

Interim Report: Two (2)

Evaluating the impact of eliminating humoral imbalances with herbal medication

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Period of Study: May 2015 to April 2016.

Date of Report: May 2016

Compiled by: Prof R. Bhikha and Dr J. P. Glynn

Purpose of the study

Subsequent to the Interim report that was completed in November 2015 and in keeping with the revised protocol of the 2nd October 2015, wherein assessing the impact of herbal infusions on hypertension, hypercholesterolemia and elevated blood glucose was included, the purpose of this pilot study consists of five parts: (a) Assess whether the presenting signs and symptoms/illness conditions are indicative of an excess/abnormal humour/s in the patient; (b) Assess whether the presenting signs and symptoms/illness conditions, corroborates with the dominant quality/ies of the dominant/sub-dominant temperament of the patient; (c) Assess the value of herbal infusions on its own or together with either/and/or medication/cupping/massage, in addressing/relieving the presenting signs and symptoms/illness conditions associated with the excess/abnormal humour; (d) Assess whether the treatment with herbal infusion will have an impact in patients who are hypertensive, or have elevated cholesterol or blood glucose; (e) To establish the duration, dosage of the different herbal infusions, in the treatment of the illness conditions associated with the different excess/abnormal humours.

Keywords: Herbal medicine – infusions - health & disease - humoral imbalance – temperament - disorders

Introduction

Herbal medicine has traditionally been adopted as a major form of treatment for illness conditions. It is now experiencing a major revival of interest in the light of greater understanding of our body's complex mechanisms and metabolism, in both health and disease. Together with the therapeutic benefits of a sound lifestyle, herbal remedies, or phytotherapy, make up a major form of Tibb treatment. Formulating individualized herbal infusions (or *teas*) as reliable and easy-to-use herbal remedies represent a step forward in the treatment of both acute and chronic disorders. In addition, if these infusions target specific humoral disharmonies linked to specific disorders, then substantial clinical benefit can be expected. This study was devised to test this hypothesis in the real world of South African clinics, in patients suffering from common chronic and recurring disorders.

*(For more information on Tibb theory, the rationale behind restoring abnormal/excess humours in treatment, as well as the composition of the infusions, refer to the revised research protocol attached - **Appendix 1**).*

Study design

The research protocol was drawn up in May 2015, revised in July and November 2015. The researchers are qualified Tibb practitioners, registered with the Allied Health Professions Council of South Africa (AHPCSA). The study is being conducted in the Saartjie Baartman and Langa Tibb Clinics, Cape Town.

Patient selection. A total number of 75 patients are being recruited for the study. All patients are administered the herbal infusion plus the eliminative medication: *Laxotab* and *Renotone*. When considered necessary, additional treatment in the form of cupping and/or medication is also prescribed. Sixty (60) patients, predominantly female (47 of 60) and aged between 21 and 71 years, were assessed for temperament and humoral imbalance. The purpose and practicalities of the study were explained to each individually, and verbal consent obtained.

Exclusion criteria. Potential candidates who were seriously ill, who were pregnant, or whose temperament could not be evaluated with confidence,

Temperamental selection. Patients falling into the four different dominant temperamental categories (sanguinous, phlegmatic, melancholic and bilious) were identified by random selection. The temperament (both dominant and subdominant) of each patient (sanguinous, phlegmatic, melancholic or bilious) was assessed by the established Tibb procedure.

Clinical condition. Patients were included into the study based upon the presenting signs and symptoms related to specific chronic or recurring clinical disorders with evident links to humoral imbalance or excess.

Study regimen. The herbal infusion, whether used for excess amounts or abnormal forms of the sanguinous, phlegmatic, melancholic or bilious humour, was based on the presenting symptoms and evident signs. Each infusion was directed at specific humours, based on Tibb's traditional experience. Each patient was requested to consume the specially prepared herbal infusion at specified times. The dosage range of ½ to 1 teaspoon, 2 – 3 times a day was determined according to the clinician's continued assessment, intuition and experience. Patients with dominant *cold* qualities (i.e., those of a phlegmatic or and melancholic disposition) drank the teas while it was hot, whereas the patients with dominant *hot* qualities (i.e., sanguinous and bilious) drank the teas cold. Cupping and/or additional medication was given to patients requiring more assertive treatment according to the practitioner's clinical judgment.

Elimination therapy. Together with the herbal infusions, *Laxotabs* and *Renotone* are prescribed for each patient, to encourage elimination via the bowel or kidney respectively.

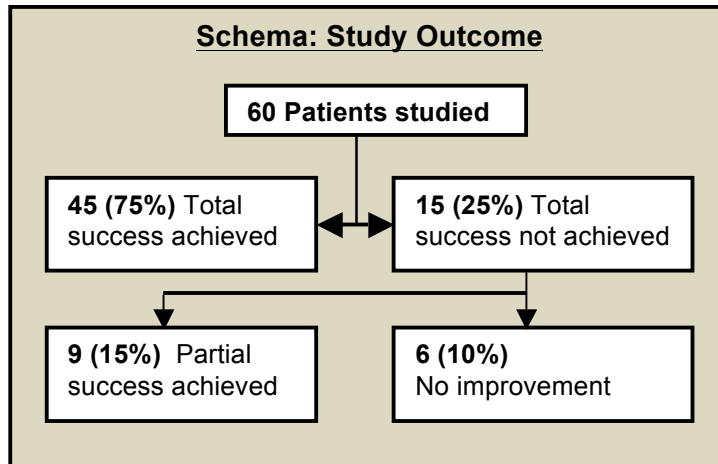
Clinical assessment. Clinical assessment took into account the patient's signs and symptoms as well as recording the patient's blood pressure, cholesterol and glucose levels. Each patient was assessed at every clinical opportunity and consultation.

Motivation. All follow-up treatment was provided at no cost to the patients, and no payment or reward was offered to participate in the study, or on termination.

Results

Sixty (60) patients provided meaningful data from which relevant information was collectively correlated. *Summary of the results is attached Appendix 2. (Complete details of patient, presenting signs and symptoms, diagnosis, imbalance, treatment protocol is available on request).*

Of the 60 patients treated, success was achieved in 45 (75%) of the patients, partial success in 9 patients (15%) whereas treatment in 6 patient's (10%) was unsuccessful.



In all patients, the Tibb practitioners were able to identify the abnormal/excess humour/s from the presenting signs and symptoms, as listed in **Appendix 2**.

With respect to the relationship between the quality associated with the signs and symptoms in relation to the dominant quality of the temperament, the results show that of the 60 patient, 34 patient's (57%) the qualities associated with the signs and symptoms was the same as that of the dominant quality associated with the temperament of the individual. More particularly in patient's under the age of 40 this relationship increased to 13 out of 17 (76%).

The results also indicate that 26 out of 43, 60% of the patients over the age of 40 presented with a Melancholic (Cold & Dry) imbalance.

The results on hypertension revealed that the blood pressure in 13 of the 15 patients reduced, whereas in 2 patients the blood pressure increased. Of the 10 patients with hypercholesterolemia the cholesterol level decreased in 9 patients whereas in 1 patient there was a slight increase. Blood glucose levels decreased in all the patients.

Also noted is that 40 of the 60 patients (67%) were treated with only infusions, whereas the balance were treated with infusions together with medication and/or cupping.

Discussion

The study was designed to answer the following questions:

(a) Assess whether the presenting signs and symptoms/illness conditions are indicative of an excess/abnormal humour/s in the patient.

