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RESEARCH ARTICLE

TIBB: A SCIENCE OF MEDICINE THE ART OF CARE

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ABSTRACT

Tibb (*aka Unani-Tibb, or Unani medicine*), is a widely practiced, traditional system of healthcare which draws on the original principles of care developed by the three champions of effective medicine – Hippocrates, Galen, and Ibn Sina (*Avicenna*). Tibb's 'A Science of Medicine, the Art of Care' is based upon a number of axioms. One is the uniqueness of each person, expressed as temperament; this is an important aspect of Tibb diagnosis and treatment. Another is the concept of Physis, or the body's innate power to heal from within. Tibb focuses totally on encouraging inner healing, rather than just relieving symptoms. The third axiom is the concept of bodyhumours, and the fourth is the *Lifestyle Factors*. Common to temperament, humours and Lifestyle Factors is the concept of the fundamental *qualities* of heat, coldness, moistness and dryness. In both health promotion and illness management the objective is to maintain or restore humoral balance and in so doing support the patient's Physis. Therapy includes realistic advice on lifestyle improvement, natural medications, and appropriate diet therapy. Tibb as an acceptable partner in Integrative Medicine is briefly discussed.

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INTRODUCTION

For relieving acute pain, use in emergency treatment, and dealing with life-threatening disorders, conventional medicine, with its medicinal drugs, hi-tech diagnostic tests, precise monitoring and surgery, has probably no peer (Le Fanu, 2011). However, for many people with chronic, recurring or stubborn disorders, the long-term use of conventional drugs has not been an unqualified success. Disillusionment with conventional medicine is increasing due to lack of claimed effect, intolerable side effects and longer term reactions, and escalating cost of drugs and diagnostic tests (Le Fanu, 2011; Bhikha and Haq, 2000). For example, the emerging problem of antibiotic resistance (Boussel *et al.*, 1982) and the failure to come up with drugs for the successful long-term treatment of chronic diseases such as Alzheimer's (Treatment of Alzheimer's dementia), cancer (Review of Cancer Therapy) and diabetes (Le Fanu, 2011) have forced us to look at alternative ways of dealing with these increasingly common diseases. The rapid rise of chronic disorders of lifestyle such as obesity and heart disease, and the escalating cost of hi-tech drug therapies have added impetus to this search. We increasingly see that simple, reasonable changes to a patient's lifestyle are more likely to meet with clinical success.

(Diet, 2003) In fact, many healthcare professionals think that clinics and hospitals which do not provide lifestyle counseling for their patients when needed are doomed to both economic and clinical failure.

A brief History of Tibb

The origins of Tibb can be traced back to Hippocrates, the "Father of Medicine" (469-399 BCE), who organized medical schools in Ancient Greece. Traditionally, he is regarded as the archetypical physician, the visionary who brought medicine out of the realm of superstition, spells and magic, and into the modern world (Bhikha and Haq, 2000). Historically, Hippocrates is credited with the first codification of Greek Medicine in the 4th century B.C.E. It was systemized further by other pioneers, particularly Galen, also a Greek, and later Ibn Sina (*aka Avicenna*) (Abu-Asab *et al.*, 2013; Bakhtiar *et al.*, 1999) in the Muslim world. It was here that the Arabic work for Greek Medicine – Unani-Tibb – made its appearance, being a composite of Unani, which means Greek (or Ionian) and Tibb, the Arabic word for medicine. It is also known as Graeco-Arabic medicine, or more simply as Unani Medicine. (Bhikha and Haq, 2000) whilst the Dark Ages persisted for centuries in Europe, and in some parts well into the 19th Century, Greek Medicine was the basis of medical practice and healing. It was also, much later, the template for a number of emerging systems of healing, such as Western Herbal Medicine, Homeopathy, Chiropractic and Naturopathy. Tibb is therefore not a newly emerging or esoteric form of healthcare,

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but has deep roots in Greek Medicine. It boasts a tradition of healing which extends back for many centuries (Chishti, 1991). The main pioneers of Tibb carried out their profession mainly in Greece, the Roman Empire, North Africa and the Islamic regions. Tibb remained the mainstay of medicine for many centuries, and was practiced all over the Western World until the doctrine of specific aetiology and the germ theory appeared (René Dubois, 1954). Many of Tibb's basic principles are now being reintroduced into conventional medicine, such as awareness of the power of inner healing, recognition of a patient's individuality (temperament) and the importance of lifestyle and habitual factors. In many respects Tibb is the foundation of present-day, conventional medicine.

