

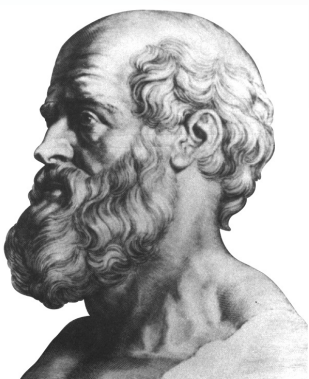


Medicine

of

Hippocrates, Galen and Ibn Sina

The Founders of Medicine, who hypothesised the Philosophical Principles
of Physis, Temperament, Humours and Lifestyle
Factors in this Holistic and Intergrative system of Medicine



Prof. Rashid Bhikha

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ISBN: 978-0-6397-8785-5

June 2023 (1000 copies)

Acknowledgment of the Institute's work will be appreciated if this publication is used in training.

Dedication

Dedicated to the Founders of Medicine: Hippocrates, Galen and
Ibn Sina



The Ibn Sina Institute of Tibb (Waqf), a Public Benefit Organisation (PBO: 930 008 393), was established in 1997 with the vision of assisting in the provision of effective, affordable healthcare locally and globally.

Among the objectives of the Institute is the promotion and revival of this holistic system of medicine, known over the centuries by many different names including Greek Medicine, Unani Medicine, Greco-Arab Medicine, Prophetic Medicine, Persian Medicine, Anatolian Medicine and Western Herbal Medicine, and being named in this book as the Medicine of Hippocrates, Galen and Ibn Sina, acknowledging the contribution of the founders of medicine.

Being aware of the global interest in this holistic system of medicine, the Institute is willing to collaborate with international universities in the development of a Postgraduate Diploma for medical doctors/diagnostic healthcare professionals, that could be named under the same names as known in many different countries, where it was practiced for centuries.

Contents

Introduction	7
--------------	---

Chapter 1: Theoretical Principles of Medicine as Hypothesised by Hippocrates 9

Introduction	9
Vis Medicatrix Naturae	9
Humours	9
Uniqueness of an Individual	9
Uniqueness of an Individual in Relation to the Environment	10
Summary and Conclusion	11

Chapter 2: The Holistic and Integrative Approach of the Medicine of Hippocrates, Galen and Ibn Sina – and Tibb 12

Introduction	12
Creation from the Four Elements	12
Perfection of Creation: Temperament, Structure and Function	14
The three-organ theory	16
Summary and concluding comments	18

Chapter 3: Institute's Contribution to the Medicine of Hippocrates, Galen and Ibn Sina 19

Introduction	19
Institute's contribution to the terminology of the Medicine of Hippocrates, Galen and Ibn Sina	20
Institute's contribution to the concept of temperament	20
Identifying a Patient's Temperamental Combination and Dominant Quality	21
1ST Research Project: Relationship Between an Individual's Temperament and the Predisposition to Illness Conditions	25
2ND Research Project: Relationship Between Temperament and Qualities in the Predisposition to Illness Conditions	25
Institute's contribution to the concept of humours	28
3RD Research Project: Treatment of Humoral Imbalance at a Cellular/Sub-cellular level	29
4TH Research Project: To Validate Whether the Excess/Abnormal Melancholic Humour is the Cause of Chronic Conditions	30
Institute's contribution to the Six Essential/Lifestyle Factors	31
5TH Research Project: Role of Lifestyle Factors in the Management of Patients with HIV & AIDS, Type 2 Diabetes, Hypertension	31

6TH Research Project: Impact of Tibb Lifestyle Factors in Health Promotion and Illness Management	32
Institute's contribution to the concept of Physis	34
The Institute's contribution of the above principles within the context of Aetiology, Pathology, Diagnosis and Treatment	35
7TH Research Project: Review of the Relationship Between Temperament and Qualities in the Predisposition to Illness Conditions	35
Summary and concluding comments on the Institute's contribution to the Medicine of Hippocrates, Galen and Ibn Sina	40

Chapter 4: Validating the link between Aetiology, Pathology, Diagnosis and Treatment in relation to the Philosophical Principles of Tibb

41

Introduction	41
Diagnosis in Tibb	42
The role of Physis during Pathological Processes and Pathways	43
Qualities associated with illness Conditions in Diagnosis	44
The Tibb Approach to Diagnosis	45
Treatment in Tibb	46
Research Aims and Objectives and Methodology	47
Results	48
Discussion	50
Summary and Concluding Comments	52

Tibb Diagnosis and Treatment: 50 Case Studies

53

Case Study 1	53
Case Study 2	55
Case Study 3	57
Case Study 4	60
Case Study 5	63
Case Study 6	66
Case Study 7	68
Case Study 8	71
Case Study 9	74
Case Study 10	76
Case Study 11	80
Case Study 12	82
Case Study 13	84
Case Study 14	86
Case Study 15	88
Case Study 16	90
Case Study 17	92

Case Study 18	95
Case Study 19	100
Case Study 20	102
Case Study 21	105
Case Study 22	107
Case Study 23	110
Case Study 24	113
Case Study 25	116
Case Study 26	118
Case Study 27	120
Case Study 28	123
Case Study 29	126
Case Study 30	128
Case Study 31	130
Case Study 32	132
Case Study 33	134
Case Study 34	137
Case Study 35	139
Case Study 36	141
Case Study 37	143
Case Study 38	145
Case Study 39	148
Case Study 40	151
Case Study 41	153
Case Study 42	156
Case Study 43	159
Case Study 44	162
Case Study 45	164
Case Study 46	166
Case Study 47	168
Case Study 48	171
Case Study 49	173
Case Study 50	176

Annexures	179
------------------	------------

Annexure 1: Herbal Tea Formulations	179
Annexure 2: Diet Charts	180
Annexure 3: Tibb Cupping Points	182
Annexure 4: Qualities Associated with Illness Conditions	186

Introduction

Under the banner of Tibb (the Arabic word for medicine), the Ibn Sina Institute of Tibb endeavours to contribute to the Medicine of Hippocrates, Galen and Ibn Sina, began in 1992, when my eight-year-old daughter was diagnosed with fibrosing alveolitis confirmed by a lung biopsy and prescribed 50mg prednisone (cortisone) daily. Her illness and subsequent failure to receive adequate treatment from leading specialists initiated my journey to research this holistic system of medicine. Being a pharmacist since 1969 and having established the largest privately owned pharmaceutical company in South Africa, I was greatly concerned with the symptomatic approach to treatment without an understanding of the cause of the illness condition.

Because of the dominance of Western medicine, the training of this system of medicine, was only available in the Indian subcontinent under the name of Unani medicine, from whom I requested academic support. The Institute has been academically supported by Hamdard University Pakistan, Jamia Hamdard University, Aligarh Muslim University, and the Central Council for Research in Unani Medicine, from India, with respect to the foundation of the philosophical principles of the Medicine of Hippocrates, Galen and Ibn Sina, as mentioned in the Canon of Medicine.

After obtaining and reviewing academic support, concerns were identified in the training and practice of Unani Medicine that needed to be changed in the typical South African Western dominated environment.

These concerns included the terminology of the humours, in relation to the terminology of temperament, as well as the limited information of identifying an individual's temperament with respect to the predisposition of illness conditions. More significantly there was no link between temperament, humours, and lifestyle factors. The research projects conducted over the past twenty-years have addressed the above concerns by a) being aware of the link between humours and temperament, the same terminology was used for both temperament and humours; b) the Institute's identification of an individual's temperament being a combination of a dominant and a sub-dominant temperament with a dominant quality, not only provided insights into the predisposition of illness conditions, but also identified the relationship between temperament, humours, and lifestyle factors associated with an individual's dominant quality. In addition, the Institute also contributed to the principle of physis with respect to the weakening of physis from the age of 40 onwards.

Significantly, the link of aetiology, pathology, diagnosis, and treatment to the theoretical principles of physis, temperament, humours, and lifestyle factors was identified in the research project in 2019. This link has been validated in the latest research project, completed in December 2022, published in April 2023, and also includes, the practical application of the theoretical principles of Tibb, in Diagnosis and Treatment in fifty case studies (<http://www.tibb.o.za/tibb-diagnosis-and-treatment-50-case-studies/>).

Based on the above information on the Institute's Contribution to the Medicine of Hippocrates, Galen and Ibn Sina, the publishing of this book was decided upon, to promote the Medicine, of Hippocrates, Galen and Ibn Sina in this 21st century.

Being the founder of the Institute, with changes to my health status in my age of 77 and being thankful to the Almighty for the progress made together with the Directors and Management Team of the Institute over the past 3 decades, my grandson Dr Riyaadh Mohamed (MBBCh) has joined the Institute over the past few months as the Training and Research Medical Director, for the succession planning of the future of the Institute. An important objective of the Institute is to collaborate, with local and international universities in the development of a Postgraduate Diploma for medical doctors/ diagnostic healthcare professionals, that will allow them to integrate the Tibb philosophical principles with respect to diagnosis and treatment, in their current practice.

In addition, based on the contents of this book a short course and possibly an e-learning, or online course, will be completed over the next year to promote this system of medicine locally and globally. The Tibb approach of diagnosis and treatment used at the Institute's clinic in Cape Town will also be shared with healthcare professionals, clinics, and hospitals.

Finally, I would like to take this opportunity to thank my Family Members, as well as the Previous and Current Management Teams and Staff, at both the Johannesburg Head Office's as well as the Clinics in Cape Town over the past decades, for their role in the Institute's contribution to the Medicine of Hippocrates, Galen and Ibn Sina.

Above all, my gratitude to the Almighty for the opportunity to serve others in health.

God Bless
Rashid Bhikha
June 2023
South Africa

[*Back to Contents Page*](#)

Chapter 1: Theoretical Principles of Medicine as Hypothesised by Hippocrates

Introduction

The recognition of the contribution to medicine made by Hippocrates (460-370 B.C.) over 2500 years, as the “Father of Medicine” is still acknowledged globally. More significantly Hippocrates is known for transforming the practice of medicine which included superstition and magic, to a scientific system based on the principle of cause and effect, with professionalism and medical ethics. These ethical responsibilities are recognised to this day, with qualifying doctors committing to the Hippocratic oath.

The contribution of Hippocrates to the theoretical principles of medicine is also recognised in most parts of the world. Although many healthcare professionals are aware that Hippocrates hypothesised the theory of humours and the importance of recognizing the body’s self-healing ability, known as Vis Medicatrix Naturae, Hippocrates also conceptualised the importance of the uniqueness of an individual, in relation to the environment, in the maintenance of health and treatment as stated below.

Vis Medicatrix Naturae

The Medicine of Hippocrates recognizes the body’s inherent ability to heal itself, known as Vis Medicatrix Naturae. The term Vis Medicatrix Naturae, literally means “*the healing power of nature*”, and is the Latin rendering of the Greek Νόσων φύσεις ἰητροί. The Greek philosopher, Aristotle (384 – 322 BCE), described Vis Medicatrix Naturae as “Physis” in Latin.

Physis is the sum total of the body’s natural, instinctive reactions and responses to maintain, and where necessary restore homeostasis. Physis is responsible for maintaining homeostasis between the physical, mental, emotional, and spiritual aspects of every individual. It works at a cellular/sub-cellular level, between all the organs and systems of the body, by constantly monitoring and adjusting the millions of biochemical and physiological pathways that are genetically designed.

The practice of Tibb highlights the importance of a physician to be constantly aware of physis, in both health promotion and treatment. The concept of physis was accepted in medicine until the beginning of the 20th century as mentioned by Dr Albert Schweitzer (1875-1965):

“Each person carries his own doctor inside him. We are at our best when we give the doctor who resides within each patient, a chance to go to work.”

Humours

The humoral theory is one of the most important pillars in the Medicine of Hippocrates. The humoral theory hypothesizes that the body consists of four bodily fluids - known as humours with respective qualities - Blood (Hot & Moist), Phlegm (Cold & Moist), Yellow Bile (Hot & Dry), and Black Bile (Cold & Dry). The humours are a microcosmic form of the macrocosmic theory of the four elements of creation Earth, Water, Air, and Fire also with associated qualities. Each individual has a unique combination of the four humours with a dominance of one humour and an overall qualitative state. Based on this, the humoral theory hypothesizes that when the humours maintain a balanced qualitative state, according to an individual’s constitution and overall qualitative state, health will be maintained.

Uniqueness of an Individual

The concept of the uniqueness of an individual can be traced back to ancient Greek philosophers as far back as the 4th century BC and was an important consideration for Hippocrates, as highlighted in his famous saying:

“It is more important to know what sort of person has a disease than to know what sort a disease a person has”

Hippocrates believed, it is more important to know what type of person is being treated, than the illness condition/s. Hippocrates’ postulated that the humours, directly affect an individual’s personality, behaviour, and health. He based his treatment on an individualistic approach, identifying the importance of each individual and their constitution.

Galen (129 – 216 CE), expanded on the Hippocratic concept of uniqueness of an individual, and hypothesised the temperamental theory. According to Galen, based on the admixture of the four humours, there are four main types of temperaments, with a dominant humour. These include Sanguinous, Choleric, Phlegmatic and Melancholic, with two primary opposite qualities including Hot, Cold, Moist and Dry. The balance of these qualities associated with the dominant humour is directly linked to an individual’s unique temperament – Sanguinous (Blood – Hot & Moist), Phlegmatic (Phlegm – Cold & Moist), Choleric/aka Bilious (Yellow Bile – Hot & Dry), and Melancholic (Black Bile – Cold & Dry). If this unique qualitative balance is disturbed, the individual will experience symptoms of illness conditions, and treatment will be aimed at correcting this ‘qualitative’ and/or ‘humoral imbalance, in relationship to the individual’s temperament.

Galen’s contribution to the Medicine of Hippocrates was the concept of temperament which described the uniqueness of an individual.

Uniqueness of an Individual in Relation to the Environment

Hippocrates identified the importance of environmental factors, in relation to the uniqueness/temperament of an individual. He postulated that life entails a reciprocal relationship between the organism and its environment. Hippocrates hypothesised that the organism grows at the expense of the environment, taking from it what is necessary to sustain life and rejecting what is unnecessary. From Hippocrates’ viewpoint disease was the occurrence of difficulty in this digestion – known as “Pepsis” of the environment by the organism. The term dyspepsia referring to indigestion – is still used today. However, the term pepsis extends beyond the digestion of food, and includes the relationship between an individual and the environment.

Pepsis was expanded upon during the 9th and 11th century by philosophers and physicians who described the environment within the context of the Six Essential/Lifestyle Factors.

The Essential/Lifestyle Factors include “Air” which elaborates on the effect of environmental air, different seasons, pollution etc. “Physical Activity/Body Movement” elaborates on the effect of bodily movement and repose. “Sleep and Wakefulness” elaborates on sleep and wakefulness, and their mechanisms on the body. “Psychic movement and repose” elaborates on psychic movement and repose such as anger, happiness, etc., and their effects on the body. “Food and Drink” describes the qualitative effects of various foods and drinks. “Evacuation and Retention” elaborates on the impairment of normal functions of evacuation and retention that can lead to illness conditions.

The impact of Lifestyle Factors is based on the qualitative effect of each of the Lifestyle Factors. For example, weather is either hot or cold, foods such as ginger are heating, sleep is cooling, and exercise produces heat.

Lifestyle Factors especially diet results in qualitative changes to an individual’s humoral balance, which if beyond the ability of Physis to restore homeostasis, will result in the development of illness conditions.

The relationship between the uniqueness/temperament of an individual and the environment was researched and comprehensively detailed as the Six Essential/Lifestyle Factors in Ibn Sina’s Canon of Medicine.

Summary and Conclusion

From the information above it is apparent that Hippocrates hypothesised the theoretical principles of this system of medicine and transformed the practice of medicine which included superstition and magic to evidence-based medicine, with professionalism and medical ethics - included in the Hippocratic oath. Whilst Hippocrates is known to have recognised the importance of the body's inherent ability to heal itself, known as *Viz Medicatrix Naturae* (Physis) and hypothesised the humoral theory, the uniqueness of an individual was expanded upon by Galen in the temperamental theory. Also, the relationship between an individual and the environment, was expanded upon during the 9th and 11th century within the context of the Six Essential/Lifestyle Factors as detailed in Ibn Sina's *Canon of Medicine*. This holistic system of medicine has been practiced for more than a thousand years taking into account that human beings are "body and soul", and health is impacted physically, mentally, emotionally, and spiritually. In conclusion, whilst over the centuries many physicians/philosophers contributed to this system of medicine, this system can be known as the *Medicine of Hippocrates, Galen and Ibn Sina* because of their contribution to the philosophical principles of this system of medicine.

[Back to Contents Page](#)

Chapter 2: The Holistic and Integrative Approach of the Medicine of Hippocrates, Galen and Ibn Sina - and Tibb

Introduction

Chapter 1 provided an overview on conceptualizing the four main philosophical principles of Physis, Temperament, Humours, and Lifestyle Factors, the contribution of the many physicians/ philosophers in subsequent centuries, have added additional information, especially Ibn Sina/Avicenna (980-1037) in his famous 5 Volumes of the Canon of Medicine which remained the reference training material in medical schools including Montpellier, France, as late as 1650 – and reputedly is still used in the East.

Ibn Sina's Canon of Medicine expanded on the Greek hypothesis of creation within the context of the perfection of creation, from elements, with qualities - temperament, structure, and function, and the fully integrative human body with links between tissues, organs, energies, faculties, functions, as hypothesised in the three-organ theory. This holistic and fully integrative approach has provided a comprehensive understanding of the practice of the Medicine of Hippocrates, Galen and Ibn Sina for more than a thousand years.

Creation from the Four Elements

Greek philosophers hypothesised that everything in the universe is created from four elements, which are symbolized by Earth, Water, Air, and Fire, with respective qualities associated with each of them. For example, the Earth element is associated with the quality of Cold and Dryness, Water with Cold and Moistness, Air with Heat and Moistness, and Fire with Heat and Dryness. These elements should not be interpreted as physical states of earth, water (etc.), but rather as metaphysical states from which the basic elements, necessary for the existence of matter, are created.



Everything in the universe, from the smallest atom to the largest in creation, is made-up from a combination of the four elements, with their respective qualities. The result of this is that all creation has an overall quality (a combination of heat, coldness, moistness, and dryness), associated with it. This overall quality is called 'temperament'.

For example, the temperament of a human being, is associated with Hot & Moist qualities. This is understandable, considering that the human body is maintained at an average temperature of 37°C and consists of approximately 70% water.

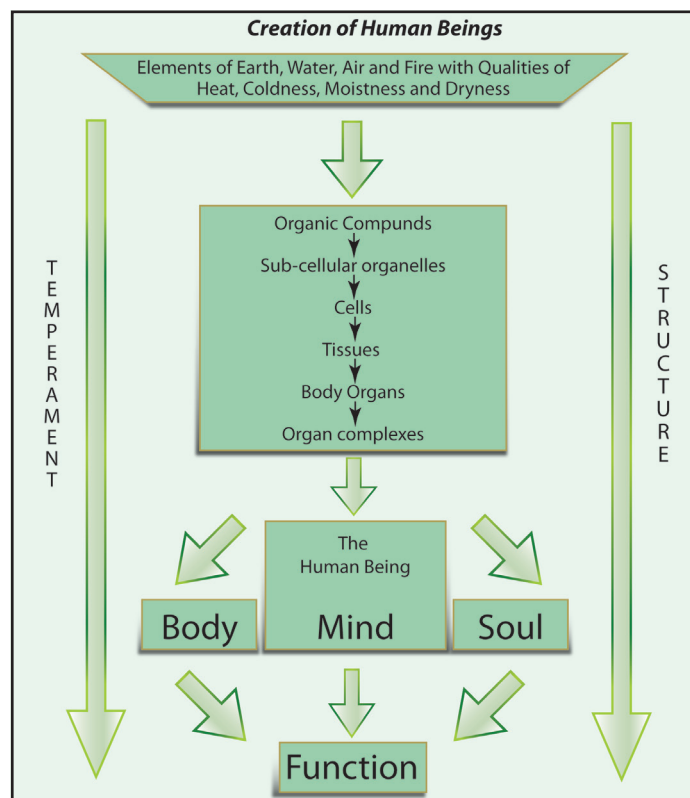
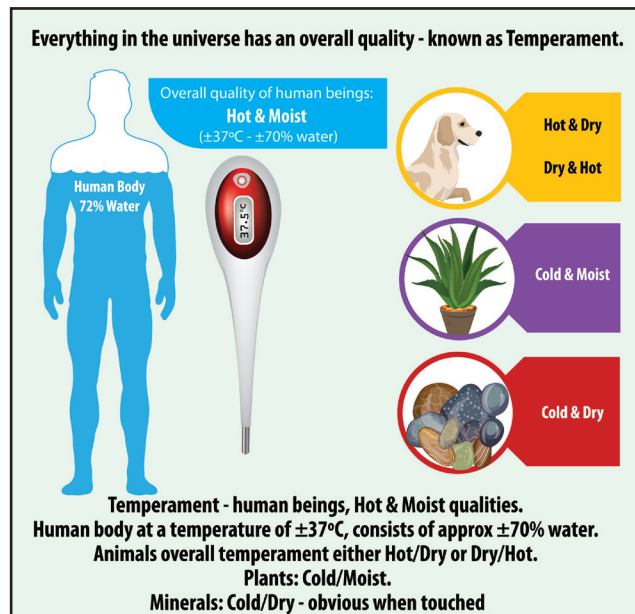
Similarly, animals have an overall temperament of either Hot & Dry or Dry & Hot. Plants have a temperament of Cold & Moist, while minerals have a temperament of Cold & Dry, as is obvious when touched.

