



Evaluating the Indices of Diagnosing Uterine Temperament in Persian Medicine: A Review Study

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Abstract

Objectives: According to Persian medicine (PM), the uterus is an important organ in women, responsible for purifying the blood and nourishing the fetus. Each organ has a specific temperament distinct from the whole-body temperament based on PM. Dystemperament occurs when body or organ Mizaj (Persian word for temperament) deviates from what is considered normal, resulting in malfunction. Many gynecological disorders described in PM and conventional medicine, including infertility, recurrent miscarriage, oligomenorrhea/amenorrhea, hypermenorrhea, vaginitis, cervicitis, urinary incontinence, and pelvic pain, are considered to be associated with uterine dystemperaments. Hence, proper management of such disorders requires precise diagnosis and treatment of uterine dystemperaments. Accordingly, this review study aimed to collect and categorize these symptoms from PM texts and other relevant articles.

Methods: In this study, we reviewed 10 well-known PM references, including Canon in Medicine (*Al-Qanun Fi al-Teb*), the Great Panacea (*Exir-e A'zam*), the Treasure of Kharazmshah (*Zakhireh Kharazmshahi*), the Perfect Book of the Art of Medicine (*Kamel al-Sana'a al-Tebbiya*), Akbari's Medicine (*Tebb-E-Akbari*), Gharshi's Commentary on Canon of Medicine (*Sharh-e Qarshi bar Qanun*), Commentary on Hippocrates' Aphorisms (*Sharh-e Fosul-e Boqraat*), Summary of Experiences (*Kholasa-tut Tajarob*), Description of Signs and Symptoms (*Sharh-e Asbab va Alamat*), and Aghili's Treatments (*Mo'alejat-e Aghili*). Moreover, Scopus, PubMed, Web of Science, ScienceDirect, and Google Scholar databases were queried with the keywords 'mizaj', 'temperament', 'uterus', 'uterine', 'cold/hot or warm', and 'dry/wet', while Persian databases of Magiran, Iran Medex, and SID were searched using keywords 'mizaj', 'rahem', 'garm', 'sard', 'tar', and 'khoshk' to extract signs and symptoms associated with uterine temperament and dystemperament.

Results: Five indicators were specified in the articles and PM sources for determining the temperament and dystemperament of the uterus as follows: 1) Menstrual blood characteristics (including amount, temperature, color, odor, flow rate, and consistency); 2) Uterine discharge characteristics (including amount, consistency, color, odor, and accompanied symptoms, especially burning and itching); 3) Fertility and pregnancy status (including infertility, abortion, etc.); 4. Other characteristics of the female reproductive system (including pubic hair, menarche age, sexual desire and quality of intercourse, and vaginal and cervical condition on vaginal examination); and 5) General symptoms (including the ten PM indicators of whole-body Mizaj).

Conclusions: PM sources have described the characteristics of uterine temperament and dystemperament in detail. These indices can be used for more effective diagnosis, treatment, and even prevention of gynecological diseases, as well as designing and validation of standard tools for determining uterine temperament and dystemperament.

Keywords: Uterus, Dystemperament, Temperament, Persian medicine, Traditional medicine, Iran

Introduction

Individual differences of human beings and the diversity of their abilities in performing various tasks has become a point of focus in recent years (1). Persian medicine (PM) ascribes these differences to Mizaj, which is a key concept in defining human health and disease and plays a key role in prevention, treatment, and lifestyle recommendations (2,3). Based on this viewpoint, each individual has unique physical, physiological, and psychological characteristics, the entirety of which is by virtue of Mizaj. Thus, as long as the temperament is in its defined limits of moderation,

biological functions are in an optimum state. However, if the temperament deviates from what is considered moderate, the person is said to have a dystemperament. In addition to whole-body temperament (general temperament), each body organ has its own temperament (4,5).

According to Persian scholars, the uterus is one of the most important organs in a woman's body, which is responsible for purifying the blood and nourishing the fetus. The uterus is connected to vital body organs, including the brain, heart, liver, kidneys, and stomach.

