



# ROLE OF LIFESTYLE FACTORS IN THE MANAGEMENT OF HYPERTENSION

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Evaluation Report: Pilot Research Project undertaken by Unani-Tibb Diploma Students\* on the benefits of incorporating governing (lifestyle) factors into the treatment of patients with hypertension in South African rural and urban clinical settings

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## Executive summary

### Introduction.

A mandatory requirement for the award of the UWC Diploma in Unani-Tibb is the satisfactory completion of a pilot research project evaluating the effectiveness of Unani-Tibb principles in health promotion and the treatment of disease. This report details the results obtained in patients with hypertension by enhancing the patients' governing (lifestyle) factors.

### Aims & objectives.

The primary objective ascertained whether the governing (lifestyle) factors, a central tenet of Unani-Tibb therapy, can have a positive influence on the clinical course of hypertensive patients in a real-life clinical context, as reflected by changes in their quality of life indicators. The secondary objectives were to assess the clinical effect of the governing (lifestyle) factors in terms of changes in the pulse rate and body mass, and the reduction in orthodox anti-hypertensive medication ("drug sparing") that the intervention allows.

### Methodology.

Five student investigators (the "researchers"), under appropriate supervision, treated a total of 56 hypertensive patients for 3 to 4 months according to Unani-Tibb's six governing (lifestyle) factors. All patients were considered stable, and receiving either conventional (allopathic) or Unani-Tibb medication throughout the study period. The study centres were located countrywide, and in both rural and urban settings. As the main clinical end-point, the quality of life index based on 15 subjective parameters obtained by face-to-face interview was adopted. Other clinical end-points (changes in pulse rate and body mass) and changes in signs and symptoms were also measured as the investigators' situation allowed.††

### Results.

In most of the parameters measured there was a positive improvement reported by the patients. Particularly positive were the gains in important quality of life issues such as awareness of the benefit of treatment, understanding of the disorder, and an increased feeling of control. There was a distinct downwards trend recorded for blood pressure. In fact, virtually every patient showed a marked decline in blood pressure. The ones with very high blood pressure demonstrated a higher decline. Mean systolic blood pressure fell from 162 to 138 mm Hg, and for diastolic blood pressure from 99 to 88 mm Hg. The pulse rate dropped slightly from a mean of 75 to 73 beats per minute. Body mass changes varied widely between initial visit and final follow-up, not only between investigator cohorts, but even within each cohort. Overall, there was a discernible downward trend, with a mean loss of 2.3 kg.

**Conclusion.**

In spite of the acknowledged shortcomings of this initial study, further investigations in a greater number of patients, with stricter and consistent methodological control, and for a longer intervention period are indicated.

**Recommendation.**

The possibility, supported by this pilot research project, that serious and regulated lifestyle changes could improve the quality of life of hypertensive patients and contribute to a further reduction in blood pressure, so leading to substantial savings in conventional therapeutic costs, should be explored further.