements are repeatedly divided into particles and come together, and action and inaction occur between them (effect and impression are created between them), then a state that is more or less in the middle of the four states is created, and this middle state is called mood.
- F. **Ali ibn Abbas Majusi:** All the visible bodies that exist in this world of chaos and

disorder are composed of these four elements (arkan arbah) that some elements are mixed with others in equal or unequal quantities, as is the need of a particular body, and through this mixing, one of the qualities prevails over the composite body, and this quality that arises after the reduction and reduction of the original elements is called temperament.

- G. **Ahmad bin Ali bin Hubal Baghdadi:** Despite their small components, the elements mix and blend and meet each other's major parts, and they interfere with each other's qualities, so a hot-tempered element warms a cold-tempered element, a cold-tempered element cools a hot-tempered element, a wet-tempered element moistens an element with a cold temper, and an element with a cold temper or cools an element with a cold temper. In this way, the subtle elements meet the subtle elements, and the subtle elements enter the dense elements. To this extent, a mixed state is created from all these actions, which has been called temperament.

The above definition of temperament yields the following results.

Temperament is the name of an intermediate and completely new state that is created by the combination of different elements and it is not completely separate from the qualities and properties of these elements that are found in these elements before the synthesis or combination.

VI. Relation of Renal Calculus and Mizaj.

In Unani medicine, renal calculus is often linked to an abnormal kidney temperament (sue mizaj kuliya), characterized by a disturbed balance of hot, cold, dry, and wet qualities, leading to impaired kidney function. A weakened expulsive power, the accumulation of thick, viscous humors, and a high-virulent temperature in the kidney are considered primary causes. Treatments focus on rebalancing the organ's temperament with appropriate diet and lifestyle to promote normal kidney function and the removal of morbid matter. Temperament and Kidney Function

- **Normal Kidney Temperament:** The normal temperament of the kidney is hot and moist (har-ratab).
- **Sue Mizaj (Abnormal Temperament):** A deviation from this normal state, known as sue mizaj kuliya, leads to improper kidney function.
 - **Sue Mizaj Har:** An abnormally hot temperament.
 - **Sue Mizaj Barid:** An abnormally cold (less hot) temperament.
 - **Sue Mizaj Ratab:** An abnormally moist temperament.
 - **Sue Mizaj Yabis:** An abnormally dry temperament.

Causes of Renal Calculus

- **Altered Kidney Temperament (Sue Mizaj Kuliya):** An inappropriate temperament of the kidney itself.
- **Thick and Viscous Humor:** The accumulation of sticky, morbid matter within the kidney.
- **Weakened Expulsive Power (Quwwat-e-Dafiya):** A reduced ability of the kidney to expel waste products, leading to their retention and stone formation.
- **Nephritis (Warm-e-Haar Kuliya):** Inflammation of the kidney can contribute to the condition.

- **High Virulent Temperature:** A high temperature within the kidney is also considered a potential cause.

Treatments in Unani medicine aim to:

- **Restore Equilibrium:** Bring the kidney's temperament back to its normal hot and moist state.
- **Strengthen Expulsive Power:** Improve the Quwwat-e-Dafiya to facilitate the removal of waste.
- **Address Humoral Imbalance:** Manage thick, viscous humors to prevent their accumulation.
- **Promote Detoxification:** Encourage the expulsion of morbid matter from the body.
- Scientific appraisal of urolithiasis and its remedial measures.

According to Unani Medicine, all material bodies have been attributed a mizaj (temperament). The particular temperament of an organ.

- Integrative Approaches to Hissat Kuliya (Nephrolithiasis)

According to Unani Concept, weakness of kidney, thick & viscous humor, concentrated & sticky fluid, Sue Mizaj Kulyah

VII. Materials and Methods:

This study was conducted on patients who were admitted to the Outpatient Department of Government Nizamia General Hospital. The study is a non-clinical study to investigate the incidence of kidney failure in different demographic groups. One hundred (100) patients who were already diagnosed with kidney failure were included in this research study.

Study Period: The study period is 6 months, from November 2017 to April 2018.

Patient Selection: This study selected patients with renal impairment.

Sample size: One hundred (100) patients were included in this research study.

Observational study and Data collection: Study Design

Incision Criteria

- Age: Patients between 15 and 60 years of age were included in this research study.
- Gender (Sex): Both male and female are included.
- Occupation: All types of professional people are included.
- Diagnosis: Patients with already diagnosed renal failure have been included.
- Consent: The patient has provided complete information about the condition with their consent.

Exclusion Criteria: Patients who were not included in this study were:

People under 15 years of age and over 60 years of age were not selected.