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Hence, uterine disorders can spread throughout the body (6,7). Many uterine-related diseases in conventional medicine, such as menstrual disorders, increased uterine bleeding, infertility, recurrent abortion, preterm delivery, uterine and vaginal infections, cervicitis, and cervical ulcers, have been associated with uterine dystemperaments in PM (6,8). Accordingly, the health of the female reproductive system, especially the uterus, plays a key role in women's health. Therefore, determining the health and disease status of the uterus is of great importance.

The four main types of uterine temperament in PM include hot, cold, wet, and dry. Various indicators have been described for uterine temperament (9). So far, no comprehensive study has been conducted to recapitulate the symptoms described in different sources. Thus, this review study aimed to collect and classify the indicators of uterine temperament for clinical use and related research.

Methods

In this study, we reviewed ten well-known PM references, including Canon in Medicine (*Al-Qanun Fi al-Teb*) [Avicenna], the Great Panacea (*Exir-e A'zam*) [Mohammad Azam Nazem Jahan], the Treasure of Kharazmshah (*Zakhireh Kharazmshahi*) [Esmail Jorjani], the Perfect Book of the Art of Medicine (*Kamel al-Sana'a al-Tebbiya*) [Ali ibn Abbas Ahwazi], Akbari's Medicine (*Tebb-E-Akbari*) [Mohammad Akbar Arzani], Gharshi's Commentary on Canon of Medicine (*Sharh-e Qarshi bar Qanun*) [Ibn Nafis], Commentary on Hippocrates' Aphorisms (*Sharh-e Fosul-e Boqraat*) [Ibn Nafis], Summary of Experiences (*Kholasa-tut Tajarob*) [Bahad Dowlah Razi], Description of Signs and Symptoms (*Sharh-e Asbab va Alamat*) [Nafis ibn Ewaz Kermani], and Aghili's Treatments (*Mo'alejat-e Aghili*) [Mohammad Hossein Aghili]. Moreover, Scopus, PubMed, Web of Science, ScienceDirect, and Google Scholar databases were queried with the keywords 'mizaj', 'temperament', 'uterus', 'uterine', 'cold/hot or warm', and 'dry/wet', while Persian databases of Magiran, Iran Medex, and SID were searched using keywords 'mizaj', 'rahem', 'garm', 'sard', 'tar', and 'khoshk' to extract signs and symptoms associated with uterine temperament and dystemperament.

Results

A total of seven articles (six English and one Persian) were directly related to uterine temperament/dystemperament. While two articles examined uterine temperament via self-made tools (10,11), four studies examined uterine temperament symptoms in gynecological diseases (vaginitis, oligomenorrhea, amenorrhea, and abnormal uterine bleeding) (3,12-14). Also, a qualitative study investigated the symptoms of hot and cold uterine dystemperament (8). The criteria for diagnosis of uterine dystemperaments in the articles were similar to those described in the PM textbooks.

Various indicators have been described to diagnose

uterine temperament/dystemperament in PM resources, the most important of which include:

- *Menstrual blood characteristics* (including amount, temperature, color, odor, flow rate, and consistency);
- *Uterine secretion characteristics* (including amount, consistency, color, odor, and accompanied symptoms, especially burning and itching);
- *Fertility and pregnancy status* (including infertility, abortion, etc);
- *Other characteristics of the female reproductive system* (including pubic hair, menarche age, sexual desire and quality of intercourse, and vaginal and cervical condition on vaginal examination);
- *General symptoms including the ten PM indicators of whole-body Mizaj* (skin characteristics on tactile examination, body weight status, hair characteristics, skin color, body dimensions, the rate of affectability by the four qualities, sleep and wakefulness, agility and speed performing tasks, characteristics of body wastes, and emotional and mental states).

After reviewing the literature and PM textbooks, all symptoms and indicators related to uterine temperament/dystemperament were extracted and summarized in a table. The extracted information revealed that symptoms of uterine temperament/dystemperament are mainly the same. Four of the reference books (*Kholasa-tut Tajarob*, *Zakhireh Kharazmshahi*, *Al-Qanun Fi al-Teb*, and *Sharh-e Qarshi bar Qanun*) mentioned the symptoms of different uterine temperaments (Table 1) and six books discussed the symptoms. In general, the term dystemperament is used when dysfunction occurs, and thus treatment is necessary (6).