As all illness conditions arise from an excess or abnormal humours manifesting in the signs and symptoms, this was identified with ease, given the experience of the Tibb doctors.

(b) Assess whether the presenting signs and symptoms/illness conditions, corroborates with the dominant quality/ies of the dominant/sub-dominant temperament of the patient.

As 37 of the 60 patients (57%) and more particularly 13 of the 17 patients (76%) under the age of 40 presented with signs and symptoms that had a similar quality as the dominant quality of the temperament confirms the hypothesis that patients are predisposed to illness conditions resulting from an excess of the dominant quality associated with their temperament – more particularly patients under the age of 40.

(c) Assess the value of herbal infusions on its own or together with either/and/or medication/cupping/massage, in addressing/relieving the presenting signs and symptoms/illness conditions associated with the excess/abnormal humour.

The fact that of the 60 patients, success was achieved in 45 (75%) of the patients, partial success was achieved in 9 patients (15%) whereas treatment in 6 patient (10%) was unsuccessful. The results are also indicative of the effectivity of the infusions – especially as 67% of the patients were only treated with infusions.

(d) Assess whether the treatment with herbal infusion will have an impact in patients who are hypertensive, or have elevated cholesterol or blood glucose.

The results on the above criteria are particularly impressive. An unexpected outcome of the research was that all four infusions had an effect on reducing these parameters. Whilst we do not fully understand the mode of action, one of the possible reasons is that all infusions have ingredients which in addition to their action on balancing humours also have an effect on digestion and metabolism. Tibb philosophy states that digestion of food and drink, are the primary matter from which humours are produced. As humours exist at both a physical and meta-physical level, it could well be that the infusions are working at both levels. This is a hypothesis that needs to be researched further.

(e) To establish the duration, dosage of the different herbal infusions, in the treatment of the illness conditions associated with the different excess/abnormal humours.

The duration and dosage obviously varied from patient to patient, however what is impressive in the results is that relief/or improvement in most cases were evident within a few days of treatment.

Conclusion

This pilot study, even with its undeniable limitations in terms of patient numbers, variable dosage time, range of disorders and limited quantitative data, provides enough data to justify extending the research to December 2016. In addition the unexpected outcome of the research on the impact of the different infusions on blood pressure, hypercholesterolemia and increased blood glucose leads to the hypothesis that the infusions could most likely have an impact on other markers as well. Including additional markers in the research will provide valuable data into the inter-relationships between signs and symptoms, humoral imbalances and the commonly used markers in diagnosis.

Protocol revision

In the light of the encouraging clinical results emanating from this interim study, the research protocol is revised as follows:

1. The study is extended until December 2016.
2. Additional biometric markers will be included in the study – Coagulation Tests, (PTT, INR), Thyroid functions, (TSH, T4) Full Blood count and Platelets, C-Reactive Protein in appropriate patients.

Further reading

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Appendices

Appendix 1: Revised Research Protocol

Appendix 2: Summary of Results

Evaluating the impact of eliminating humoral imbalances with herbal treatment (Revision 3)

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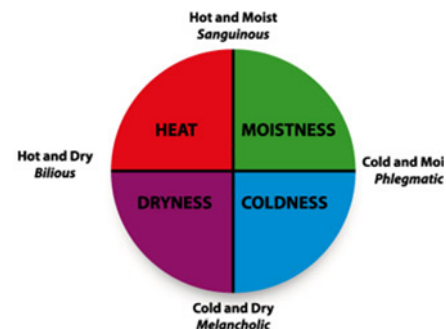
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Prof Rashid Bhikha (*Chairman: Ibn Sina Institute of Tibb / Honorary Professor: Hamdard University*)

1. INTRODUCTION

The Ibn Sina Institute of Tibb intends conducting clinical research at the Tibb Medical Centre (Saartjie Baartman Centre) and the Tibb Medical Centre (Langa Clinic) in Cape Town during 2015. The researchers will be qualified Tibb Practitioners registered with the Allied Health Professions Council of South Africa (AHPCSA).

Tibb philosophy is based on the temperamental and humoral theory. In order to maintain health each individual has their own unique humoral composition in relation to their unique temperamental combination. Associated with each of the humours are qualities of heat, coldness, moistness and dryness which results in every person having a unique humoral composition with an ideal combination of qualities with one quality being dominant. For example an individual with a sanguinous/phlegmatic temperament will have a dominant quality of moistness (see chart). Changes to this unique humoral composition, occurs from the influence of the Tibb lifestyle factors which include food and drink, environmental air and breathing, exercise and rest, sleep, emotions and eliminations of toxins – with the greatest influence being from food and drink. This change to the humoral composition will most likely occur from excess or abnormal states of their dominant humour. However, humoral changes can also occur from an increase into other humours. This change to the ideal humoral balance leads to pathological processes resulting in illness conditions.



Changes to this ideal humoral composition occurs from the qualitative effect of Lifestyle Factors which physis (the body's inherent wisdom) endeavours to restore homeostasis. Changes beyond the ability of physis to restore homeostasis results in pathological processes leading to signs and symptoms, associated with various illness conditions/systems of the body – all resulting from an excess/abnormal states of a particular humour.

The aim of the research is to assess the impact of eliminating the excess/abnormal humours associated with the different signs and symptoms/illness conditions. Listed below is a summary of the four different humours, the signs and symptoms associated with excess of each humour.

1.1 Sanguinous humour

- The Sanguinous humour is produced mostly from Hot & Moist foods, the excess of which will result in an overabundance of the Sanguinous humour.
- People with Sanguinous dominant/sub-dominant temperament are predisposed to illness conditions resulting from an excess of the Sanguinous humour.
- Accumulation sites for sanguinous humour: heart, arteries, blood vessels, small capillaries, tissues and organs: liver and portal system, spleen and pancreas, the veins, uterus, kidneys, the skin, digestive system, respiratory and genitourinary mucosa.

1.1.1 Signs and symptoms:

1.1.2 Nosebleeds, gingivitis, high blood pressure;

1.1.3 Flushed complexion, angiomas, eczema, spider nevi;

1.1.4 Fullness and heaviness of the body, behind the eyes, drowsy, sleepy, weak, heavy limbs;

1.1.5 Sluggish, congested liver;

1.1.6 Utii, thick yellow urine.

1.2 Phlegmatic humour

- The phlegmatic humour is produced mostly from Cold & Moist foods, the excess of which will result in an overabundance of the Phlegmatic humour.
- People with Phlegmatic dominant/sub-dominant temperament are predisposed to illness conditions resulting from an excess of the Phlegmatic humour.
- Accumulation sites: stomach, upper respiratory tract. From the stomach the Phlegmatic humour finds its way via the gastro pulmonary reflex, into the chest, lungs, throat, nose and sinuses. It presents as congestion making the head and brain feel stuffy. Phlegm congestion in the lungs and chest will cause congestion and stagnation in the lymphatic system. Excess Phlegmatic humour can affect any part of the body.