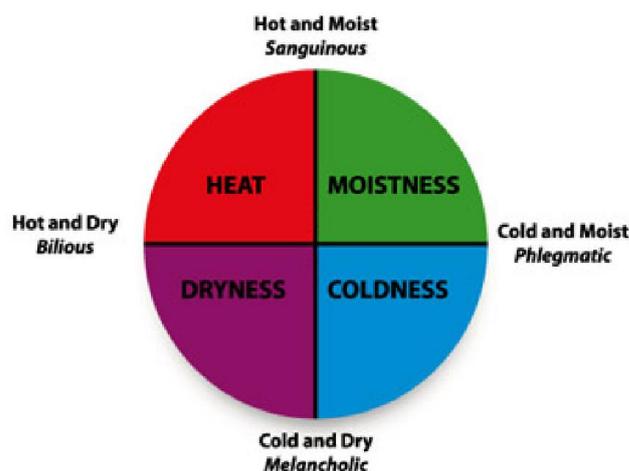
Physis – our 'inner doctor'

Hippocrates believed that there is a natural and powerful tendency towards self-healing, driven by Physis, our so-called "doctor within" (Bhikha and Haq, 2000). Physis is our vital force, the general governor or administrator of our body, the driving force which maintains equilibrium or homeostasis. In doing so, it allows all cells, the tissues they form, and the internal organ systems to function properly. It is self-healing, self-repairing and self-maintaining. It regulates body energy; how and when it is formed, how it is distributed, and how and where it is stored. Maintaining internal harmony is a critical function, as providing energy is the origin of all movement. It comes into play to heal the body when it is sick, restore it when it is convalescing and assist it to develop and thrive when supplied with suitable nutrition. As the regulator for homeostasis, it is essentially the human's 'inborn intelligence of health'. The various systems in the body – the circulatory, respiratory, digestive, communication, and immune systems, etc. – have their own internal organization. However, they do not work in complete isolation, but are each connected to the other systems in order to function effectively and efficiently. They are each aware of the activities and problems of the others. In our bodies, Physis orchestrates all these interconnected systems. One important Physis feature is that it operates in all dimensions of health – in the physical, mental, emotional, and the spiritual (René Dubois, 1954). Tibb regards disease as the result of a disturbance to this harmony over time. Tibb treatment therefore aims to support and enhance the inner healing properties of Physis (Bhikha and Haq, 2000, Leviton, 2000). This is contrary to much of conventional or modern therapy, which often opposes or diminishes the beneficial effects of Physis (Nuland, 1998). Tibb achieves this directly by selecting from herbal therapy, dietotherapy, and hands-on treatment such as massage, various exercises, and therapeutic cupping.

Temperament

The *temperamental theory* is derived from Greek philosophers who hypothesised that everything in the universe is created from four primary elements with their corresponding qualities: fire (hot & dry), air (hot & moist), water (cold & moist), and earth (cold & dry) (Abu-Asab *et al.*, 2013; Rolfe, 2002). Depending on the ratio of the four primary elements that make up an entity, the opposing qualities in the entity will reach a state of equilibrium resulting in an overall *quality*. This overall quality is known as *temperament*. Every part of creation, be it mineral, plant or animal, has a particular temperament with an overall quality.

The main qualities in humans are heat and moistness. This reflects the fact that the human body is at an average temperature of 37°C (heat) and is made up of approximately 70% water (moistness) (Bhikha and Haq, 2000). However, within these overall qualities of heat and moistness, slight variations exist which explain why some people feel hot, and some feel cold. Although each person is as unique as their fingerprint, they can be broadly categorized into four temperamental types with respective qualities: sanguinous (hot & moist); phlegmatic (cold & moist); bilious (hot & dry); and melancholic (cold & dry). Each in turn has both a dominant and a sub-dominant temperament which is adjacent to each other (*see diagram*) (Bhikha and Saville, 2014).



The diagram depicts the four basic temperaments and their associated qualities. It shows that a person with a combined sanguinous/bilious temperament has a preponderant quality of heat, less of the qualities of moistness and dryness, and the least amount of coldness. Similarly, someone with the sanguinous/phlegmatic combination will have a preponderance of the quality of moistness, somewhat less of the qualities of heat and coldness, and the least amount of dryness. In this respect, every person is born with a unique temperament, typified by an ideal combination of qualities. Temperament is an amalgam of a person's physical characteristics and their psychological, emotional and spiritual attributes (Bhikha and Haq, 2000). It assesses the personality features, both positive and negative, and includes their predisposition (risk factors) towards particular disorders. There is a well-tested Tibb scale for assessing a person's temperament. In the clinical and diagnostic context a person's temperament is determined by using the somatic parameters relating to bone structure, muscle/fat mass and distribution, the person's complexion, his or her emotional profile and response to climatic conditions, dietary preferences, and a number of other features. How does the age-old concept of temperament differ from the more modern notion of personality profiling or rating scales? In actual fact, the most recent studies of how a person's personality is formed, and how metabolic and glandular processes and developmental and familial influences affect it, have not contradicted in any way the conclusions drawn by keen students of the four temperaments through the ages. However, the concept of temperament, although much older, is more flexible, as an infinite number of variants can be selected from the two-dimensional matrix. In addition, the information derived is generally more extensive, and often more relevant to the clinical context than is standard personality profiling.