Wet/Dry Dystemperament

Symptoms and features of wet/dry dystemperament of the uterus were grouped into four categories, including menstrual blood characteristics, uterine secretion characteristics, pregnancy and fertility indicators, and general symptoms.

Menstrual Blood

Wet dystemperament: Increased menstrual blood volume (6,7,9,15-17), thinning of menstrual blood (6,7,9,18), and cold and pale menstrual blood (15).

Dry dystemperament: Decreased menstrual Blood (6,7,9,15,18), thick menstrual blood (6,15,18), and retention (cessation) of menstruation (6,7,9).

Uterine Secretions

Wet dystemperament: Excessive uterine discharge during non-menstruation days of the cycle (6,7,18,19), thin uterine discharge (18), and enlargement of the cervix (in severe cases) (9).

Dry dystemperament: Reduced uterine discharge during non-menstruation days of the cycle (6,7,18,19), dry vulva and uterus (7,17,18), green-colored discharge (19), and

Table 1. Symptoms of Uterine Dystemperaments According to Persian Medicine Sources

Symptoms	Temperament		
	Hot	Cold	Wet
Menstrual blood	Decreased menstrual bleeding, Amenorrhea in severe cases, Increased uterine bleeding, Thick menstrual blood, Thin menstrual blood in cases of yellow-bile predominance, Foul-smelling menstrual blood, Warmth and burning sensation during menstruation, High menstrual flow rate in cases of yellow-bile predominance, Color spectrum of menstrual blood includes red, blackish-red, yellowish-red, and black	Oligomenorrhea/amenorrhea, Prolongation of menstruation, Prolongation of non-menstruation days, Increased menstrual bleeding, Coldness of menstrual blood, Thin menstrual blood, Thick menstrual blood in severe cases, Color spectrum of menstrual blood lies in a range of whitish or dark and dull, or pale red	Increased menstrual blood volume, Thinning of menstrual blood, Cold and pale menstrual blood
Uterine secretions	Red-tinged discharge in cases of sanguine predominance and yellowish foul-smelling discharge in cases of yellow-bile predominance	White discharge in cases of phlegm predominance, Dark, blackish, thick discharge in cases of black-bile predominance	Excessive uterine discharge during non-menstruation days of the cycle, Thin uterine discharge, Enlargement of the cervix (in severe cases)
Fertility and pregnancy status	Infertility, abortion	Infertility, abortion	Abortion in the first trimester, Some books mentioned abortion beyond six months of pregnancy, Infertility, Weakness of uterine ligaments due to increased moisture and uterine prolapse
General symptoms	Dry lips, Dark urine color, Rapid pulse, Strong pulse, Large pulse, Dilated vessels, Anxiety and palpitations, Thin body habitus, Liver pain, Dry stools, Deepness of breath, Yellow-tinted skin color in cases of generally increased body heat, Dense body hair in cases of generally increased body heat, Desire for cold-tempered foods	Pale urine, Dull-colored skin, White-colored skin in cases of general coldness, Pulse difference, Pulse stiffness, Cold extremities other than in cold environment, Coldness of skin to touch in cases of general coldness, Generalized sparse and white hair, General symptoms of coldness in cases of generalized cold dystemperament	Symptoms of generalized dry dystemperament, Thin body habitus, Excessive and thick hair, Dry skin, Stagnated blood flow resulting in lassitude and lack of energy
Other characteristics of the female reproductive system	Dense pubic hair, Presence of thick black hair on the pubic and inner thighs, Abdominal hair between pubis and umbilicus, Menarche much earlier than 14 years, Feeling of warmth of the vagina on internal examination, Burning sensation during intercourse, Complications of predominance of hot humors (yellow bile and sanguine) including infections and ulcers (e.g. cervicitis), Pruritus, Rashes, Warts	Sparse pubic hair, Thin pubic hair, Menarche much later than years of age, Numbness of the upper uterine area, Feeling of coldness of the cervix during intercourse, Feeling of coldness of the vagina on internal examination, Pneumo-uterus and accumulation of thick vapors in the uterus, Complications of predominance of cold humors (phlegm and black bile) including uterine prolapse in cases of accumulation of viscous laxating humors in the uterus, Firm swelling of the uterus (fibroids) in cases of black bile accumulation, Warts in cases of thick black bile, Uterine hemorrhoids caused by accumulation of black bile	

dryness of the abdominal skin overlying the uterus (17).