1.2.1 Signs and symptoms:

1.2.2 Heaviness, lethargy, sleepiness, mental dullness, swollen, puffy eyelids, moistness, frontal headaches;

1.2.3 Runny nose, congested nose, nasal discharges, post nasal drip, sinus congestion, productive cough (clear/white), colds, flu, lung congestion, thick tongue, pale lips;

1.2.4 Indigestion, weak digestion, sluggishness and drowsiness after meals;

1.2.5 Skin pale, white complexion, cold, clammy skin, weeping, oozing skin conditions, poor muscle tone;

1.2.6 Swollen, tender glands, cellulite, congestion of lymph;

1.2.7 Pale thick urine, leucorrhoea, amenorrhoea;

1.2.8 Slow, deep, soft pulse.

1.3 Bilious humour

- The Bilious humour is produced mostly from Hot & Dry foods, the excess of which will result in an overabundance of the Bilious humour.
- People with Bilious dominant/sub-dominant temperament are predisposed to illness conditions resulting from an excess of the Bilious humour.
- Accumulation site is the gall bladder from where it spills into the intestine in fat metabolism. The Hot & Dry qualities of the Bilious humour results in the signs and symptoms below.

1.3.1 Signs and symptoms:

1.3.2 Anger, impatient, irritability, forceful, agitated, stress, insomnia, restless;

1.3.3 Migraines, unilateral headache, sore, red bloodshot eyes, itchy, jaundice (yellow), nosebleeds, dryness;

1.3.4 Oral ulcerations, inflamed, yellow coat on tongue, bitter taste in the mouth, excessive thirst;

1.3.5 Jaundice, fatty liver, hepatitis, hepatomegaly, gallstones, cholecystitis, constipation;

1.3.6 Intolerant to greasy, fatty, fried foods. Stomach hyperacidity, acid reflux, gastric/duodenal ulcers, nausea, vomiting yellow/green bile, burning stools;

1.3.7 Red sensitive skin, hives, rashes, yellow/jaundiced;

1.3.8 Inflammatory conditions;

1.3.9 Burning urine, dark colour, rusty;

1.3.10 Full rapid bounding pulse.

1.4 Melancholic Humour

- The Melancholic humour is produced mostly from Cold & Dry foods, the excess of which will result in an overabundance of the Melancholic humour.
- People with Melancholic dominant/sub-dominant temperament are predisposed to illness conditions resulting from an excess of the Melancholic humour.
- Accumulation sites: builds up in the spleen and from there it spills over into the stomach and/or large intestine causing digestive complaints such as indigestion, flatulence, distention, bloating, colic and constipation. From the digestive tract it moves to other tissues and organs in the body.
- From the stomach, duodenum and small intestine, Melancholic humour congests the gallbladder and hepatic portal system, and the liver moving into the chest, throat and upper stomach areas.
- From the colon, Melancholic humour penetrates into the bones and joints of the sacrum, lower back and pelvic girdle, bringing degenerative arthritic changes to areas before affecting the entire or other areas of the musculoskeletal system.

1.4.1 Signs and symptoms:

1.4.2 Nervousness, anxiety, moodiness, lonely, alienated, cynical, fearful;

1.4.3 Spaciness, vertigo, light headedness, nervous exhaustion, insomnia, tinnitus;

1.4.4 Constricted breathing, pain, fullness;

1.4.5 Hepatomegaly and splenomegaly, portal congestion;

1.4.6 Irregular, nervous eating and food cravings, anorexia, poor appetite, stomach discomfort, flatulence, colic, intestinal obstruction, bloating, constipation;

1.4.7 Poor blood circulation, cold hands and feet, clot forming, emboli, dark thick blood;

1.4.8 Cold, dry rough skin, dark, cracked skin;

1.4.9 Arthritis, rheumatism, neuromuscular complaints, stiffness, aching, sciatica, numbness in extremities, tremors, tics, cramps, spasms;

1.4.10 Nervous sexual dysfunction;

1.4.11 Irregular menses, dysmenorrhoea with painful spasms, food cravings, clotting thick flow, scanty, insufficient lactation;

1.4.12 Thin clear urine;

1.4.13 Weak pulse.

2. HYPOTHESIS

Restoring homeostasis by eliminating the excess/abnormal humours will assist physis in reversing the pathological processes, at a cellular/sub-cellular level and in doing so will not only address the signs and symptoms, but also the cause/s of the various signs and symptoms/illness conditions – assisting physis in restoring homeostasis.

3. AIM OF THE RESEARCH

The aim of the research is to assess the impact of eliminating excess/abnormal humoral imbalances with herbal infusions.

4. SIGNIFICANCE OF THE STUDY

Targeting the elimination of excess/abnormal humours responsible for the pathological processes will assist physis in addressing the signs and symptoms of the illness conditions. This approach is in keeping with the Tibb philosophy of the maintenance/restoration of health where therapeutic intervention is aimed at addressing the causes and not the symptoms. The success of this study will be beneficial to Tibb Practitioners in treatment protocols that restore homeostasis by eliminating excess/abnormal humours which will most likely address signs and symptoms across various systems of the body associated with the excess/abnormal humour. This approach should improve the recovery time, and also have an impact on reducing treatment cost, with an improved quality of life.

5. RESEARCH OBJECTIVES

- Assess whether the presenting signs and symptoms/illness conditions is indicative of the excess/abnormal humour in the patient;
- Assess whether the presenting signs and symptoms/illness conditions, corroborates with the dominant quality/ies of the dominant/sub-dominant temperament of the patient;
- Assess the value of herbal infusions in addressing/relieving the presenting signs and symptoms/illness conditions associated with the excess/abnormal humour;
- Assess whether the treatment with herbal infusion will have an impact in patients who are hypertensive, diabetics and those with high cholesterol;
- Assess whether the herbal infusions will have an impact on Coagulation Tests, (PTT, INR), Thyroid functions, (TSH, T4) Full Blood count and Platelets, C-Reactive Protein, parameters, in appropriate patients; and
- To establish the duration, dosage of the different herbal infusions, in the treatment of the illness conditions associated with the different excess/abnormal humours.

6. RESEARCH QUESTIONS

- Are the presenting signs and symptoms/illness conditions indicative of an excess/abnormal humour in the patient?
- Does the presenting signs and symptoms/illness conditions corroborate with the dominant quality/ies of the dominant/sub-dominant temperament of the patient?
- What is the impact of prescribing herbal infusions in addressing/relieving the presenting signs and symptoms/illness conditions associated with the excess/abnormal humour?
- What is the impact of the herbal infusion in patients who are hypertensive, diabetics and those with high cholesterol;
- What is the impact of the herbal infusions on Coagulation Tests, (PTT, INR), Thyroid functions, (TSH, T4) Full Blood count and Platelets, C-Reactive Protein, parameters, in appropriate patients; and
- What is the duration, dosage of the different herbal infusions in the treatment of the illness conditions associated with the different excess/abnormal humours?

Note: The case study report must include a response on all of the above research questions.

7. RESEARCH METHODOLOGY

Clinical trial research will be conducted by trained and registered Tibb Practitioners within the Tibb Medical Centres on patients that are attending the Tibb clinics for consultations and their progress will be monitored over a period of twelve (12) months.

Most illness conditions, especially chronic conditions should manifest itself in individuals having similar qualities to the dominant/sub-dominant quality associated with the temperamental combinations – especially at the initial stages. Treatment in these patients will target the excess/abnormal humour and quality/ies, associated with the illness condition and/or the temperamental combination.

In patients with long standing chronic conditions that have deteriorated (i.e. rheumatoid arthritis that has deteriorated from the initial inflammation [Hot & Moist] to the nodular [Cold & Dry] stage), the appropriate excess/abnormal humour/quality will have to be identified and targeted.

The treatment protocol is based on the prescribing of herbal infusions aimed at the excess/abnormal humour.

