



Tibb as a partner in Integrative medicine

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Abstract

Integrative Medicine is a holistic form of healthcare that combines complementary and conventional medicines in the treatment of acute, chronic, and recurring disorders. As well as the physical aspects of the patient, it is also concerned with the psychosocial and spiritual dimensions. Integrative Medicine merges conventional and complementary diagnostic procedures as a preliminary to therapy. Treatment deals initially with the presenting symptoms, largely by use of conventional drug therapy, and subsequently addresses the underlying disorder by applying selected forms of complementary medicine. Tibb is a well established complementary medical system which is widely practiced in many countries. It is ideally situated as a partner for conventional medicine for a number of reasons: it focuses on supporting inner self-healing processes; it advocates realistic lifestyle-linked changes in behaviour; it involves the patient in both diagnosis and treatment; and it can provide a number of therapeutic options of proven efficacy. Furthermore, it is consistent with conventional therapy, as both share a common ancestry. Integrative Medicine is especially effective in dealing with chronic, refractory or recurring disorders. It focuses on support and stimulation of the person's innate healing mechanisms, rather than just alleviating symptoms of the disorder. It achieves this by combining realistic lifestyle changes, individualised therapies and selected herbal therapy. Active involvement and motivation of the patient is a key factor in accurate diagnosis and successful therapy, and in achieving and maintaining optimum health.

Description of Integrative Medicine

Integrative Medicine is the professional practice of medicine in a way that selectively incorporates elements of Complementary and Alternative medicine into comprehensive treatment plans alongside solidly conventional or orthodox methods of diagnosis and treatment.

The primary obligation of integrative medicine to the patient is the prevention of disease. An important element to the healing process is that it is patient, not disease, centred, so a partnership between the patient and the practitioner is desirable. In turn, the practitioner should be aware of best available clinical practice, and of the relative contribution that both medical paradigms are capable.

Features of integrative medicine are that:

- (a) It focuses on improving the patient's health or maintaining wellness, rather than just alleviating the presenting disease.

(b) It accepts that the patient's inner healing force (in different systems variously called *physis*, *prana*, *the vital force* or *Qi*), is a potent natural self-healing mechanism which restores stability, or homeostasis, and that this should be supported and stimulated.

(c) It acknowledges that the patient's emotions, mind, spirit and even community, as well as his or her

Integrative medicine selects the best, scientifically proven therapies from both conventional and complementary systems.

body, also have a part to play in the healing process and health maintenance.

(d) It adopts natural, minimally invasive procedures wherever possible, especially for chronic or recurrent disorders.

(e) It uses procedures, both conventional and complementary, which are proven effective on an empirical or scientific basis, and backed up by acceptable clinical practice.

(f) It recognises the pre-eminence of conventional medicine in the treatment of acute, emergency and life-threatening disorders.

(g) It accepts the major role of complementary medicine in chronic and recurring diseases, and disorders brought about by an imprudent lifestyle.

The rise of Integrative Medicine

For several years there has been a discernable move away from conventional medicine towards the so-called alternative and complementary medicine (CAM). There are a number of reasons for this disillusionment with conventional medicine. The cost of conventional medicine has been escalating significantly; the adverse drug reactions encountered by the patient; the poor quality of the doctor / patient interaction; the acceptance that behaviour modification is a plausible option in treating chronic disorders; the general movement towards more natural, less harmful way of healthcare.

As a result of this movement, a great deal of interest in CAM theory and practice has developed.

Traditional therapeutic and healing systems, such as Ayurveda, Tibb and Chinese Herbal Medicine, and more recent arrivals, such as homeopathy and chiropractic have emerged into the mainstream. Aspects of CAM therapy, such as acupuncture, hydrotherapy and herbalism now enjoy widespread application.

Differences between complementary and conventional medicine

Philosophical attitude. Complementary medicine generally regards health as state of physical, emotional and spiritual harmony, and that diseases manifest when this harmony is seriously disturbed. When this does occur, then inner healing ability should be activated and supported. Measures which inhibit inner healing must be minimised.

Complementary medicine does not accept that the body can be likened to a machine, no matter how complex or sophisticated it may be. It regards it as an extremely but subtle blend of physical body, mind, emotions and spirit, fully integrated into a holistic entity.

It also accepts that treating symptoms is obviously necessary if the patient is suffering, but the real objective of therapy is to uncover and rectify the underlying disorder. Actually treating the symptoms in purely palliative care can mask the disease, and even drive it into less accessible organs and tissues. Once this has been achieved, then the inner harmony should be restored by specific therapeutic interventions. The symptoms taking the patient to the practitioner will then fall away naturally.