In Tibb the measurement of temperament is highly relevant in helping to diagnose specific ailments, and to treat them, by appropriate changes in diet, the use of herbal products, and with changes in the patient's behaviour and attitude. As is frequently the case with older theories, which tend to be discarded as newer theories supersede them, there is now a revival of interest in medical disciplines other than conventional medicine in temperament theory and practice.

The Humours

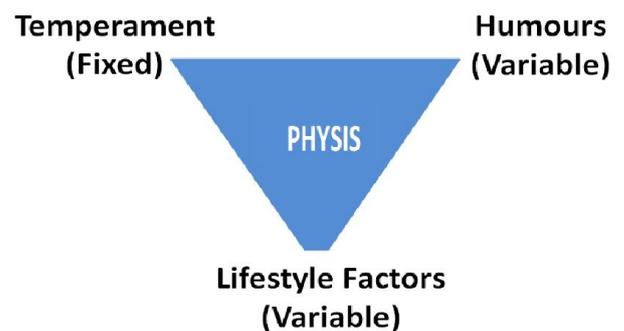
The word 'humour' is from the Latin for liquid or fluid. Humours are the second most important source of life, after *pneuma*, the fundamental source of vital energy linked to atmospheric oxygen. The humours are vital essences that course through the blood vessels, exert control over the body's metabolism, and influence the functions of all physiological systems. For over 2000 years, until modern medicine made its debut, the Humoral Theory offered a practical, understandable and satisfactory explanation of many everyday observations; for example, why people behave differently and why certain herbs are effective in healing specific disorders (Abu-Asab *et al.*, 2013). The theory was one of the main pillars of Hippocrates' teaching (Bhikha and Haq, 2000). That it survived in the medical sphere for millennia is mute testament to its robustness and versatility.

The Humoral Theory entered the mainstream of medical thought, largely thanks to its adoption and development by Galen, Muslim scholars such as Ibn Sina (980-1037 CE), and Western European herbalist practitioners such as Culpeper [1616-1654 CE]. It remains one of the fundamentals of Tibb, alongside Physis, temperament and the Lifestyle Factors (Ahmed, 1994). A humour represents a profile of macromolecules, mainly proteins, polysaccharides, and nucleic acids, derived from their precursors, amino acids, sugars, and nucleotides. Enzymes, electrolytes, hormones, and a number of organic molecules and co-factors are also present. They also vary in terms of acidic or basic nature. Different humours vary in their spectrum of these biochemical components, and in their range of concentrations (Abu-Asab *et al.*, 2013). Humours, produced in the liver by digestion of food and drink are four in number. They possess their respective qualities: *sanguinous* (hot & moist), *phlegmatic* (cold & moist), *melancholic* (cold & dry), *bilious* (hot & dry). Just as everyone has a unique temperament, so each person has a unique humoral balance, made up of the four humours, but with a distinct overall quality. Sound health is achieved when this overall quality of the humours is in harmony with the overall quality of the person's temperament.² Generally, distortions to the person's ideal humoral balance, both qualitatively and quantitatively, occur as a result of the interaction between the individual and the environment, identifiable as the Lifestyle Factors.

Lifestyle Factors

The Tibb concept of the Lifestyle Factors fits nicely into the overall Tibb model of health and disease. Health is viewed as the situation when there is balance or harmony between (a) the person's immediate living environment; (b) the person's personality, and (c) his or her general behaviour and habits, or *lifestyle*. The term 'lifestyle' broadly describes the activities, behaviours and habits that a person chooses for his or her daily