7.1 Sampling

Random sampling will be used to identify patients that fall in the four different categories based on temperament, namely Sanguinous, Biliious, Melancholic and Phlegmatic. Random selection needs to ensure that patient's temperament is accurately evaluated, the clinical consultation, presenting signs and symptoms, and the humoral imbalance (excess/abnormal) is effectively identified.

7.2 Sample Size

A total number of 75 patients will be included in the study, with every patient being prescribed with the appropriate infusion and eliminatives (Laxotabs and Rentone). At the discretion of the practitioner additional medication and/or cupping can be included in the treatment protocol.

7.3 Exclusion Criteria

Certain patients will be excluded based on certain criteria, for example:

- Pregnant patients;
- Patients where clear temperament evaluations are impossible;
- Patient who are seriously ill as they should not be compromised.

7.5 Verification

In conditions where baseline blood samples are necessary, samples will be sent to Pathcare for blood testing on commencement of the research and again on completion of the research for scientific verification of the results.

8. PROTOCOLS TO BE USED

8.1 Protocol Sequence

- Recruiting patients into the study – this is done as per the inclusion criteria which requires a successful identification of the dominant/sub-dominant temperament of the patient. Once this is done, the patient can be informed of the research and enquire as to whether they would like to participate. Also informing them that they will not be charged for the follow up consultation/s – during the research.
- After complete history taking and having identified the excess/abnormal humour, quality/ies associated with the signs and symptoms/illness conditions the appropriate protocol will be prescribed – herbal infusion, Laxotabs, Renotone and if necessary additional medication and/or cupping.
- Lifestyle Factors needs to be evaluated so as to determine the possible cause/s of the imbalance humours/qualities.
- The period/duration of the signs and symptoms also needs to be recorded.
- After 3-5 days, the patient will be assessed – noting all the signs and symptoms and evaluating whether progress has been made or not.
- Patient must be re-evaluated after 3-7 days and if necessary a fourth/fifth visit 3-7days later.
- The research should be concluded after the fifth visit. However the research can be continued after consultation with the research supervisor.

8.2 Herbal Infusion

The herbal infusions to be used are the following:

Concoctive for Sanguinous humour	Concoctive for Bilious Humour	Concoctive for Melancholic Humour	Concoctive for Phlegmatic Humour
10g Althea officinalis	10g Cichorium intybus (Chicory)	15g Achillea millefolium (Yarrow)	15g Lavandula officinalis (Lavender)
10g Artica lappa	10g Foeniculum vulgare (Fennel)	15g Agrimonia eupatoria (Agrimony)	15g Ocimum basilicum (Basil)
10g Arctostaphylos uva-ursi	10g Silybum marianum (Milk Thistle)	10g Apium graveolens (Dill seed)	15g Trigonella foenum-graecum (Fenugreek)
5g Aspalathus linearis	5g Berberis vulgaris (Barberry)	10g Berberis Vulgaris (Barberry)	5g Carum Carvi (Caraway)
5g Borago officinalis	5g Mentha Arvensis (Wild mint)	10g Glycyrrhiza glabra (Liquorice)	5g Cinnamomum cassia (Cinnamon)
5g Camellia sinensis	5g Rheumemodi (Himalayan rhubarb)	5g Cassia angustifolia (Senna)	5g Zingiber officinale (Ginger)

The infusions will be given in dosages of ½ to 1 teaspoon depending on the practitioner's clinical findings.

Melancholics and Phlegmatics patients will allow the tea to simmer for 15 minutes and then drink it.

Sanguinous and Bilious patients will allow the infusion to cool after boiling and then drink.

9.3 Patient Needs

Any patient needing a more aggressive treatment approach, depending on the practitioner's clinical findings, will be given extra herbal medication.

10. ETHICAL CONSIDERATIONS

For this research to be conducted ethically, certain ethical considerations will be put in place, namely:

- Ensuring all participants have given informed consent to participate in the research – with the understanding that they can be excluded from the research at any time upon their request;
- Ensuring no harm comes to the patient by putting the patient health and wellbeing above the research being conducted, always ensuring that any treatment will be in the best interest of the patient;
- Ensuring only qualified and legally registered practitioners conduct the research; and
- Ensuring anonymity and confidentiality to the patients.

11. CONCLUSION

The research will commence on 10 May 2015 – December 2016.

Date of preparation: 4th May 2015

Revised: 02nd July 2015

Revised: 02nd October 2015

Revised: 10th May 2016

Results: September 2016 - Appendix 2

Case	Patient	Temp	S & S =	Diag	Humoral	Treatment protocol	Period Days / Consults	Outcome	Comments
3	R.B. (F), 28	Mel/Phleg	Yes	Nerve entrapment	Mel	Mel Inf, Lax, Reno	9 days - 3 consults	Successful	Symptoms resolved.
4	A. (F), 33	Phleg/Sang	Yes	Upper Resp inf	Phleg	Phleg Inf	7 days (3+4) - 5 consults (3+2)	Successful	Px received treatment twice for similar symptoms (2/2 - 5/2/15; 3/9 - 7/9/15) symptoms resolved both times.
5	R.A. (F), 65	Sang/Phleg	Yes	Influenza, Urinary Incontinence	Phleg	Phleg Inf, Lax, Reno, Flu Relief, Blackseed Rub	34 days 4 consults	Successful	Symptoms resolved. No incontinence, even when coughing
6	S.C. (F), 66	Sang/Phleg	No	Arthritis, HTN (140/90)	Mel/Sang	Mel Inf, Lax, Rumaflam, Rumamix, Dry cupping	65 days - 4 consults	Successful	Symptoms resolved (shoulder/lower back pain). HTN decreased (126/79).
7	A.A. (F), 57	Sang/Phleg	Yes	Bell's Palsy	Phleg	Phleg Inf, Lax	13 days 3 consults	Successful	Symptoms resolved.
8	A.X. (F), 44	Sang/Phleg	No	Arthritis	Mel	Mel Inf	18 days - 4 consults	Successful	Symptoms resolved.
9	T. (F), 52	Sang/Phleg	No	Arthritis, Sciatica	Mel	Mel Inf, Dry cupping	7 days - 2 consults	Successful	Symptoms resolved.
10	F. (F), 60	Sang/Phleg	Yes	Upper Resp inf, Sinusitis	Phleg	Phleg Inf, Lax, Reno	7 days - 3 consults	Successful	Symptoms resolved.
11	Z.P. (F), 36	Phleg/Sang	Yes	Swollen eyelid, Constipation	Phleg/Mel	Phleg Inf, Lax	7 days - 3 consults	Successful	Symptoms resolved.
12	X. (F), 36	Bil/Sang	Yes	Xerostomia, Oral Thrush, Constipation, Stress & Anxiety, Hormonal Imbalance	Bil/Mel/Phleg	Bil Inf, Stress Away, Gastrone, Gumtone, Dry Cupping	11 days - 4 consults	Successful	Symptoms resolved.
13	F. (F), 58	Sang/Bil	Yes	Sciatica, Arthritis, Panic attacks, Stress, UTI	Bil/Mel/Sang	Bil Inf, Antiflam, Tissue Salt No. 8, Dry cupping	16 days - 3 consults	Successful	Symptoms resolved; no panic attacks.
14	B.D. (M), 58	Sang/Bil	Yes	Gastritis, Ulcers, Indigestion, Myositis	Mel/Bil	ivermectin, (Gaviscon used by patient), Bil Inf, Lax, Reno, Dry cupping	8 days - 4 consults	Successful	Symptoms resolved.
15	S.C. (F), 70	Sang/Phleg	No	Arthritis, HTN (118/60), Constipation	Mel	Mel Inf, Lax, Reno	12 days - 3 consults	Successful	Symptoms settled and resolved. HTN improved (120/80).
16	A.E. (F), 64	Mel/Phleg	Yes	Arthritis, Influenza, Chol (>7.99), HTN (136/80)	Mel/Bil/Phleg	Mel Inf, Lax, Reno, Bil Inf, Phleg Inf	137 days - 26 consults	Successful	Different signs and symptoms treated with different infusions which improved, Chol reduced (5.83), HTN improved (120/80).
17	G.P. (F), 37	Phleg/Mel	Yes	Influenza	Phleg	Phleg Inf, Lax, Reno	6 days - 3 consults	Successful	Symptoms resolved.
18	E.N. (F), 70	Phleg/Mel	Yes	Arthritis, Abdominal cramps, Constipation, Flatulence	Mel	Mel Inf, Lax, Reno, Dry cupping (Patient uses Tramadol)	14 days - 3 consults	Successful	Symptoms resolved, back pain alleviated.
19	M.V. (F), 40	Sang/Bil	No	Arthraiga, Constipation, Stress	Mel/Bil	Mel Inf, Lax	9 days - 3 consults	Successful	Symptoms resolved, pain improved.
20	V. (F), 55	Sang/Phleg	No	Arthritis	Mel	Mel Inf	7 days - 3 consults	Part. Suc	Pain in knee resolved, but crepitus still present.
21	D. (F), 22	Mel/Bil	Yes	Arthritis	Mel	Mel Inf	2 days - 2 consults	Part. Suc	Pain resolved, but crepitus still present.
22	M.L. (F), 44	Sang/Phleg	No	Arthritis, Myositis	Mel	Mel Inf	113 days 4 consults	Successful	Symptoms resolved.
23	H.T. (F), 35	Phleg/Sang	Yes	Parasthesia, Peripheral Neuropathy	Phleg	Phleg Inf, Lax, Reno	10 days - 3 consults	Successful	Symptoms resolved.