Diagnosis and treatment is made on the understanding that all people are unique individuals in their own right. This is especially in certain complementary medical symptoms, such as Unani-Tibb, where analysis of the patient's temperament is a central aspect of the patient-practitioner interaction. Not every patient responds in the same way to a particular disorder, and neither do they respond identically to treatment. Therapy has to be tailored for each individual patient.

Education about the disorder and involvement of the patient is a well-established route to more successful healing. If the patient 'buys in' to the diagnostic procedures and subsequent treatment, then a successful outcome is more likely.

Summary of differences. There are numerous differences between the two medical paradigms, and the major ones are summarised in the table below.

Feature	Complementary medicine	Conventional medicine
<i>Philosophy</i>	Based on empirical, inductive observation. More intuitive or subjective.	Based on deductive reasoning. Objective and scientific stance.
<i>Definition of health</i>	Balance between opposing forces, internally and externally	Absence of disease
<i>Definition of disease</i>	Body language (symptoms) are indicative of disruptive forces and/or healing processes	Specific, locally defined deviations within organs or tissue structures
<i>Diagnosis of disease</i>	Functional. Focuses on subjective information (how the patient is feeling)	Morphological. Uses high-tech, high-cost methods. Focuses on objective information (how the patient is doing – charts, tests, statistics)
<i>Therapy of disease</i>	Reinforcing constructive forces. Deals with underlying cause(s). Emphasises achieving good health. Focuses on diet, lifestyle, and preventative measures. The patient is in charge of health care choices	Combating destructive forces. Treats symptoms, not cause. Emphasises elimination of causative agent. The physician controls the patient's health problems
<i>Outcome of treatment</i>	Addressing the cause/s of the illness condition by assisting the healing process, with minimum	Suppressing a symptom may offer relief to the patient, but may also interfere with the healing process.

	side effects.	
Relationship to patient	Active participant with a view to regaining health. More empowering and flexible.	Passive recipient of external solutions. More authoritarian and controlling.
General attitude to consultation	Seeks to understand the patient. The practitioner's empathy is important factor in healing. The physician is a partner in the healing process.	More concerned with the disorder. Doctor is emotionally neutral or detached. The physician is the all-knowing authority, who is never challenged
Perspective on body	Accepts physical, psychological, spiritual and social dimensions. Affirms mind and body are interconnected. .	Considers physical dimension only. Body regarded mechanistically. Does not accept mind:body dualism.
Generalist / Specialist	Takes an integrated approach – there are usually no “specialists”.	Often specialises in a particular disease, which focuses on a particular organ, tissue or structure.

Diagnosis in Integrative Medicine

Overview. Diagnosis according to complementary medicine is different in several ways from that of conventional medicine. Whilst conventional medicine adopts an objective and scientific approach, complementary medicine diagnosis includes an element of subjectivity and in some disciplines intuition as well.

The complementary practitioner will build up a picture of the patient, by assimilating information on signs and symptoms, regular diet, lifestyle practice and temperament. The practitioner will also talk to the patient about any predisposing factors or external influences, such as the domestic, social and occupational situations. Sleeping patterns, mental and emotional state, digestive functioning will also be elicited.

In contrast, the conventional doctor will observe signs and ask about presenting symptoms and medical history, and then instigate, if necessary, a battery of physical tests and investigations.

In the practice of integrative medicine, diagnosis of a presenting disorder is achieved at the discretion of the practitioner, who has at his or her disposal a whole range of diagnostic tools.

What the two paradigms have in common, apart from minor points, are the processes involved in diagnosis.

Signs in diagnosis. In the clinical context, a sign is a physical indication of a disorder or disease which is not evident or significant to the patient, but is to the examining healthcare practitioner. A sign is therefore *practitioner specific*. It may be evident visually, or as a result of procedures which are *non-invasive*, like

<p>A sign is an indication of a disorder or disease which is evident to the practitioner, but not to the patient.</p>	<p>pulse features or blood pressure measurement, or <i>invasive</i>, like blood sampling for subsequent laboratory analysis. Signs are important, as they contribute towards the accurate diagnosis of a clinical disorder. A sign is a</p>
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phenomenon from which the practitioner may get a message that tells us something about the patient or the disease. When searching for signs, the examination should provide clues which confirm, or reject, the provisional diagnosis that the practitioner has made regarding the patient disorder and the accompanying symptoms.

