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A SCIENCE OF MEDICINE  
THE ART OF CARE

# ROLE OF LIFESTYLE FACTORS IN THE MANAGEMENT OF PATIENTS WITH HIV AND AIDS, TYPE 2 DIABETES, AND HYPERTENSION

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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 a chronic clinical disorder (HIV and Aids, type 2 diabetes, or 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 patients with one of the above disorders 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 clinical parameters relevant to the disorder. The reduction in orthodox medication (ëdrug sparingí) used in the management of their condition that the intervention allows was carried in some patients.

### Methodology.

Seventeen student investigators ("researchers"), under appropriate supervision, treated a total of 185 patients (HIV and Aids, 72; type 2 diabetes, 55; hypertension, 58) 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 which reflected clinical changes in patients with HIV and Aids (body mass; CD4 count), diabetes (random blood glucose; body mass), or hypertension (blood pressure; pulse rate) and changes in signs and symptoms were also measured as the researchers' situation allowed.

### Results.

In the HIV and Aids patients, positive improvements were noted in most quality of life parameters, especially sleeping quality, nervousness, perceived efficacy, social activities and personal energy levels. Changes in patients' body mass between the initial visit and the final follow-up varied widely, but overall there was a discernible trend towards an increase in body mass. The changes in CD4 counts in a limited number of patients were likewise mixed. There was a definite trend upwards, suggesting that the governing (lifestyle) factors do have a positive effect on HIV and Aids.†

In the diabetic patients, quality of life assessments gave impressive responses in the patients' understanding of the disorder, feelings of self esteem, and consequently better personal control.

In addition, there was a marked improvement in personal life and energy levels, feeling about their ailment. The global quality of life and current health status showed a noticeable improvement overall, especially for better sleeping patterns, emotional state, occupational and social competence. Treatment was generally regarded as satisfactory, but not the cost and value of present therapy. Finally, patients tended to recommend this therapy to their friends.

Clinically, there was a reduction in blood glucose levels during governing (lifestyle) factors application, with substantial variance between the patient cohorts. In some patients urinalysis was carried out, with marked improvement noted.

In the hypertensive patients, there was a positive improvement in most parameters. There were gains in quality of life issues, especially awareness of treatment benefit, understanding the disorder, and feeling of control. Also, there was a decrease in blood pressure for almost all patients, especially in those with very high blood pressure. 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/minute fell from a mean of 75 to 73. Overall, changes varied widely between initial visit and final follow-up, between and within patient cohorts.

### **Conclusion.**

In spite of the acknowledged shortcomings of this initial study, further investigations in a greater number of patients with chronic clinical disorders, 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 both the quality of life of patients living with HIV and Aids, type 2 diabetes, and hypertension, and contribute to their clinical improvement, so leading to substantial savings in conventional therapeutic costs, should be explored further.