24	G. (F), 50	Sang/Phleg	No	Fibromyagia, Insomnia, Chol (7.03)	Mel	Mel Inf, Blackseed Rub, Bil Inf, Dry cupping, Wet cupping	33 days- 5 consults	Part. Suc	Pain relieved, Chol reduced (5.17), Insomnia persisted.
25	C.M. (F), 40	Bil/Sang	Yes	Gastritis, Ulcers, Stress & Anxiety	Bil	Bil Inf, Gastrone, Alsarex	11 days - 4 consults	Successful	Symptoms resolved after medication added.
26	L.N. (M), 35	Sang/Phleg	No	Sciatica	Mel	Mel Inf, Lax, Reno, Dry cupping	6 days - 3 consults	Uns	Slight pain relief, but patient felt Inf not strong enough
27	F.S. (F), 67	Sang/Phleg	No	Arthritis, Fibromyalgia, Grieving, Insomnia, HTN (150/90)	Mel/Sang	Mel Inf, Lax, Reno, Rumaflam, Blackseed Rub, Stress-away, Dry cupping	8 days - 3 consults	Uns	Symptoms worsened. HTN unchanged (150/90)
28	W.D. (F), 67	Phleg/Sang	No	Arthritis, Heel spur	Mel	Mel Inf, Lax, Reno, Dry cupping	9 days - 4 consults	Uns	Symptoms unresolved, referred: querie structural deformity.
29	G.T. (F), 54	Phleg/Mel	No	Gastritis, HTN (134/90), Diab (BG: 9)	Bil/Sang	Bil Inf, Lax, Reno	18 days - 5 consults	Successful	Gastritis symptoms resolved, HTN: 110/70 improved, BG: 6.7 improved.
30	A.W. (F), 67	Phleg/Sang	Yes	Sciatica, Neuralgia, Neuropathy, Diab (BG: 10)	Mel/Sang	Mel Inf, Lax, Reno, Phleg Inf, Cupping	58 days - 6 consults	Part. Suc	Sciatica not resolved, Right leg burning sensation reduced. Left leg numbness reduced. BG reduced (8.2).
31	M.C. (F), 67	Sang/Phleg	No	Chol (>7.9), Arthritis	Mel	Mel Inf, Lax, Reno, Dry Cupping	28 days - 5 consults	Successful	Arthritis symptoms resolved, Chol reduced (5.99).
32	N.D. (F), 27	Sang/Phleg	Yes	UTI, Arthritis, Gastritis	Sang/Bil	Sang Inf, Lax, Reno, Mel Inf	8 days 3 consults	Successful	Symptoms resolved.
33	P.D. (F), 50	Phleg/Sang	Yes	UTI, HTN (170/104), Chol (5.6)	Sang/Mel	Sang Inf, Lax, Reno	10 days - 4 consults	Part. Suc	Uti resolved, Chol reduced (4.17), HTN increased (190/100) - maybe from Sang Inf.
34	J.M. (F), 60	Sang/Phleg	No	UTI, Sciatica, Arthritis	Phleg/Mel	Phleg Inf, Lax, Reno	11 days - 3 consults	Successful	Symptoms resolved.
35	A.I. (F), 57	Mel/Phleg	Yes	Arthritis, Constipation, Chol (7.47), Hot flushes, Incontinence, Influenza, Stress	Mel/Bil/Phleg	Mel Inf, Lax, Reno, Bil Inf, Phleg Inf, Dry Cupping.	70 days - 7 consults	Successful	Different signs and symptoms improved with different infusions, Chol reduced (5.09)
36	Y.M. (F), 29	Sang/Phleg	Yes	Headaches, Poor Sleep	Phleg	Phleg Inf, Lax, Reno.	6 days - 2 consults	Successful	Symptoms resolved.
37	R.K. (F), 43	Sang/Bil	Yes	Gastritis, GORD, Chol (5.63)	Bil/Mel	Sang Inf, Lax, Reno	5 days - 2 consults	Successful	Symptoms resolved, Chol reduced (4.86)
38	D.G. (M), 24	Bil/Mel	Yes	Gastritis, Flatulence, Indigestion	Sang/Bil	Sang Inf, Lax, Reno	9 days - 2 consults	Successful	Symptoms resolved.
39	F.W. (F), 63	Phleg/Mel	Yes	Arthritis, Diab (BG: 9.5)	Mel/Bil	Mel Inf, Lax, Reno, Bil Inf	23 days - 5 consults	Successful	Symptoms resolved, patient walks without crutch, BG reduced
40	N.H. (M), 52	Bil/Mel	No	Bell's Palsy, HTN (132/80)	Phleg/Mel	Phleg Inf, Lax, Reno	11 days - 3 consults	Part. Suc	Symptoms resolved.
41	W.D. (F), 63	Phleg/Sang	No	Allergies, , Dry Cough, Throat, Chol (6.82)	Bil/Mel/Phleg	Bil Inf, Lax, Reno, Mel Inf, Phleg Inf.	25 days - 6 consults	Successful	Symptoms resolved, Chol reduced (5.06)
42	S.P. (M), 34	Phleg/Mel	No	Gastritis, Hyperacidity	Bil	Bil Inf, Lax, Reno	8 days - 4 consults	Successful	Symptoms resolved.
43	R.A.T. (M), 54	Sang/Phleg	Yes	Diab (BG: 14.5), Chol (6.77), HTN (160/90), Influenza, Nasal congestion, Frontal Headaches	Sang/Phleg/Mel	Phleg Inf, Lax, Reno	45 days - 4 consults	Successful	Symptoms resolved. BG reduced (10.5), Chol reduced (5.61), HTN reduced (140/70)