In conventional medicine, signs provide information which is only available to the attending doctor.

In Integrative medical care, the signs which are used include those available to the conventional medical practitioner, plus some of those used in complementary medicine. Percussion, blood pressure measurements, respirometry readings, blood and urine tests conducted in the laboratory, and scans are frequently applied. However, there are additional tests, not generally applied in conventional medicine, which are also available from the complementary arm. Valuable contributions to the final diagnosis can be made by tongue inspection, pulse analysis, body morphology and temperamental analysis.

Symptoms in diagnosis. A symptom is a deviation from the patient's normal physical state or behaviour which suggests a disease or physical aberration. A symptom is totally subjective and *patient specific*, as it is perceived only by the patient. It cannot (usually) be measured or numerically quantified. Symptoms are generally used to denote a disorder, whether physical, mental or emotional.

A swollen abdomen in an adult female is a sign of pregnancy; mornina sickness is a symptom.

Some symptoms, such as pain, exist to inform the body of a major problem, such as trauma or tumour. Another is inflammation. The symptoms of pain, swelling and rigidity ensure that the damaged part does not receive further insult by restricting bodily movements. This creates a favourable internal environment for the healing process to progress.

Sometimes a physical abnormality may be both a sign and a symptom. For example, a skin rash is evident to both the patient and the practitioner.

To the conventional practitioner signs are objective, and symptoms subjective, manifestations of a disorder. A sign is the objective information gathered by the practitioner; a symptom is what the patient complains of.

In complementary medicine, there is not too much of a distinction between signs and symptoms, as these terms only indicate the source of the information. Both contain meaning, and are ways the patient provides information to the practitioner which is then used intuitively to come to a provisional diagnosis. From a different viewpoint, signs and symptoms of a disease are signals that the inner healing process is attempting to restore harmony to the body. They reflect attempts at healing that are not yet successful, or actually failing.

In Integrative Medicine, symptoms become signs when they prove to be useful in the diagnostic process.

To the Integrative Medicine practitioner, what matters is the use to which the information obtained is made.

The diagnostic process. A medical diagnosis is carried out in order to allocate the patient's disease to a recognisable category, so that an informed decision about treatment and support can be made. Past clinical experience of similar disorders in other, comparable, patients will come into play. It will also

provide a *prognosis* (an indication of future progress and likely outcome of the disorder) for the patient's disease.

Medical diagnosis is the dynamic step-wise process by which a possible disease or disorder is identified. There are a number of stages, including assessment of the signs, symptoms, patient's medical background, and family history. Other activities, such as laboratory assays, provocation tests and radiometric scans may be invoked to assist in arriving at a differential diagnosis, and after careful elimination of alternatives, ultimately the final diagnosis.

A firm diagnosis is arrived at via the following steps:

- (a) The patient is observed for specific signs, and questioned about symptoms, and their severity.
- (b) The patient's medical history regarding the signs and symptoms is taken, and compared to other medical events in the past. Each response allows the practitioner to modify their opinion of the origin of the disorder.
- (c) A physical examination may be taken to obtain other relevant clinical information.
- (d) One or more tests may be carried out to allow the practitioner to construct a *differential diagnosis*, or a short-list of possible disorders affecting the patient.
- (e) Further investigations and tests may be initiated to eliminate contenders from the short-list, so allowing the practitioner to reach a final diagnosis.

In Integrative Medicine, diagnosis of a disorder is carried out by adopting a mixture of methodology from both medical paradigms. There is a wide variety of techniques available from both medical paradigms, as the table below indicates:

Complementary Medicine	Conventional Medicine	Accepted by both
Pulse analysis	Laboratory tests	Blood pressure
Tongue analysis	Allergy testing	Ultrascans
Urine analysis	Breathing testing	Radiological scans
Iridiology	Pathogen sensitivity	
Reflexology	Tumour markers	
Hair analysis		

Conventional medicine provides passive tests (reading blood pressure, pulse, breathing); performance tests (treadmill, nerve reflexes); body fluid and tissue tests (lipids, electrolytes, proteins, biopsies, occult blood), and imaging tests (X-rays, scans). Complementary medicine provides pulse testing, urine analysis and tongue examination, and numerous others. Once results from the tests are available, the patient's values are compared to what is normal in people who are of the same age and sex. This provides an indication of the degree of disturbance of the patient's inner homeostasis or harmony.