Pregnancy and Fertility

Wet dystemperament: Abortion in the first trimester (6,7,9,16-19), abortion beyond six months of pregnancy (9), infertility (6,9,17,19-21), weakness of uterine ligaments due to increased moisture, and uterine prolapse (6,15),

Dry dystemperament: Infertility (6,7,9,15,16,20,21), abortion (9,16), and uterine fissure(6,7,16).

General Symptoms

Wet dystemperament: Dullness of the eyes (6) and periorbital edema (15).

Dry dystemperament: Symptoms of generalized dry dystemperament (6,18), thin body habitus (6,7,9,16), excessive and thick hair (18), dry skin (7), and stagnated blood flow (15) resulting in lassitude and lack of energy.

Hot/Cold Dystemperament

Symptoms and features of hot/cold uterine dystemperament were classified into five general categories, including menstrual blood characteristics, uterine secretion characteristics, pregnancy and fertility indicators, other gynecological symptoms, and general symptoms.

Menstrual Blood

Hot dystemperament: Decreased menstrual bleeding (6,9,16-18), amenorrhea in severe cases (6,7,15,19), increased uterine bleeding (6,7,9,15,18), thick menstrual blood (7,9,16), thin menstrual blood in cases of yellow-bile predominance (7,16,17), foul-smelling menstrual blood (6,9,18), warmth and burning sensation during menstruation (6,14-16,18), high menstrual flow rate in cases of yellow-bile predominance (7,9,16,17), and color spectrum of menstrual blood including red (6,9,19), blackish-red (17), yellowish-red (6,15,19), and black (6,7,9,16,18,19).

Cold dystemperament: Oligomenorrhea/amenorrhea (6,7,9,16-18), prolongation of menstruation (7,17), prolongation of non-menstruation days (6,9,16,18,19), increased menstrual bleeding (6,7,9,15,18), coldness of menstrual blood (15), thin menstrual blood (6,7,16-18), thick menstrual blood in severe cases (18,19), color spectrum of menstrual blood lies in a range of whitish or dark and dull (6,9,18,19), or pale red (7,16,17).

Uterine Secretions

Hot dystemperament: Red-tinged discharge in cases of sanguine predominance and yellowish foul-smelling discharge in cases of yellow-bile predominance (6,7,9,15-17,21).

Cold dystemperament: White discharge in cases of phlegm predominance and dark, blackish, thick discharge in cases of black-bile predominance (6,7,9,15-17,21).

Pregnancy and fertility

Hot dystemperament: Infertility (15,17,19,21,22) and abortion (6,7,9,19).

Cold dystemperament: Infertility (15,17,19,21,22) and abortion (6,7,9,15,19).

Other Gynecological Symptoms

Hot dystemperament

Pubic hair: Dense pubic hair (7,9,17), presence of thick black hair on the pubic and inner thighs (17,19), and abdominal hair between pubis and umbilicus (16).

Other: Menarche much earlier than 14 years (15), feeling of warmth of the vagina on internal examination (9,19), burning sensation during intercourse (15), complications of predominance of hot humors (yellow bile and sanguine) including infections and ulcers (e.g., cervicitis) (6,9,18,21), pruritus (7,9,16,17), rashes (16,17,21), and warts (17).

Cold dystemperament

Pubic hair: Sparse pubic hair (6,7,9,16,17) and thin pubic hair (16).

Other: Menarche much later than 14 years of age (15), numbness of the upper uterine area (6,9), feeling of coldness of the cervix during intercourse, feeling of coldness of the vagina on internal examination (9), pneumo-uterus and accumulation of thick vapors in the uterus (5,6,8,14-16,18,20), complications of predominance of cold humors (phlegm and black bile) including uterine prolapse in cases of accumulation of viscous laxative humors in the uterus (9,21), firm swelling of the uterus (fibroids) in cases of black bile accumulation (21), warts in cases of thick black bile (9,21), and uterine hemorrhoids caused by accumulation of black bile (7,9,17,21).