- Mentally Retarded Persons
- Pregnant Ladies.

Subjective parameters:

- Burning Micturition, Renal colic (Backache), Hematuria, Polyuria.

Objective parameters:

- CUE, Plain X-ray Abdomen (KUB), USG-Abdomen.

Measurement of study Variables

- Age. The patient's age is recorded according to the patient's statement and the age in the USG-Abdomen-Report is also included.
- Gender (sex): Male or female is included.

- Occupation: The patient's occupation was ascertained.
- Religion: The patient's religion was recorded.
- Habits: The patient was asked whether he smoked or not and the patient was also asked whether he used tobacco, betel, etc. and along with this, information was also given regarding his drinking habits has been obtained.
- Dietary habits: The patient was also asked whether he was a vegetarian or non-vegetarian. Meal times and food preferences were also ascertained.

Since the ten kinds of food are of the greatest importance for determining the temperament, the ancient physicians determined the temperament. In the series of Ajnas Ashra, the criteria have been declared. On this basis, a symbolic map (Proforma) has been prepared based on Ajnas Ashra for the assessment of temperament, in which an attempt has been made to include all the categories of symptoms, which is available at the end of this chapter.

Observation and Results.

Table No. 01 Gender Wise Distribution of Patients

S.No.	Characteristics	No. of patients
1	Male	67 (67.0%)
	Female	33 (33.0%)
	Total	100
2	Age (Mean \pm S.D.)	33.9 \pm 12.0 yrs.
	Age (Range)	12 to 62 yrs.

Graph 01: Showing the Gender of Renal Calculus Patient

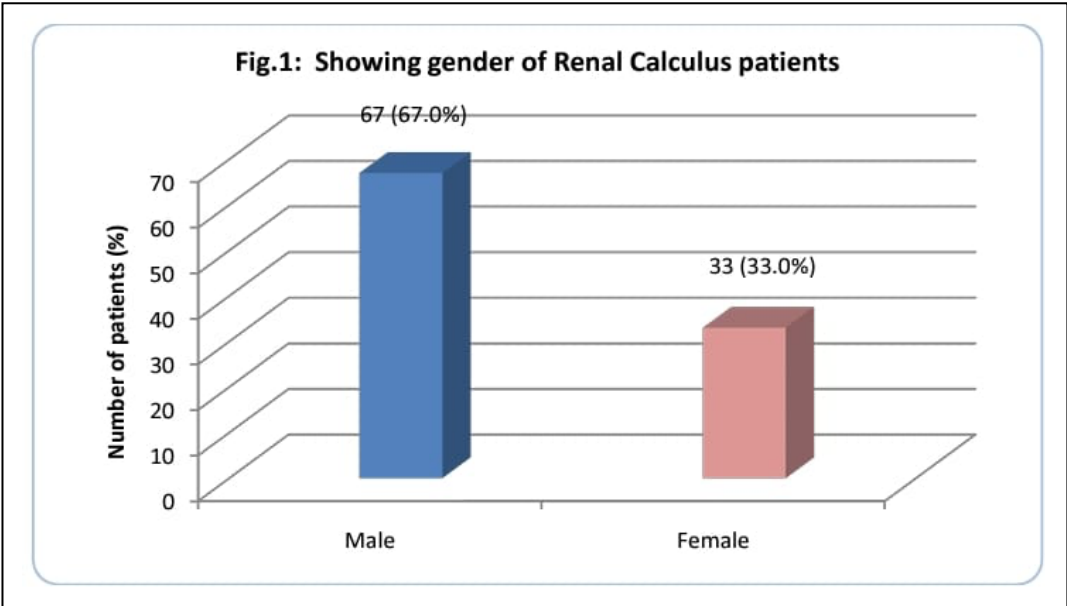


Table: 02 Age and Sex Wise Distribution of Patients

Age (in yrs.)	Male	Female	Total	Percentage
15 – 30	36	16	52	52.0
31 – 45	17	14	31	31.0
46 – 60	12	3	15	15.0
61 – 65	2	-	2	2.0
Total	67	33	100	100.0