44	F.S. (F), 42	Sang/Bil	Yes	Upper resp infection, Ear inflammation, Left nostril blocked, Itchiness of eyes, Exudate in eyes, BG (5.2)	Sang/Bil/Phleg	Sang Inf, Lax, Reno, Bil Inf	15 days - 5 consults	Successful	Symptoms resolved, BG reduced (4.7)
45	R.A. (F), 45	Bil/Mel	Yes	Parasthesia, Constipation, HTN (130/90), Diab, BG (5.7), Chol (6.30)	Mel	Mel Inf, Lax, Reno	9 days - 3 consults	Part. Suc	Symptoms resolved, HTN reduced (124/80), BG reduced slightly (5.3), Chol remained similar (6.37)
46	R.A. (M), 53	Sang/Phleg	No	Arthritis, Sciatica, Consipation, HTN (140/90), Chol (5.71)	Mel	Mel Inf, Lax, Reno	43 days - 3 consults	Successful	Symptoms resolved, HTN reduced (113/75), Chol reduced slightly (5.49)
47	M.M. (M), 71	Sang/Phleg	Yes	Leg oedema, HTN (180/100)	Phleg	Phleg Inf, Lax, Reno	14 days - 3 consults	Successful	Symptoms improved, walking without aid, less swelling and no oedema, HTN reduced (120/70)
48	P.Z. (F), 46	Phleg/Sang	No	Arthritis	Mel	Mel Inf, Lax, Reno	11 days - 4 consults	Successful	Symptoms resolved
49	N.S. (F), 64	Sang/Phleg	No	Cervical spondylosis, Await knee replacement, HTN (140/80), BG (5.6)	Mel/Sang	Mel Inf, Lax, Reno	29 days - 5 consults	Successful	Symptoms resolved (still awaiting knee replacement, but not using cane, gait improved), HTN reduced (120/70), BG slightly reduced (5.3)
50	I.T. (M), 68	Phleg/Mel	No	Tiredness, Lack of energy, HTN (160/90)	Mel/Sang	Mel Inf, Lax, Reno	22 days - 4 consults	Part. Suc	All presenting symptoms resolved, but HTN worsened (170/110)
51	R.A. (F), 58	Sang/Phleg	Yes	Resp Tract Infection, Influenza, Myositis, HTN (132/90)	Phleg/Sang	Phleg Inf, Lax, Reno	16 days - 3 consults	Successful	Symptoms resolved, HTN reduced (104/70)
52	R.A. (F), 56	Phleg/Mel	Yes	Irregular bowel movement, Chol (6.92)	Mel	Mel Inf, Lax, Reno	22 days - 5 consults	Successful	Symptoms improved, Chol reduced (5.14)
53	N.N.N. (M), 78	Phleg/Sang	No	Gout, HTN (170/88), BG (8.2)	Mel/Sang	Mel Inf, Lax, Reno	15 days - 3 consults	Part. Suc	Pain reduced, HTN reduced (150/80), BG reduced (4.6) - ulcer developing - referred.
54	F.A. (F), 49	Sang/Phleg	Yes	Diab (BG: 10.8), Chol (7.45), HTN (132/86)	Phleg/Sang	Phleg Inf, Lax, Reno, Lochol	33 days - 7 consults	Successful	BG reduced (9.9), Chol reduced (5.94), HTN reduced (122/84)
55	N.N.M. (F), 29	Phleg/Sang	Yes	IBS, HTN (140/90)	Phleg/Sang	Phleg Inf, Lax, Reno	9 days- consults	Successful	Symptoms resolved, HTN reduced (130/90)
56	L.L. (F), 33	Sang/Bil	No	Migraine, Stress, Constipation	Mel/Bil	Mel Inf, Lax, Reno	29 days - 4 consults	Successful	Symptoms resolved.
57	M.G. (F), 25	Mel/Phleg	yes	IBS, Constipation, Flatulence	Mel/Phleg	Mel Inf, Lax, Reno, Phleg Inf, Septogard	16 days - 4 consults	Successful	Symptoms resolved.
58	A.S. (M), 66	Phleg/Sang	No	OA, Gout, Obesity, Chol (5.66)	Mel	Mel Inf, Lax, Reno, Dry cupping (Votarin, Cortisone)	8 days - 2 consults	Uns	Symptoms showed no improvement, Chol worsened (7.25)

59	M.V. (F), 40	Phleg/Sang	No	Dyspepsia, Myositis, BG (10.1), Chol (4.13)	Mel	Mel Inf, Lax, Reno	9 days - 3 consults	Uns	Right neck tenderness and constipation resolved. Dyspepsia persist, BG reduced (5.7), Chol worsened (5.19)
60	M.A. (M), 21	Mel/Bil	Yes	Arthralgia, Rheumatism	Mel	Mel Inf, Lax, Reno	22 days - 4 consults	Uns	Symptoms not resolved.
61	G.S., (F), 55	Sang/Phleg	No	Hypercholesterolemia, Myositis, Chol (6.18)	Mel	Mel Inf, Lax, Reno	2 days - 2 consults	Successful	Chest pain completely resolved; slight reduction in Chol: 6.02.
62	G.H. (F), 55	Sang/Phleg	No	Fybromyalgia, HTN (138/80), Chol (6.08)	Mel	Mel Inf, Laxo, Reno, massage	15 days - 4 consults	Successful	Body pain improved. HTN reduced, Chol improved.
63	J.T. (F), 68	Mel/Phleg	Yes	Hypertension, HTN (130/90) Chol (5.09)	Mel	Mel Inf, Laxo. Reno, Livotibb, Lochol, Radiq	45 days - 12 consults	Successful	HTN (132/90), Chol (4.78) improved
64	K.V. (F), 65	Sang/Phleg	No	Hypertension, Myositis, HTN (160/100)	Mel	Mel inf, Laxo, Reno, Pressure eeze forte, Dry cupping, massage	35 days - 7 consults	Successful	Body pain resolved, regular bowel movement, HTN (128/80 improved.
65	W.K. (F), 45	Phleg/Mel	Yes	Rheumatism, HTN (100/60), Chol (HI)	Mel/Phleg	Mel Inf, Laxo, Reno, Dry cupping, Phleg Infu	51 days - 6 consults	Part. Suc	Improvement in pain, Chol (7.03) improved.
66	R.H. (M), 40	Sang/Phleg	Yes	Rheumatoid arthritis, indigestion, HTN (150/92)	Mel/Sang	Mel Inf, Laxo, Reno, Sang Inf,	36 days - 3 consults	Part. Suc	No joint pain, less bloated, temporal headaches persist, HTN (R - 162/100) (L - 160/100) worsened.
67	B.S. (F), 56	Mel/Bil	Yes	Arthritis, indigestion, HTN (140/70)	Mel	Mel Inf, Laxo, Reno	22 days - 4 consults	Successful	Symptoms resolved. (HTN (128/70) improved.
68	D.P. (F), 58	Sang/Bil	No	Backache, HTN (160/100), Chol (6.48)	Mel	Mel Inf, Laxo, Reno	42 days - 5 consults	Uns	Backache (due to injury), HTN (R - 160/120) (L - 130/80), Chol (5.19 improved.
69	J.M. (M), 46	Sang/Bil	No	Gout, Chol (HI)	Mel/Phleg	Mel Inf, Laxo, Reno, Phleg Inf, Septogard, Flu relief	29 days - 4 consults	Successful	No gout pain, Chol (4.86) improved.
70	A.W. (F), 65	Phleg/Sang	No	Post chemo pain, HTN (180/120), BG (8.6)	Mel	Mel Inf, Laxo, Reno,	53 days - 8 consults	Part. Suc	Improvement wrt pain. HTN: 150/100, Bg: 8.7.
71	I.A., (F), 44	Phleg/Mel	Yes	Congestion, HTN (170/120), Chol (6.16)	Mel	Mel Inf, PEF, PE, Reno, Laxo	8 days - 3 consults	Successful	Dizziness only when walking. Feeling well. Congestion cleared, interrupted sleep improved. Unilateral headaches resolved. HTN: 132/90, Chol: 4.51.
72	U.J., (M), 55	Mel/Phleg	Yes	Neuralgia, Gastric reflux, Chol (6.10)	Phleg/Mel	Phleg Inf, Laxo, Reno, Mel Inf, dry cupping	28 days - 6 consult	Part. Suc	Numbness and paresthesia resolved. Reflux resolved. Back pains/spasms remains, Chol: 5, 02.
73	C.V.R. (F) 56	Sang/Bil	No	Tendinitis/OA, BG (8.8) random	Mel	Mel Inf, Laxo, Reno, dry cupping, wet cupping	27 days - 5 consults	Successful	Shoulder pain resolved, BG: 13.7 (random).
74	S.A., (F), 54	Bil/Mel	Yes	Bladder infection/Mouth Ulcers/Respiratory tract infection	Bil/Mel/Sang	Bil Inf, Laxo, Reno, Mel Inf, PEF, Sang Inf	17 days - 7 consults	Successful	Symptoms resolved.