Every level of creation from atoms to organic compounds, cells to tissues, has a specific temperament and each level of organisation is characterised by distinct building blocks for all of creation from minerals, animals, plants, and humans.

Elaborating on the creation of human beings, just as the atom is the unit for the outer environment, cells are the basic unit for the inner environment of man and all living entities. Cells combine to form tissues, the combination of which forms organs. Ultimately from the cells, tissues, and organs the overall shape of the body is obtained.

It is important to note that each level, whether it is cell, tissue, organ, or the totality of the human being (body, mind, and soul), is created with a specific temperament and structure to perform specific functions. For example, overall temperament of the brain is moist (with less heat), enabling nerve impulses to be transmitted easily - as moisture is a good conductor of electrical impulses. On the other hand, the overall temperament of the liver is hot (with less moistness), because of the heat generated during metabolic processes.

When examining the geometry of our organs, we see many different shapes, again performing different functions, each having a specific temperament. For example, the shape of the ears enhances our ability to hear, and the shape of the heart facilitates the pumping action. Our nose filters out impurities from inspired air before it enters the lungs. Our eyebrows prevent perspiration from entering our eyes.



Perfection of Creation: Temperament, Structure and Function

“If we examine any corner of the universe, from the galaxies in space to the living entities in nature, and from our own body to the invisible cells, we see a flawless plan incorporating order, design, and purpose. This order, design, and purpose illustrates the perfection of creation.” [Yahya, H 2001]

In the anatomy section of the Canon of Medicine, Ibn Sina brings in philosophical dimensions of *why different organs have been created with a perfect structure with an ideal temperament to perform a specific function*. Changes to either temperament or structure will negatively affect the functioning of anatomical structures. Below is a brief overview of Ibn Sina’s interpretation of the perfection of creation within the context of temperament, structure, and function and the position of each organ in the body.

Maintenance of Temperament

The temperament of the brain is described by Ibn Sina as Cold & Moist, where the quality of cold allows for the brain to work as hard as it does, and the quality of moistness is to prevent dryness in the large number of functions that take place within the brain. He also mentions that the blood flowing from the heart into the Cold & Moist brain, is Hot & Moist. The middle ventricles, in the brain stem, aid in maturation of the blood from the heart to suit the Cold & Moist temperament of the brain.

Similarly, on maintaining the temperament of compact bones, he mentioned that compact bones are made up of an outer cortical bone and a central marrow cavity. Bones have a Cold & Dry temperament; therefore, the bone marrow provides moisture to counteract the dryness produced from exercise.

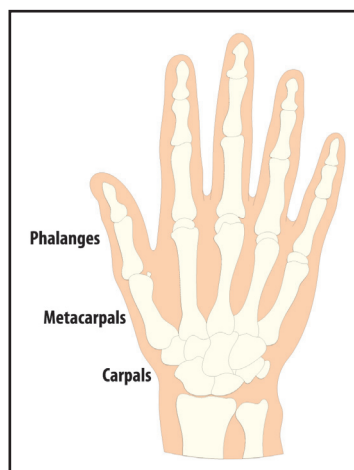
Structure

Ibn Sina’s description of the hand stated that:

“Metacarpals provide a concave surface that enables the hand to retain liquids and firmly surround objects”.

In addition, he also argued why there should be only three phalanges in each finger, (excluding the thumb) noting that:

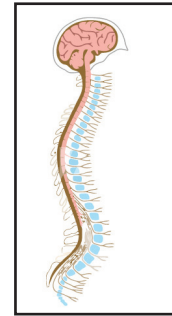
“... if there had been more than 3 phalanges, the fingers would have obtained a greater range of movement, but they would be weakened in strength. If the phalanges had been 2, the finger would have become stronger, but the range of movement would have been restricted – noting that the fingers need greater movement and nominal strength”.



In his anatomy of the brain and spinal column, Ibn Sina explains the purpose of creating the spinal column:

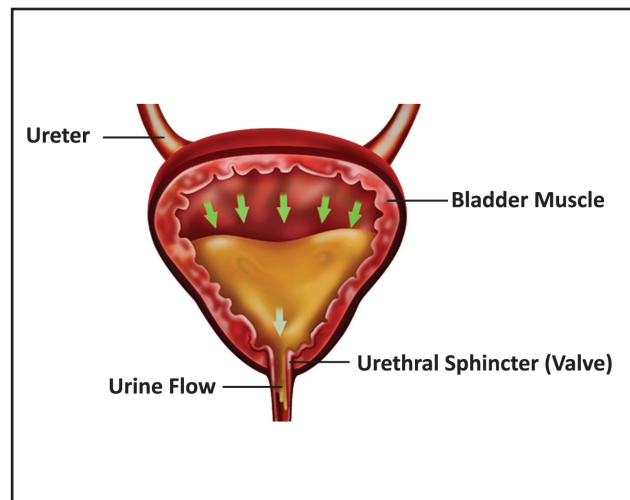
He mentioned that:

“... If the brain supplied all the nerves, it would be too big a burden for it and; If all the nerves have arisen from the brain, the nerves for the hands and feet would have to travel quite a long distance and thus be exposed to greater risks of injury and damage. The nerves would also be too weak to contract and expand the heavy muscles (of the leg and the thigh). Almighty God has therefore, provided the spinal cord from the lower part of the brain; The spinal cord arises from the brain like a canal from a spring so the nerves may reach both sides of the body; The source of the nerves has in this way been brought closer to the recipient organs”.



Functioning of Organs

Ibn Sina described the function of the bladder based on a two-phase dogma which still stands in modern physiology information. He stated that *“God has created an organ similar to a cyst in the human body to remove the useless liquids. This allows the urine to gradually pour into the bladder and at a necessary time, it can be completely expelled from the body. Otherwise, the human would have to urinate every minute and every hour”.* He described the curvatures of the urethra and suggested that they help in preventing involuntary voiding of urine.



Position of organs in the body

Ibn Sina highlights the importance of the position of each organ in our body. He stated *“that the lungs help to cool the heart with each breath. This is analogous to the wings of a bird and its body where the wings represent the lungs and the body represent the heart. As the lungs flap, they bring a cool breeze to the heart keeping it cooler. Similarly, he opined that the nasal passages facilitate exchange of temperature (of air) between the brain and the external environment allowing the brain to maintain its natural temperament”.*

Delving further into the marvels of the body, we begin to realise just how intricate the systems of the body are: the respiratory, circulatory, digestive, and nervous systems, and of special significance in the context of health and disease, the immune system. Each system working independently and yet is associated with and interconnected to each other. All of which make us realise the perfection of creation.

Not only is there perfection of creation in the human being’s body as described by Ibn Sina, but there is also complete integration of all the different parts of the body based on the concept of the three-organ theory within the context of faculties and functions.

[Back to Contents Page](#)

The three-organ theory

The three-organ theory (heart, liver, and brain) is coherent with the understanding of the three faculties: the vital faculty, associated with the heart; the metabolic faculty, associated with the liver; and the psychic faculty associated with the brain.

The human foetus develops from three (3) layers: the *endoderm*, *mesoderm*, and the *ectoderm*. This corresponds to the current anatomy and is in keeping with the three-organ theory, that includes the concept of temperament and qualities:

The endoderm, or inner layer, develops into the lining of most of the gastrointestinal tract and the organs which serve it - particularly the liver, gall bladder and pancreas. Accordingly, the endoderm is linked with the *liver* and has a dominant quality of *heat*.

The mesoderm, or middle layer, gives rise to the heart, kidneys, blood, and connective tissue. Accordingly, the mesoderm is linked with the *heart* and has a dominant quality of *dryness*.

The ectoderm, or outer layer, matures into the nervous system, skin, and sense organs. Accordingly, the ectoderm it is linked with the *brain* and has a dominant quality of *moistness*.

The holistic nature of the human being is evident early in the development of the three germinal layers of organ formation and persists until the complete and total formation of the independent foetus. This complex integration of different systems within the body persists throughout life.

The heart, liver, and brain are considered to be completely integrated in terms of both information and energy transfer. Any imbalances or deficiencies can lead to physical or emotional disorders.

“There is complete integration amongst the main organs. Each of them is the source of preservation for the other. Thus, the preservation of the whole body depends upon the harmonious inter-linkage or integration of energies of these main organs.” [Abu Sahil Mashi]

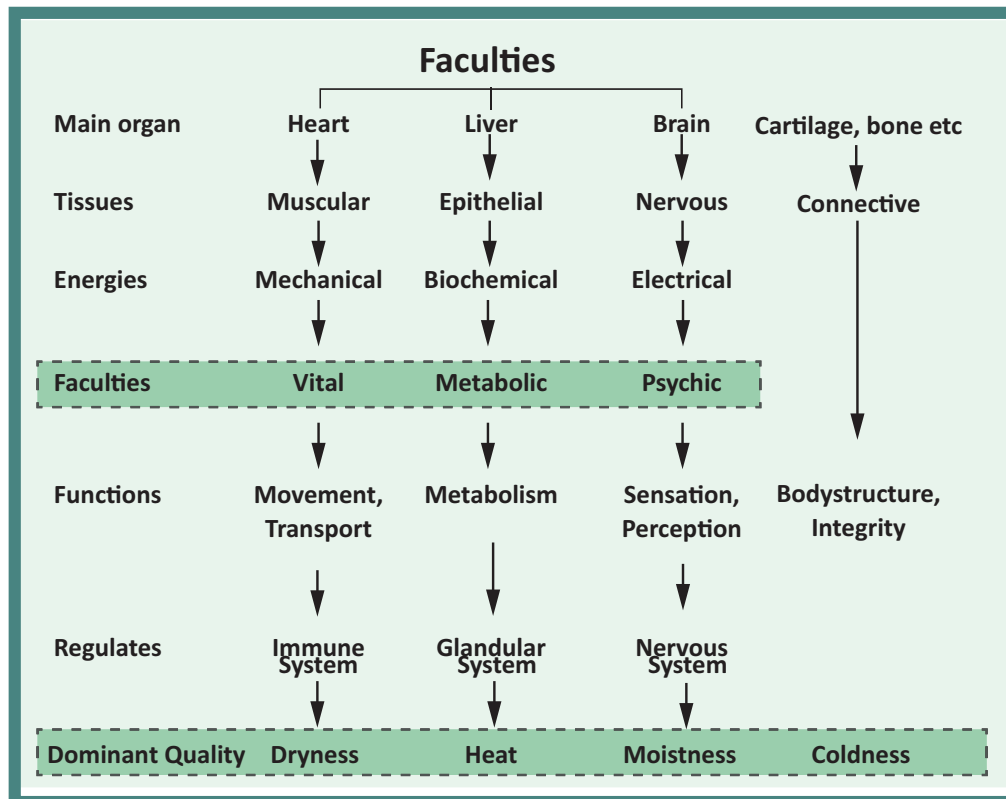
Faculties and functions

Three basic faculties and functions within the human body have been identified:

- **Vital faculty** – this regulates the immune system, controls muscle tissue, using the respiratory and cardiovascular systems. The seat of the vital faculty is the *heart*, and its dominant quality is *dryness*.
- **Metabolic faculty** – this regulates the endocrine and exocrine systems, controls epithelial tissue, using the inherent attractive, retentive, digestive, and repulsive capabilities. The seat of the metabolic faculty is the *liver*, and its dominant quality is *heat*.
- **Psychic faculty** – this regulates the nervous system, controls nervous tissue and organs, using the perceptive (sensory) afferent nerves of the external senses of sight, hearing, sense, smell and touch and the internal senses of cognitive, memory, thinking, common sense, and imagination. The seat of the psychic faculty is the *brain*, and its dominant quality is *moistness*.

The panel on the next page summarises the integrative nature of the human body. It shows the relationship between the main organs, tissues, energies, faculties, functions, temperament/qualities, and the three systems of the body that it is regulated by physis.

Table 1: A fully integrated system – linked between tissues/main organs with energies, faculties, and functions



It is interesting to note that the panel above highlights the link between the three-main organs, the heart, the liver, the brain, and their respective qualities dryness, heat, and moistness. Whilst coldness is one of the four qualities in nature, the role of coldness is not actively involved in the human body which is at a temperature of 37°C and approximately 70% of water.

Physicians and philosophers of the Medicine of Hippocrates, Galen and Ibn Sina recognised the dynamic interaction between the three-main organs and their respective qualities in the maintenance of homeostasis, and when necessary, assist physis. Although they did not have the technology to understand the interrelationship between the systems, they were aware that an increase in quality (hyper) associated with any one of the systems will invariably have an opposite effect (hypo) on the other systems. This highlights the importance of the role of qualities in diagnosis and treatment within the context of temperament, humours, and lifestyle factors.

The above information of the holistic and integrative approach of the Medicine of Hippocrates, Galen and Ibn Sina compared to the reductionist approach of current Western medicine is listed on the next page:

Differences between holistic integrative understanding of the Medicine of Hippocrates, Galen and Ibn Sina in relation to the reductionist approach of current Western medicine

<i>The approach of Western medicine</i>	<i>The Medicine of Hippocrates, Galen and Ibn Sina approach/Tibb</i>
Not only disregards the role of physis, but treatment often works against physis	Recognises the role of physis in the maintenance and restoration of health
The body is regarded as a machine – with different organs and systems	The body is infinitely complex and fully integrated
The body and mind are seen as separate entities – no consideration of the soul	The body, mind, and soul are interconnected
Emphasis on the elimination of disease	Emphasis on maintaining and restoring health
Treat the symptoms troubling the patient	Treats both the symptoms and the underlying causes
Specialises – diseases of cardiovascular, endocrinology, rheumatology, oncology, infectious diseases, etc	Takes a fully integrated and holistic approach
Uses high-tech, impersonal diagnostic techniques, and medication with many side effects	Focuses on lifestyle, preventative measures, and time-tested, safer, natural medication
Focuses on objective information - charts, tests, statistics	Focus on subjective information (how the patient is feeling)

Whilst there are distinct differences between the Medicine of Hippocrates, Galen and Ibn Sina and Tibb in relation to Western medicine, they have a common heritage to the founders of medicine, Hippocrates, Galen and Ibn Sina. This could be the basis for a successful partnership in **Integrative Medicine** where the philosophy of yesterday could be integrated with the technology of today. Integrating the philosophical principles of yesterday, with the technology of today can evolve into a healthcare model that can be affordable and effective in this 21st century.

Summary and concluding comments

From the above information it is apparent that the Medicine of Hippocrates, Galen and Ibn Sina highlights the perfection of creation within the context of temperament, structure, and function. Also, the three-organ theory of the heart, the liver, and the brain and its respective qualities provides insights into the holistic and integrative approach between tissues/main organs with energies, faculties, and functions. This Module also briefly highlights the differences between holistic integrative understanding of the Medicine of Hippocrates, Galen and Ibn Sina that recognises that human beings are “body and soul”, and health is impacted physically, mentally, emotionally, and spiritually - in relation to the reductionist approach of current Western medicine.

[Back to Contents Page](#)

Chapter 3: Institute's Contribution to the Medicine of Hippocrates, Galen and Ibn Sina

Introduction

Under the banner of Tibb (the Arabic word for medicine), the Ibn Sina Institute of Tibb's endeavours to contribute to the Medicine of Hippocrates, Galen and Ibn Sina, began in 1992, when my eight-year-old daughter was diagnosed with fibrosing alveolitis confirmed by a lung biopsy and prescribed 50mg prednisone (cortisone) daily. Her illness and subsequent failure to receive adequate treatment from leading specialists initiated my journey to research this holistic system of medicine. Whilst my daughter underwent test after test to no avail, and eventually had to be on oxygen full time, I became increasingly despondent as one doctor after another informed us that the cause/s could not be identified. Being a pharmacist since 1969 and having established the largest privately owned pharmaceutical company in South Africa (SA), I was greatly concerned with the symptomatic approach to treatment without an understanding of the cause/s of illness conditions.

Unfortunately, because of the dominance of Western medicine, the training and practice of this system of medicine, was only available in the Indian subcontinent under the name of Unani medicine. This led to my request for academic support for the training of Unani-Tibb doctors in SA, initially from Hamdard University in Pakistan in 1994 and subsequent visits to Jamia Hamdard University, Aligarh Muslim University, and the Central Council for Research in Unani Medicine, in India.

The academic support that was obtained on the training and practice of Unani medicine including the philosophical principles of a) Physis, the body's self-healing mechanism, b) The four Elements of Creation, with respective qualities - Earth (Cold & Dry), Water (Cold & Moist), Air (Hot & Moist), Fire (Hot & Dry). c) Humours, as hypothesized by Hippocrates, phlegm, yellow bile, black bile, and blood, also with respective qualities; d) Temperament as hypothesized by Galen, categorized individuals into four dominant temperamental types, in relation to the four humours, either as an individual having a Sanguinous, Phlegmatic, Choleric, or Melancholic temperament, also with respective qualities; e) Six Lifestyle Factors which influences the relationship between an individual and the environment within the context of health promotion and treatment – including Air/Climate, Physical Activity/Body Movement, Sleep and Wakefulness, Physic Movement and Response, Food & Drink and Evacuation and Retention – each having a qualitative effect.

In the above philosophical principles, qualities are a common denominator between Humours, Temperament, and Six Lifestyle Factors. This formed the basis of interpreting signs and symptoms, with respect to diagnosis and subsequent treatment. The quality/ies associated with illness condition/s, have been treated with medication having opposite quality/ies, in keeping with the understanding of "allopathic medicine" where the word "allo" is opposite to the signs and symptoms associated with an illness condition.

Whilst the Medicine of Hippocrates, Galen and Ibn Sina has been successful in treatment based on the opposite qualities and the pharmacological action of natural medication, as recorded in many pharmacopeias over centuries, the terminology of one of the humours as "blood", was of concern - in today's understanding of "blood", which consist of plasma, different blood cells, platelets etc. Also, there was no correlation between the terminology of humours and temperament.

More significantly, there was no information with respect to identifying an individual's temperament for insights into the individual's predisposition to illness conditions, as well as no identified relationship between the principles of Temperament, Humours, Six Lifestyle Factors, and Physis.

To address the above concerns, as well as obtaining official recognition of this system of medicine with the Department of Health and facilitating the training of Unani-Tibb doctors in SA, the Ibn Sina Institute of Tibb (Waqf/Public Benefit Organization: PBO No. 930 008 393) was established in 1997.

In 2001, the Institute facilitated the recognition of Unani-Tibb with the Allied Health Professions Council of South Africa (AHPCSA). The AHPCSA regulates the training and practice of Complementary and Alternate Medicine modalities including amongst others Homeopathy, Chiropractic, Ayurveda, Chinese medicine, Phytotherapy, and Naturopathy (<http://ahpcsa.co.za/>).

In 2003, the Institute established the training of Unani-Tibb doctors at the University of the Western Cape's (UWC), School of Natural Medicine (SoNM), at both a 5-year Undergraduate programme and a 1-year Postgraduate Diploma (PGD-UT) – for medical doctors and clinical primary healthcare nurses. **The curriculum included a research module which made it possible for the Institute to contribute to the Medicine of Hippocrates, Galen and Ibn Sina.** Based on the curriculum and training of the PGD, in 2004, I completed my PhD in education entitled “African Renaissance in Health Education: Developing an Integrative Programme of Unani-Tibb training for Healthcare Professionals in Southern Africa” at UWC.

The Institute's contribution to the above-mentioned concerns, together with long-term and extensive research expounded upon below, has also provided insights into the effectivity of physis in the maintenance and restoration of health during an individual's lifespan.

Institute's contribution to the terminology of the Medicine of Hippocrates, Galen and Ibn Sina

To address the terminology concerning the word “blood” as one of the humours, as well as the lack of correlation between the terminology of humours and temperament – taking into account Galen's contribution to the humoral theory with respect to categorizing four dominant temperamental types in relation to the four humours, with respective qualities, the Institute deemed it acceptable to align the humours and temperaments with the same names, viz: Sanguinous, Phlegmatic, Melancholic, and Choleric. Furthermore, as the link between the different temperaments and qualities is the foundation of this system of medicine, the Institute thought it would be appropriate to rather use the word “Bilious” instead of Choleric which is in keeping with the qualities of bile which has Hot & Dry qualities.

Institute's contribution to the concept of temperament

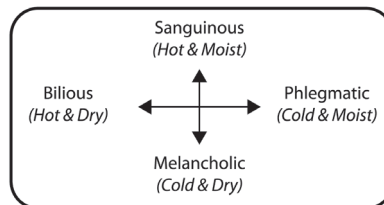
Inspired by the famous saying of Hippocrates, “*It is more important to know what sort of a person has a disease than to know what sort of disease a person has*”, which highlights an individual's temperament, with respect to predisposition of illness conditions; as well as an individual's relationship to the environment. Taking into account Galen's categorizing of only four dominant temperamental types, the Institute researched different models that satisfied the criteria of identifying an individual's temperament.

This criterion was influenced by Florence Littauer's poem, in her book “The Four Temperaments” in which she describes the personality traits of the four temperamental types and concludes with the words, “*We need each temperament for the total functioning of the body*”. This highlights that whilst each person has personality traits/attributes from all four temperaments, each individual has a dominant temperament, less of a second, even less of a third and the least amount of the fourth temperament.

