



Tibb as Part of Integrative Medical Care

Prof Rashid A H Bhikha and Dr John P Glynn
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A Science of Medicine
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Background

Effective and affordable healthcare is becoming increasingly expensive, complex and difficult to access. The costs of diagnosis, clinical investigations, drug therapy or surgical intervention, aggravated by punitive medical insurance premiums, are escalating dramatically, especially if new technologies are brought in. This at a time where the incidence of chronic conditions such as type 2 diabetes, heart and lipid disorders, respiratory diseases and depression are increasing inexorably. However, the question should be asked: does orthodox medicine alone provide the solution to a countries disease burden? “Last year [2010], 75 percent of the \$2.6 trillion the US spent on healthcare was for treating chronic diseases that, to a large degree, can be prevented or reversed through lifestyle change”¹ This depressing statistic suggests that other healthcare options should at least be considered. One such option is the introduction of integrative therapy. This form of treatment combines – as equal partners – selected elements of orthodox (or conventional) medicine, especially in dealing with acute disorders or medical emergencies, where it has unequivocally proven itself, and complementary medicine, which is particularly effective in dealing with long-term, chronic or recurring disorders.

The move towards complementary and alternative medicine

Worldwide, there is a substantial and well-documented swing away from orthodox medicine to complementary and alternative medicine (CAM)². Apart from reasons of cost and accessibility, there is the patient dissatisfaction with orthodox medicine arising from lack of required effect¹, adverse drug reactions, antibiotic resistance and iatrogenic disorders, often revealed in the harsh glare of media publicity. In addition, the doctor-patient relationship frequently leaves a lot to be desired – little time in consultation, low level of discussion and explanation, and resorting too-quickly to potent drugs. The relationship is generally better developed in CAM practitioners; indeed, it is of paramount importance, as patient ‘buy-in’ to what therapy entails is essential.

Integrative Medicine

Interestingly, a substantial number of CAM users combine it with orthodox medicine – usually to alleviate the symptoms of an acute phase of the disorder³. Disorders which are particularly responsive to combined therapy are musculo-skeletal problems, colds and flu, certain digestive disorders, menopausal symptoms, diabetes and even cancers. IM (IM) blends orthodox and CAM into a practical system for the comprehensive diagnosis and treatment of disease. It emphasises the maintenance of the patient’s wellness, as well as actively supporting the body’s innate healing abilities. IM takes into account the person’s physical, emotional and perhaps spiritual aspects in both diagnosis and treatment.

It attaches considerable importance to the healer–patient relationship, to promoting self-help, and to reasonable empowerment and relevant education of the patient. IM has a particularly valuable role in the treatment of chronic disorders such as heart disease, bronchial asthma and migraine.

IM is ideally placed to treat chronic, persistent conditions like heart and circulatory disorders, and the increasingly prevalent diseases of lifestyle, such as type 2 diabetes, hypertension, obesity and depression. The complementary arm of IM can consist of specific therapeutic techniques like acupuncture, hypnotherapy or herbal therapy. It can also co-opt particular medical paradigms such as Tibb, Ayurveda, naturopathy or homeopathy.

Applying IM is becoming more popular, even in medical communities where orthodox medicine is well entrenched, such as the USA. Forty percent of people have alleged to have tried one other complementary medicine, at an annual spend of \$35 billion⁹.

Outline of Tibb

Tibb, also known as Unani-Tibb or Unani Medicine, is a system of healthcare based on the classical clinical precepts of the early pioneers of medicine – principally Hippocrates, “the Father of Medicine” Galen and, Ibn Sina (aka Avicenna)³. Tibb emerged over the centuries, influenced by Egyptian, Greek, Arab, and Western healing philosophies. Even though orthodox (or Western) medicine may have become predominant in many parts of the world over the past century or so, Tibb is still practised extensively in the Indian sub-continent, as well as in the Middle East. Applying Tibb as the complementary arm of IM is a reasonable one. Its clinical benefits have been well documented, and the underlying principles are broadly consistent with orthodox medicine.

The connecting thread that runs through Tibb theory and practice is that of equilibrium or harmony; not only internally as the regulation of metabolism and other processes, but also externally with the environment⁴. The Tibb system is fundamentally empirical in nature, drawing extensively on clinical experience, which extends back several centuries. However, scientific studies have recently been initiated into the impact of Tibb therapy on a number of common, chronic disorders such as hypertension, bronchial asthma, diabetes, and HIV and AIDS, with encouraging results to date. There are a number of theoretical aspects to Tibb. One is that every person is unique. This uniqueness is described in terms of temperament, which in effect combines, inter alia, features of a person’s constitutional make-up with his or her personality and behavioural tendencies^{3,7}.

Temperament is viewed as an important aspect in the diagnosis, treatment and support of a person with a particular ailment. Tibb research has revealed that specific disorders are more prevalent in people with a certain temperamental disposition. An important preliminary in any medical consultation, therefore, is the accurate assessment of the patient’s temperament.

Another aspect of Tibb is the notion of the body’s inherent wisdom, or physis: the capacity of the living body to self-regulate, so maintaining harmony in the face of internal metabolic and external environmental challenges⁴. This goes above and beyond fortifying the immune system, although this is an integral part of it. The concept is not exclusive to Tibb, as it is also manifested in a number of complementary paradigms, notably Ayurveda, homeopathy and naturopathy⁵. Tibb accepts that although treatment is applied from the outside, true healing actually comes from within⁶.

Tibb therapy aims to enhance physis, and so focuses on supporting the ‘inner doctor’ by combining dietary, pharmaceutical and therapeutic measures with acceptable lifestyle advice.

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

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

In practical terms, a Tibb consultation, conducted in a relaxed, stress-free atmosphere, will intensively review the patient's (and his or her family's) medical history, and identify their temperament. From this, beneficial changes to the patient's lifestyle will be discussed and mutually agreed, and reinforced with herbal and other therapies as required.

Conclusion

IM therefore combines the best features of two medical paradigms. The value of orthodox medicine for acute disorders and clinical crises is supported by the benefits of complementary medicine in preventative health care and maintenance.

Because of manifest advantages such as cost effectiveness, patient acceptability and tolerance that IM offers, it has the potential to improve many countries' healthcare systems. It is not going to be a passing fad or phase⁸.

Significant numbers of orthodox medical practitioners are indeed learning about, and applying, IM in one form or other, using acupuncture, phytotherapy and homeopathy. Others are combining orthodox medical practice with Tibb or Ayurveda in treating disorders such as diabetes, hypertension and chronic pain, and in the management of geriatric patients.

As the dichotomy between orthodox and complementary practice becomes blurred, and more doctors accept the value of CAM, then patients should be able to enjoy the 'best of both healing worlds'.

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