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THE ROLE OF UNANI IN LIFESTYLE DISEASES

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Introduction

There are many serious challenges facing healthcare authorities worldwide. In the developed, countries these challenges are related less and less to infectious diseases, but increasingly to the so-called “lifestyle diseases”, that is, disorders, largely self-inflicted, arising from imprudent personal behaviour, activities and even over-indulgence. In the developing countries, however, the healthcare challenges are largely allied to poverty, poor sanitation and chronic malnutrition; factors which provide a fertile ground for diseases such as tuberculosis, malaria and HIV/AIDS. However, even in these countries the “diseases of lifestyle” are, ominously, becoming more prevalent, as increasing numbers of the populace adopt the deleterious lifestyle practices which often predominate in Western societies. This presentation outlines what we know about lifestyle diseases, and how their prevention and treatment can be considered from the Unani-Unani perspective.

Definition of lifestyle disease

The term “lifestyle disease” has become common currency in the healthcare field. As might be expected, there is some debate as to what is meant exactly by the term. Lifestyle diseases are diseases which arise because of the way people choose to live their lives.

In Western, industrialised countries lifestyle diseases are accepted as diseases which become more prevalent as the country becomes more industrialised and affluent. This results in people living in the “fast lane”, over-indulging and not living healthy lives.

In Unani, however there is no differentiation between lifestyle and other diseases. All diseases are the result of poor management of the six governing (or essential) factors, beyond the ability of physis or Tabiat to maintain and restore homeostasis.

In this context, lifestyle diseases are diseases that can be prevented by conscious changes to the person’s diet, behaviour and environment.

Changing historical profile of the disease burden

At the turn of the last century, most diseases resulted from infective organisms or infestations, and or a result of poor environmental control, sanitation, all of which conspired to reduce life expectancy to around 40 to 45 years.

The main causes of death were pneumonia, and communicable diseases like tuberculosis and infective diarrhoea. These accounted for around 60% of deaths. Lifestyle diseases like heart disease, diabetes and cancer were much lower down the list.

The application of scientific practice in the developed world has increased the expectation and quality of life, through undeniably immense improvements in sanitation, food quality, public health and medical care. The spectre of premature death from microbe-borne diseases has, been diminished considerably by these improvements. The corollary, however, has been a tremendous increase in lifestyle diseases, so that they are now the primary cause of death in the developed world and assuming greater significance in many developing countries.

From the 1940s, it became increasingly evident that lifestyle diseases were in the ascendancy.

Influences on the disease burden

Why has the incidence of disorders such as type II diabetes, heart problems and cancer risen so inexorably? There are several reasons for this shift in the disease burden profile. The diet has changed, as cheap, calorie-rich has become generally available; people are less inclined to physical exercise; people are incapable of dealing with an increasingly obtrusive stress in daily social and occupational life; and the use of recreational drugs and alcohol has become pervasive.

Unfortunately, the newly industrialised, developing countries have not been spared this shift in emphasis from traditional disease to lifestyle disease. Increasing numbers of their populations have access to lifestyles, especially food and stress-load, which render them prone to numerous, previously rare disorders like obesity and type II diabetes. In fact, the costs incurred in the effective treatment of lifestyle diseases are now assuming alarming proportions.

The conventional approach in managing lifestyle diseases

From the conventional medical perspective, although there is a welcome move towards educating the patient on the importance of lifestyle changes, treatment is still pre-dominantly based upon the use of medication. There are legions of drugs available, at considerable price, to treat the various lifestyle diseases: Anti-hypertensives. Appetite suppressants. Hypoglycaemics. Chemotherapeutics. Sleep inducers. Stress relievers. Anxiolytics. Antidepressants. The advice usually given on lifestyle change is generally vague and sometimes even contradictory, largely because of the lack of a comprehensive understanding on the practitioner's part of the rationale behind the advice. What is perhaps even more disturbing from the conventional approach is the range of side effects arising from the medication prescribed, resulting in patients "acquiring" additional chronic conditions which demand additional therapeutic attention.

The Unani view of lifestyle diseases

As mentioned earlier, Unani does not differentiate between lifestyle and other diseases as all diseases are the consequence of the six major governing factors, and, where applicable, the secondary factors as well. What can be differentiated is that within the context of the six governing factors there is a separation of chronic and acute clinical conditions. The chronic disorders, which can also be termed lifestyle disorders, are the conditions which arise from poor management of the governing factors over an extended period. This invariably results in an accumulation of toxins which is beyond the ability of physis or tabiat to deal with. These toxins accumulate initially at the humoral level resulting in illnesses which are associated with an accumulation of excess or abnormal humours. This situation progresses inexorably to functional imbalances. In which the functions of, for example, the digestive, circulatory and urinary systems become compromised. Finally, this accumulation of toxins adversely affects the various tissues and organs of the body, so leading to structural damage. Essentially, the lifestyle diseases and chronic disorders are associated with sub-optimum behaviour which ultimately results in an accumulation of toxins. Therefore, the Unani approach to the prevention and treatment of these lifestyle and chronic diseases is aimed at avoiding the accumulation of toxins in the first place.