[Back to Contents Page](#)

Within the context of opposite qualities not existing simultaneously – nothing can be hot and cold; nor moist and dry at the same time, the Institute hypothesized that an individual's temperamental combination will have a dominant temperament, a second less (sub-dominant temperament) that will be adjacent to the dominant temperament, and the least temperament being opposite.

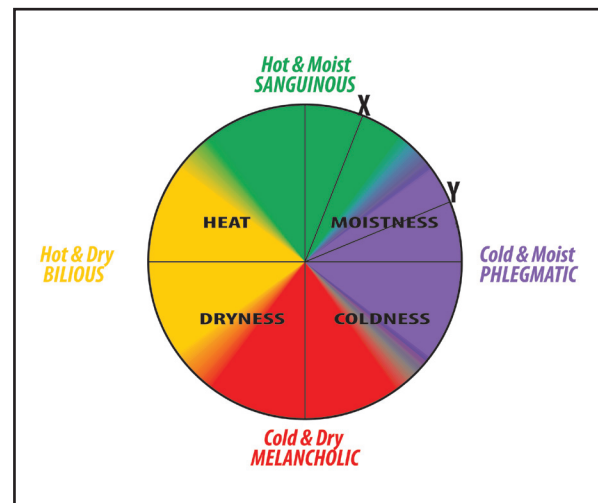
For example, a person with a dominant Sanguinous temperament with Hot & Moist qualities, will have a sub-dominant temperament of either Bilious (Hot & Dry qualities) or Phlegmatic (Cold & Moist qualities) and not a Melancholic temperament with Cold & Dry qualities, as this is opposite to the Hot & Moist qualities associated with the Sanguinous temperament.



After conducting thousands of temperamental evaluations, between 1998 and 2000, the Institute confirmed that each individual has a dominant/sub-dominant temperament, which is adjacent to each other, with respective qualities including an overall dominant quality as indicated below.

Identifying a Patient's Temperamental Combination and Dominant Quality

The adjacent chart is reflective of an individual's dominant Sanguinous, sub-dominant Phlegmatic temperament as indicated in the line marked **X**. This person will have an overall dominant quality of moistness, less heat, followed by coldness and the least amount of dryness. Similarly, an individual with a dominant Phlegmatic, sub-dominant Sanguinous temperament (marked with a **Y**) will also have an overall quality of moistness but followed with coldness than heat and the least amount of dryness. However, both temperamental combinations have a dominant quality of moistness and the least amount of the dryness quality.



Clinically, a person's temperament can be identified using the following criteria: Frame; Gait (walk); Speech Patterns; Complexion and Skin Texture; Personality Traits; Emotional Traits; Climatic Preferences; Sleep Patterns; Food and Drink; Health Problems.

The table on the next page lists the above criteria with information on the four different temperamental types. The table is divided into two Sections - Section A needs to be carefully noted by the healthcare professional that can provide an indication of the patient's temperamental combination. To confirm the temperamental combination, the information in Section B needs to be completed with feedback from the patient. The column with the most ticks will be the dominant temperament, and the sub-dominant temperament with the second most ticks.

Categories to identify an individual's dominant/sub-dominant temperament:

CATEGORY	SANGUINOUS HOT & MOIST	PHLEGMATIC COLD & MOIST	BILIOUS HOT & DRY	MELANCHOLIC COLD & DRY
SECTION A				
FRAME	Medium to large frame, more muscle	Medium to large frame, more fat	Medium frame, lean	Thin, bony frame (short / tall)
GAIT	Macho stride	Slow pace	Firm stride	Quick / Anxious pace
SPEECH PATTERNS	Clear, moderate to loud	Slow, soft	Sharp, talkative, loud	Fast, less vocal, soft
COMPLEXION and SKIN TEXTURE	Reddish (light skin) or shiny (dark skin) Moderate in softness and moistness, warm	Whitish / pale Cool, moist, soft	Warm, dry	Dry, rough, cold
SECTION B				
PERSONALITY TRAITS	Persuasive, sociable, outgoing, talkative <i>a get acknowledged person / Extrovert</i>	Calm, accommodating, patient, good listener <i>a get along person / Introvert</i>	Resourceful, outspoken, dominant, may be short tempered <i>a get it done person / Extrovert</i>	Thoughtful, logical, analytical, tend to be perfectionist <i>a get it right person / Introvert</i>
EMOTIONAL TRAITS	Playful, cheerful, excitable, disorganised, tends to exaggerate	shy, self-contained, indecisive	Aggressive, angry, irritable, impatient	Fearful, insecure, suspicious, anxious
CLIMATIC PREFERENCES	Prefers cold, dry conditions Winter and Autumn	Prefers hot, dry conditions Summer and Spring	Prefers cold, moist conditions Winter and rainy weather	Prefers hot, moist conditions Summer and raining weather
SLEEP PATTERNS	Moderate to Deep 6 to 8 hours	Heavy, tendency to oversleep at least 8 hours	Low but sound, tendency to insomnia 5 to 6 hours	Interrupted, tendency towards insomnia 6 to 7 hours
FOOD and DRINK	Healthy appetite with a moderate to excessive thirst Prefers cold drinks	Slow, steady appetite, low thirst, can skip meals Prefers hot drinks	Healthy appetite, excessive thirst, cannot skip meals Prefers cold drinks	Irregular and variable appetite and thirst Prefers hot drinks
HEALTH PROBLEMS	Hypertension, Diabetes	Phlegm related disorders	Heat related disorders	Indigestion and gas related disorders

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The following needs to be noted when completing the table.

- Nobody fits perfectly into only one temperament; the patient may have characteristics of other temperaments. However, each one will have a dominance of one and a sub-dominance of another temperament – that will be next to each other and not opposite.
- The patient's body frame may alter due to slimming, ageing, side effects of medication (for example, cortisone) or, because of a severe disorder such as HIV & AIDS.
- A handshake can provide valuable clues of the skin texture and the qualities associated with it. It may feel hot or cold, moist, or dry – which could be indicative of the patient's dominant/sub-dominant temperament.
- The personality and emotional traits are important indicators. This category should be considered by the patient under normal circumstances when he or she is not under stress. A good indicator would be how the person is perceived to be by his/her friends and family. A short video of 4 minutes 03 seconds, on the different personality and emotional traits associated with each temperamental type, is available on the Institute's YouTube page titled: "Personality Traits of the Four Temperaments" (<http://youtu.be/apOlawONDNI>).

Possible challenges that may arise with the completion of the temperamental evaluation may include more than one column with equal ticks and opposite temperament with equal ticks. In this case it is advised to rely on a complete history taking with the patient (previous medical history, and predispositions to illnesses).

Step by Step Procedure with respect to the different categories to identify temperament

Frame & Gait (walk): Med to large with more muscle; macho gait – Sanguinous; med to large with more fat, slow gait – Phlegmatic; lean, firm, and fast gait – Biliious; thin and bony (tall/short), preoccupied gait – Melancholic.

Speech Patterns: Clear and moderate speaker – not loud nor soft, fast nor slow; likes to talk – Sanguinous. Slow and soft – Phlegmatic. Firm tone of voice; outspoken – Biliious. Fast speaker – Melancholic.

Complexion & Skin texture: Reddish (light skin), shiny (dark skin), moderate in softness & moistness, warm – Sanguinous; whitish/pale, cool, moist, soft – Phlegmatic; warm, dry – Biliious; dry, rough, cold – Melancholic.

Personality Traits: Persuasive, sociable, outgoing, talkative "Get acknowledged person" – Sanguinous. Calm, accommodating, patient, good listener, "Get along person" – Phlegmatic. Resourceful, outspoken, dominant, driver, may be short tempered, "Get it done person" – Biliious. Thoughtful, logical, analytical, tends to be perfectionist, "Get it right person" – Melancholic.

Emotional Traits: Playful, cheerful, excitable, disorganized, tends to exaggerate – Sanguinous. Shy, self-contained, indecisive – Phlegmatic. Aggressive, angry, irritable, impatient – Biliious. Fearful, insecure, suspicious, anxious – Melancholic.

Climatic Preferences: Prefers cold, dry conditions; winter & autumn – Sanguinous; prefers hot, dry conditions; summer & spring – Phlegmatic; prefers cold, moist conditions; winter & rainy weather – Biliious; prefers hot, moist conditions; summer & rainy weather – Melancholic.

Sleep Patterns: Moderate to deep, 6-8 hours – Sanguinous. Heavy, at least 8 hours – Phlegmatic. Moderate but sound, 5-6 hours – Biliious. Interrupted, tendency towards insomnia, 5-7 hours – Melancholic.

Food & Drink: Healthy appetite - moderate to excessive thirst, prefers cold drinks – Sanguinous. Slow, steady appetite - low thirst, can skip meals, prefers hot drinks – Phlegmatic. Healthy appetite - excessive thirst, cannot skip meals, prefers cold drinks – Biliou. Irregular & variable appetite & thirst, prefers hot drinks – Melancholic.

Health Problems: Hypertension, Diabetes – Sanguinous. Phlegm related disorders – Phlegmatic. Stress & anxiety, hay fever – Biliou. Insomnia & gas related disorders, Bone and Joint complaints – Melancholic.

Importance of identifying an individual's temperament with respect to the predisposition to illness conditions

Based on the Institute's research over the past twenty-years, identifying an individual's temperamental combination and dominant quality provides insights into the predisposition of illness conditions. A summary of the predisposition to illness conditions based on the dominant quality associated with the temperamental combination is listed below.

Sanguinous/Biliou:

As the dominant quality associated with this temperamental combination is "Heat", this temperamental combination will be predisposed to congestive headache; high blood pressure; diabetes; urinary tract infection; rheumatoid arthritis; pre-menstrual tension; migraine; stress; bronchitis; overactive thyroid; hay fever; endometriosis etc.

Phlegmatic/Sanguinous:

As the dominant quality associated with this temperamental combination is "Moistness", this temperamental combination will be predisposed to asthma (phlegmatic); colds & flu; sinusitis; anaemia; underactive thyroid; polycystic ovarian syndrome; congestive headache; high blood pressure; diabetes; urinary tract infection; rheumatoid arthritis; pre-menstrual tension etc.

Melancholic/Phlegmatic:

As the dominant quality associated with this temperamental combination is "Coldness", this temperamental combination will be predisposed to insomnia; osteo-arthritis; hyperacidity; constipation; muscle aches/spasms; flatulence; asthma (phlegmatic); colds & flu; sinusitis; anaemia; underactive thyroid; polycystic ovarian syndrome etc.

Biliou/Melancholic:

As the dominant quality associated with this temperamental combination is "Dryness", this temperamental combination will be predisposed to migraine; stress; bronchitis; overactive thyroid; hay fever; endometriosis; insomnia; osteo-arthritis; hyperacidity; constipation; muscle aches/spasms; flatulence etc.

Having listed the predisposition to illness conditions of the above temperamental combination, the Institute initiated its first research to confirm this link.

[Back to Contents Page](#)

1ST Research Project: Relationship Between an Individual's Temperament and the Predisposition to Illness Conditions

This research, the relationship between clinical disorders and temperament was conducted by 21 students who completed the Postgraduate Diploma in Unani-Tibb (PGD-UT) at the University of the Western Cape (UWC), in 2003, on 108 patients.

Clinical Disorder	No and % of patients having the same dom/sub-dom temperament
Diabetes	23 (100%) patients had a dom/sub-dom sanguinous temperament
Asthma	10/12 (83%) asthmatic patients had a dom/sub-dom phleg temperament
Hypertension	15/18 (83%) patients patients had a dom/sub-dom sang temperament
Drug addiction	6 (100%) patients had a dom/sub-dom melancholic temperament
HIV and AIDS	7 (100%) patients had a dom/sub-dom phlegmatic temperament
Psoriasis	6 (100%) patients had a dom/sub-dom melancholic temperament
Stress	6 (100%) patients had a dom/sub-dom bilious temperament
Eczema	4/6 (66%) patients, had a dom/sub-dom sanguinous temperament
Menstrual disorders	5/6 (83%) patients, patients had a dom/sub-dom sang temperament
Menopause	6 (100%) patients had a dom/sub-dom sanguinous temperament
Rheumatoid Arthritis	8 (100%) patients had a dom/sub-dom sanguinous temperament
Arthritis-osteo	3/4 (75%) patients, had a dom/sub-dom bilious temperament

The above table, (which is included in my PhD), is a summary of twelve (12) illness conditions that were researched, recording the percentage of the number of patients having the same dominant/sub-dominant temperament in relation to illness condition/s. The table highlights that of the 12 illness conditions 7 illnesses recorded this relationship as 100%, 3 conditions were 83%, and of the remaining 2 one was 75% and the other was 66%. This research highlighted a definite correlation between the patient's dominant/sub-dominant temperament and predisposition to the illness condition (<http://www.tibb.o.za/wp-content/uploads/FINAL-THESIS-2004.pdf>).

2ND Research Project: Relationship Between Temperament and Qualities in the Predisposition to Illness Conditions

Having established the relationship between an individual's temperament and the predisposition to illness conditions, a second research was conducted in 2006, to test the Unani-Tibb hypothesis that there is also a relationship between an individual's temperament and illness conditions with respective qualities.

Unani experts hypothesized that all illness conditions can be allocated to six (6) qualitative frames which include: Hot & Moist; Moist & Hot; Cold & Moist; Cold & Dry; Dry & Hot; Hot & Dry, and that most, if not all illness conditions, begin with an excess of one of the four qualities of heat, coldness, moistness, and dryness, that leads to a second associated quality. An example of this is the common cold, which typically develops in the cold season of the year. If this cold imbalance is not corrected, symptoms develop and are often associated with an increase in mucous production such as a runny or congested nose, productive cough etc. Therefore, colds and flu are associated with qualities of coldness with moistness. Similarly, constipation is linked to qualities of dryness with coldness, as intestinal motility slows and the level of fluid is low, resulting in the formation of dry, hard, dehydrated stools.

This research project on the relationship between temperament and qualities in the predisposition to illness conditions, entitled: “Correspondence of Qualities and Temperament in groups of patients suffering from Hypertension, Type 2 Diabetes, Bronchial Asthma, and HIV & AIDS” was conducted by 27 students in the PGD-UT at UWC, in 2006, on 2151 patients suffering from Essential Hypertension (521); Type 2 Diabetes (416); Bronchial Asthma (432); and HIV & AIDS with TB (381); HIV & AIDS without TB (401); in the research project.

Summary of the above research results is listed below under two separate headings a) Relationship between Temperament and Illness Conditions, and b) Relationship between Illness Conditions and Qualitative Frames associated with the Illness Conditions. The complete report is available on the Institute’s website (<http://www.tibb.o.za/wp-content/uploads/Eval-Rep-2006-qual-temp-20.04.22.pdf>).

Relationship between an individual’s temperament and illness conditions

Hypertension

Temperamental combinations (Dominant / Sub-dominant)	No. patients	Percentage
Sanguinous / Phlegmatic	257	49%
Sanguinous / Bilius	78	15%
Phlegmatic / Sanguinous	94	18%
Bilius / Sanguinous	94	5%
Phlegmatic / Melancholic	10	2%
Bilius / Melancholic	14	3%
Melancholic / Bilius	26	5%
Melancholic / Phlegmatic	14	3%
Total	521	100%

In the above table, of the 521 hypertension patients, the patients with a dominant Sanguinous temperament with sub-dominant temperaments of Phlegmatic and Bilius equals to $257 + 78 = 335$. In addition, patients with sub-dominant Sanguinous temperament having a dominant Phlegmatic and Bilius temperament are $94 + 28 = 122$, totaling to 457 patients ($335 + 122$) equivalent to $457/521 = 88\%$ of the patients with a **dominant/sub-dominant Sanguinous temperament** are predisposed to developing **Hypertension**.

Whilst the above results of Hypertension include both the content of the table as well as the table itself, in order to save space, the results of Type 2 Diabetes, Bronchial Asthma, and HIV & AIDS are listed below without the table, (available on the link mentioned above).

Type 2 Diabetes: Of the 416 Type 2 Diabetes patients, the patients with a dominant Sanguinous temperament with sub-dominant temperaments of Phlegmatic and Bilius equals to $211 + 49 = 260$ patients. In addition, patients with sub-dominant Sanguinous temperament having a dominant Phlegmatic and Bilius temperament are $88 + 22 = 110$, totaling to 370 patients ($260 + 110$) equivalent to $370/416 = 89\%$ of the patients with a **dominant/sub-dominant Sanguinous temperament** are predisposed to developing **Type 2 Diabetes**.

Bronchial Asthma: Of the 432 patients, the patients with a dominant Phlegmatic temperament with sub-dominant temperaments of Sanguinous and Melancholic equals to $226 + 46 = 272$. In addition, patients with sub-dominant Phlegmatic temperament having a dominant Sanguinous and Melancholic temperament are $64 + 25 = 89$, totaling to 361 patients ($272 + 89$) equivalent to $361/432 = 84\%$ of the patients, with a **dominant/sub-dominant Phlegmatic temperament** are predisposed to developing phlegmatic **Bronchial Asthma**.

HIV & AIDS without TB: Of the 401 patients, the patients with a dominant Phlegmatic temperament with sub-dominant temperaments of Sanguinous and Melancholic equals to $147 + 35 = 182$. In addition, patients with a sub-dominant Phlegmatic temperament having a dominant Sanguinous and Melancholic temperament are $120 + 19 = 139$, totaling to 321 patients ($182 + 139$) equivalent to $321/401 = 80\%$ of the patients, with **dominant/sub-dominant Phlegmatic temperament** are predisposed to developing **HIV & AIDS without TB**.

HIV & AIDS with TB: Of the 381 patients, the patients with a dominant Bilious temperament with sub-dominant temperaments of Melancholic and Sanguinous equals to $99 + 60 = 159$. In addition, patients with a sub-dominant Bilious temperament having a dominant Melancholic and Sanguinous temperament are $44 + 38 = 82$, totaling to 241 patients ($159 + 82$) equivalent to $241/381 = 63\%$ of the patients, with **dominant/sub-dominant Bilious temperament** are predisposed to **HIV & AIDS with TB**.

Whilst the above results confirm a definite relationship between an individual's temperament and predisposition to the above illness conditions, it is interesting to note that the results of this second research with respect to the relationship between temperament and the predisposition to illness conditions have similar results to the first research: Hypertension 88% - previous research 83%; Type 2 Diabetes 89% - previous research 100%; Bronchial Asthma 84% - previous research 83%.

Relationship between illness conditions and qualitative frames

Hypertension

Qualitative Frame	No. patients	Percentage
Hot & Moist	368	71%
Moist & Hot	23	4%
Cold & Moist	47	9%
Hot & Dry	38	7%
Dry & Hot	7	1%
Cold & Dry	38	7%
Total	521	99%

Of the 521 patients, 368 (71%) fall into the hot and moist frame, confirming the Unani-Tibb hypothesis that Essential Hypertension can be allocated to the hot and moist frame, in which the qualities of heat and moistness are responsible for increasing the blood volume, associated with the signs and symptoms of Hypertension. Adding the three moisture related frames ($368 + 23 + 47$) = 438 which is equivalent to 84% ($438/521$), highlights that the **quality of moistness is a dominant quality** associated with **Essential Hypertension**.

Whilst the above results of Hypertension include both the description of the table as well as the table itself, in order to save space, the results of Type 2 Diabetes, Bronchial Asthma, and HIV & AIDS are listed below without the table, (available on the link mentioned above).

Type 2 Diabetes: Of the 416 diabetic patients, 276, or 66%, fall into the hot and moist frames. This result also confirms the Unani-Tibb hypothesis that Type 2 Diabetes can be allocated to the hot and moist frame. Adding the three moisture related frames ($276 + 53 + 45$) = 374 equivalent to 90% ($374/416$), highlights that the **quality of moistness is a dominant quality** associated with **Type 2 Diabetes**.

Bronchial Asthma: Breathing disorders in Unani-Tibb fall into three categories (a) phlegm/moisture related; (b) allergic or heat-related (hot and moist, hot, and dry); and (c) dryness-related as in emphysema (cold and dry). Adding the three moisture related frames ($201 + 84 + 59$) = 344 equivalent to 80% ($344/432$), highlights that the **quality of moistness is a dominant quality** associated with phlegm related **Bronchial Asthma**.

HIV & AIDS without TB: Unani-Tibb hypothesizes that the qualities associated with the signs and symptoms in HIV & AIDS patients without TB are associated with moist qualitative frames. Of the 401 patients, the patients associated with the moisture related frames totals to $213 + 55 + 48 = 316$ equivalent to $316/401 = 79\%$ of the patients, highlights that **moistness is the dominant quality** associated with **HIV & AIDS without TB**.

HIV & AIDS with TB: Unani-Tibb hypothesizes that the qualities associated with the signs and symptoms in HIV & AIDS patients with TB are associated with heat qualitative frames. Of the 381 patients, the patients associated with heat related frames totals $(129 + 50 + 83 = 262)$ equivalent to $262/381 = 69\%$ of the patients associated with heat – the overall **results do indicate that heat is a dominant quality**.

The Institute's contribution to the concept of temperament, based on a dominant and sub-dominant temperament adjacent to each other, and a dominant quality associated with the individual's temperament provides insights into the individual's predisposition to illness conditions, and further confirms the hypothesis of Hippocrates that *"It is more important to know what sort of person has a disease than to know what disease a person has"*. Being aware of an individual's temperament and qualities is one of the most important principles of the Medicine of Hippocrates, Galen and Ibn Sina.