life. The striking changes to people's diet and behaviour in recent times in most developed, and many developing, countries has had a huge impact on general health. The burden of disease has migrated in less than a century from diseases arising from infection, infestation and malnutrition, to those resulting from a different, but not necessarily beneficial, lifestyle. Tibb has identified six major Lifestyle Factors: environment, air and breathing; the food and drink consumed; the extent of physical activity and rest habits; sleep quality and wakefulness; the state of mind and emotions; and the efficiency of waste and toxin excretion. In addition, there are other Lifestyle Factors which affect people, depending on their peculiar circumstances. These include their personal habits, physical age, and gender, their exposure to pathogens and background radiation, their geographical situation and their occupation (Bhikha and Haq, 2000). The Lifestyle Factors influence our health by the effects they can have on the body's intrinsic humoral balance. For example, certain herbs such as ginger possess heating properties. Also, depending on the season and the climate, the weather we are exposed to may have heating, cooling, moistening or drying qualities. In addition, physical movement increases heat, sleep has a cooling effect, and anger expressed also increases heat. Lifestyle Factors influence the qualities of the humours in relation to the ideal qualitative state required by the temperament, resulting in pathological processes possibly leading to illness conditions. Tibb notes that the frequency of most chronic diseases of lifestyle is on the rise world-wide and taking hold at an even younger age. We are losing many good years from our lives and a large amount of life from the years that remain. Tibb considers lifestyle modification to be a major part of the medicine of the future, as conventional medicine is largely unaffordable for most of the population, especially for chronic diseases like diabetes, cancer and heart failure. Making sensible changes to the way we live and behave may be the most effective way of dealing with the tsunami of chronic disorders which threaten present-day society.



Relationship between Physis, Temperament, Humours and the Lifestyle Factors

The scheme (*above*) illustrates the constant interplay between temperament, humours, the Lifestyle Factors and Physis. Although an individual's temperament is fixed, humours fluctuate constantly as a result of changes to diet and other aspects of lifestyle, such as sleep, physical activity, breathing efficiency and stress levels. This dynamic relationship influences the humoral balance, qualitatively in relation to the temperament, with Physis constantly striving to restore homeostasis. The inability of Physis to restore homeostasis inevitably leads to pathological processes that manifest as clinical disorders.

The Tibb principles of cause and effect

According to Ibn Sina, there are four different kinds of causes: (Abu-Asab *et al.*, 2013; Bakhtiar, 1991)

Material cause: Substances upon which health and disease depend. In the case of a coronary thrombosis, for example, it includes disharmony in circulating lipids and glucose, ultimately as a result of a poor diet. Material cause would invariably refer to foods and its derivatives. It is linked to *the person's humoral balance*.

Formal cause: These are influences which affect the body's constitution. Regarding a heart attack this would refer to the person's constitution or genetic make-up, and its failure to prevent the build-up of atherosclerotic plaque in the coronary artery. Formal cause is associated with the *person's temperament*.

Efficient cause: For someone experiencing a heart attack this means their sedentary lifestyle, which causes an imbalance in humours, which leads to structural changes in the heart's arteries. The heart attack would be triggered by emotional stress. The efficient cause reflects the interaction between man and the environment, and is associated with the *Lifestyle Factors*.

Final cause: This includes the functions which progress to the illness if they are disturbed. In the case of a heart attack this would be the blockage of the coronary artery brought about by the formation of a blood clot, and its lodging in a particularly narrow section of the blood vessel. The final cause is associated with *a malfunction of the body*.

The following three conditions are necessary, according to Ibn Sina, for a cause to have a clinical effect,

Active power: There must be sufficient *active power*. The person may be exposed to a highly pathogenic microbe or parasite, and in sufficient numbers, from the air that is breathed, or food that is absorbed. Also, the person may be exposed to a particular microbe or toxin for the very first time, so will react very definitely, and much more than someone who has been constantly or regularly exposed to the pathogen. **Receptive power:** Because of the person's favourable internal environment, which is effectively a culture media, the microbes will only be capable of exerting a pathological impact if there is sufficient *receptive power* within the individual's humour, or if the individual's immune system is compromised. This is more likely to happen if the person has not come into earlier contact with the pathogen or toxin. Also certain temperamental types will be more inclined than others to certain illnesses.

Prolonged contact: The third condition relates to the need for *prolonged contact* between the micro-organism and the person. This means that even if a person's humoral balance is strong enough initially to withstand the onslaught of the pathogen, over a sustained period the immune system can become worn down and compromised. This is more likely to happen in conditions of overcrowding, or in institutions such as schools and prisons, where people are in very close proximity to each other. One clinical issue where Tibb differs from conventional medicine is the effect of pathogenic

bacteria on healthy tissue. For Tibb, an infection develops when the humoral imbalance in a tissue distorts the local 'culture terrain' so much, that opportunistic pathogens can multiply without real opposition from Physis. In other words, infection follows humoral imbalance, which starts before pathogens appear. In conventional medicine the invading pathogens disturb the affected tissue, overcoming the immune system, and allowing replication of the pathogen to progress unhindered. That is, the invading pathogens cause the infection directly.