75	A.B., (F), 49	Sang/Bil	No	Arthritis	Mel/Phleg/Bil	Mel Inf, Phleg Inf, Laxo, Reno, Bil Inf	90 days - 7 consults	Successful	Symptoms resolved.
76	B.D., (F), 46	Phleg/Mel	Yes	Dorsalgia/constipation, HTN (140/90), Chol (6.25)	Mel	Mel Inf, Laxo, Reno	102 days - 7 consults	Successful	Symptoms resolved, HTN: 124/80, Chol: 4.29.
77	N.B., (F), 77	Mel/Bil	Yes	Costochondritis, Osteoarthritis, flatulence	Mel	Mel Inf, Laxo, Reno	15 days - 3 consults	Successful	Symptoms resolved.
78	A.K.H., (M), 67	Phleg/Sang	No	Arthritis, Chol HI	Mel	Mel Inf, Laxo, Reno	25 days - 5 consults	Part. Suc	Hip pain resolved, Chol: Hi.
79	C.P, (F), 61	Mel/Phleg	Yes	Sarcoidosis + sinusitis	Phleg/Mel	Phleg Inf, Laxo, Reno, dry cupping, Mel Inf	29 days - 4 consults	Successful	Nasal congestion resolved, breathing is much better and no need to pause while speaking or in between sentences.
80	G.V., (F), 61	Phleg/Sang	No	Myositis/Arthritis	Mel	Mel Inf, Laxo, Reno	19 days - 4 consult	Successful	Symptoms resolved.
81	P.A., (F), 78	Bil/Mel	Yes	Arthritis, HTN (150/90), BG (11.7), Chol (6.68)	Mel/Bil/Phleg	Mel Inf, Laxo, Reno, Bil Inf, Phleg Inf	62 days - 5 consult	Successful	Pain and stiffness resolved. HTN: 140/80 BG: 10.9 Chol: 7.19.
82	S.A., (F), 41	Phleg/Mel	Yes	Myositis, HTN (140/90)	Mel	Mel Inf, Laxo, Reno	31 days - 5 consults	Part. Suc	Neck pain resolved, Backache worsened, Urine: NAD, HTN: 130/100.
83	C.J., (F), 63	Sang/Phleg	No	HPT, Chol, Rheumatism, Diabetes, HTN (180/110), Chol (HI), BG (13.6)	Mel/Phleg/Bil	Mel Inf, Laxo, Reno, Phleg Inf, Bil Inf, dry cupping	23 days - 4 consult	Successful	Shoulder pain improved, HTN: 120/80, Chol: 4.25, BG: 11.6.
84	E.L., (F), 79	Mel/Bil	Yes	Constipation, Rheumatism, Chol (7.65)	Mel/Bil	Mel Inf, Laxo, Reno, Bil Inf, dry cupping	33 days - 5 consults	Part. Suc	Hip pain intermittent, constipation improved, Chol: 4.40.
85	S.M., (M), 65	Sang/Bil	No	Post stroke complications, HTN (170/90), Chol (7.0)	Mel	Mel Inf, Laxo, Reno, PEF, Loch, dry cupping	20 days - 4 consults	Part. Suc	Increased flexibility in right arm. HTN: 142/80 Chol: 6.33.
86	P.V., (M), 61	Sang/Phleg	No	RA, hypercholesterolemia	Mel/Bil/Sang	Bil Inf, Mel Inf, Laxo, Reno, Sang Inf	21 days - 3 consults	Successful	Symptoms resolved.
87	F.M., (F), 65	Mel/Phleg	No	Arthritis, uti, menopause	Mel/Bil	Mel Inf, Laxo, Reno, Bil Inf, dry cupping	12 days - 3 consults	Successful	Backache resolved, hot flashes improved, Urine: NAD.
88	E.Z., (M), 43	Sang/Phleg	Yes	Sinusitis/nasal polyps, HTN (140/90)	Phleg	Phleg Inf, Laxo, Reno	27 days - 4 consults	Part. Suc	Temporary relief using infusion and meds, decrease in nasal inflammation, nasal polyps still present. HTN: 122/80.
89	M.K., (F), 67	Sang/Phleg	No	OA, HTN (180/80)	Mel/Bil/Sang	Mel Inf, Laxo, Reno, Bil Inf, Sang Inf, massage, dry cupping	35 days - 6 consults	Part. Suc	Arm and leg pain improved. HTN: 150/90 Urine: NAD.
90	M.Y.A., (M), 58	Sang/Bil	No	OA/Myositis/Tendinitis	Mel/Bil	Mel Inf, Laxo, Reno, dry & wet cupping, Bil Inf	27 days - 4 consults	Successful	Symptoms resolved.
91	P.M., (F), 39	Mel/Bil	Yes	Headaches, abdominal cramps, acne	Mel/Bil	Mel Inf, Laxo, Reno, Bil Inf	9 days - 3 consults	Successful	Face papules still visible (improved), occipital/cervical pain and abdominal cramps resolved.