Institute's contribution to the concept of humours

The humoral theory as hypothesized by Hippocrates is based on four humours with respective qualities: Blood/Sanguinous (Hot & Moist), Phlegm/Phlegmatic (Cold & Moist), Yellow Bile/Choleric (Hot & Dry) and Black Bile/Melancholic (Cold & Dry), with each person having a unique humoral combination made-up from the four humours with an overall quality.

Hakim Sayed Ahmed in his book "Principles of Human Physiology in Tibb" describes the role of humours as postulated by Hippocrates:

"The basis of health is the right proportion and specific equilibrium of humours according to their quality (and quantity) i.e. homeostasis in the internal environment. As long as this homeostasis in the internal environment is maintained, the body remains healthy. This is the basis of health preservation and preventative medicine. Second, when the normal proportion and specific equilibrium of humours is altered, the internal environment reaches a state of imbalance, and thus disease develops. This is the basis of aetiology and pathology of disease. Third, when this wrong proportion and altered equilibrium of humours is corrected, health can be recovered. This is the basis of treatment."

Based on the above quotation the Institute's approach to treatment until 2014 included dispensing imported medication, aimed at restoring humoral balance as well as medication addressing the signs and symptoms of illness conditions, and where necessary Manual Therapies including Cupping and Massage. Unfortunately, since 2014, the South African Health Products Regulatory Authority (SAHPRA) required complete dossiers for registration of complementary medicine, which resulted in the importing of medication becoming costly and difficult. This was the initiating factor to conduct research on treatment with emphasis on medication aimed at restoring the humoral imbalance. This decision was also influenced by O.C. Gruner's description of humours in the Canon of Medicine "Humours should not be regarded as matter, but more as 'an essence' or 'quasi-material'", inferring that humours exist at both cellular and sub-cellular levels for the maintenance and restoration of health. Based on this philosophy, the Institute hypothesized that targeting the humoral imbalance at a cellular/sub-cellular level with locally manufactured infusions may well reduce the need for additional medication and other therapeutic procedures.

[Back to Contents Page](#)

3RD Research Project: Treatment of Humoral Imbalance at a Cellular/Sub-cellular level

The research entitled “Treatment of Humoral Imbalance at a Cellular/Sub-cellular level” was conducted during May 2015 – September 2016 by 9 researchers on 100 patients at the Institute’s Treatment Centres in Cape Town. Whilst the complete research is available on the Institute’s website (<https://www.tibbo.za/wp-content/uploads/2022/04/Treatment-of-humoral-Imbalances-at-a-cellular-sub-cellular-level.pdf>) a summary of the research in relation to the research questions is listed below.

Summary of the results

Do the presenting signs and symptoms of the disorders indicate excess/abnormal humours?

As all clinical disorders arise from excessive or abnormal humours manifesting in signs and symptoms, this was identified with ease.

Do the qualities of the presenting signs and symptoms corroborate with respect to the dominant quality of the temperament?

Of the 100 patients, 54% showed a link between the dominant quality of the temperament in relation to the signs and symptoms/illness conditions, having the same quality. This percentage increased to 74% in patients below the age of 40, and more significantly, increases to 92% in those below the age of 30. This indicated that the predisposition to illness is closely aligned to the dominant quality of the temperament- especially in the early life during which physis functions optimally. Obviously with age the ability of physis to restore homeostasis weakens, resulting in the accumulation of not only excess but also abnormal humours.

Also, noted in the results is that 56 out of 78, (72%) of the patients over the age of 40 presented with a Melancholic (Cold & Dry) imbalance.

What is the benefit of herbal infusions, alone or combined with other therapeutic modalities, in relieving the signs and symptoms of disorders linked to humoral abnormality or excess?

Of the 100 patients treated, success was achieved in 74 (74%), partial success in 19 patients (19%), whereas treatment in only seven patients (7%) was unsuccessful. As 55 (55%) patients were successfully treated with only the herbal infusions highlights the effectivity of targeting humoral imbalances at a cellular/sub-cellular level and its cost effectiveness in treatment.

What is the effect of herbal infusion in patients who are hypertensive, raised cholesterol or glucose?

Interestingly, all infusions had a positive impact on reducing elevated blood pressure, cholesterol, and blood glucose levels. The question arises as to how each of the different infusions had an impact on blood pressure, cholesterol, and blood glucose levels. The only conclusion that we came to is that all illnesses begin when there is an imbalance at a humoral level, as hypothesised by the founders of medicine Hippocrates, Galen and Ibn Sina. As humours exist at both the physical and meta-physical levels and therefore at a cellular and sub-cellular level, restoring humoral imbalances should be the primary objective in treatment. This approach addresses not only the symptoms but also the cause/s of the illness/illnesses. The research highlights the value of targeting humoral imbalances with medication aimed at restoring homeostasis at a cellular/sub-cellular level, either on its own or where necessary, including additional medication and therapeutic options.

[Back to Contents Page](#)

4TH Research Project: To Validate Whether the Excess/Abnormal Melancholic Humour is the Cause of Chronic Conditions

Based on one of the results from the previous research that (72%) of the patients over the age of 40 presented with a Melancholic (Cold & Dry) imbalance, the Institute decided to conduct further research to validate whether excess/abnormal Melancholic humour could well be the primary cause of chronic illness conditions. The research entitled: “Is the Excess/Abnormal Melancholic Humour the cause of Chronic Conditions?” was conducted at the Tibb Treatment Centres in Cape Town by 7 researchers on 1000 patients during July and November 2018 (<http://www.tibb.o.za/wp-content/uploads/2020/08/IS-EXCESS-ABNORMAL-MELANCHOLIC-HUMOUR-THE-CAUSE-OF.pdf>).

A summary of the rationale included in the research article, as to why the excess/abnormal melancholic humour, could be the cause/s of most chronic conditions, include: a) Abnormal states of the melancholic humour develops from all four humours. b) There is a gradual change in qualities in the transition from infancy to old age, from Cold & Moist to Cold & Dry – associated with the melancholic humour. c) With age, and the reduced efficacy of physis to restore homeostasis, the negative impact of the excess/abnormal melancholic humour is enhanced. d) Heat and Moistness are essential for the maintenance of health, whereas cold and dry qualities can lead to illness conditions.

The research protocol was designed to focus on the melancholic humour as the cause of chronic conditions, but being aware that humoral imbalance from excess humours leads to illness conditions during an individual’s life cycle necessitated the inclusion of patients of all ages, and the recording the humoral imbalance/s with respect to the illness condition/s. The table below is a sample of information recorded - Patient details, Reason for consultation, Humoral imbalance/s and whether the illness/s were Acute (A); Chronic (C); or a combination of Chronic conditions and possibly Acute condition/s (C/A).

Table 1: Example of the different age groups, reason for consult, medical history, humoral imbalance and whether chronic or acute

Patients reference number	Age Group	M/F	Age	Reason for Consultation	Previous medical history	Humoral imbalance/s to illness/s	Acute (A) / Chronic (C) or both C/A
96	1-19	M	15	Influenza	-	Phlegmatic	A
483	30-39	M	31	Gastritis	-	Bilious	A
736	40-49	F	40	UTI, myositis	HIV+	Mel/Phleg	C/A
867	50-59	M	53	Myositis/ lower backache	Chol	Mel/Bil	C/A
954	60-69	F	64	Diabetes	HPT, Diab, OA, Chol	Phleg/Mel	C
996	80>	F	83	Osteoarthritis	Osteoarthritis	Mel	C

In keeping with the main objective of the research, the table on the next page is a summary of 366 of the 1000 patients that had conditions associated with the Melancholic imbalance, recorded in the different age groups.

Table 2: Melancholic imbalance (%) detected in patients with various disorders from different age groups

Patient No. per group	Description of different age groups	Patient No. with Melancholic Imbalance		
		No. of Patients	Acute conditions	Chronic + Chronic/ Acute conditions
1 – 19 = 150	Infant to young adult	10/150	10/10 = 100%	0/10 = 0%
20 – 29 = 284	Young adult	81/284	69/81 = 85%	12/81 = 15%
30 – 39 = 226	Mature adult	71/226	58/71 = 82%	13/71 = 18%
40 – 49 = 139	Middle-aged adult	73/139	32/73 = 44%	41/73 = 56%
50 – 59 = 120	Senior adult	68/120	20/68 = 29%	48/68 = 71%
60 – 69 = 47	Older adult	32/47	7/32 = 22%	25/32 = 78%
70 – 79 = 25	Aged adult	22/25	0/22 = 0%	22/22 = 100%
80 – 92 = 9	Very old adult	9/9	0/9 = 0%	9/9 = 100%
1000 patients		366	196	170

As can be seen in the above table, there was a steady increase of chronic + chronic/acute conditions with patients in the different age groups with a Melancholic imbalance from 0% to 100% in the groups over the age of 70, whereas there is a decline of acute conditions associated with the Melancholic humour from 100% to 0%. This highlights that the Melancholic imbalance, with respect to chronic conditions, increases with age. More significantly, it is interesting to note that whilst there is a gradual increase in chronic patients with a Melancholic imbalance from 0-100%, there is a noticeable percentage increase of 38% (56% - 18%) in patients between the age of 40-49 compared to the other age groups for example, only 3% between the age groups of 20-29 (15%) and 30-39 (18%). This highlights that whilst there is a gradual weakening of physis over an individual's life span, the effectiveness of physis in the restoration of homeostasis is gradually compromised from the age of 40 onwards.

The research indicates that most chronic illness conditions are associated with an excess/abnormal Melancholic humour, confirming that this may well be the cause/s of chronic conditions.

Institute's contribution to the Six Essential/Lifestyle Factors

The Institute has been fully aware of the importance of the qualitative effect of the Six Essential/Lifestyle Factors, in health promotion and more significantly in illness management in the Medicine of Hippocrates, Galen and Ibn Sina. This is evident from the research project that was conducted in 2005, on the impact of the lifestyle factors in the management of three chronic conditions.

5TH Research Project: Role of Lifestyle Factors in the Management of Patients with HIV & AIDS, Type 2 Diabetes, Hypertension

The above research was conducted over a period of 4-months, by 17 PGD-UT students on 185 patients at UWC is available on the Institute website (<http://www.tibb.o.za/wp-content/uploads/Comb-Eval-Rep-HIV-HTN-DIAB.-2005.pdf>). Below is a summary of the research under different headings.

Aims & objectives: The primary objective was to ascertain whether lifestyle factors, can have a positive influence on patients with one of the above disorders, as reflected by changes in their Quality-of-Life indicators. The secondary objectives included, assessing the clinical effect of lifestyle factors in terms of changes in clinical parameters relevant to the disorder, and also whether there was a reduction of the medication in the management of the conditions in some patients.

Methodology. The research included 72 HIV and Aids patients; 55 type 2 diabetic patients; and 58 hypertensive patients. All patients were considered stable and receiving either allopathic or herbal medication throughout the study period. The main clinical endpoint, the Quality-of-Life index based on 15 subjective parameters obtained by face-to-face interview was adopted. Other clinical endpoints which reflected clinical changes in patients with HIV and Aids (body mass; CD4 count), diabetes (random blood glucose; body mass), or hypertension (blood pressure; pulse rate) and changes in signs and symptoms were also recorded.

Results: HIV and Aids patients, positive improvements were noted in most quality-of-life parameters, especially sleep quality, nervousness, perceived efficacy, social activities, and personal energy levels. Changes in patients' body mass between the initial visit and the final follow-up varied widely, but overall, there was a discernible trend towards an increase in body mass. Whilst the changes in CD4 counts in a limited number of patients were likewise mixed, there was a definite trend upwards, suggesting that the lifestyle factors do have a positive effect on HIV and Aids.

In the Diabetic patients, quality of life assessments gave impressive responses in the patients' understanding of the clinical disorder, feelings of self-esteem, and consequently better personal control. In addition, there was a marked improvement in personal life and energy levels. The Quality of Life and current health status showed a noticeable improvement overall, especially for better sleeping patterns, emotional state, occupational and social competence. Clinically, there was a reduction in blood glucose levels following lifestyle factors application.

In the Hypertensive patients, there was a positive improvement in most parameters. There were gains in quality-of-life issues, especially awareness of treatment benefit, understanding the disorder, and feeling of control. There was also a decrease in blood pressure for almost all patients, especially in those with very elevated blood pressure.

The positive result from the above research of lifestyle changes in illness management, prompted the Institute to further research and validate not only the role of lifestyle in illness management but also in health promotion, based on an individual's dominant/sub-dominant temperamental combinations and associated dominant quality.

6TH Research Project: Impact of Tibb Lifestyle Factors in Health Promotion and Illness Management

The research on the role of lifestyle factors in health promotion and illness management was conducted in 2018 by Clinic Health Promoters and Community Healthcare Workers, in 23 clinics of one of the seven regions in the City of Johannesburg, who were trained as Tibb Lifestyle Advisors (<http://www.tibb.o.za/wp-content/uploads/Impact-of-Tibb-LF-in-HP-and-M.pdf>).

Aims and objectives. The primary objective of the research was to validate the impact of the lifestyle factors on 120 'well' individuals (mostly below the age of 40) in a health promotion group, and 480 patients (mostly above the age of 40) with pre-diagnosed, chronic conditions, in an illness management group, over a 1-year period as reflected by changes in Quality of Life (QoL) parameters for the two different groups, after designing Individualised Health Care Plans based on the Six Lifestyle Factors.

Methodology. The QoL parameters were selected according to the two groups involved in the study, including six parameters that were common to both groups: a) Current health status; b) Energy levels; c) Emotional state; d) Health in relation to social activities; e) Health in relation to work; f) Sleeping habits. An additional parameter in the Health Promotion group was “Fitness level”, whereas in the Illness Management group was “Being nervous about your illness/es”. Each parameter was categorised into five (5) possible responses, ranging from either very poor to excellent - “Very poor, Poor, Moderate, Good or Excellent”.

The Individualized Care Plans were divided into four (4) three-month periods, with each three-month period divided into three phases: a) *initial phase*, during which both groups, participants temperament and current lifestyle factors were evaluated, whereas in the illness group, medical history was also completed, and the patients informed to continue with existing medication. In addition, an Individualized Care Plan based of lifestyle factors was designed and explained to each participant in each group, as well as a QoL assessment was completed b) the *intermediate phase*, was initiated after approximately 30 days’ intervention, to ensure that participant adherence to protocol was satisfactory, and compliance confirmed. A second QoL was also completed during this phase; and c) *final phase* after approximately 90 days provided the required QoL data was recorded and were reviewed for both groups.

Scoring of the QoL parameters, based on the initial and the final QoL assessment, was either as positive/s or negative/s. For example, in the category of “Rate your current health status”, if the change from the initial and the final QoL assessment was from “Very poor to Good” three positives (+++) was allocated. Similarly, if the change from the initial and the final QoL assessment was from “Good to Moderate” one negative (-) was allocated.

The Individualised Care Plan for the health promotion group was tailored according to the dominant quality associated with the participant’s temperament. The plan advised lifestyle factors with opposite qualities to that of the patient’s temperament and discouraged lifestyle factors with the same qualities. Similarly, the illness management group, lifestyle advice with qualities opposite to the qualities associated with sign and symptoms/illness conditions was advised.

Results

Of the 120 participants in the Health Promotion group 88 (73%) were female and with ages of 40 and below being 97 (81%). Of the 480 participants in the Illness Management group 375 (78%) were females and with 74% above the age of 40.

Overall results in Health Promotion 120 clients

Of the 120 clients, 116 (97%) reported positive results, in one or more categories, ranged from +1 to +15, totalling 759 positive responses. Of the remaining 4 clients, the first client reported -3 in some categories and +1 in one category (i.e., -3; +1 = -2). The second and third client, both reported -1 in one category and +7 in the other categories (i.e., -1; +7 = +6), adding up to +6 +6 = +12, whereas the fourth client reported no change. Therefore, the overall positives for 120 clients were $759 - 2 + 12 = 769$. The average positive per client was $769/120$ clients = **6.40 positives**.

Overall results in Illness Management 480 patients

Of the 480 patients, 469 (97%) reported positive results, ranging from +1 to +26, which totalled 4231 positive responses. Of the remaining 11 patients, 2 reported no change, whereas 7 patients showed overall positive responses of (i.e., +9/-1 = +8; +7/-1 = +6; +7/-1 = +6; +5/-3 = +2; +10/-1 = +9; +5/-1 = +4; +9/-1 = +8). One patient reported an overall -1 (i.e., +1/-2 = -1), another patient showed an overall of -17. Therefore, the overall positives for 480 patients = $4231 + 8 + 6 + 6 + 2 + 9 + 4 + 8; -1 - 17 = 4250$. However, with respect to the patient whose results after the three-month period totalled -17, this patient suffered a stroke between the second and final QoL assessment. Interestingly, this patient showed an

improvement between the first and second visit of +4. The average positive per client was 4250/480 clients = **8.85 positives**.

Discussion

The results of the average positive per client in the Health Promotion group of 6.40 as compared to the average positive per patient in the Illness Management group of 8.85 suggests that although there is a positive impact of the Six Tibb Lifestyle Factors in both groups, understandably the positives are higher in the Illness Management group because the clients in the Health Promotion group are healthy, and for whom the scale of improvement would not be as great as those in the illness group.

The results clearly demonstrate the value of the Six Lifestyle Factors in Health Promotion and Illness Management. The Tibb philosophical principles of temperament and qualities, both in relation to the dominant quality associated with an individual's temperament as well as the qualities associated with the signs and symptoms of various illness conditions, allows for an individualised approach in the application of lifestyle factors.

The above research project highlights the Institute's contribution of not only the role of lifestyle factors in health promotion and illness management but also confirms the link between the dominant quality of an individual's temperament in relation to lifestyle factors being the cause/s of both health maintenance and treatment. For record purposes, in keeping with one of the main objectives of the Institute to promote healthy living based on the theoretical principles of the Medicine of Hippocrates, Galen and Ibn Sina, in November 2020, the Institute launched its first on-line course "Take Control of your Health with Tibb" in health promotion and illness management, where upon completion of twelve modules, participants are empowered with the ability to participate in the designing of a Personalized Lifestyle Programme based on the Six Lifestyle Factors.

Institute's contribution to the concept of Physis

Whilst the concept of physis may have been known for many centuries, it was Hippocrates who emphasised its importance, under the name of "Vis Medicatrix Naturae", the body's ability to maintain and restore homeostasis. It is important to note that the concept of physis was accepted in medicine until the beginning of the 20th century as mentioned by Dr Albert Schweitzer (1875-1965):

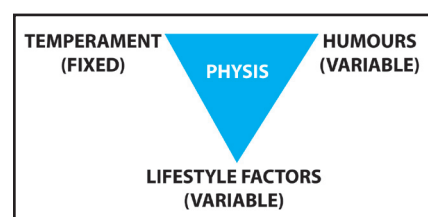
"Each person carries his own doctor inside him. We are at our best when we give the doctor who resides within each patient, a chance to go to work."

The Institute's contribution to the concept of physis was highlighted in the research on the Melancholic humour wherein it is stated, "that the weakening of physis begins from the age of 40 onwards" during an individual's lifespan.

In addition to the Institute's above-mentioned findings with respect to the role of physis during an individual's lifespan, the relationship between Temperament, Humours, Six Lifestyle Factors, and Physis, was also identified as described below.

Relationship between Physis, Temperament, Humours, and the Lifestyle Factors

The scheme (*adjacent*) illustrates the constant interplay between temperament, humours, lifestyle factors and physis. Although an individual's temperament is fixed, humours fluctuate constantly as a result of the qualitative effect from the lifestyle factors, especially diet. This dynamic relationship influences the humoral balance quantitatively and qualitatively, especially in relation to an individual's 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 Institute's contribution of the above principles within the context of Aetiology, Pathology, Diagnosis and Treatment

Extensive and continued research projects over more than twenty years highlights the Institute's comprehensive understanding of the theoretical principles of the Medicine of Hippocrates, Galen and Ibn Sina. The latest research project of the Institute completed in 2019, entitled: "Review of the relationship between Temperament and Qualities in the predisposition to Illness Conditions", details not only the importance of the relationship between temperament and qualities in the predisposition to illness conditions, within the context of aetiology, pathology, diagnosis and treatment, but also investigates how the signs and symptoms of illness condition vary in relation to an individual's temperamental dominant quality. In addition, also included in the research, is confirmation of the weakening of physis from the age of 40 onwards.

7TH Research Project: Review of the Relationship Between Temperament and Qualities in the Predisposition to Illness Conditions

The above research was conducted over a period of six months by six (6) registered Unani-Tibb Doctors at the Institute's clinic in Cape Town. A total of five hundred (500) patients, aged between 8 and 84 were included in the research (<https://www.tibb.o.za/wp-content/uploads/Review-of-the-relationship-between-Temperament-and-Qualities.pdf>).

Methodology

After recording, the patient's age and sex, a temperamental evaluation of the patient's dominant/sub-dominant temperament together with the dominant quality was assessed. This was followed by recording the patient's previous medical history, the presenting signs and symptoms, diagnosis from both conventional/Western perspective as well as from the Tibb temperamental and humoral perspective.

In keeping with the aim of the research to assess the relationship between an individual's dominant temperamental quality and the predisposition to illness conditions, the following was tabulated.

- a) Where the quality/ies associated with one or more of the illness conditions were the same as the dominant quality associated with the patient's temperament, this was recorded as **"Yes"**.
- b) Where illness condition/s, with at least one or more of the qualities associated were the same as the patient's dominant quality, and other condition/s not having the same quality - this was recorded as **"Yes/No"**.
- c) Where none of the illness condition/s had the same quality of the dominant quality associated with the patient's temperament – this was recorded as **"No"**.