General Symptoms

Hot dystemperament: Dry lips (6,9,19), dark urine color (6,9,19), rapid pulse (6,9), strong pulse (19), large pulse (19), dilated vessels (19), anxiety and palpitations (9), thin body habitus (7,9,16,17), liver pain (6,9), dry stools (19), deepness of breath (19), yellow-tinted skin color in cases of generally increased body heat (7,17), dense body hair in cases of generally increased body heat (6), and desire for cold-tempered foods (19).

Cold dystemperament: Pale urine (6,9), dull-colored skin (6,9,19), white-colored skin in cases of general coldness (7,17), pulse difference (9,17), pulse stiffness (17), cold extremities other than in cold environment (19), coldness of skin to touch in cases of general coldness (7), generalized sparse and white hair (17), and general symptoms of coldness in cases of generalized cold dystemperament (16).

The frequency of each of the symptoms of uterine dystemperament mentioned in the ten reviewed reference books is listed in Table 2.

Discussion

The fundamental principle of temperament (Mizaj) is an essential part of PM, so that it is impossible to diagnose and treat the diseases without considering it. According to this principle, no two human beings have the same temperament, and individuals in each society have decisive differences from each other, which are defined in terms of hotness, coldness, wetness, and dryness. Correspondingly, even individuals with a moderate temperament are different, each having a specific degree of moderation (23,24).

Considering the recent trend in using personalized

medicine as an approach to suggest specific prevention and treatment methods for each individual, physiological differences in the framework of PM theory of temperament can be considered as potential effective approach (25,26).

The uterus plays an important role in maintaining the overall health and fertility of the female body (6,7,9). Since many uterine disorders are a subset of uterine temperament disorders (9), careful assessment of the symptoms and features of uterine temperaments/dystemperaments is essential for precise diagnosis and appropriate treatment of gynecological disorders in PM and conventional medicine.

Table 2. Signs and Symptoms of Uterine Dystemperaments Along With Frequency of Description in Persian Medicine Sources

Symptom Category	Dystemperament	Signs and Symptoms	References Mentioning This Symptom (%)	Dystemperament	Signs and Symptoms	References Mentioning This Symptom (%)
Menstrual blood	Hot	Increased volume	50	Wet	Increased volume	70
		Thin menstrual blood	40		Thin menstrual blood	40
		Decreased volume/amenorrhea	90			
		Thick menstrual blood	30			
		Red-colored	30			
		Blackish-red	10			
		Yellowish-red	30			Cold pale-colored
	Cold	Black-colored	60			
		Foul-smelling	30			
		Warmth and burning sensation	50			
		High flow rate	40			
		Decreased volume/amenorrhea	60	Dry	Decreased volume/amenorrhea	60
		Prolongation of menstruation	20		Thick menstrual blood	30
		Prolongation of non-menstruation days	50			
Increased volume	50					
Coldness of menstrual blood	10					
Thin menstrual blood	50		Amenorrhea		30	
Thick menstrual blood	20					
		Pale-red and whitish colored	70			
		Dark- or dull-colored	40			
Uterine secretions	Hot	Red-tinged or yellowish	70	Wet	Increased discharge on non-menstruation days	40
					Thin uterine discharge	10
					Large cervix	10
	Cold	White/dark and thick	70	Dry	Decreased discharge on non-menstruation days	50
					Vulva/vaginal dryness	40
					Green-colored	10
					Dryness of the abdominal skin overlying the uterus	10
Fertility and pregnancy status	Hot	Abortion	40	Wet	First-trimester abortion	70
					Abortion beyond six months of pregnancy	10
					Infertility	60
	Cold	Abortion	50	Dry	Uterine prolapse	20
					Infertility	70
					Abortion	20
		Infertility	50		Uterine fissure	30