Once an accurate diagnosis of a person's disorder has been made, it provides the basis for a therapeutic plan. If one cannot be made, then the patient will receive palliative treatment; that is, the troublesome symptoms will be addressed, and advice offered on how to constrain the disorder. A therapeutic plan will include: symptomatic relief initially, then interventions to deal with the underlying disorder. Amongst these will be education of the patient about the disorder, pharmacotherapy, regimental (eliminative) therapies, and advice on lifestyle and behaviour. Education of the patient will cover reasons for the disorder affecting him or her, how the disorder will progress, likely outcome, treatment options and likely benefits. A follow-up plan will also be drawn up, embracing measures to maintain optimum health and avoid recurrence.

Treatment of acute disorders

Background. Acute disorders are disorders which develop suddenly, in response to some event which rapidly disturbs the person's internal harmony. Normally an acute disorder is a short term condition, unless caused by trauma or other life-threatening event like drug overdose. According to conventional medicine most acute disorders arise from sudden exposure to pathogenic microbes or allergens. However, complementary and integrative medicine believes that acute disease results from disharmony as a consequence of sudden or prolonged qualitative change/s (e.g. change in weather or temperature, stress, extreme anger or excitement etc) makes one susceptible to the onset of acute conditions. Any part of the body may be affected by an acute disorder. Examples of acute disorders are shown below.

Affected part of the body	Acute disorder
Cardiovascular system	Heart attack; angina pectoris; stroke
Respiratory system	Asthmatic attack; acute bronchitis; common cold ; influenza
Endocrine system	Hypoglycaemic attack;
Nervous system	Panic attack;
Renal system	Renal colic; kidney stones
Musculo-skeletal system	Fractures; bone collapse;
Others	Acute porphyria; anaphylactic shock

A disorder may be acute, but not necessarily severe. However, medical emergencies arise overwhelmingly from acute disorders, whether from physical injury (especially motor vehicle accidents), poisoning, cardiovascular events, kidney stone formation, organ failure, etc. An acute manifestation of chronic disorder may occur. For instance, 'flare-ups' in inflammatory disorders are acute, although the underlying disorder is chronic in nature.

A clinical disorder which lies between acute and chronic is sometimes called *sub-acute*. This term describes disorders which have not yet been presented clinically, but are identified, usually retrospectively.

For example, the aura and scintilloma of an incipient migraine attack. Another term for a sub-acute disorder is a *prodrome*.

For the treatment of acute disorders, such as medical emergencies, speed of treatment is of the essence.

In an acute disorder, the cause can also be emotional (shock), dietary (too-hot foods), or environmental (extreme weather) excess.

In this situation, conventional medical practice is usually the selected option. Complementary medical practice may be used in the recuperative phase if required, once the initial

critical phase has been passed. However, there is a risk that conventional treatment does not address the underlying disorder, but merely masks the symptoms and signs. For example, treating an eczema attack repeatedly with topical corticosteroids may resolve the rash, but may drive the disorder deeper into the body, to re-appear later as asthma.

Another example – acute bronchitis may respond positively to repeated courses of powerful antibiotics. The offending pathogenic bacteria are predominantly killed and/or prevented from growing, by the bactericidal and/or bacteriostatic action, but the body's inner healing mechanisms are needed to deal with surviving or dormant microbes, in order to prevent further flare-ups.

Treatment of chronic or recurrent disorders

Background. Chronic disorders are long-lasting or persistent disorders which can be controlled, but difficult to cure. Worldwide, they are responsible for most disability and death in normal, peaceful communities. Even where infectious disease is prevalent, chronic disorders are the leading cause of premature death. Ironically, although chronic disorders are the most common, and the most costly, they are in many cases easily preventable. In theory, even if prevention is ineffective, they (and any complications arising) are relatively easy to control.

'Chronic' usually means the disease lasts for more than three months.

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Chronic disorders develop in three distinct stages. The first occurs at the *cellular level*, due to metabolic changes, and this leads to disharmony. The second occurs at the *functional level*, if the underlying cause is not addressed. The different organs and tissues become dysfunctional. The third occurs when the damaged tissues and dysfunctional organs exert a deleterious effect at the *structural level*.

Chronic disorders account for >60% of deaths – 35 million annually. (WHO: 2005)

Examples of common chronic disorders in this country are: hypertension, diabetes, bronchial asthma, HIV/Aids and cancer.