The holistic approach of Unani medicine is well placed to cover the two main pillars of lifestyle diseases, namely, prevention and treatment. Unani is well placed to provide meaningful input in both areas. Not only can it exert a major influence on preventing the onset and development of several diseases of lifestyle, through its programme of empowerment via education of the individual; but it offers a flexible range of therapies for patients suffering from lifestyle diseases, especially Type 2 diabetes, hypertension, depression and others.

Like most traditional healing systems, Unani employs a holistic approach to the prevention and treatment of disease. It accepts the importance of the physical, mental and spiritual dimensions of the individual person, and bears these in mind, especially during treatment. It differs from conventional medicine in that it not only addresses the symptoms of lifestyle diseases but also identifies and deals with the underlying causes. The temperamental / humoral theory provides for a comprehensive understanding of the risk factors, pathological processes and therapeutic interventions for the effective management and treatment of lifestyle diseases.

The Unani approach in managing lifestyle diseases

For the prevention of lifestyle diseases, Unani aims at limiting the accumulation of toxins by appropriate adjustment of the person's six governing factors. For the treatment of lifestyle diseases, the Unani approach involves reversing the accumulation of toxins, plus concoction and elimination of excess or abnormal humours. In addition, restoring the functions and structures of the affected systems is encouraged where applicable

A. Preventing / delaying the onset of lifestyle diseases

This is a major benefit that Unani offers. The concept of temperament is a useful indicator for identifying the risk factors associated with individuals, as it indicates the predisposition that the individual has to chronic disorders which are invariably the result of poor lifestyle management. For example, the research project conducted at the University of the Western Cape in 2006 indicated that of the 453 patients in the study 86% of the patients with hypertension had a dominant or subdominant sanguinous temperament; similarly, of the 372 patients with phlegm-related bronchial asthma 84% had a dominant or subdominant phlegmatic temperament. This is an important indicator on the value of temperament, because once the person's risk factors have been identified, appropriate lifestyle changes especially diet and exercise can be made. Whilst predisposition of the individual to specific illnesses cannot be altered, the onset of the disorder can be delayed if the individualised governing factors are modified. This situation highlights the importance of education and empowerment of the patient, which is one of the cornerstones of Unani with respect to prevention and health maintenance. We in South Africa are devoting much attention to this area. We have initiated programmes in the form of Unani Consumer Workshops, as well as in school programmes, where the importance of appropriate lifestyle factors in relation to the temperament of the individual is highlighted. The importance of educating the young in good lifestyle practice especially regarding the diet, physical exercise, reduction in the toxin burden, and coping with stress cannot be overstated. The Unani answer to the prevention of lifestyle disease is, therefore, to manage the six governing factors to minimise the accumulation of toxins, especially when they arise from a poor, inadequate diet.

B. Treatment of lifestyle diseases

Here again, Unani recognises the importance of identifying a person's risk factors and interpreting the illness on the basis of the temperamental/humoral theory. This allows a targeted approach to deal with the humoral or structural imbalance associated with chronic lifestyle disorders. The Unani treatment approach to chronic lifestyle illness consists of three main components. The first component is activities leading to a reduction in the increase of the abnormal/excess humour associated with the illness. The second component is encouragement of the concoction and elimination of the abnormal humour. The third component is the strengthening the organ system affected by the disorder by application of an appropriate lifestyle management programme. Appropriate Unani medication in support of one or more of these components is frequently resorted to.

The adoption of an appropriate Unani lifestyle programme can play an important role in reducing the degree and severity of the symptoms, so ensuring a better quality of life. This has been confirmed in a pilot study conducted by postgraduate students at the University of the Western Cape, where the role of patient's lifestyle was assessed in disorders ranging from HIV/AIDS to hypertension and diabetes. Based on this study, a Unani Lifestyle Advisors Programme aimed at home-based care workers, was originated, and is now playing an important role in South Africa. Health promoters and home-based care workers are given training in advising patients living with chronic disorders such as HIV/AIDS, diabetes and hypertension.

An additional aspect that needs to be evaluated is the role of regimental therapies such as cupping and massage in the management and treatment of lifestyle diseases. In the light of this perceived need, this year's undergraduate students at the University of the Western Cape, Faculty of Community & Health Sciences, are carrying out research on the role of cupping in disorders like hypertension and arthritis.

In conclusion, the incidence of lifestyle diseases in both developed and emerging countries is rising inexorably, and their management poses major problems for most healthcare authorities. I would like to affirm that the holistic approach of Unani medicine in dealing with lifestyle diseases is clinically proven and cost effective, and it deals with both the prevention and treatment of chronic lifestyle disorders.