Graph 02: Showing the Age & Sex wise distribution of patient

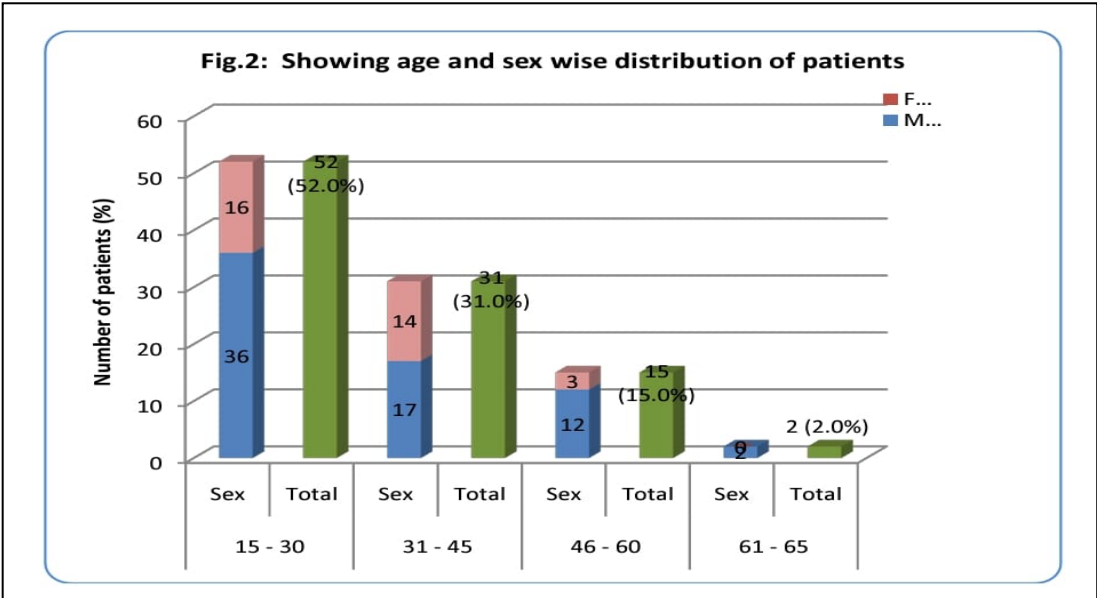


Table 03. Mizaj (Temperament) And Sex Wise Distribution of Patients

Mizaj (temperament)	Male	Female	Total	Percentage
Damvi	28	10	38	38.0
Safravi	20	8	28	28.0
Balghami	14	14	28	28.0
Saudavi	5	1	6	6.0
Total	67	33	100	100.0

Graph 03: Showing the Mizaj and Temperament of Patient

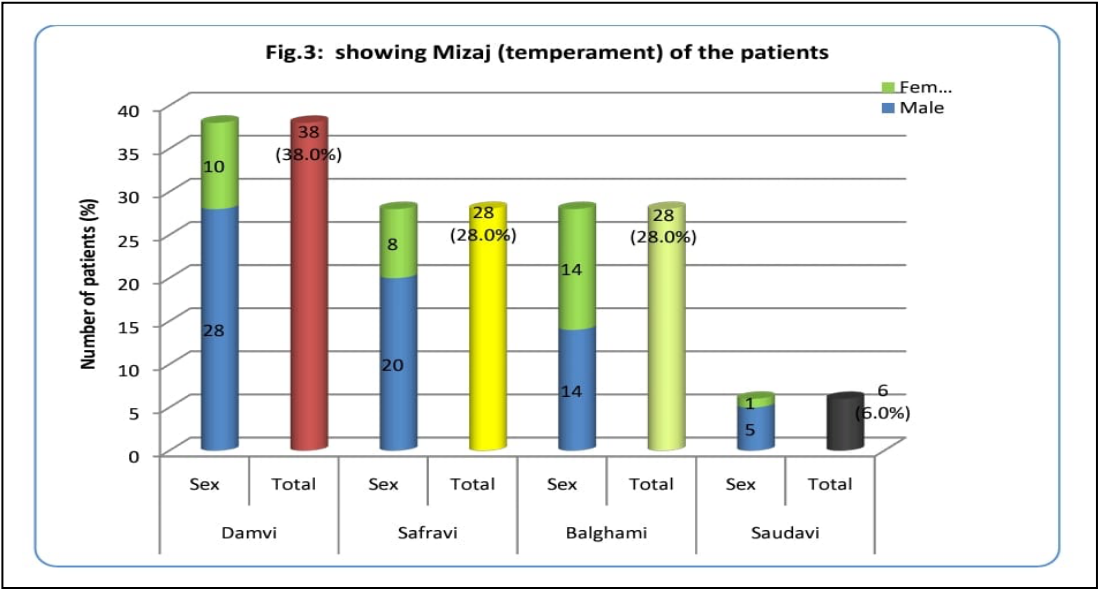
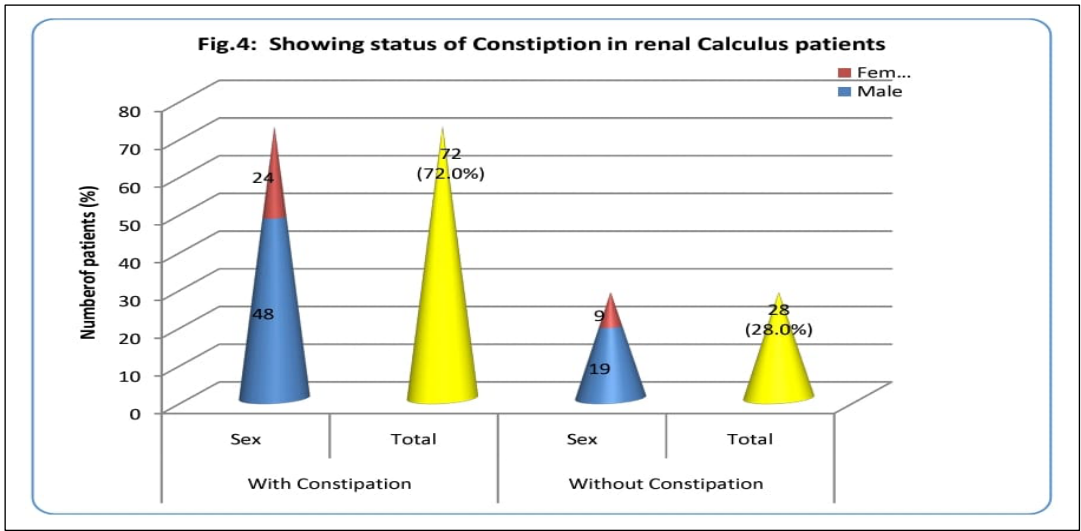