For effective treatment, most, if not all, patients depend on chronic care management, taking into consideration clinical, behavioural and social factors. The clinical factor itself involves the use of appropriate, cost-effective therapeutic interventions and medicines. Very few chronic disorders exist in isolation. Often one disorder – like hypertension – is linked to others, such as obesity, lipid disorders and diabetes. The elderly are particularly prone to this *co-morbidity* situation. Around 90% of elderly people have at least one chronic disorder, and 77% have two or more.

In parts of the developed world, almost half of the population, young and old, suffers from a chronic disorder, or a related complication, and this is increasing constantly at about 1% annually. About 70% eventually die from them. Most common disorders are hypertension, arthritis, high cholesterol levels, and chronic breathing disorders. The cost to society is enormous; around 75% of the total health budget is allocated to chronic disorders.

Affected part of the body	Chronic disorder
Cardiovascular system	Hypertension, heart failure, coronary heart disease
Respiratory system	Asthma, chronic bronchitis, emphysema
Endocrine system	Diabetes mellitus, hypothyroidism
Nervous system	Clinical depression, sleep apnea, Alzheimer's disease
Renal system	Kidney failure, cystitis
Musculo-skeletal system	Arthritis, osteoporosis
Others	Cancer, allergic disorders

From the patient's perspective, managing their condition poses a number of challenges. Medical treatment can be overly complicated, with several medications requiring a certain degree of skill and application. This often leads to poor compliance from the patient, and often total default. Intensive multiple drug usage can bring in adverse drug reactions, with demand for further care escalating. The more co-morbidities present, the greater the challenges.

For patients burdened by chronic disorders, relief of worrying symptoms is perhaps paramount. As with acute disorders, the initial selection of therapy is usually conventional medicine. However, the same reservations apply – treatment of symptoms is not analogous to treating the underlying disease. Immediate relief may be obtained, but the underlying disorder is usually undiminished. (The exception is bacterial infection: antibiotics, supported by an active and competent inner healing process, can effectively cure the disorder.) The patient may be happy with this situation, as his or her quality of life is largely unaffected, and previous activities can be resumed. However, the underlying disorder remains.

The role of complementary medicine

Complementary medicine has an important and valuable role to play in treatment of both acute and chronic disorders, when working in tandem with conventional medicine.

Acute disorders. Although conventional medicine is perhaps the first selection for the treatment of acute disorders, complementary medicine could be of considerable value as supportive therapy. This could entail dealing with the adverse drug reactions which may follow drug treatment, or in preventing recurrence of the initial disorder.

Chronic disorders. Here complementary therapy comes into its own. Often long term drug treatment is poorly tolerated by the patient, especially if elderly, infirm or young. Furthermore, a wide range of valuable non-drug interventions is available from complementary medicine. The various options are summarised below:

Group 1: a number of organised and regulated systems of therapy: Tibb, Ayurveda, homeopathy, acupuncture, herbal medicine, naturopathy, and others. Collectively these systems are used as first line treatment in most people of the developing world. Several of these, such as Tibb and homeopathy, have an established research base.

Group 2: a number of less organised or regulated systems: aromatherapy, hypnotherapy, hydrotherapy. These are frequently used as part of Group 1 systems, or to complement conventional medicine. Information on the clinical efficacy of members of this group is largely anecdotal and empirical. There is not a large credible research support base.

Group 3: includes traditional therapies which have been well established in several cultures for centuries or even millennia, plus others (crystal therapy and dowsing) for which there is virtually no acceptable research evidence.

Conventional medical practitioners are becoming increasingly acquainted with the multifactorial origin of most chronic disorders, and usually appreciate the value of non-pharmacological treatment.

Encouragement is generally offered to patients regarding diet, exercise and hygiene, and to limit or cease detrimental habits like smoking and excess alcohol intake. However, complementary medicine is more capable of offering lifestyle advice, as this is a core skill. The use of herbs to replace or supplement poorly tolerated drugs, or those diminishing in benefit, is also a valuable and often highly cost effective option.

In essence, the treatment of acute and chronic disorders according to Integrative Medicine can be summarised:

Acute disorders – predominantly *conventional medicine* for symptom relief + *complementary medicine* to support

The patient if necessary and prevent recurrence

Chronic disorders – predominantly *complementary medicine* for long-term use + *conventional medicine* to deal with acute flare-ups.

Tibb as a candidate for Integrative Medicine

Addressing the causes of chronic disorders has always been a central tenet of Tibb. For example, a

Tibb is consistent with conventional medicine – both originate with Hippocrates and other historical medical pioneers.

recent study⁵ confirmed the benefit of lifestyle adjustment – specifically diet and exercise – to the marked improvement of patients exhibiting unequivocal signs and symptoms of the metabolic syndrome. Hypertension, dyslipidaemia, obesity and glucose intolerance were significantly reduced by lifestyle changes carried out by the subjects.