Table 2. Continued

Symptom Category	Dystemperament	Signs and Symptoms	References Mentioning This Symptom (%)	Dystemperament	Signs and Symptoms	References Mentioning This Symptom (%)					
General symptoms	Hot	Dry lips	30	Wet	Dullness of the eyes	10					
		Dark-colored urine	30								
		Rapid pulse	20								
		Strong pulse	10								
		Large pulse	10								
		Dilated vessels	10								
		Anxiety and palpitations	10								
		Thin body habitus	40								
		Liver pain	20				Periorbital edema	10			
		Dry stools	10								
		Deepness of breath	10								
		Yellow-tinted skin color	20								
		Dense body hair in cases of generally increased body heat	10								
		Desire for cold-tempered foods	10								
Cold	Cold	Pale-colored urine	20	Dry	Lassitude and lack of energy	10					
		Dull-colored skin	30				Thin body habitus	40			
		Whitish-colored skin	20						Dense thick hair	10	
		Slow (different) pulse	20		Dry skin	10					
		Firm pulse	10								
		Cold extremities other than in cold environment	10								
		Coldness of skin to touch	10								
		Generalized sparse and white hair	10								
Other characteristics of the female reproductive system	Hot	Dense pubic hair	30	Wet							
		Thick black hair on the pubic and inner thighs	20								
		Abdominal hair between pubis and umbilicus	10								
		Menarche much earlier than 14 years	10								
		Feeling of warmness of the vagina on internal examination	20								
		Burning sensation during intercourse	10								
		Uterine infections and ulcers	40								
		Vaginal pruritus	40								
		Rashes	30								
		Warts	10								
		Cold	Cold				Sparse pubic hair	50	Dry		
							Thin pubic hair	10			
							Menarche much later than 14 years of age	10			
							Numbness of the upper uterine area	20			
Feeling of coldness of the cervix during intercourse	10										
Feeling of coldness of the vagina on internal examination	10										
Pneumo-uterus and accumulation of thick vapors in the uterus	70										
Uterine prolapse	20										
Firm swelling of the uterus	10										
Warts	20										
Uterine hemorrhoids	40										

So far, limited studies have examined the temperamental symptoms of different organs. Tansaz et al examined the relationship between uterine temperament and infertility in infertile women via self-made tools. In order to design a questionnaire for uterine temperament, this study started by extracting symptoms of uterine temperament/dystemperament from several PM sources. Subsequently, the questionnaire items were designed and validated on a 7-point Likert scale. According to the results, the most common uterine dystemperament in infertile women included cold, wet, and cold-wet dystemperaments (10).

In another study, Sultana and Khaleequr investigated general body temperament and uterine dystemperament in 80 women with amenorrhea of greater than or equal to 60 days. A standard instrument was used to assess general temperament, whereas diagnosis of uterine dystemperament was based on clinical signs. According to the results, the most common general temperament in these women was cold-wet, while the most common uterine temperament was cold-dry (13).

A qualitative study by Saeedi et al examined the indicators for determining hot and cold uterine dystemperaments and provided major and minor criteria for diagnosing these two disorders (8).

In two qualitative studies by Hakimi et al, based on the hybrid model, the researchers examined the symptoms of liver disorders as described in PM. In the first study, reported in Persian, major and minor diagnostic criteria were presented after examining the signs and symptoms of liver disorders. These included six major and six minor criteria for hot/cold liver dystemperaments, and eight major criteria and ten major criteria for dry/wet liver dystemperaments (27). The second study, reported in English, described wet liver dystemperament from the perspective of PM (28).

Moreover, a review study by Parsa et al on indicators of stomach temperament, extracted and categorized relevant symptoms from both PM sources and current literature, and identified the most important and frequent symptoms (29). Another study by the same author in 2020 examined the indicators of gastric dystemperament in PM by examining reliable sources (30).

In a study by Alizadeh et al, a diagnostic protocol was presented for gastric dystemperaments. Symptoms associated with gastric dystemperaments were extracted from traditional textbooks and the most important ones were presented as major and minor criteria based on the frequency of repetitions in the references, expert opinions, and the importance of symptoms in practice (2).

A review study by Salmannejad et al evaluated and categorized indicators of brain temperament based on PM sources and current literature (24).

In 2021, Fattahi Masoom et al examined indicators for diagnosis of brain temperament/dystemperament and designed diagnostic tools to determine brain temperament (25).

Review of PM literature in the present study revealed that symptoms of uterine temperament and dystemperaments are largely common.