Also included was whether the illness conditions were "Acute (A)", "Chronic (C)" or "Acute/Chronic (A/C)" in the different age groups. This provided information on the types of conditions that presented during the ages from infancy to aged adult, in relation to the dominant quality of an individual's temperament.

The table below reflects a sample of the information recorded in the research project.

Table 1: Patient details; Temperament (dominant/sub-dominant); Overall Dominant Quality of patient; Diagnosis/Signs & Symptoms/Medical History; Humoral link to S&S/illness/es; S&S linked to Dominant Quality; Acute, Chronic or Acute/Chronic

Patient Initials, Sex, Age	Temperament: Dominant/Sub-dominant	Overall Dominant Quality of Patient	Diag/S&S/Previous Medical History/Qualities Associated with Illness/es	Humours linked to Signs & Symptoms/ Illness Conditions	S&S/Illness/s linked to Overall Dominant Quality of Patient	Acute (A), Chronic (C) or Acute/Chronic (A/C)
I.L.(M), 11	Phlegmatic/Sanguinous	<u>Moist</u>	Influenza (tonsillar enlargement, fever) Moist & Cold	Phleg/Sang	Yes	A
M.P.(F), 41	Sanguinous/Bilious	<u>Hot</u>	UTI (ubg, Hb, leucocytes) Hot & Dry, Myositis (MSK) (backpain) <u>Cold & Dry</u> . Pmhx: HPT Hot & Moist	Sang/Bil/Mel	Yes/No	A/C
A.S.(F), 61	Phlegmatic/Sanguinous	<u>Moist</u>	Myositis (MSK) (back pain) <u>Cold & Dry</u>	Phleg/Mel	No	C

Upon completion of the research, a critical assessment of the review within the context of the research aims and objectives are detailed below. Before detailing the results and discussion – as the research project was completed during the wet and cold climate in Cape Town, it was interesting to note that the dominant quality associated with the 79 illness conditions linked to the five hundred patients included, 197 Moist, 135 Cold, 99 Hot, 69 Dry quality, reflecting the influence of weather on illness conditions.

Results and discussion

Listed below, are the results of qualities in relation to the dominant quality of the patients, listed as Yes; Yes/No; Yes + Yes/No; and No; and also whether the conditions were Acute or Chronic + Acute/Chronic

Table 2: Results of illness quality/ies in relation to the dominant quality of patients in different age groups, and whether conditions were Acute or Chronic + Acute/Chronic

Age group	Description of different age groups	Yes (Qualt/ies = dominant temp quality)	Yes/No (Only one or more = dom quality)	Yes + Yes/No (Total of both)	No (Qualt/ies not same as dom quality)	Acute	Chronic + Acute/Chronic
0-19 (14)	Children to Young adult	14/14 = 100%	0	14/14 = 100%	0	14/14 = 100%	0/14 = 0%
20-29 (133)	Young adult	125/133 = 94%	7/133 = 5%	132/133 = 99%	1/133 = 0.75%	120/133 = 90%	13/133 = 10%
30-39 (92)	Mature adult	76/92 = 83%	16/92 = 17%	92/92 = 100%	0	72/92 = 78%	20/92 = 22%
40-49 (83)	Middle-age adult	58/83 = 70%	21/83 = 25%	79/83 = 95%	4/83 = 5%	31/83 = 37% (78-37) = 41%	52//83 = 63% (63-22) = 41%
50-59 (97)	Senior adult	51/97 = 52%	39/97 = 40%	80/97 = 93%	7/97 = 7%	10/97 = 10%	87/97 = 90%
60-69 (45)	Older adult	18/45 = 40%	26/45 = 58%	44/45 = 98%	1/45 = 2%	2/45 = 4%	43/45 = 96%
70-89 (36)	Aged adult	13/36 = 36%	22/36 = 61%	35/36 = 97%	1/36 = 3%	0/36 = 0%	36/36 = 100%
				Average 97.4%	Average 3.6%		

The results on the previous page are interpreted within the context of the research questions as mentioned below.

Is the dominant quality of the temperamental combination indicative of a predisposition to illness condition

As can be seen in the above table in the “Yes” column, there is a steady decline in patients whose illness conditions have at least one or more quality/ies similar to the dominant quality of the patient’s temperament, ranging from 100% in children/young adults to 36% in aged adults, whereas in the “Yes/No” column there is an opposite trend of an increase from 5% to 61% of patients who have at least one or more illness condition/s with a similar quality to the patients dominant quality. However, and more significantly the “Yes” and “Yes/No”, totals to an average of 97.4% of patients with at least one or more illness conditions having a similar quality to the patient’s dominant quality. Whereas in the “No” column, only an average of 3.6% of patients did not have any condition with quality/ies similar to the dominant quality of the patient’s dominant quality. This confirmed that a patient’s dominant quality is indicative of a predisposition to illnesses with similar quality/ies.

Also, noted in the table, is that in “Acute” conditions, there is a gradual decrease from 100% to 0%, with a similar increase of 0-100% in “Chronic + Acute/Chronic” conditions. However, there is a spike of a decrease of 41% (78% - 37%) in Acute conditions in the ages of 40-49 as compared to a decrease of 12% (90% - 78%) in ages between 20-29 and 30-39. Similarly, there is an increased spike of 41% (63% - 22%) in the Chronic + Acute/Chronic conditions as compared to an increase of only 12% (22% - 10%) in ages between 20-29 and 30-39. This confirms the weaking of Physis from the age of 40 onwards.

Do the signs and symptoms of illness conditions vary in relation to the dominant quality of an individual’s temperamental combination

In keeping with the above research questions, below are the results of the investigation of the relationship between signs and symptoms of headaches and coughs with respect to an individual’s temperamental dominant quality.

Headaches

The table below is a summary of 39 patients with headaches included in the signs and symptoms, associated with respective illness condition/s. The headaches have been classified into four types: Frontal, Temporal, Occipital and Unilateral.

Table 3: Headaches: Relationship between headaches and dominant quality of temperament

No of patients and Overall Dominant Quality	Description of headaches	No. of patients/%
Moistness (20 patients)	Headaches (Frontal)	17/20 = 85%
	Headaches (Temporal)	3/20 = 15%
Coldness (13 patients)	Headaches (Frontal)	9/13 = 69%
	Headaches (Occipital)	4/13 = 31%
Heat (4 patients)	Headaches (Temporal)	3/4 = 75%
	Headaches (Frontal)	1/4 = 25%
Dryness (2 patients)	Headaches (Unilateral)	1/2 = 50%
	Headaches (Occipital)	1/2 = 50%
Total No of patients = 39		Total No of patients = 39

Reviewing the above results of the dominant quality associated with the patient's temperament, it is interesting to note that of the 39 patients who presented with headaches, 20 patients had a dominant quality of moistness. Of these, 17/20 (85%) presented with frontal headaches, and the remaining 3 had temporal headaches. Also, of the 39 patients with headaches, 13 patients, had a dominant quality of coldness, of which 9/13 (69%) presented with frontal headaches and the balance of 4/13 (31%), presented with occipital headaches. Of the remaining 6 patients, 4 patients had a dominant quality of heat, of which 3 presented with temporal headaches and 1 with a frontal headache. Of the 2 patients with a dominant quality of dryness, 1 presented with a unilateral headache, and 1 with an occipital headache.

From the above there was a dominance of frontal headaches in patients with a dominant moist quality, 17/20 (85%) as well as those with a dominant cold quality, 9/13 (69%), totalling to $17+9 = 26$, which adds up to $26/33$ (79%) of patients with Cold & Moist qualities, associated with the Phlegmatic dominant/sub-dominant temperamental combination, having frontal headaches.

Upper and Lower Respiratory Tract Infection

Recognizing that the signs and symptoms associated with Upper Respiratory Tract Infections (URTI), may include sore throat, nasal congestion, inflamed tonsils etc., whereas the main symptoms of Lower Respiratory Tract Infection (LRTI), include wheezing and a tight chest. However, both conditions can also include a cough, which may either be a productive or a dry cough.

The results below are a summary of the relationship between coughs and the patient's dominant quality; divided into; either a productive or a dry cough.

Table 4: Relationship between coughs and the dominant quality of temperament in patients with URTI and LRTI

No of patients and Overall Dominant Quality	Patients with Productive cough - %	Patients with Dry cough - %
Moistness (47 patients)	46/47 = 98%	1/47 = 0,02%
Coldness (31 patients)	29/31 = 94%	2/31 = 6%
Heat (22 patients)	8/22 = 36%	14/22 = 64%
Dryness (10 patients)	4/10 = 40%	6/10 = 60%
Total No of patients = 110	Total = 87	Total = 23

Of the 110 patients $87/110 = 79\%$ had a productive cough whereas $23/110 = 21\%$ had a dry cough. Of the 87 patients with a productive cough, the number of patients with a dominant quality of Moistness was 46 (47-1) together with a dominant quality of Coldness, 29 (31-2), which adds up to a total of $75/87 = 86\%$ of the patients with a productive cough having Cold & Moist qualities – associated with a dominant/sub-dominant Phlegmatic temperamental combination. Similarly, of the 23 patients with a dry cough, the number of patients with a dominant Dryness quality (6/10), together with a dominant Heat quality (14/22), translates to $20/23 = 87\%$ of the patients with Hot & Dry qualities – associated with a dominant/sub-dominant Bilious temperamental combination.

The above results with respect to the signs and symptoms of illness conditions varying in relation to an individual's dominant quality of a Phlegmatic dominant/sub-dominant temperamental combination with Cold & Moist qualities, having 85% (17/20) frontal headaches, and 86% (75/87) of a productive cough, confirms the relationship between signs and symptoms/illness conditions and their dominant Phlegmatic temperamental quality. This is further corroborated with the results of a Bilious dominant/sub-dominant temperamental combination, with Hot & Dry qualities, having 87% (20/23) of a dry cough. However, it also needs to be noted that although, the results of Headaches and Coughs, indicate that patients with a dominant/sub-dominant Phlegmatic temperamental type are more inclined to frontal headaches, as well as a productive cough, these results were influenced by the Cold & Moist weather in Cape Town.

Significance of the research

Whilst the above research highlights the importance of the relationship between temperament and qualities in the predisposition to illness conditions, the significance of this research, together with the Institute's other research projects, highlights the Institute's contribution to the Medicine of Hippocrates, Galen and Ibn Sina within the context of aetiology, pathology, diagnosis, and treatment in relation to the Philosophical Principles of Tibb.

Aetiology within the context of Health Promotion and Illness Prevention

Historically, literature review on this system of medicine records that poor management of the Six Lifestyle Factors, is the cause/s of most illness conditions. However, whilst the above research confirms the predisposition of illness conditions being associated with an individual's dominant quality, management of lifestyle factors that will not increase the dominant quality will most certainly prevent illness conditions, especially in individuals below the age of 40, as physis is still efficient in restoring homeostasis. The research therefore highlights that whilst poor management of the Six Lifestyle Factors are directly linked to the cause/s of illness conditions, however, well managed lifestyle factors can also be the 'cause/s' of health promotion/illness prevention especially in young individuals.

Pathology and Diagnosis

The significance of the above research in pathology and diagnosis, is that an understanding of the predisposition of illness conditions linked to an individual's temperament, provides insights into the progression of pathological process, which allows for an accurate diagnosis of the illness condition. In addition, the Institute's contribution to the humoral theory highlights the importance of identifying excess/abnormal humours for a better understanding of pathological processes and diagnosis of illness conditions.

Treatment

With respect to the significance of the above research in treatment, recognition of the dominant quality associated with illness conditions allows for a targeted approach in treatment in keeping with the traditional approach of allo-pathic medicine. Therefore, the quality/ies associated with the medication and lifestyle factors should be opposite to the dominant quality associated with the illness condition – as mentioned by Ibn Qayyim al-Jawziyyah:

“In short, the one is hot and the other cold. Each of them contains rectification for the other and can prevent most of its ill effects. This is the basis of all treatment, and a basis for the preservation of health; even more the whole science of medicine makes use of this principle”.

Also, the inclusion of medication aimed at restoring humoral imbalances will most certainly address the cause/s of the illness conditions at a cellular/sub-cellular level and also be cost effective.

Whilst the summary of the above provides information into the significance of the Institute's contribution to the philosophical principles of temperament, humours, and lifestyle factors within the context of aetiology, pathology, diagnosis, and treatment, the effectivity of physis to maintain and restore health, has always been an important consideration in this system of medicine.

Summary and concluding comments on the Institute’s contribution to the Medicine of Hippocrates, Galen and Ibn Sina

The summary of the Institute’s contribution to this system of medicine, is based on the concerns that were identified in the Introduction of this paper. These concerns included the terminology of the humours, in relation to the terminology of temperament, as well as the limited information of identifying an individual’s temperament with respect to the predisposition of illness conditions. More significantly there was no link between temperament, humours, and lifestyle factors. The research projects conducted over the past twenty-years have addressed the above concerns by a) being aware of the link between humours and temperament, the same terminology was used for both temperament and humours; b) the Institute’s identification of an individual’s temperament being a combination of a dominant and a sub-dominant temperament with a dominant quality, not only provided insights into the predisposition of illness conditions, but also identified the relationship between temperament, humours, and lifestyle factors associated with an individual’s dominant quality. In addition, the Institute also contributed to the principle of physis with respect to the weakening of physis from the age of 40 onwards.

Whilst the Institute’s research projects over the past years have contributed to the philosophical and theoretical principles of this system of medicine, within the context of aetiology, pathology, diagnosis, and treatment, the application of these principles, in diagnosis and treatment has also developed over the years at the Institute’s Clinics in Cape Town. To validate the application of the theoretical principles of this system of medicine, in clinical practice, the Institute completed a research project entitled: “Validating the link between Aetiology, Pathology, Diagnosis, and Treatment in relation to the Philosophical Principles of Tibb” in December 2022.

The contents of the research project together with a section entitled: “Tibb Diagnosis and Treatment: 50 Case Studies”, within the context of the following research objectives listed below in relation to the philosophical principles of Tibb is included in Chapter 4:

- To assess whether the presenting signs and symptoms/illness condition/s provide insights into the cause/s in relation to poor management of Lifestyle Factors (**Aetiology/Causes**).
- To assess whether the link between the dominant quality of an individual’s temperament in relation to the presenting signs and symptoms/illness condition/s is indicative of an individual’s predisposition to illness/es (**Aetiology**).
- To assess whether the presenting signs and symptoms/illness condition/s are indicative of qualitative changes and/or excess/abnormal humours (**Pathology/Diagnosis**).
- To assess the outcomes of the holistic approach of assisting physis in treatment – categorized as: Successful, Partly Successful/Unsuccessful (**Treatment**).

The detailed case studies will highlight the holistic approach with the Medicine of Hippocrates, Galen and Ibn Sina with respect to diagnosis and treatment, and make healthcare professionals aware of integrating the Tibb approach of Diagnosis and Treatment into their current practice.

[Back to Contents Page](#)

Chapter 4: Validating the link between Aetiology, Pathology, Diagnosis and Treatment in relation to the Philosophical Principles of Tibb

Introduction

This research project of validating the philosophical principles of physis, temperament, humours and lifestyle factors within the context of aetiology, pathology, diagnosis, and treatment, in fifty (50) case studies was published in the International Journal of Advanced Research in April 2023 (<http://www.tibb.o.za/wp-content/uploads/Validating-the-link.pdf>).

The research was evaluated within the following research objectives: a) To assess whether the presenting signs and symptoms/illness condition/s provide insights into the cause/s in relation to poor management of Lifestyle Factors (**Aetiology/Causes**), b) To assess whether the link between the dominant quality of an individual's temperament in relation to the presenting signs and symptoms/illness condition/s is indicative of an individual's predisposition to illness/es (**Aetiology**), c) To assess whether the presenting signs and symptoms/illness condition/s are indicative of qualitative and/or humoral imbalances (**Pathology/Diagnosis**), d) To assess the outcomes of the holistic approach of assisting physis in treatment – categorized as: Successful, Partly Successful/Unsuccessful (**Treatment**).

Whilst the research objectives have been mentioned above, a brief overview of the Institute's research projects on the philosophical principles of the Medicine of Hippocrates, Galen and Ibn Sina is listed below:

1. An increase of an individual's dominant quality from poor management of lifestyle factors could be the cause/s of illness conditions.
2. The identification of an individual's dominant and sub-dominant temperamental combination not only identifies an individual's dominant quality, that is indicative of the predisposition to illness conditions, where as the temperamental combination, also provides insights of the humoral imbalance and additional qualities, that is also indicative of the predisposition of illness conditions.
3. The identification of the humoral imbalance allows for a targeted treatment approach to restore humoral imbalances at a cellular/subcellular level.
4. Whilst most acute illness conditions below the age of 40 are linked to qualitative and excess/abnormal humoral imbalances, treatment has been successful with medication that included both the teas and other medication, and if necessary dry/wet cupping, because of the effectivity of physis.
5. The weakening of physis from the age of 40 onwards, and the development of excess/abnormal Melancholic humour, will result in excess/abnormal Melancholic humour also being cause/s of illness conditions.

As mentioned in the above 2nd overview of the Institute's research, the identification of an individual's dominant and sub-dominant temperamental combination, not only identifies an individual's dominant quality but also provides insights into the humoral imbalance and additional qualities. Information of "Qualities associated with Illness Conditions in Diagnosis" has been included on page 44.

Also, with respect to the excess/abnormal Melancholic humour also being a cause of illnesses, as mentioned above, this research project will assess whether poor management of the Six Lifestyle Factors are the only cause/s of illness conditions as mentioned in Ibn Sina's Canon of Medicine.

The Six Lifestyle Factors include: “Air”, “Physical Activity/Body Movement”, “Sleep and Wakefulness”, “Psychic movement and repose”, “Food and Drink”, “Evacuation and Retention”.

As this research project is based on the outcomes of diagnosis and treatment of the case studies an overview of Diagnosis and Treatment in Tibb is included below:

Diagnosis in Tibb

Diagnosis in Tibb is described within the context of pathological processes of two Pathways. Pathway 1: **Qualitative Imbalance** - provides information on acute illness conditions caused by a qualitative imbalance, which if not addressed will lead to a humoral imbalance. Pathway 2: **Humoral Qualitative Imbalance** - provides information on both acute and chronic conditions from excess and/or abnormal Melancholic humours. However, both Pathways will result in a humoral imbalance that will provide a medium for infection/s. Pathway 2 has been influenced by the Institute’s research of the weakening of physis and the development of the Melancholic humour, from the age of 40 onward.

Pathway 1: Qualitative Imbalance

An example, of an acute condition associated with Pathway 1 is, if an individual goes from a warm environment out into the cold without being warmly dressed, he/she will most likely experience symptoms of the common cold - runny nose, watery eyes, and shivering. If this cause is addressed with a warm environment, physis will restore homeostasis. If not addressed, the overall qualities of the humours will be affected, and lead to illness conditions associated with excess/abnormal humours.

Pathway 2: Humoral Imbalance from excess/abnormal humours with associated qualities

Poor management of diet will lead to excess humours, which if similar to the patient’s dominant quality will result in acute illness conditions having a similar quality to the patient’s dominant quality – in patients below the approximate age of 40.

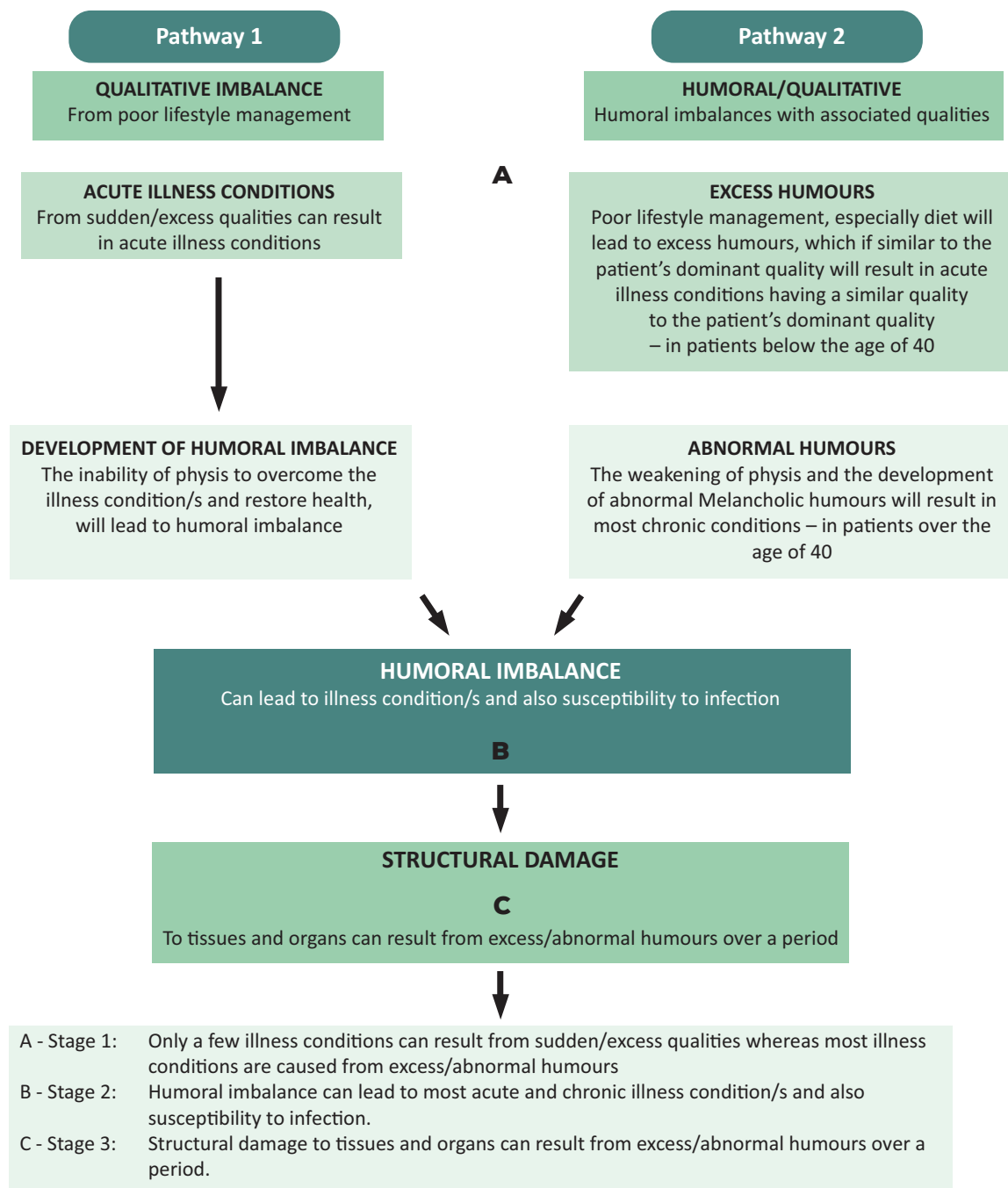
The weakening of physis and the development of abnormal Melancholic humour, will result in most chronic conditions – in patients over the approximate age of 40.