In fact, Tibb restores to medicine the precepts and practice of Hippocrates that have been largely dissipated in the past 300 years or so, beginning with Descartes, and ending with the doctrine of specific aetiology. Another factor in favour is the similarity of Tibb to conventional medicine, in that it is more ‘metabolic’ orientated, rather than ‘energy’ orientated, as is the case with some of the traditional Eastern systems of medicine.

Outline of Tibb

Tibb is a system of healthcare based on the teachings of the early pioneers of medicine – principally

Tibb is still practised extensively in the Indian sub-continent, as well as in the Middle East.

Hippocrates (“the Father of Medicine”), Galen and Ibn Sina (aka Avicenna)³. Applying Tibb as the complementary arm

of IM is therefore a reasonable one, as it is broadly consistent with conventional medicine.

The common thread running through Tibb theory and practice is that of *harmony* or *homeostasis*; not only internally as in the regulation of metabolism and other processes, but also externally with the environment⁴. The Tibb system is fundamentally empirical in nature, drawing extensively on clinical experience, which extends back several centuries. However, scientific studies have recently been initiated into the impact of Tibb therapy on a number of common, chronic disorders such as hypertension, bronchial asthma, diabetes, and HIV and AIDS, with encouraging results.

There are a number of theoretical aspects to Tibb. One is that every person is unique. This uniqueness is described in terms of *temperament*, which in effect combines, *inter alia*, features of a person’s

Temperament is an important aspect in the diagnosis, treatment and support of a person’s disorder.

constitutional make-up with his or her personality and behavioural tendencies⁷. Tibb research has revealed that specific chronic

disorders are more prevalent in people of a certain temperamental disposition. An important preliminary in any medical diagnosis, therefore, is the accurate assessment of the patient’s temperament.

Another aspect of Tibb is the concept of *physis*, the body’s inherent wisdom. It embraces the body’s capacity of inner healing and self-regulation, so maintaining harmony in the face of continuous internal metabolic and external environmental challenges⁴. This goes above and beyond fortifying the immune system, although this is an integral part of it. The concept of *physis* is not exclusive to Tibb, as it is also manifested in a number of complementary paradigms, notably Ayurveda, homeopathy and naturopathy⁵.

Tibb accepts that although treatment is applied from the outside, true healing actually comes from within⁶. Tibb therapy aims to activate and enhance physis, and so focuses on supporting the ‘inner doctor’ by improving lifestyle activities, especially dietary adjustment, and, where necessary, herbal therapy and other specific therapeutic measures.

The application of the *lifestyle factors* in maintaining the person’s health and opposing disease is another important facet of Tibb. These refer to a person’s behaviour and lifestyle, and include the person’s regular diet, toxin elimination, breathing practice, physical exercise and relaxation, sleep hygiene, stress alleviation, and factors influencing the mental state. Tibb therapy is partly directed at actively modifying these to reduce the person’s clinical risk profile. A positive spin-off, which follows the empowerment of patients when involving the lifestyle factors, is the improvement in the patient’s quality of life.

Tibb can – and does – stand alone as a coherent, all-embracing system of health maintenance and disease alleviation. However, Tibb diagnosis and therapy is largely congruent with conventional medicine, as they both can lay claim to the same historical origins. It also resonates with emerging research which confirms the therapeutic value of specific lifestyle changes¹. This confirms Tibb as a suitable partner in the practice of IM, when combined with conventional medicine.

The Tibb contribution to Integrative Medicine

Tibb diagnostic techniques. In additions to the clinical examinations and investigations used by Tibb practitioners when making a diagnosis, there are a number of Tibb diagnostic techniques which can be applied in Integrative Medicine. The main ones which should be acceptable to practitioners of conventional medicine, and should provide additional information which contributes to an accurate diagnosis are: (a) temperamental assessment; (b) tongue diagnosis; (c) pulse analysis; (d) urine analysis.

(a) Temperamental assessment is carried out by observation and detailed personal history. It is derived from several aspects of the patient, including personality, physical constitution, and

The four basic temperaments are: sanguinous; phlegmatic; bilious; and melancholic.

behavioural characteristics. A balanced temperament is necessary to achieve optimum health, and a temperamental imbalance often

presages a clinical disorder. In addition, knowledge of a patient’s temperament reveals which disorders he or she may be prone to. This helps to identify which specific therapies for activating and supporting inner healing processes.