One of the most important symptoms in diagnosing uterine temperament is “characteristics of menstruation”. Some of these symptoms are exclusive to one dystemperament, while others overlap. For instance, both hot and cold uterine dystemperaments can reduce or increase menstrual bleeding. In some cases, dystemperaments can cause conflicting symptoms. For example, hot dystemperament can both increase (hypermenorrhea) and decrease (oligomenorrhea and amenorrhea) menstrual bleeding. Overall, a wide range of symptoms are mentioned in PM texts for dystemperaments of any organ. This is because any of the dystemperaments can range from mild to severe, and the symptoms vary depending on severity and also the individual's physical condition. The explanation provided by some commentaries, which have explained main important books (such as *Canon in Medicine*), is that at the mild side of the spectrum, hot uterine dystemperament, causes menstrual blood to increase and become thinner, while at the other end of the spectrum (severe hot dystemperament) menstrual blood reduces and becomes thicker and can even manifest as spotting. In such cases, other diagnostic indices, general symptoms, and observing the process and severity of the dystemperament via a detailed history and examination can help in diagnosis.

An increase in the amount of menstrual bleeding in wet uterine dystemperament and a decrease in the amount and duration of menstrual bleeding or its cessation in dry uterine dysfunction were common in all the reviewed sources.

Other important features of menstrual blood included black color and burning sensation for hot uterine dystemperament, oligomenorrhea, amenorrhea, and increased non-menstrual days for cold uterine dystemperament. These symptoms were mentioned in many sources (6,7,9,15-19).

Regarding the category of “uterine discharge characteristics”, yellowish discharge with a pungent odor was mentioned for hot uterine dystemperament, while whitish discharge was considered a symptom of cold uterine dystemperament.

According to PM references, wet uterine dystemperament was associated with an increase in the amount of uterine discharge during non-menstrual days of the cycle, whereas decreased amount of uterine discharge and cervical dryness were frequently mentioned as symptoms of dry uterine dystemperament.

In the “pregnancy and fertility” category, abortion and infertility were mentioned as the complications of all four uterine dystemperaments, which are caused by a variety of dysfunctions in the uterus and female reproductive system induced by dystemperaments.

In “vaginal examination”, the temperature of the uterus

and vagina felt by the examiner can help determine the hot/cold status of the uterus. A large and soft cervix indicates uterine wetness, whereas vaginal dryness and decreased discharge indicate uterine dryness.

The mentioned general symptoms may also be of significant help in diagnosing uterine dystemperaments. In addition, they demonstrate that uterine dystemperament may not be limited to the uterus but affect the whole body. The opposite is also true, meaning that any of the general dystemperaments of the body can affect the organs, including the uterus.

One of the important diagnostic indices that was not directly mentioned in the texts was “any changes in the previous conditions of the patient”. This is a good guide for diagnosing the type of dystemperament, because in the cases where symptoms are not typical, a careful history may reveal that the patient has deviated from the previous healthy condition to one or more types of dystemperament.

The findings of this study demonstrated that many of the symptoms and complications of uterine dystemperaments are consistent with equivalent disorders in conventional medicine. Disorders such as amenorrhea, hypomenorrhea, menorrhagia, dysmenorrhea, leukorrhea (vaginal discharge), cervical ulcers, uterine infection, miscarriage, and infertility are among these diseases (31,32). Some of the symptoms and complications are not yet fully explained and have no equivalent in conventional medicine. The results of the present study can be used as a basis for more accurate description of uterine dystemperaments and for attributing this dystemperaments to equivalent diseases in conventional medicine. Accordingly, the wide range of symptoms and features presented in this study can be the missing link in the diagnosis and treatment of gynecological diseases.

Conclusions

This study presented the diagnostic symptoms and characteristics for different types of uterine temperament/dystemperament based on PM sources and existing literature. Findings were classified into five categories, including menstrual blood characteristics, uterine discharge characteristics, fertility and pregnancy status, other characteristics of the female reproductive system, and general symptoms. The results of this study can be used in the clinic as a basis for diagnosis and treatment of various gynecological disorders associated with uterine dystemperaments. Further research might design standard tools for diagnosing uterine temperament/dystemperament.

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Conflict of Interests

The authors have no conflict of interest to declare.

Ethical Issues

Not applicable.

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