92	D.H.A., (M), 39	Sang/Phleg	No	Gastritis, HTN (150/90)	Bil	Bil Inf, Laxo, Reno, dry cupping	7 days - 3 consults	Successful	Symptoms resolved. HTN: 130/80
93	L.F., (F), 40	Sang/Bil	Yes	Acne	Sang/Bil	Sang Inf, Laxo, Reno, Calm cream, Episone e mix, Sang Inf, Livotibb, Heamoclear syrup, dry & wet cupping	77 days - 8 consults	Successful	Lesions cleared up, no new lesions developing, no inflammation, only old acne scars.
94	M.M., (F), 54	Mel/Phleg	Yes	Arthritis, HTN (140/98), BG (15.3), Chol (6.9)	Mel	Mel Inf, Laxo, Reno, Rummamix, dry cupping	12 days - 3 consults	Successful	Symptoms resolved. HTN: 140/100 BG: 12.6 Chol: 5.90.
95	R.A., (F), 47	Bil/Mel	Yes	Fibromyalgia, Arthritis	Mel/Bil	Mel Inf, Laxo, Reno, Bil Inf	140 days - 5 consults	Successful	No need for pain meds, pain resolved, felt great using infusion, nails improved, hot flashes controlled on infusions.
96	S.S., (F), 22	Sang/Bil	Yes	Urinary tract infection	Sang	Sang Inf, Laxo, Reno	7 days - 2 consults	Successful	Symptoms resolved.
97	A.D., (F), 60	Phleg/Sang	No	Arthritis	Mel	Mel Inf, Laxo, Reno	19 days - 2 consults	Successful	Symptoms resolved.
98	X.G., (M), 22	Mel/Phleg	No	Uti (kidney, liver)	Sang	Sang Inf, Laxo, Reno	8 days - 3 consults	Successful	Symptoms resolved.
99	S.S., (M), 45	Phleg/Sang	No	Arthritis, HTN (170/120), Chol (6.15)	Mel	Mel Inf, Laxo, Reno	12 days - 3 consults	Successful	Lower limb pain resolved. Only uses the infusion when necessary. HTN: 150/100 Chol: 5.73.
100	L.A.W., (F), 22	Phleg/Sang	Yes	Sinusitis/ Upper respiratory tract infection/Urinary tract infection	Sang/Phleg	Sanf Inf, Laxo, Reno, Phleg Inf	7 days - 3 consults	Successful	Symptoms resolved.

Overview of research results

	Sep-15		Apr-16		Sep-16	
	No of pts	%	No of pts	%	No of pts	%
Patients to date	28		60		100	
Female to Male ratio	25:3		47:13		76:24	
Successful	22	78%	45	75%	74	74%
Partially successful	3	11%	9	15%	19	19%
Unsuccessful	3	11%	6	10%	7	7%
Qual of S&S in relation to the dominant quality of the Temp of Pts	16/28	57%	34/60	57%	54/100	54%
Pts 40 yrs. and below: Dom Qual of S&S ass with dom qual of Temp i.e. Sang/Phleg combination will have S&S link to exces moistness. Pts 30 yrs. and below (bottom line)	9/11	82%	13/17	76%	20/27	74%
	3/3	100%	9/9	100%	11/12	92%
Melancholic imbalance in Patients 40 yrs. and above	12/17	71%	24/33	73%	56/78	72%
Patients treated with Infusions only	16/28	57%	41/60	68%	55/100	55%
Patients treated with Infusion + Meds/Cupping/Massage	12/28	43%	19/60	32%	45/100	45%

Results: Hypertension, Hypercholesterolemia, Blood Glucose

Patients were only considered if the readings were above the following: HTN (BP > 130/90), Diabetes (BG random > 7), and Chol (> 5). The results on hypertension revealed that the blood pressure of 23 of the 25 patients reduced, whereas in 2 patients the blood pressure increased. Of the 22 patients with hypercholesterolemia the cholesterol level decreased in 20 patients whereas in 2 patients there was a slight increase. With respect to patients with diabetes, of the 17 patients, the glucose levels decreased in 14 patients - this may not be a true reflection as it was random testing. Kindly also note that the patients selected below were not on any medication for either of the conditions.

Blood Pressure (mmHg)			Cholesterol (mmol/l) Random			Blood Glucose (mmol/l)		
CS. No.	Before	After	CS. No.	Before	After	CS. No.	Before	After
29	134/90	110/70	31	>7.9	5.99	29	9	6.7
40	132/80	110/70	33	5.6	4.17	30	10	8.2
43	160/90	140/70	35	7.47	5.09	39	9.5	6.3
45	130/90	124/80	37	5.63	4.86	43	14.5	10.5
46	140/90	113/75	41	6.82	5.06	53	8.2	4.6
47	180/100	120/70	43	6.77	5.61	54	10.8	9.9
49	140/80	120/70	46	5.71	5.49	58	7.3	9.8
50	160/90	170/110	52	6.92	5.14	59	10.1	5.7
51	132/90	104/70	58	5.66	7.25	70	8.6	8.7
53	170/88	150/80	61	6.18	6.02	73	8.8	13.7
54	132/86	122/84	62	6.08	5.12	80	8.4	6.6
55	140/90	130/90	65	HI	7.03	83	13.6	11.6
62	138/80	122/80	69	HI	4.06	94	15.3	12.6
67	140/70	128/70	71	6.16	4.51	97	9.2	5.8
70	180/120	150/100	72	6.1	5.02			
75	140/78	120/80	76	6.25	4.29			
76	140/90	124/80	81	6.68	7.19			
80	154/84	160/84	83	HI	4.25			
82	140/90	130/100	84	7.65	4.4			
83	180/110	120/80	94	6.9	5.9			
89	180/80	150/90	97	5.58	5.5			
92	150/90	130/180	99	6.15	5.73			
94	140/98	140/100						
97	160/100	140/86						
99	170/120	150/100						

Results: CRP, FBC, Thyroid Profile, Coagulation Tests

Table below are the results of C-Reactive Protein (CRP), Coagulations Tests (Prothrombin Time (PT), International Normalized Ratio (INR), Activated Partial Thromboplastin Time (APTT), Thyroid functions (Free T4) Thyroid Stimulating Hormone (TSH) and Full Blood Count (FBC).

CRP			FBC			Thyroid Profile					Coagulation						
< 5			WCC: 4-11; Lymp.; RCC: (M) 4.5-5.9			Free (T4 7.2-16.4)			TSH (0.37-3.50)		PT			INR		APTT	
CS. No.	Before	After	CS. No.	Before	After	CS. No.	Before	After	Before	After	CS. No.	Before	After	Before	After	Before	After
65	6.3 (H)	4.5	65	White cell count (11.3 H) & lymphocytes (4.77 H)	White cell count (9.9) & lymphocytes (3.96)	65	9.3	10.4	5.11 (H)	4.93 (H)	65	Not done	Not done	1	Not done	13.7	32.9
66	9.7 (H)	5.4 (H)	66	RCC: 6.73 (H)	Not done	66	11.2	Not done	2.22	Not done	66	17.9	13.2	1.6 (H)	1.1	80.7 (H)	52.5 (H)
67	0.9	0.7	67	NAD	NAD	67	11.4	10.3	1.63	1.55	67	12	12.4	1	1.1	34.1	38.8 (H)
68	7.9 (H)	7.7 (H)	68	NAD	NAD	68	9.4	8.4	2.14	1.29	68	12.9	12.3	1.1	1.1	41.7 (H)	37.7
70	17.9 (H)	20.9 (H)	69	RCC: 6.01 (H)	5.73	69	9	Not done	1.32	Not done	69	12.2	11.2	1	1	30.7	31.6
			70	NAD	NAD	70	13.7	Not done	0.27 (L)	Not done	70	13.3	13.1	1.1	1.1	31.9	33.3