(b) Tongue diagnosis is a simple, non-invasive and low-tech technique. Several features of the

Studies have shown a link between tongue features and disorders such as fever, dehydration and assorted internal diseases.

patient’s tongue – shape, mobility, moisture content, colour and texture – and any variations from the normal are identified. As each internal organ corresponds to

distinct zones of the tongue’s surface, a skilled practitioner will be able to quickly detect abnormalities of specific organs at an early stage, and distinguish one syndrome from another. For example, the tongue’s colour may suggest a nutritional disorder, anaemia or microbe infection.

One benefit of the technique is that it can detect a disorder quite early in its progress.

- (c) Pulse analysis, which is also a simple, non-invasive and entirely harmless, has been widely used for more than 3,500 years in Tibb and other Eastern medical

modalities. It takes about an hour for a thorough analysis, and provides objective and accurate information to guide subsequent treatment. It is particularly useful in young children. The basic theory behind the analysis is that a disease progresses in a series of stages – functional disharmony, leading to metabolic disturbances, then tissue changes. This sequence is picked up by a skilled practitioner, and body organs, or organ systems, which are failing can be identified. This is valuable in determining the underlying cause of the disorder, and measures can be taken to rectify this.

- (d) Urine analysis may provide clues to a patient's disorder. If there is a certain disharmony within the patient, this may show up as unusual volume of serial urine samples. The appearance (density, colour, clarity) is also important. The odour may also offer clues to the underlying disorder.

Tibb lifestyle options. It is well known that a person's lifestyle plays an immense role in the onset and development of a whole range of chronic disorders, and this observation is being confirmed regularly by numerous studies worldwide. It is also common knowledge that appropriate, reasonable and valid changes to a person's lifestyle will reduce the risk of developing chronic disorders, or minimise their detrimental effects. In recent years, therefore, lifestyle changes have been acknowledged as a cost-effective, low-tech and successful alternative to conventional long-term drug therapy and surgical intervention.

Tibb has been at the forefront of lifestyle modification as a route to healthcare and disease prevention. It has developed a number of programmes which are targeted at vulnerable persons, taking into account their specific disorder and co-existing conditions, their temperament, and their quality of life status. Lifestyle modification is directed at six main factors which largely determine wellness and disease:

- (1) *Breathing exercises.* A number of breathing regimens have been developed for specific clinical situations, and advice is available for quality breathing.

Many cancers arise from faulty diet, poor eating habits, and poor quality food.

- (2) *Dietary measures.* A programme of improved food and drink intake has been designed for patients with different disorders arising from an imprudent diet. The

recommended changes are made taking the patient's temperamental type into account.

- (3) *Exercise and rest.* Realistic exercise programmes are in place for use by patients for whom physical exercise is effective in preventing or ameliorating specific disorders. The optimum use of rest as a promoter of healthcare is also acknowledged, and measured designed for individual patients.

- (4) *Sleep hygiene.* Advice on improving a patient's sleeping habits is available to assist those patients where sleep disorders are contributing to aggravation of a number of physical and mental disorders.

- (5) *Emotional support*. Dealing with emotional factors, such as anxiety and stress, is possible under programmes devised over the years.
- (6) *Elimination*. Dealing with the removal of body waste, accumulated toxins and metabolic products of an unhealthy diet are in place.

Tibb therapeutic interventions.

These consist of a number of activities, including (a) *dietotherapy*, (b) *pharmacotherapy* and (c) *detoxification*.

- (a) *Dietotherapy*. Tibb places great emphasis upon food and drink intake, as it considers that most chronic ailments arise primarily from long-term errors in dietary composition and eating practice. We also know that judicious changes to diet can have far-reaching changes in a person's health and disease.
- (b) *Pharmacotherapy*. This generally involves the use of herbal products, or *botanicals*. Treatment is carried out according to a series of empirical rules, which take into account the temperament of the patient, the nature of the disorder, the nature of any conventional medication employed, and other relevant factors. Pharmacotherapy is initiated to deal with the patient's troubling symptoms, whilst supporting the self-healing process and redressing the patient's temperamental imbalance. Tibb has access to a wide range of pharmacologically active herbal products, including detoxifying agents, healing promoters, anti-inflammatories, anti-microbial agents, tonics and blood purifiers. These substances are generally taken in combination form, both to address the patient's symptoms, and to restore inner harmony.
- (c) *Detoxification*. An important Tibb therapy is based on toxin elimination, facilitated by applying regimental therapies. These include purgation, diuresis, enemas, hydro-therapy, heat therapy, cupping and massage.