Infections from virus or bacteria

Tibb physicians had a different viewpoint on infection compared to Western medicine. However, they were fully aware of the nature of infection or, as they termed it, putrefaction. Tibb considers that infection is only possible when Physis, is weakened and overwhelmed. Infective micro-organisms will only thrive, multiply, and infect our body when a humoral imbalance provides a fertile medium. This explains why some people are susceptible to infection and others are resistant.

The table below provides a summary of the Pathological Processes and Pathways in Tibb:

Table 1: Summary of Pathological Processes and Pathways in Tibb Diagnosis



The above description of the Pathological Processes and Pathways in Tibb Diagnosis, provides a comprehensive understanding of how illnesses develop, from qualitative and/or humoral imbalances, that can lead to possible infection/s and structural damage.

The role of Physis during Pathological Processes and Pathways

It needs to be noted that during the pathological processes and pathways, physis continuously attempts to restore homeostasis. An example of a physis response is the increase in the body's temperature (fever) to fight infection and also, symptoms of vomiting or diarrhoea, to restore homeostasis in the gastrointestinal tract.

Physis not only attempts to restore homeostasis at every step of the disease process, but also acts to minimise the possible damage that might ensue. If there is an accumulation of toxins in the body, physis will move the toxins towards the surface of the skin to protect the internal organs. Unfortunately, research has confirmed the weakening of physis commences from the age of 40 but may vary in patients who are healthy and well until the approximate age of 50.

It is interesting to note that the implication of the weakening of physis can be interpreted from the qualitative changes from infancy to old age. Whilst an individual's temperamental combination is fixed, there is an influence of the qualitative changes from infancy to old age. This gradual change is from Cold & Moist in infants/babyhood, to Moist & Hot in childhood/teenagers followed by Hot & Dry in youth/adulthood, and Dry & Hot in late adulthood, and finally Cold & Dry in old age.

Qualities associated with illness Conditions in Diagnosis

It is important to note that just as qualities are used to describe temperament, humours and lifestyle factors, illness conditions are also interpreted with qualities in diagnosis.

Historically, most reference books refer to two (2) qualities associated with all illness conditions with one (1) quality being dominant – as mentioned below by Al-Jawziyya:

"... repelling harmful effects of the cold with the hot, the hot with the cold, of the moist with the dry and the dry with the moist - this is the basis of all treatment, even more, the whole science of medicine makes use of this principle..."

Based on the Institute's research with respect to an individual's temperamental combination of a dominant/sub-dominant temperament and dominant quality, an individual with a **dominant Sanguinous/Phlegmatic temperamental combination** will have a dominant quality of **Moistness** with associated qualities of **Heat & Coldness**. Similarly, an individual with a temperamental combination of **Melancholic/Bilious temperament** will have a dominant quality of **Dryness** with associated qualities of **Coldness & Heat**. The dominant, as well as the two associated qualities, can also be linked to the predisposition of illness conditions. For example, an individual with a dominant quality of Moistness can be diagnosed with Diabetes associated with Heat and/or Coldness. Also, it needs to be noted that the temperamental combination is related to the humours, that provides insights of the humoral imbalance linked to the predisposition to illness conditions.

Whilst all the Institute's books have also allocated only two qualities to illness conditions, over the past 2-years, based on the Institute's research, the qualities associated with illness conditions have included a **dominant quality** and **two other associated qualities**.

Whilst associating qualities to signs and symptoms of illnesses may be obvious in some conditions, it is also important to note that qualities associated with illnesses, are not absolute, as there are multiple causes associated with certain illnesses, linked to different qualities, as indicated below:

- *Dizziness* can be caused by: (a) excessive menstrual bleeding associated with **Heat** with Moistness & Dryness; (b) anaemia and low blood pressure from **Coldness** with Moistness & Dryness.
- *Diarrhoea* can be caused by: (a) food poisoning; unwise mixing of foods with **Moistness** with Coldness & Heat. (b) colon cancer with **Dryness** with Heat & Coldness; (c) irritable bowel syndrome with **Heat** with Moistness & Dryness.

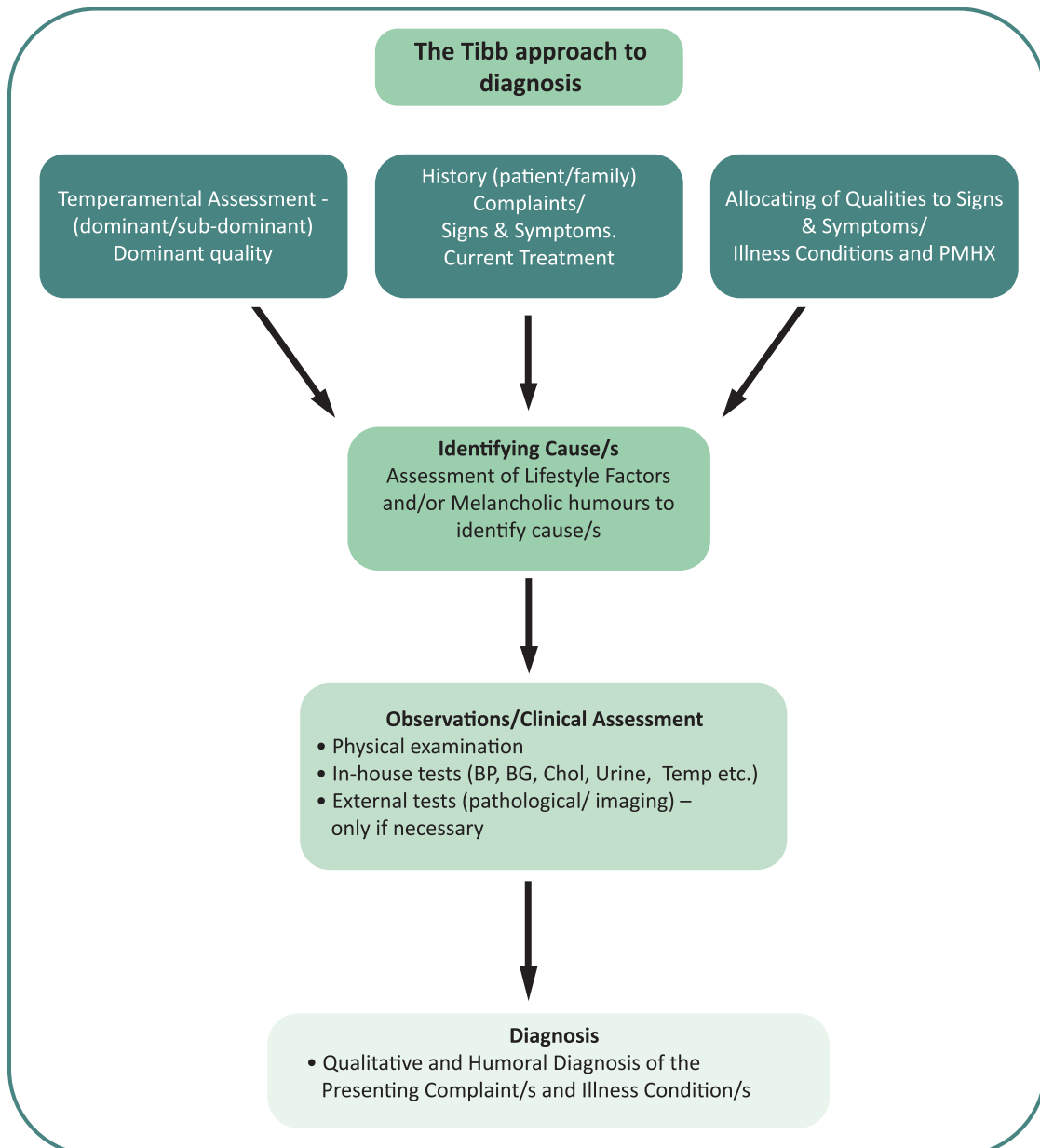
The above information on the pathological processes of qualitative and humoral imbalances provides the basis for an accurate diagnosis.

The Tibb Approach to Diagnosis

The Tibb approach to diagnosis includes a stepwise procedure of a) identifying the patient's temperament and dominant quality, b) the patient's history, complaints, signs and symptoms, and current treatment, c) allocating qualities to signs and symptoms/illness conditions and previous medical history provides a basis of identifying the cause/s of the illness condition/s from lifestyle factors and/or the Melancholic humour. This is followed by observation and clinical assessment including physical examination and in-house tests - BP, BG, Chol, etc. This procedure will complete the diagnosis of qualitative and humoral diagnosis of the presenting complaint/s and illness conditions.

The table below provides a summary of the Tibb approach to diagnosis:

Table 2: Summary of the approach to diagnosis: Stepwise diagnostic procedure



Treatment in Tibb

The comprehensive understanding of the pathological processes in Tibb allows for an accurate diagnosis, facilitating a targeted approach in treatment, to restore a qualitative and humoral balance. This unique approach addresses not only the signs and symptoms/illness conditions but also the cause/s of the illness condition/s.

The treatment options over the centuries of this system of medicine included pharmacotherapy of thousands of herbs and natural ingredients, eliminative regimental procedures, including Cupping, Venesection, Massage, Emesis, Cauterization etc., lifestyle and emotional therapies including the Six Lifestyle Factors - especially diet, meditation, psychotherapy, counselling, etc., and limited surgical procedures including cauterisation of haemorrhoids/wounds, and amelioration of eye problems.

With the establishment of Tibb in South Africa over the past twenty-years, treatment options were limited to the Six Lifestyle Factors, Cupping (Dry/Wet), Massage, and Tibb/Unani-Tibb medication.

Tibb/Unani-Tibb Medication in South Africa.

The importing of Unani-Tibb medication in South Africa began with the establishment of the Tibb clinic in 1999. Initially the Medicines Control Council (MCC) issued permits to import Unani medication from companies in Pakistan and India. In 2002, the Complementary Medicines Committee (CMC) of the MCC, accepted package inserts of all complementary medicines and allocated reference numbers, that allowed for the importation of Unani medicine into South Africa.

In 2014, the South African Health Products Regulatory Authority (<http://www.sahpra.org.za/>), previously known as MCC, required completed dossiers with clinical efficacy trials for registration of all complementary medicines. Unfortunately, this resulted in only a few Tibb products available in South Africa.

This led to further research in treatment with emphasis on medication aimed at restoring a humoral imbalance. This research was influenced by O.C. Gruner's description of humours in the Canon of Medicine "Humours should not be regarded as matter, but more as 'an essence' or 'quasi-material', inferring that humours exist at both cellular and sub-cellular levels for the maintenance and restoration of health. Based on this philosophy, the Institute hypothesized that targeting the humoral imbalance at a cellular/sub-cellular level with locally manufactured infusions/teas could be effective. A research project entitled "Treatment of Humoral Imbalance at a Cellular/Sub-cellular level" that was conducted in May 2015 on 100 patients at the Institute's clinic in Cape Town (<https://www.tibb.co.za/wp-content/uploads/2022/04/Treatment-of-humoral-Imbalances-at-a-cellular-sub-cellular-level.pdf>). As 55 (55%) patients were successfully treated with only the teas, highlighted the effectivity of targeting humoral imbalances at a cellular/sub-cellular level and its cost effectiveness in treatment.

Based on the above research, and the limited range of medication available, the treatment at the Institute's clinic over the past few years, focused on targeting the qualitative and humoral imbalance with Melancholic, Phlegmatic, and Bilious teas, limited medication, dry/wet cupping, and diet.

Being aware that the teas, included in treatment over the past few years at the Tibb clinic, are locally manufactured, the availability of the teas globally is of concern. Therefore, in a few case studies in patients with acute conditions, no teas were included in the medication, and still had positive outcomes because of the effectivity of physis. These case studies are included in the results.

Treatment Approach in the Case Studies

Treatment is in keeping with allopathic (opposite) approach of the qualities of the Lifestyle Factors, especially Food & Drink, and as far as possible even the medication, to be opposite to the qualities associated with the signs and symptoms/illness condition/s, and also include dry/wet cupping, if necessary.

Treatment in patients with acute conditions mostly under the approximate age of 40-50, is aimed at targeting the qualitative and/or humoral imbalance with Food & Drink, and medication to address the signs and symptoms and if necessary, also Dry/Wet Cupping. Treatment for patients with chronic conditions due to the weakening of physis, mostly from above the age of 40-50 onwards is aimed at identifying and eliminating excess/abnormal humours, including the Melancholic humour, with Food & Drink, and medication including teas, and if necessary, dry/wet Cupping.

The treatment approach was included in the fifty (50) case studies under the heading “Treatment/Management Plan” with details of the Food & Drink recommended, medication prescribed, and whether dry/wet cupping will be done, to address the cause/s of the illness condition and restore the qualitative and/or humoral imbalance.

Research Aims and Objectives and Methodology

The overall aim of the research was to investigate the effectivity of diagnosis and treatment in Tibb, interpreted within the Tibb principles of – physis, temperament, humours, lifestyle factors – that allows for an accurate diagnosis and a targeted treatment approach, within the context of aetiology, pathology, diagnosis, and treatment.

The research objectives mentioned earlier was evaluated within the context of research questions at the end of every case study, in a “Summary/Discussion” on each question as either “Yes”, “Yes/No” or “No”.

- Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors? This research question included the cause/s of illness conditions associated with excess/abnormal Melancholic humour.
- Is the dominant quality associated with an individual’s temperamental combination indicative of the individual’s predisposition to illness condition/s?
- Are the presenting signs and symptoms/illness condition indicative of qualitative changes and/or excess/abnormal humours?
- What is the outcome of assisting physis in treatment – categorized as: Successful, Partly Successful, or Unsuccessful?

In addition, to obtaining results with respect to the research questions, the research project also assessed the effectivity of physis.

The effectivity of physis above the age of 40

The research project assessed in which case studies, patients with acute conditions, from the age of 40 onwards, physis was still effective enough to assist in the treatment protocol and successfully resolve the acute condition.

Researchers

The fifty (50) case studies were completed by five (5) registered Unani-Tibb practitioners on patients attending the Institute’s clinic in Cape Town. The process of diagnosis based on the pathological

processes and Pathways, and treatment as mentioned earlier was included in each of the case studies. The duration of treatment as well as number of consultations, was at the discretion of the Tibb doctor.

Based on the results of the fifty (50) case studies, a Summary/Discussion included information of this holistic system of medicine based on the philosophical principles of physis, temperament, humours, and lifestyle factors, especially diet within the context of aetiology, pathology, diagnosis, and treatment.

Results

Listed below are the results in Table 3 of the two (2) research questions mentioned above

With respect to the results of the four research questions, the table below provides information with respect to research Question 1: *“Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?”*, also included the cause/s of illness conditions from the excess/abnormal Melancholic humour under the section A of the table below.

With respect to Question 2: *“Is the dominant quality associated with an individual’s temperamental combination indicative of the individual’s predisposition to illness condition s?”*, under section B in the table, the “Yes” column includes case studies wherein one or more of the presenting complaint/s were linked to the patient’s dominant quality. The “Yes/No” column includes case studies wherein one or more of the conditions of the patient’s previous medical history, were also linked to the patient’s dominant quality. This column also includes the case studies wherein, one of the two associated qualities of an individual’s temperamental combination is the same as the dominant quality of the patient’s illness condition/s.

The “No” column includes the case studies where none of the qualities linked to the illness conditions are the same as the dominant quality of the patient’s temperamental combination.

Table 3: Results of Research Questions 1 & 2

Age group: number of patients	A. Causes associated with Lifestyle Factors or excess/abnormal Melancholic humour:			B. Predisposition to illness conditions:		
	Description of different age groups	Yes: Lifestyle Factors (Case Study No’s)	Yes: Excess/Abnor- mal Melancholic humour (Case Study No’s)	Yes (Qualt/ies = dominant temp quality) (Case Study No’s)	Yes/No (Only one or more = dom qual- ity) (Case Study No’s)	No (Case Study No)
0-19 (6)	Children to Young adult	29, 20, 26, 48, 30, 21	-	29, 30, 21	20, 26, 48	-
20-29 (4)	Young adult	31, 36, 28, 11	-	28	31, 36, 11	-
30-39 (8)	Mature adult	10, 35, 44, 1, 12, 25, 6, 16	-	10, 35, 12, 6	44, 16	1, 25
40-49 (13)	Middle-age adult	9, 39, 14, 32, 46, 2	43, 27, 50, 41, 33, 37, 40	41, 33, 40	9, 39, 14, 32, 43, 46, 27, 2, 50	37
50-59 (3)	Senior adult	-	23, 45, 34	34	45, 23	-
60-69 (7)	Older adult	-	8, 15, 7, 24, 4, 17, 5	4	8, 15, 7, 24, 17, 5	-
70-89 (9)	Aged adult	-	47, 18, 49, 3, 22, 38, 19, 13, 42	18, 3, 22, 19	47, 49, 38, 13, 42	-
50	-	24/50 = 48%	26/50 = 52%	17/50 = 34%	30/50 = 60%	3/50 = 6%
Total: 50 case studies				Total: 50 case studies		

The above results with respect to most of the cause/s of illness conditions being linked to the Six Lifestyle Factors, in patients below the age of 40, whereas most illness conditions linked to excess/

abnormal Melancholic humour are in patients above the age of 50 (age group 50-59). However, it is interesting to note that in the age groups 40-49, the causes of illness conditions are linked to both lifestyle and excess/abnormal Melancholic humour. This confirms the weakening of physis from the age of 40 onwards and the development of excess/abnormal Melancholic humours from the age of 40 onwards, as mentioned in the Institute's previous research projects.

With respect to the above results on the predisposition to illness conditions, the allocation of the different case studies was completed as mentioned above (table 3), in the paragraph "With respect to Question 2".

It also needs to be noted that the above results in the "Yes + Yes/No" column of $17 + 30 = 47/50$ (94%) with respect to the predisposition to illness conditions, is similar to the previous results of 97.4% in the research project "Review of the Relationship between Temperament and Qualities in the Predisposition to Illness Conditions".

The response to Question 3: "Are the presenting signs and symptoms/illness condition indicative of qualitative changes and/or excess/abnormal humours?" – based on the Tibb philosophical principle, that changes to an individual's ideal qualitative and humoral balance, will lead to signs & symptoms/illness conditions, has been confirmed in every case study, resulting in a response of 50/50 - 100% response to Question 3.

With respect to Question 4: "What is the outcome of assisting physis in treatment – categorized as: Successful, Partly Successful, or Unsuccessful?". Of the fifty (50) case studies 44 were Successful, 5 were Partly Successful (10, 44, 37, 38, 19) and only 1 (22) case study was Unsuccessful.

Treatment of case studies without teas

Listed below are the case studies in patients with acute conditions where despite no teas being included in the medication, still had positive outcomes due to the effectivity of physis:

Table 4: Includes the Case Study No's, Age of Patients, and illness Conditions treated without Teas

Case study no:	Age	Illness condition/s
29	1yr 6mnts	Skin rash. Runny nose and productive cough.
20	5	Itchy eyes, peri orbital swelling, left eye sclera red.
26	5	Upper respiratory tract infection with Productive coughing, nasal congestion, and rhinorrhea.
30	11	Influenza presenting with - Frontal headache, pain radiating into the eyes, sore throat, vomited once today, productive cough, nasal congestion, and fever.
31	26	Skin infestation by <i>Sarcoptes scabies</i> var. <i>hominis</i> resulting in intensely pruritic, fine, popular rash on the hands and arms for three weeks.
36	26	Cold and flu, presenting with body aches, nasal congestion, frontal headaches, and dry facial skin.
28	28	Request for wet cupping. Feeling drained, poor energy levels/fatigue, urinary frequency, and weak bladder.
35	30	2/7 Gastroenteritis presenting with nausea, diarrhoea and LLQ abdo cramping on passing stool. Also presenting with sinusitis accompanied by frontal headache.
39	41	Irregular menses; bloated abdomen; since diagnosis and post cancer treatment has been having anxiety.