The above Tibb philosophical principles of Physis, temperament, humours and Lifestyle Factors, together with Ibn Sina's principles of cause and effect bears testimony to a science of medicine. Taken collectively, it provides a comprehensive understanding of aetiology, pathology, diagnosis and treatment.

The Art of Care

The Art of care in Tibb is embodied in Bakhtiar's translation of Ibn Sina's Canon of Medicine where it states: "Tibb is the art whereby health is conserved and the art whereby it is restored after being lost". This highlights Tibb's holistic approach, which focuses on the conservation or maintenance of good health, and its restoration by suitable treatment. In both instances, whether it is health conservation or restoration of good health, the role of the Lifestyle Factors within the context of temperament, humours and Physis, is essential. In the conservation of health, identifying the dominant/sub-dominant temperament as well as the dominant associated quality allows for an appropriate lifestyle plan to be drawn up to ensure that the ideal qualitative state of the humours is in keeping with the overall qualities of the person's temperament (Bhikha and Saville, 2014). In restoring sound health by specific therapies, identifying the humoral imbalance underlying the disorder is a priority. This likewise applies to interpreting the signs and symptoms of the person's disorder. Colds and flu, for example, are linked to the qualities of coldness and moistness, and osteoarthritis to coldness and dryness. Treatment with herbs or therapy which opposes the qualities linked to the disorder addresses both symptoms and its underlying causes. This enables the patient's lifestyle to be adjusted to maintain humoral balance, and this in turn assists Physis in self-healing. Tibb therefore allows for planning of therapy to restore humoral balance and body homeostasis. Tibb's art in healing therefore revolves around an holistic process involving humours, temperament, Physis and the Lifestyle Factors, underscored by attention to genetic nature and societal circumstances. Part of this regards the body, mind and spirit as being interconnected. As such, Tibb deals with the whole patient, rather than with a particular organ or tissue. Another factor is that good health is encouraged by The Tibb practitioner's care and empathy for the patient which is critical to the healing process. The practitioner becomes a partner in healing, by actively listening to the patient. Tibb therapies are aimed at encouraging Physis, inner healing, and treats the underlying the causes of disease, rather than focusing on counteracting the patient's symptoms.

Tibb as a partner in Integrative Medicine

Tibb is well suited to being combined with conventional medicine as a partner in Integrative Medicine. In many ways

Tibb is the foundation of present-day, conventional medicine. It was the mainstay of medicine until recently, and practiced all over the Western World. There is no real contradiction between the two clinical paradigms, either in diagnosis or treatment. By their very natures, conventional medicine is eminently suitable for dealing with acute disorders, whereas Tibb is effective for chronic or recurring clinical conditions.

Summary

Tibb is not a newly emerging or esoteric form of healthcare, but has its roots in traditional medicine, which extend back for many centuries, to ancient Greece and Persia. Health exists when the body's functions maintain a correct balance of temperaments, structure and functions. In Tibb, a disease is an abnormal condition which produces a functional disorder as a primary consequence. Disease can be an expression of a temperamental imbalance, humoral imbalance or a disorder of tissue structure. In Tibb, the concept of Physis is central to health, disease and survival. It has a predominant role in the body's self-healing and self-repair processes, and actively counteracts influences which lead to injury and illness. It ensures that optimum health is maintained. Physis rectifies changes in humoral balance due to varying Lifestyle Factors. The role of the Lifestyle Factors in maintaining the ideal qualitative state required by the person's overall temperament is paramount in maintaining optimum health. Similarly, restoring the ideal humoral balance by judicious application of the Lifestyle Factors is essential in the management of illnesses, as this addresses not only the symptoms but also the causes of the clinical disorder. Tibb therapy totally respects the operation of Physis. Tibb also adheres to the concept of temperament, which is central to diagnosis and treatment. Temperament is an amalgam of personality, physical constitution and behavioural traits, which makes each of us unique. Each person is a composite of two basic temperaments; a primary (dominant), and a secondary (sub-dominant). The ideal qualitative state of a person's temperament is maintained by the humours. Health is the outcome of the right quantity and quality of humours within the body, and the equilibrium between them. Disease arises from imbalances in the composition of a person's humours. Tibb's philosophical principles of Physis, temperament, humours and Lifestyle Factors as well as Ibn Sina's principle of cause and effect bear testimony to a science of medicine and

the art of care that provides a comprehensive understanding of the aetiology of disease, its underlying pathology, how it is diagnosed, and ultimately which treatments are selected. Tibb makes an ideal partner for Integrative Medicine, as there is no contradiction with the basic precepts of conventional therapy.

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