Benefits of Integrative Medicine

Integrative medicine (IM) offers the patient the best of both medical treatment worlds. The benefits of integrative medicine can be summed up:

Supporting the patient:

- *IM takes into consideration the unique nature of the patient*. It can assist any patient with a medical disorder, by tailoring a unique therapeutic regimen which is specific to their needs.
- *IM diagnoses and treats the whole person*. Sometimes a patient may consult several different specialists to deal with different aspects of the problem. As the focus of diagnosis is often too shallow, the whole picture may not be obvious. IM can often fit it all together and often help to diagnose and treat the whole person.

- *IM seeks to eliminate the underlying disorder.* IM initially addresses the presenting symptoms, as the patient is central to the practitioner's concerns. However, the IM also tries to detect and ameliorate the root cause of the disorder.
- *IM seeks optimum health.* The practice of IM is a reasonable one, and invariably acceptable to the informed patient. It can benefit those who recover from a disorder to become well, and resolve to keep that way.
- *IM takes a holistic approach.* We now appreciate that most illnesses have several dimensions – physical, mental, emotional and spiritual. As IM looks at the patient as a whole, he or she feels part of the solution, and consequently is more likely to respond positively to therapy.
- *IM provides more flexibility.* Patients are more likely to receive satisfactory treatment if there are more therapeutic options available. Fewer patients are likely to be disappointed, as conventional medicine alone is not always successful.
- *IM improves relationship with the patient.* Practitioners of IM usually spend more time getting to know and understand their patient. This better contact helps them treat the patient more effectively.

Addressing the patient's disorder:

- Whatever form the treatment takes, IM acts predominantly and knowingly to support the body's natural potential for self-healing. By supporting physis and avoiding procedures or agents which actually undermine self-healing, integrative medical actions work with the innate natural processes, not against them.
- For chronic disorders, which actually affect a high proportion of patients, integrative medicine has a major part to play. Rather than relying on long-term drug intake, which brings with it numerous problems of adverse drug reactions and long-term metabolic disorders, it deals with the underlying disharmony, so progressively bringing relief to the patient.
- For acute disorders, the patient receives immediate relief from the use of conventional drugs. However, for longer term management, the introduction of complementary practice benefits the patient. For acute pain relief, for example, conventional analgesics may be selected initially. However, the underlying disorder responsible for the pain will in many cases respond positively to complementary practice.
- Integrative medicine's central tenet is its focus on enhancing immune function. Many episodes of infection and allergy could be either be avoided, or reduced in intensity and duration, or prevented from recurrence by adopting specific aspects of integrative medical practice.
- By adopting the basic philosophy of integrative medicine, many chronic, incapacitating disorders can be prevented or minimised. A person who recognises and accepts the value of lifestyle factors in healthcare is much less likely to develop chronic disorders.

- Common non-life threatening chronic disorders in the elderly, like poor blood pressure, lipid levels and blood glucose control, respond well to the integrative medical approach. The problems of drug intolerance, unsettling side effects and burgeoning cost due to tachyphylaxis are avoided.
- The treatment of mental disorders – anxiety, depression, insomnia, stress-related conditions – *can* be treated by potent centrally acting drugs. However, IM offers a more gradual approach to a disorder which may have been a long time developing. The treatment is cost-effective, and without problems raised by drug intolerance, interactions and metabolic effects.
- From food and drink awareness to appropriate exercise; from good sleep hygiene to improved breathing; from better bowel education to stress alleviation, integrative medicine provides a realistic pattern to live by. There is nothing which could be construed as ‘flaky’ or ‘unscientific’. More and more unequivocal evidence is accruing to support integrative medicine in a whole range of chronic disorders.

Conclusion

The trend to integrative medicine is not a passing fashion; it offers South Africa the best of both worlds, as an equal partnership of orthodox and complementary medicine. Some regard it as the medicine for the new millennium⁵. The involvement of Tibb is a logical one, as it is broadly consistent with orthodox medical practice, and its proven clinical benefits are based on evidence.

Integrative medicine is an all-embracing primary healthcare system that emphasises wellbeing and healing of the whole person, by considering the biological, psychological, social, and spiritual dimensions of health and disease as major goals of therapy, above and beyond suppression of a specific somatic disease.

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