The effectivity of physis above the age of 40

The results of the effectivity of physis in the treatment of patients with acute conditions from the age of 40 onwards includes: a) In case study 9, the 40-year-old patient, b) In case studies 14 and 39, the 41-year-old patients, c) In case study 32, the 42-year-old patient, d) In case study 46, the 43-year-old patient, e) In case study 2, the 45-year-old patient.

The above results in the research project of only fifty (50) case studies highlights that between the age of 40 and 45, physis was still effective enough. This result could be further researched in a larger number of case studies.

Discussion

Whilst the overall results of the four (4) research questions in the fifty (50) case studies has validated the link between Aetiology, Pathology, Diagnosis, and Treatment in relation to the philosophical principles of Physis, Temperament, Humours, and Lifestyle Factors, the results also confirmed that the excess/abnormal Melancholic humour can be the cause/s of illness conditions. In addition, the research also confirmed the weakening of physis and the development of excess/abnormal Melancholic humours from the age of 40 onwards, as mentioned in the Institute's previous research projects.

More significantly the overall Successful results of 44 case studies, 5 Partly Successful case studies, and only 1 of the Unsuccessful case study needs to be elaborated on. This system of medicine based on the philosophical principles of Hippocrates, Galen and Ibn Sina and many other physicians/philosophers, has been practiced over the past few centuries in most parts of the world until the end of the 19th century. In addition, the Institute's contribution to this system of medicine has further developed the theoretical principles, resulting in a comprehensive understanding of the pathological processes, allowing for an accurate diagnosis of the qualitative and humoral imbalance of illness conditions, and facilitating a targeted approach in treatment.

The holistic approach recognises that human beings are "body and soul", and health is impacted physically, mentally, emotionally, and spiritually. The practice of this system of medicine for centuries included the importance of diet as emphasised by Hippocrates, herbal medication, and other therapeutic options including cupping.

Diet, herbal medication, and cupping

The importance of diet

Listed below is an extract from case study 48, that is also included in all the case studies under the heading of "Treatment/Management Plan". This extract highlights the importance of diet in treatment:

"The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Moist and Hot & Dry, Food & Drink, to counteract the excess Coldness with Moistness & Dryness associated with the accumulation of the excess Phlegmatic humoral imbalance."

Herbal medication

The information in this section includes research of herbal medication, and also provides information on the difference between herbal and Western medication, that has only developed over the past 150-years.

Recent research has confirmed that herbs have many different categories of active ingredients, including amongst others, alkaloids, anthraquinones, minerals, mucilage, phenols, tannins, vitamins, etc., with each category having different active ingredients, that allows for a wide range of pharmacological activity, across multiple physiological systems of the body. In the past Garlic, was known as only an invigorating heart tonic, a reliable laxative, and as a topical anti-microbial agent. Latest research has confirmed Garlic's ability to reduce raised blood pressure, prevent stroke, lower cholesterol, control inflammation, counteract skin and intestinal infections and reduce tumour progress.

Western pharmacology emerged from two distinct lines of scientific endeavours. The first being the identification, extraction and modification of active ingredients found in plants, including morphine, quinine, aspirin, atropine, and reserpine etc. Being active ingredients from plants, the pharmacological action of these ingredients were effective, with limited side-effects.

The second endeavour was the development of synthetic organic chemistry drugs that was introduced by John Newport Langley (1852-1926), on the basis of visualizing that a cell receptor could be turned off and on by specific drugs. This led to "new to nature chemicals", based on the receptor theory, that stimulates, inhibits, or blocks receptors as a prelude to pharmacological action, and interferes with the body's normal biochemical, physiological pathways, resulting in major side effects, and physis not being able to restore homeostasis.

Cupping therapy

Cupping has been practiced since ancient times. Hippocrates describes both dry and wet cupping in his Guide to Clinical Treatment, and Galen also included cupping in his practice. During the Islamic Golden Era cupping was extensively researched and practiced.

To promote the practice of cupping in South Africa, a pilot research project was conducted at the University of the Western Cape, entitled: "Therapeutic Cupping as Adjunctive Therapy in the Treatment of Diabetes, Hypertension, and Osteoarthritis" by six (6) Undergraduate students of Unani Tibb during 2007 and the report completed in April 2008 (<http://www.tibb.o.za/wp-content/uploads/Rep-cupping.pdf>). The objective of the research was to assess the effectivity of including cupping as adjuvant therapy in the treatment of the above patients.

Based on the success of the research project, dry/wet cupping has been included in the Institute's clinic, where applicable, together with diet and medication over the past fifteen years.

[Back to Contents Page](#)

Summary and Concluding Comments

The above information on the Tibb approach of diagnosis and treatment in the fifty (50) case studies based on research objectives of validating the link between aetiology, pathology, diagnosis, and treatment in relation to the philosophical principles of Tibb has been confirmed. In addition, the research also confirmed the weakening of physis and the development of excess/abnormal Melancholic humours that has also been the cause/s of illness conditions, in patients from the age of 40 onwards.

More significantly, this research project also provided information of the holistic approach on the Medicine of Hippocrates, Galen and Ibn Sina with respect to the diagnosis based on the role of lifestyle, the predisposition to illness conditions in relation to the temperamental combination and dominant quality, and qualitative and humoral imbalances. With respect to treatment, restoring qualitative and humoral imbalances with diet, herbal medication, including the teas, and cupping where applicable, has been successful in almost all the case studies.

The completed fifty (50) case studies together with Annexures of the Diet Charts, Formulas of the Teas, Cupping Charts, and Qualities Associated with Illness Conditions are included under the heading of “Tibb Diagnosis and Treatment: 50 Case Studies”.

[Back to Contents Page](#)

Tibb Diagnosis and Treatment: 50 Case Studies

Tibb Case Study 1

Age: 32

Gender: Female

Temperamental Assessment

Temperamental Combination: Phlegmatic/Sanguinous

Dominant Quality: Moistness

Consult 1: 11/10/21

History (patient/family) Complaints/Signs & Symptoms – Current Medication

Presenting Complaint/s:

Reported to Trauma Centre for persistent vomiting (Heat with Moistness & Dryness) with intense abdominal cramps (Dryness with Heat & Coldness) one week ago. Prescribed an anti-emetic and panados. Vomiting subsided but nausea and abdominal cramps persisted accompanied with dark brown urine (Dryness with Heat & Coldness).

Pmhx: Abdominal hernia (Moistness with Heat & Coldness).

Current Medication: Contraceptive implant, Panados, Anti-emetic

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humour

Food & Drink: Fried and spicy foods often. Fizzy drinks and juices mostly, low water intake (Hot & Dry).

Sleep & Wakefulness: Little sleep (Dryness with Coldness & Heat)

Elimination: Has been struggling for the past week (Dryness with Coldness & Heat)

Emotions: Balanced.

Movement & Rest: Walks daily.

Environmental Air & Breathing: Warmer weather.

Summary of the Cause/s Identified: The overall qualities of Food & Drink and Poor elimination of Dryness with Heat & Coldness are similar to the qualities of Dryness with Heat & Coldness associated with the presenting complaints/illness conditions. This confirms that the causes of the presenting S&S/illness conditions are the result of poor management of the lifestyle factors.

Observations/Clinical Assessment:

BP: 130/80 HR: 68 TEMP: 37 URINE: Dark, rusty brown. Bil 3+, Ubg 2+, Ket 3+, Leuc 2+.

Sclera yellow (Hot & Dry)

Abdomen: RUQ (Right upper abdo) and Epigastric (Mid upper abdo) tenderness on palpation.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Dryness with Heat & Coldness associated with the Bilious humor are the cause of the S&S/Illness Condition/s (Dryness with Heat & Coldness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Moist qualities, following a diet of Cold & Moist and Hot & Moist Food & Drink, together with appropriate medication to counteract the Dryness with Heat and Coldness qualities associated with the excess Bilious humoral imbalance.

Medication:

Bilious Tea - ½ tsp twice daily after meals

Septogard (30) tabs- two tablets three times daily, before meals

Renotone (30) tabs - two tablets three times daily, before meals

Laxotabs (10) tabs- 2 tablets at night, after meals

Paracetamol (15) tabs- 2 tablets three times daily after meals, when necessary.

Result/Follow up consult(s):**Telephonic Consult 2: 14/10/21**

Feeling much better, urine color and bowels improved, symptoms resolved. Back at work.

Consult 3/Outcome of Case study: 15/10/21

All symptoms have completely resolved on the 3rd day of treatment, therefore able to return to work.

Results:

Research Questions	Yes	Yes/No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?			✓
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 11/10/21; Consult 2. 14/10/21; Consult 3. 15/10/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Dryness with Heat & Coldness qualities which is linked to the presenting S&S/illness conditions.
- The presenting S&S/illness conditions of Gastritis; Jaundice; UTI; Constipation are associated with qualities of Dryness with Heat & Coldness, which is not the same as the patient's dominant quality of Moistness associated with the temperamental combination. This confirms that there is no link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness condition are indicative of qualitative changes linked to excess Bilious humour.
- Overall treatment approach of increasing Moist qualities to counter the excess Dryness with Heat & Coldness associated with Bilious humour, resulted in a successful outcome of resolving Gastritis; Jaundice; UTI and constipation.

[Back to Contents Page](#)

Tibb Case Study 2**Age: 45****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Bilious/Sanguinous

Dominant Quality: Heat

Consult 1: 20/08/2021**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Tension in the neck and shoulders (Dryness with Coldness & Heat). Vomits every night (Dryness with Heat & Coldness), due to reflux.

Pmhx: Skin irritation in hot weather, GORD (Dryness with Heat & Coldness)

Current Medication: None

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Breakfast: Bar-One (Cold & Moist), glass of orange juice (Cold & Dry). Lunch - toasted cheese sandwich (Hot & Moist). Supper: chicken curry (Hot & Dry). Fruit- oranges and nartjies (Cold & Dry). 4-5 Glasses of water (Cold & Moist) with 2 cups of coffee per day (Cold & Dry).

Sleep & Wakefulness: 6 hours. Compromised due to vomiting and muscle pain. (Hot & Dry; Cold & Dry)

Emotions: Stress (Hot & Dry)

Environmental Air & Breathing: Smoker, hot weather irritates the skin (Hot & Dry)

Movement & Rest: Nil

Elimination & Retention: Regular

Summary of the Cause/s Identified: The overall Dryness with Heat & Cold qualities of the patient's lifestyle assessment are similar to the qualities of the presenting complaint/illness condition mentioned above (Dryness with Coldness & Heat). This confirms that the causes are the result of poor management of the Lifestyle Factors.

Observations/Clinical Assessment:

BP: 130/70 HR: 72 TEMP: 36 URINE: Dark in color- Prot +1, Leuc +1, Ubg +1, Bil +1
CHOL: 4.73 BG: 6.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Dryness with Heat and Coldness associated with the Bilious humoral imbalance - are the causes of GORD (Dryness with Heat & Coldness), Myositis (Dryness with Coldness & Heat), UTI (Dryness with Heat & Coldness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Moist qualities, following a diet of Cold & Moist and Hot & Moist Food & Drink, together with appropriate medication and cupping to counteract the Dryness with Heat & Coldness qualities associated with the excess Bilious humoral imbalance.

Medication:

Bilious Tea- 1 tsp three times daily, after meals

Laxotabs (10) tabs- two tablets at night, after meals

Renotone (30) tabs -two tablets twice daily, before meals

Blackseed Rub (15g)

Cupping:

Dry Cupping: B1-B5, and the neck.

Result/Follow up consult/s:**Consult 2: 27/08/21**

Shoulders and upper back muscle tension resolved. Started using medication two days after the initial consult. Has cut out coffee at night, bowels are regular, sleep has improved and overall feels very good. Would like to have cupping for right sided neck tenderness which radiates into the right shoulder area.

Observations/Clinical Assessment:

BP: 120/88 HR: 88 CHOL: 4.63 BG: 4.3 URINE: NAD

All vitals improved. UTI resolved.

Medication:

Bilious Tea -1tsp once a day, after meals
Renotone (15) tabs - two tablets twice daily, before meals
Laxotabs (10) tabs - two tablets at night, after meals
Blackseed Rub (15g)

Cupping:

Dry Cupping: neck and right shoulder point.

Consult 3/Outcome of Case study: 28/09/21

Has been doing very well. All previous symptoms resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/ Discussion In relation to the research questions: Consult 1: 20/08/2021; Consult 2: 27/ 08/21; Consult 3: 28/09/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Dryness with Heat and Coldness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the presenting S&S/illness conditions of vomiting, GORD and UTI with dark urine with qualities of Dryness with Heat & Coldness, is not the same as the patient's dominant quality of Heat, the patient's temperamental combination of Bilious/Sanguinous with qualities of Heat with Dryness & Moistness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness conditions are indicative of qualitative changes linked to excess/ abnormal Bilious humour.
- Overall treatment approach of increasing Moist with Coldness & Heating qualities to counter the excess Dryness with Heat & Coldness associated with the Bilious humour, resulted in Successful outcome of resolving the GORD; UTI; and Myositis.

Tibb Case Study 3**Age: 72****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Bilious

Dominant Quality: Dryness

Consult 1: 19/04/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Osteoarthritis (OA) in both knees causing chronic/recurrent bilateral knee pain (Dryness with Coldness & Heat) aggravated by cold weather (Coldness with Moistness & Dryness) and progressive over the years. Results in difficulty walking and limitations in performing normal daily activities.

Pmhx: OA (Dryness with Coldness & Heat).**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Reduced with age, smaller less frequent meals, regular consumption of water, Vegetable stews/soups: onions (Hot & Dry), cauliflower (Cold & Dry), cabbage (Cold & Dry), broccoli (Cold & Moist), carrots (Cold & Moist), squash (Cold & Moist), brown bread (Hot & Moist), oats (Hot & Moist), lentils (Cold & Dry), fish (Hot & Dry), chicken (Hot & Dry).

Environmental Air & Breathing: Knee pain worse currently due to the seasonal shift from autumn to winter (Coldness with Dryness & Moistness).

Movement & Rest: Inactivity since the recent rise in crime in the area (Coldness with Dryness & Moisture).

Emotions: Balanced**Elimination:** Regular**Sleep & Wakefulness:** Good quality.

Summary of the Cause/s Identified: Whilst the overall qualities of Coldness with Moistness & Dryness of the Food & Drink could have aggravated the Osteoarthritis, the weakening of physis with the patients age of 72 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Osteoarthritis is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 125/70 HR: 66 TEMP: 36.6 BG: 6

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the excess/abnormal Melancholic humor is the cause of Osteoarthritis (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, ½ tsp, twice daily after meals

Laxotabs (10) 2 tablets at night after meals

Rumamix Rub (30g)

Cupping:

Dry Cupping Therapy: LE 6-8 on both knees with Blackseed Rub.

Follow up Consult 2: 01/06/21

No improvement in knee pain after the last consult. Calve cramps bilaterally.

Observations/Clinical Assessment:

BP: 125/75 HR: 84 TEMP: 36 CHOL: 5.32

Medication:

Tissue Salts # 8 contains magnesium which can assist with improving circulation to the lower extremities.

Blackseed Oil improves circulation.

Melancholic Tea, ½ tsp twice daily, after meals.

Laxotabs, (2) tablets daily, at night, after meals.

Tissue Salt # 8 (60) 3 tablets, three times per day.

Blackseed Oil for external application.

Cupping:

Wet Cupping Therapy LE6- 8 on both knees with Blackseed Rub.

Follow up Consult 3: 04/08/21

Almost complete relief in both knees since the last wet cupping session, the patient reports being pain free for the past two months. Knee pain returned, mildly, with bilateral cramping in the calves. Patient requested another wet cupping.

Experienced excessive itching after wet cupping sessions along the incisions, relieved by Blackseed Oil application.

Observations/Clinical Assessment:

BP: 105/60 HR: 84 TEMP: 36.4 CHOL: 5.89 BG: 5.5

Medication:

Melancholic Tea ½ tsp twice daily, after meals.

Laxotabs (2) tablets daily, at night, after meals.

Tissue salt # 8 (60) 3 tablets, three times per day.

Blackseed Oil for external application.

Cupping:

Wet Cupping Therapy LE6- 8 on both knees with Blackseed Rub.

Consult 4/Outcome of Case study: 17/08/21

Telephonic review:

Patient reports being pain free in both knees and calves since the last wet cupping session.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion: Consult 1: 19/04/21; Consult 2: 01/06/21; Consult 3: 04/08/21; Consult 4: 17/08/21

- The Summary of the Cause/s Identified, confirms that the causes of Osteoarthritis with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- The dominant quality of the presenting S&S/illness conditions of Osteoarthritis (Dryness with Coldness & Heat) is the same as the dominant temperamental quality of Dryness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness conditions of OA are indicative of excess Cold & Dry qualities linked to the accumulation of the excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping therapy, has resulted in a successful outcome in addressing the pain associated with the OA.

[Back to Contents Page](#)

Tibb Case Study 4

Age: 60

Gender: Male

Temperamental Assessment

Temperamental Combination: Melancholic/Bilious

Dominant Quality: Dryness

Consult 1: 24/06/21

History (patient/family) Complaints/Signs & Symptoms – Current Medication

Presenting Complaint/s:

Myositis of the left shoulder causing recurrent pain with limited range of motion – ROM (Dryness with Coldness & Heat) for more than 3 months.

Pmhx: Type 2 Diabetes Mellitus (Moistness with Heat & Coldness), Hypertension (Dryness with Coldness & Heat).

Current Medication: Metformin 1000mg twice daily, Hydrochlorothiazide 10.5mg once daily, Adcodol daily to control pain.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: High in white bread (Hot & Moist), rice (Cold & Moist), potatoes (Cold & Dry), cake and biscuits (Hot & Moist), refined sugars, excessive consumption of coke (Cold & Moist) and caffeine (Cold & Dry), dairy (Cold & Moist), low in water, low in fibre e.g., fruit and vegetables.

Sleep & Wakefulness: Poor quality, interrupted, tendency toward insomnia (Cold & Dry)

Movement & Rest: Inactive and sedentary (Coldness with Moistness & Dryness)

Emotions: Stress and frustration (Hot & Dry)

Environmental Air & Breathing: Cold weather aggravates pain (Coldness with Moistness & Dryness)

Elimination & Retention: Constipation (Cold & Dry)

Summary of the Cause/s Identified: Whilst the overall qualities of Coldness with Moistness & Dryness of the Food & Drink may have aggravated the Myositis, the weakening of physis with the patients age of 60 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Myositis is from excess/abnormal Melancholic humour.

Observation/Clinical Assessment:

BP: 150/90 TEMP: 36.3 URINE: 3+glucose BG: 18.1

Associated signs and symptoms include Xerostomia (Dryness with Coldness & Heat), Constipation (Dryness with Coldness & Heat), Interrupted sleep (Dryness with Coldness & Heat).

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the excess/abnormal Melancholic humor is the cause of the Myositis (Dryness with Coldness & Heat), Xerostomia (Dryness with Coldness & Heat), Constipation (Dryness with Coldness & Heat), and the insomnia (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, ½ tsp, twice daily after meals
Laxotabs (10) 2 tablets at night after meals
Renotone (30) 2 tablets 3 times daily before meals
Blackseed Capsules (15) 1 capsule per day after meals

Cupping:

Dry Cupping Therapy: B1 - 15 with Blackseed Rub.

Follow up Consult 2: 10/08/21

Mild improvement in the shoulder pain and ROM. Bowel movements have become regular.

Observation/Clinical Assessment:

BP: 155/90 HR: 88 TEMP: 36.1 URINE: +4 glucose BG: 15.1

Medication:

Melancholic Tea ½ twice daily, after meals
Laxotabs (10) 2 at night after meals
Renotone (15) 2 tablets 3 times daily before meals
Blackseed Capsules (15) 1 capsule per day after meals

Cupping:

Wet Cupping Therapy: B1 - 5 and local points on the rotator cuff muscles with Blackseed Rub.

Follow up Consult 3: 07/09/21

Left shoulder pain and ROM greatly improved.

Observation/Clinical Assessment:

BP: 150/90 HR: 80 TEMP: 36.7 BG: 9.5 URINE: NAD

Medication

Melancholic Tea ½ twice daily after meals
Laxotabs (10) 2 at night after meals
Blackseed Capsules (15) 1 capsule daily after meals

Cupping:

Wet Cupping Therapy: B1 - 5 and local points on the rotator cuff muscles with Blackseed Rub.

Consult 4/Outcome of Case study: 16/11/21

Left shoulder pain absent, ROM close normal. Pain only present during sudden movement and strain on joint.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion: Consult 1: 24/06/21; Consult 2: 10/08/21; Consult 3: 07/09/21; Consult 4: 16/11/21

- The Summary of the Cause/s Identified, confirms that the causes of Myositis with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- The presenting S&S/illness conditions of Myositis (Dryness with Coldness & Heat) is the same as the dominant temperamental quality of Dryness of the individual – confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness conditions of Myositis is indicative of excess qualities of Dryness with Coldness & Heat linked to the accumulation of the excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping therapy, has resulted in a successful outcome in addressing the pain associated with the Myositis. In addition, the holistic Tibb treatment approach has also shown improvement/cessation in the associated S&S/illness conditions such as elevated blood glucose, glucosuria and constipation. The patient's blood glucose improved from 18.1 to 9.5, without the use of Tibb blood glucose medication.