Table No.04 Distribution of patients diagnosed as Renal Calculus with H/o Constipation

Constipation	Male	Female	Total	Percentage
With constipation	48	24	72	72.0
Without constipation	19	9	28	28.0
Total	67	33	100	100.0

Graph 04: Showing the status of constipation in Renal Calculus Patient



Discussion

The concept of Mizaj (Temperament) is an important pillar of Unani medicine. The entire course of human health depends on temperament. As long as temperament is in moderation, health is maintained. And any abnormal change in temperament indicates disease. In the Greek method of treatment, temperament plays a fundamental and important role. Be it the temperament of a person, the temperament of a medicine or the temperament of a season. According to Greek theory, environmental factors are also responsible for changes in mood. Especially the causes are necessary and unnecessary. In Greek medicine, disease and causes of mood are of great importance. All the physical functions of any person can be influenced. In this sense, doctors have divided the entire human race into four groups based on mizaj. It is divided into which are as follows.

- Damvi Mizaj al Ashkhas (Sanguine / Plethoric Type)
- Balgahami Mizaj al Ashkhas (Phesmatic Type)
- Safrawi Mizaj al Ashkhas (Chaleratic Type)
- Saudawi Mizaj al Ashkhas (Nelanchalic Type)

People of each temperament group are susceptible to certain diseases, such as:

Damvi Mizaj al Ashkhas-HTN Epistaxis, Palpitation etc.

Safrawi Mizaj al Ashkhas-Jaundice, Chalelithianis etc.

Balgahami Mizaj al Ashkhas-Asthama, Flu, Pneumonia etc.

Saudawi Mizaj al Ashkhas-Malesnoncies, Psychological disorder etc

Therefore, keeping this principle in mind, an attempt has been made to find out in which temperament people are prone to the occurrence of Nephrolithiasis. The paper under consideration, titled: Occurrence of Nephrolithiasis in Individuals of Different Temperaments: A Research Study, has presented a research-based review of the causes and nature of Nephrolithiasis, making use of ancient and modern books, and an attempt has been made to draw a conclusion as to what is its relationship with people of different temperaments and which people of a certain temperament are prone to this disease. The research study under consideration was conducted on a total of one hundred (100) patients at the Department of General Medicine, Government Nizami Medical College and General Hospital, Charminar, Hyderabad. The observations and results of which have been recorded in the form of various tables and the following points have emerged as conclusions in this research paper.

Graph No:1, Table No:1

A total of one hundred (100) patients were included in this research study, of which 67 patients were male and 33 patients were female. The proportion of males was found to be higher than females among patients suffering from this disease, with the percentage of males being 67% and the percentage of females being 33%.

Graph No:2, Table No:2

A total of one hundred (100) patients were divided according to age and gender, and the following results were revealed. Out of a total of one hundred (100) patients aged 15-8 to 30 years, 36 patients were male and 6 were female. B- Out of a total of one hundred (100)

patients aged 31 to 45 years, 41 patients were male and 41 were female. - Out of a total of one hundred (100) patients aged 46 to 60 years, 2 patients were male and 2 were female.

