



TIBB
A SCIENCE OF MEDICINE
THE ART OF CARE

TEMPERAMENT: AN IMPORTANT INDICATOR OF SUSCEPTIBILITY TO INFECTION IN HIV AND AIDS PATIENTS

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Evaluation report: prepared by Dr Rashid Bhikha and Dr John Glynn on a Pilot Research Project undertaken by Unani-Tibb diploma student N.F Mbeti in 2004 titled: "Determining the Relationship between AIDS patients with and without Tuberculosis and Temperamental Types".

One of the enduring principles of Tibb philosophy is that a person's temperament is important in his or her susceptibility to particular diseases. Does this principle have any relevance in the South African HIV and Aids context?

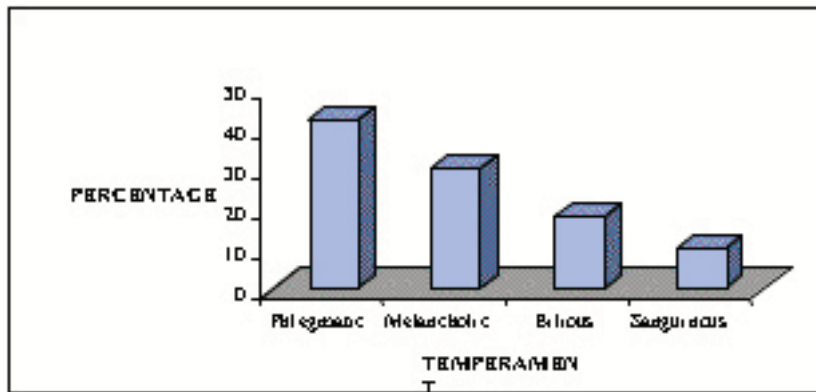
As part of the Diploma in Unani-Tibb course, Felicia Mbeti elected to examine the role played by temperament in people living with Aids and also their susceptibility to tuberculosis.

The temperaments of 150 adults, male and female, recruited at a clinic at a goldmine in Carltonville were evaluated according to the standard Tibb form. Of these, 50 were HIV positive, with unequivocal evidence of early stage Aids, but without tuberculosis (TB). Fifty were HIV positive, also with evidence of early stage Aids, but with TB. A further 50 people were HIV negative and free from TB, chosen randomly as a control group. Some of the HIV positive patients were receiving antiretroviral drugs.

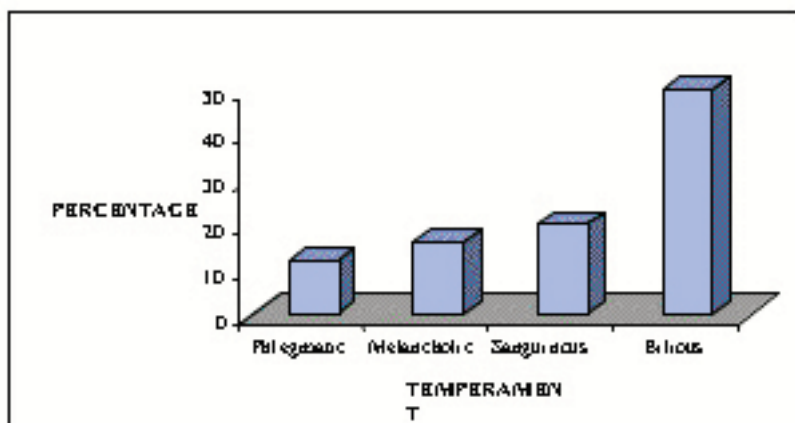
Patients tested HIV positive, but free from TB mostly had a dominant or sub-dominant phlegmatic temperament, and appeared to be readily succumbing to full blown Aids. Contrariwise, the HIV positive patients who also manifested TB were predominantly bilious in both dominant and sub-dominant temperament. They were also less inclined to develop the symptoms of full-blown Aids.

The author concludes that temperament is an important factor in a person's reaction to HIV infection, in that HIV positive patients with a phlegmatic temperament are more susceptible to being critically ill and have Aids-related illnesses, whereas HIV positive patients with a bilious temperament are less prone to be critically ill from Aids-related illnesses. The results of this pilot study suggest that temperament is a factor in predicting whether a person succumbs to TB, and also in influencing the progress to full blown Aids. This could have important implications in how treatment is tailored for HIV and Aids patients with different temperaments.

Graph 1: HIV POSITIVE WITH NO TUBERCULOSIS



Graph 2: HIV POSITIVE WITH TUBERCULOSIS



Graph 3: CONTROL GROUP