D- Out of all the patients aged 61 to 65 years, 2 were found to be male and no female patients were found.

The highest number of patients were found in the age group of 15 to 30 years (36 male patients and 16 female patients) and 31 to 45 years (7 male patients and 41 female patients). This result indicates that this disease is more common in the younger age group and men (67 male patients and 33 female patients) are more likely to suffer from this disease than women. As stated by the doctors.

Graph No:3, Table No:3

When a total of one hundred (100) patients in the research study were divided according to temperament, the following results emerged.

Out of a total of one hundred (100) patients, 38 patients were found to be of a hemophiliac disposition, which is the highest number, and among them Twenty-eight male patients and twenty-one female patients were found. B-Out of a total of one hundred (100) patients, 28 patients were found to have bilious temperament and out of these, 20 patients were male and 8 were female.

Out of a total of one hundred (100) patients, 28 patients were found to be phlegmatic, and of these, 14 patients were found to be male and 14 patients were found to be female. D-Out of a total of one hundred (100) patients, 6 patients were found to have a mercurial temperament, and out of these, 5 patients were found to be male and one patient was found to be female.

Graph No:4, Table No:4

Out of a total of one hundred (100) patients, the proportion of patients suffering from constipation was 72, of whom 48 were males and 23 were females, and the number of patients without constipation was 28, of whom 19 were males and 10 were females.

Conclusion

The theory of temperament has been considered a distinctive feature of Greek medicine. The theory of temperament has been an interesting subject of attention and research in medicine from the very beginning, because temperament is a mirror of the human body, by looking at which the conditions of the body are seen, guidance is obtained in diagnosing diseases and their treatment. In the context of the medical theory of temperament, if the incidence of diseases is looked at, it is certain that those with a certain temperament are prone to the occurrence of certain diseases or that changes in temperament are a precursor to certain ailments. In the Greek method of treatment, temperament plays a fundamental and important role, whether it is the temperament of a person, the temperament of a medicine or the temperament of a season, it affects the treatment and diagnosis of the disease, to the extent that the success of treatment with antibiotics has been determined solely by temperament.

Ancient Unani Physician state that every person is susceptible to certain diseases depending on his temperament. Therefore, according to the words of Sahib Kamil (Sheikh Al-Raes Abu Ali Sina and Galen), the active cause of the formation of stones in the group is the instinctive female heat, and the substance of these stones is thick and viscous. Whether it is phlegm or thick blood, the heat dries up its moisture and it becomes denser, and if this process of heat continues for a while, it dries up and becomes stony. This disease occurs at every age,

so it is also found in children, but it mostly occurs in youth or middle age. It especially occurs in people who are intemperate in eating and drinking. But the main cause of this disease is indigestion. This disease is more common in young people than in men, children and the elderly than in women.

This study has revealed that kidney disease is most common in people with the sanguine temperament. Thus, out of a total of one hundred (100) patients, the highest number of 38 patients were found to be sanguine, followed by 28 patients with the choleric temperament, 28 patients with the phlegmatic temperament, and the lowest number of 6 patients with the melancholic temperament. This means that the proportion of sanguine temperament individuals is relatively higher than that of other temperament individuals.

In terms of gender, out of a total of one hundred (100) patients, 67 were male and 33 were female, meaning that the kidney function was found to be relatively higher in men than in women, which is supported by the words of the great Sheikh al-Raees Abu Ali Sina and Galen.

If we look at the age group, the highest number of patients was found between 15 and 30 years of age, 52, followed by 31 patients between 31 and 45 years of age, 15 patients between 46 and 60 years of age, and the lowest number of patients was found between 21 and 65 years of age, which is supported by the statements of Greek physicians such as Hakam Muhammad Kabiruddin (Kitab al-Tashkhis) and Akim Muhammad Azam Khan (Al-Kasir - 7/8).

This research study also reveals that this disease is mostly found in people suffering from indigestion, which means that out of a total of 100 patients, 72 were found to be constipated and 28 were found to be non-constipated, which is supported by Sheikh Al-Raees Bu Ali Sina (Al-Qanun-fit-Tibb-12007 – pg. no) and Hakim Muhammad Kabiruddin (Al-Kasir - Urdu translation).

Kidney stones are one of the most painful urological disorders that occur in 13% of the world's population. Therefore, if preventive measures are taken, taking into account gender and age, and efforts are made to avoid dietary inadequacy, this disease can be easily controlled and the world can be saved from this painful disease and health can be maintained.

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