[Back to Contents Page](#)

Tibb Case Study 5**Age: 61****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic Dominant Quality: Moistness

Consult 1: 07/09/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Myositis causing right neck pains and stiffness. (Dryness with Coldness & Heat). Uncontrolled Hypertension (Moistness with Heat & Coldness).

Pmhx: Hypertension (Moistness with Heat & Coldness).

Current Medication: None

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Mostly bread (Hot & Moist), rice (Cold & Moist), mixed veggies, coffee with sugar (Coldness with Moistness & Dryness), chicken (Hot & Dry).

Sleep & Wakefulness: Sleep late and too little due to studies and work at daytime

Environmental Air and Breathing: Nil

Emotions & Feelings: Stressing due to her work and studies (Dryness with Coldness & Heat).

Movement & Rest: Inactivity (Coldness with Moistness & Dryness)

Elimination: Regular bowel

Summary of the Cause/s Identified: Whilst the diet includes Hot & Moist and Cold & Moist foods, the Uncontrolled Hypertension could be the result of the excess Moistness, however, the weakening of physis with the patient's age of 61 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance and is the cause of the Myositis (Dryness with Coldness & Heat).

Observations/Clinical Assessment:

BP: 190/110 Temp: 35.9

MSK: positive right trapezius/intrascapular pain and neck stiffness.

Elevated blood pressure of 190/110 required to be treated.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Although the patient's age is 61, whilst the cause of the Uncontrolled Hypertension is linked to the excess Moistness from the diet, the Myositis (Dryness with Coldness & Heat) has been caused by the excess/abnormal Melancholic humour.

Treatment/Management Plan:

The treatment/management plan is aimed at addressing both the diet that has resulted in the Uncontrolled Hypertension as well as the excess/abnormal Melancholic humour by changing the diet to mostly Hot & Dry foods. Being aware of the elevated blood pressure (190/110) the treatment also included herbal hypertensive medication (Pressure-Eeze Forte). Also, being aware of the presence of the Melancholic humour, the Melancholic Tea was included together with cupping therapy.

Medication:

Pressure-Eeze Forte was prescribe in order to assist with the elevated blood pressure due to defaulted meds at the time of this consult.

Melancholic Tea, ½ teaspoon, twice daily after meals

Pressure-Eeze Forte (30) 2 tablets, twice daily before meals

Rumamix (30g), topical application.

Follow up Consult 2: 16/09/21

Shoulder (trapezius) pain is still present. Sleep is still disrupted due to studies. New symptoms: Frontal headaches. Stiffness and pain reduced after dry cupping.

Observations/Clinical Assessment:

BP: 140/84

HR: 72

Temp: 35.5

Medication:

Stress-Away was prescribed in order to assist as a brain tonic and therefore improve sleep quality.

Melancholic Tea, ½ teaspoon, twice daily after meals

Rumamix Ointment (30g)

Stress-Away tabs (30) 2 tablets, twice daily after meals

Cupping:

Dry cupping therapy: N4, B1- B15

Follow up Consult 3: 22/09/21

Left shoulder/scapular pain, neck stiffness and headaches resolved.

Observations/Clinical Assessment:

BP: 140/80

HR: 76

Temp: 36

Medication:

Melancholic Tea, ½ teaspoon, twice daily after meals,

Blackseed Ointment (30g)

Stress-Away (30), 2 tablets, twice daily after meals.

Cupping:

Dry cupping B1-5

Consult 4/Outcome of Case Study: 22/11/21

Pain resolved. Sleep improved. Studies and work are manageable. Patient was convinced that work/study pressures/stressors and poor sleep were contributing to her pains as well. Blood pressure is also within normal range.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: consult 1. 07/09/21; consult 2. 16/09/21; consult 3. 22/09/21; consult 4. 22/11/21

- The Summary of the Cause/s identified, confirms that whilst the presenting S&S/illness condition of Uncontrolled Hypertension is linked to the main lifestyle factors of Food & Drink, the weakening of physis with the patient's age of 61 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance – the causes of the illness conditions are linked to the excess/abnormal Melancholic humour.
- Whilst the qualities of Dryness with Coldness & Heat associated with Myositis is not the same as the patient's dominant quality of Moistness, the qualities of Moistness with Heat & Coldness associated with Hypertension include the patient's dominant quality of Moistness. This confirms the link between an individual's dominant quality and the predisposition to conditions.
- Whilst the presenting S&S/illness condition of Uncontrolled Hypertension has been triggered by the diet of foods with qualities of Moistness with Heat & Coldness, the patients age, and the development of excess/abnormal Melancholic humour confirms the link of the patients' conditions being the excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting physis through diet, together with herbal medicine and cupping therapy, has resulted in the successful outcome in addressing not only the Myositis but the Uncontrolled Hypertension as well.

[Back to Contents Page](#)

Tibb Case Study 6**Age: 38****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Bilious/Sanguinous

Dominant Quality: Heat

Consult 1: 29/11/2021**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Gastritis presenting with epigastric pain, nausea, vomiting and diarrhoea (Brown-green colour, with foul smell) for 3/7, aggravated by spicy and acidic foods (Heat with Dryness & Moistness). Also presenting with Furuncle under right armpit for the past two days (Heat with Dryness & Moistness)

Pmhx: Peptic Ulcer, Gallstones, Depression.**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Weetbix (Hot & Moist), oats (Hot & Moist), Chicken (Hot & Dry), Briyani (Hot & Dry), mielie meal (Cold & Dry), peanut butter sandwich (Cold & Dry), low water intake.

Emotions: High stress and Anxiety - 2/12 (Dryness with Heat & Coldness).

Sleep & Wakefulness: Insomnia, 4-5 hours' sleep per day- (Cold & Dry)

Movement & Rest: Sedentary.

Elimination & Retention: Currently presenting with frequent loose stool, no urinary abnormalities.

Environmental Air & Breathing: Summer season (Hot & Dry)

Summary of the Cause/s Identified: Whilst a few foods have qualities of Coldness, the overall qualities of Heat with Dryness & Moistness associated with the Food & Drink, Insomnia and Anxiety, are similar to the qualities of Heat with Dryness & Moistness associated with the presenting S&S/illness conditions mentioned above. This confirms that the causes of the presenting S&S are the result of poor management of lifestyle factors.

Observations/Clinical Assessment:

BP: 90/70mmHg

TEMP: 37.2 degrees

HR: 88bpm

Derm: Painful inflamed nodule +/- 2cm diameter, with yellow center under right armpit.

Abdo: Epigastric and RUQ abdominal tenderness on palpation.**Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s**

Excess qualities of Heat with Dryness & Moistness associated with the Bilious humour, is the cause/s of Gastritis and Furuncle (Heat with Dryness & Moistness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Cold qualities, by following a diet of Cold & Moist and Cold & Dry Food & Drink, together with appropriate medication, to address the cause/s of the illness condition/s and counteract the excess Heat with Dryness & Moistness qualities associated with the abnormal Bilious humoral imbalance.

Medication:

Bilious Tea – 1tsp twice daily, after meals

Renotone (30) tabs - 2 tablets, twice daily before meals.

Vomeeze (100ml) syrup - 1tsp, three times/day, before meals.

Septadine (15g) + 1 Blackseed Capsule- apply topically 2-3 times/day.

Result/Follow up consult(s):**Consult 2/ Outcome of Case: 2/12/2021**

Feeling great, all symptoms alleviated. Boil ruptured and pain ceased the same day as treatment was initiated. All other symptoms ceased after two days of treatment and fatigue improved.

Diet improved, following Cold & Moist - Hot & Moist diet and avoiding all spicy and acidic foods.

Observations/Clinical Assessment:

BP: 110/80

HR: 80bpm

TEMP: 36.8

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1: 29/11/2021; Consult 2: 2/12/2021

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Heat with Dryness & Moistness qualities which is linked to the presenting S&S/illness conditions.
- The dominant quality of the presenting S&S/illness conditions of Gastritis and Furuncle (Heat with Dryness & Moistness) is the same as the dominant quality of Heat of the patient's temperamental combination. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness conditions of Gastritis and Furuncle is indicative of qualitative changes and excess/abnormal Bilious humoral imbalances.
- Overall treatment approach of assisting physis by following a diet of Cold & Moist and Cold & Dry, together with herbal medication, has resulted in successful outcome in addressing the excess Heat with Dryness & Moistness associated with the Bilious humour, with complete resolution of the Gastritis and Furuncle.

[Back to Contents Page](#)

Tibb Case Study 7

Age: 66

Gender: Male

Temperamental Assessment

Temperamental Combination: Sanguinous/Bilious

Dominant Quality: Heat

Consult 1: 09/11/22

History (patient/family) Complaints/Signs & Symptoms – Current Medication

Presenting Complaint/s:

Myositis of the rotator cuff muscles bilaterally > 1/12. (Dryness with Coldness & Heat)

Pmhx: HPT (Moistness with Heat & Coldness).

Current Medication: None

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Chicken/fish (Cold & Dry), rice (Cold & Moist), Potato (Cold & Dry), spinach (Hot & Moist), Broccoli (Cold & Moist), butternut (Cold and Moist), legumes (Cold & Dry) frequent water consumption

Movement & Rest: Exercising at the Gym and swimming everyday (Dryness with Heat & Coldness)

Emotions: Balanced

Elimination: Regular

Environmental Air & Breathing: Unhindered

Sleep & Wakefulness: Uninterrupted

Summary of the Cause/s Identified: Whilst the overall qualities of Coldness with Moistness & Dryness of the Food & Drink as well as Movement and rest could have aggravated the Myositis, the weakening of physis with the patient's age of 66 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Myositis is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 135/90 HR: 66

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the excess/abnormal Melancholic humor is the cause of Myositis (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, ½ tsp, twice daily after meals

Tissue salts # 8 (MgPO₄) 30 - 3 Tablets three times daily, dissolved under the tongue

Rumaflam Tablets (30) 2 tablets twice daily after meals

Cupping:

Wet Cupping Therapy: B1-10 with Blackseed Rub.

Follow up Consult 2: 19 /12/22

Patient experiences excellent pain relief with the Tibb treatment approach.

Observations/Clinical Assessment:

BP: 150/70 HR: 48 BG: 5.6 CHOL: 4.2 URINE: not available

Medication:

Melancholic Tea, ½ tsp, twice daily after meals
 Rumamix (30g)
 Rumaflam tablets (30) 2 tablets twice daily after meals

Cupping:

Wet Cupping Therapy B1-10 with Blackseed Rub.

Follow up Consult 3: 19/01/23

Complete relief of pain in rotator cuff muscles. The patient would like to continue with the current treatment approach for general health maintenance.

Observations/Clinical Assessment:

BP: 160/80 HR: 66 URINE: NAD BG: 4.9

Medication:

Melancholic Tea, ½ tsp, twice daily after meals
 Rumamix (30g)
 Rumaflam Tablets (30) 2 tablets twice daily after meals

Cupping:

Wet Cupping Therapy B1-10 with Blackseed Rub.

Consult 4/Outcome of Case study: 17/02/23

The patient returned for maintenance cupping and a health check. His blood pressure in the final consult was 130/80mmhg. His treatment remained the same with the addition of Pressure-Eeze Forte in support of his blood pressure management. He was advised to monitor and do regular checks on his blood pressure.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion: Consult 1: 09/11/22; Consult 2: 19 /12/22; Consult 3: 19/01/23; Consult 4: 17/02/23

- The Summary of the Cause/s Identified, confirms that the causes of Myositis with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Myositis with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Heat, the patient's temperamental combination of Sanguinous/Bilious with qualities of Heat with Moistness & Dryness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition of Myositis is indicative of excess qualities of Dryness with Coldness & Heat linked to the accumulation of excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping therapy, has resulted in a successful outcome in addressing the pain associated with the Myositis.

[Back to Contents Page](#)

Tibb Case Study 8**Age: 61****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Phlegmatic

Dominant Quality: Coldness

Consult 1: 11/02/21**History (patient/family) Complaint/Signs & Symptoms- Current Medication****Presenting Complaint/s:**

Sciatica associated with lower back and leg pain. (Dryness with Coldness & Heat)

Pmhx: Hysterectomy -2016 (Dryness with Heat & Coldness), Menopausal. (Dryness with Heat & Coldness).**Current Medication:** Premarin cream, Viralguard, Vit C, Omega 3,6,9, Anti-inflammatory tablet**Identify Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours****Food & Drink:** Bread (Hot & Moist), enjoys fruit (watermelon, oranges, naartjies) (Cold & Moist - Cold & Dry) and chips (Hot & Moist), Coffee (Cold & Dry). Chicken (Hot & Dry) and veg mostly. Has been drinking a lot iced tea (Cold & Moist- Cold & Dry).**Movement & Rest:** Walking. Due to pain unable to walk (Cold & Dry)**Sleep & Wakefulness:** Compromised sleep due to pain being worse at night (Cold & Dry)**Emotions & Feelings:** Grief. Lost her partner a few years ago, but still grieving (Cold & Dry)**Environmental Air & Breathing:** Lives very close to a lagoon and ocean (Cold & Moist)**Elimination:** Regular**Summary of Cause/s Identified:** Whilst the overall qualities of Coldness with Dryness & Moistness of Food & Drink could have aggravated the presenting S&S/illness Conditions, the weakening of physis with the patients age of 61 has resulted in the accumulation of excess/abnormal Melancholic imbalance. This confirms that the cause of the presenting S&S/illness Conditions is due to excess/abnormal Melancholic humour.**Observations/Clinical Assessment:**

BP: 140/88 HR: 64 URINE: Glu 1+ BG: 11.9mmol/l

MSK: Positive sciatic nerve test accompanied by lower back tenderness.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s:

Excess qualities of Cold & Dry associated with the Melancholic humour are the cause of the presenting S&S/illness Condition/s (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea- ½ teaspoon, twice daily, after meals.

Wintermix Rub (30g)

Glucostop capsules (30), one three times daily, after meals.

Cupping:

Dry cupping therapy: B13-B15 and posterior- both legs

Result/Follow up consult(s):**Consult 2: 18/02/21**

Back and leg feels much better. Only using the Melancholic Tea at night and noticed a good bowel movement follows. Sleep improved. Increased water intake but drinking it at room temperature and has cut out sugar.

Observations/Clinical Assessment:

BP: 138/88 HR: 68 URINE: Glucose 1+ BG: 11.1mmol/l

Medication:

Melancholic Tea- ½ teaspoon, twice daily, after meals.

Wintermix Rub (30g)

Glucostop Capsules (30)- one capsule three times daily, after meals.

Cupping:

Dry cupping therapy: B13-B15 and posterior- both legs

Consult 3: 05/3/21

Reports greater improvement. Right foot- big toe, able to flex, started noticing after her second session, which she wasn't able to do before. Rushed to get to the clinic this morning.

Observations/Clinical Assessment:

BP: 148/98 HR: 64 URINE: glucose 3+ BG: 11.6mmol/l

Medication:

Melancholic Tea- ½ teaspoon, twice daily, after meals.

Wintermix Rub (30g)

Glucostop Capsules (30)-one three times daily, after meals.

Cupping:

Dry cupping B13-B15 and legs.

Consult 4: 25/03/21

Had some emotional trauma, feeling very sad and emotional. Bowel movements are regular. Meds finished a week ago. Has not been lifestyle compliant.

Observations/Clinical Assessment:

BP: 130/80 HR: 64 URINE: Glucose 4+ BG: 18.7mmol/l

Medication:

Due to her elevated blood glucose levels, Diabesol and Blackseed capsules have been prescribed.

Melancholic Tea- ¼ teaspoon at night, after meals.

Diabesol (30)- one three times daily, after meals.

Blackseed Capsules (30)- one twice daily, after meals.

Cupping:

Maintenance cupping. Dry cupping B13- 15 and both legs.

Consult 5: 06/04/21

Has been trying to incorporate more of the Hot & Dry diet. Had eggs for breakfast and some water. Bowel movements are very regular. Sleeping has improved since drinking the Melancholic Tea.

Observations/Clinical Assessment:

BP:130/80

HR:68

URINE: Glucose 2+

BG: 12.9mmol/l

Medication:

Melancholic Tea- ¼ teaspoon at night, after meals.

Diabesol (30) - one twice daily, after meals. Dosage reduced.

Cupping:

Maintenance cupping. Dry Cupping: B7- B15, both legs

Consult 6/ Outcome of Case study: 21/04/21

Started walking an hour daily. Activity level has improved since back and legs improved. Emotionally feels more balanced. Has been lifestyle compliant, especially diet and increased activity level. Bowel movements are still very regular. Vitals improved- blood glucose levels reduced.

Results:

Research Questions	Yes	Yes/No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1: 11/02/21; Consult 2: 18/02/21; Consult 3: 05/3/21; Consult 4: 25/03/21; Consult 5: 06/04/21; Consult 6: 21/04/21

- The Summary of the Cause/s identified, confirms that the causes of the presenting S&S/illness conditions with qualities of Dryness with Coldness & Heat is the result of the excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Sciatica with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Coldness, the patient's temperamental combination of Melancholic/Phlegmatic with qualities of Coldness with Dryness & Moistness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting signs and symptoms/illness conditions are indicative of qualitative changes linked to excess Melancholic humour.
- The overall treatment approach of assisting Physis by following a diet of Hot & Dry and Hot & Moist Food & Drink, together with herbal medicine and cupping resulted in a successful outcome of resolving the initial presenting S&S/illness Conditions of Sciatica.

[Back to Contents Page](#)

Tibb Case Study 9**Age: 40****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Phlegmatic

Dominant Quality: Coldness

Consult 1: 03/11/2021**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Frontal headaches (Dryness with Coldness & Heat), worried (Dryness with Coldness & Heat), dizziness (Coldness with Dryness & Moistness)

Pmhx: Sinusitis (Moistness with Heat & Coldness), Reflux (Moistness with Heat & Coldness), 3x c sections, sterilized.

Current Medication: Multivitamin daily.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Dahl/lentils (Cold & Dry), curry (Hot & Dry), macaroni (Hot & Moist), rice (Cold & Moist), tea with milk (Coldness with Moistness & Dryness) and sugar (Hot & Moist).

Physical activity: None (Cold & Moist)

Elimination: Only 2x per week, currently constipated (Cold & Dry)

Emotions: Stress, fear, worries (Dryness with Heat & Coldness)

Environmental Air & Breathing: Prefers warm weather.

Sleep & Wakefulness: Poor sleep. (Cold & Dry)

Summary of the Cause/s Identified: The overall Coldness with Dryness & Moistness qualities of the patient's lifestyle assessment are similar to the Presenting Complaint/s/illness condition mentioned above. This confirms that the causes of the presenting S&S/illness condition are the result of poor management of the lifestyle.

Observations/Clinical Assessment:

BP: 110/70 HR: 68 TEMP: 36 CHOL: 5.08 BG: 3.4

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

The presenting S&S/illness conditions of Frontal headaches and worried associated with Dryness with Coldness & Heat, and dizziness associated with Coldness with Dryness & Moistness are linked to the qualitative and humoral imbalance of the Melancholic humour.

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heat qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and to counteract the Cold & Dry qualities associated with the excess Melancholic humoral imbalance.

Medication:

Melancholic Tea- ¼ teaspoon three times daily, after meals

Laxotabs (10) tabs- two tablets at night, after meals

Renotone (30) tabs- two tablets three times daily, before meals

Paracetamol (15) tabs- two tablets three times daily, after meals, when needed.

Result/Follow up consult**Consult 2/ Outcome of Case study: 10/11/21**

Dizziness resolved. Bowel movement is more regular. Frontal headaches resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1: 03/11/2021; Consult 2: 10/11/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Dryness with Heat & Coldness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the presenting S&S/illness conditions of Frontal headaches, and Worried with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Coldness, the patient's temperamental combination of Melancholic/Phlegmatic with qualities of Coldness with Dryness & Moistness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness conditions are indicative of qualitative changes linked to excess/abnormal Melancholic humours.
- The overall treatment approach of assisting Physis by increasing qualities of Heat with Moistness & Dryness to counter the excess Coldness with Dryness & Moistness associated with the Melancholic humour, resulted in a successful outcome of resolving the Dizziness/Syncope and frontal headaches.

[Back to Contents Page](#)

Tibb Case Study 10**Age: 30****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Melancholic

Dominant Quality: Coldness

Consult 1: 04/11/20**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Polycystic ovarian syndrome (PCOS) causing amenorrhea for the past 7 years, recurrent Insomnia causing daily fatigue and low immunity (Coldness with Moistness & Dryness).

The patient was advised to start hormonal contraception in order to regulate her menstruation cycle by her General Practitioner, however the patient prefers a natural/holistic approach.

Pmhx: None**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: High in carbohydrates – hamburger rolls, bread, and pasta (Moistness with Coldness & Heat), refined sugars (Moistness with Coldness & Heat), milk (Cold & Moist), yogurt (Cold & Dry), ice cream (Cold & Moist), low in water, low in fibre

Movement & Rest: Inactive and sedentary (Coldness with Moistness & Dryness)

Emotions: Stress and anxiety

Sleep & Wakefulness: Poor quality, tendency to insomnia

Elimination & Retention: Tendency toward constipation

Environmental Air & Breathing: Intolerance to cold weather.

Summary of the Cause/s Identified: Whilst stress and a few foods have heating qualities, the overall qualities of Coldness with Moistness & Dryness especially in terms of Food & Drink and Movement & Rest are similar to the qualities of Coldness with Moistness & Dryness associated with PCOS. This confirms that the causes of the presenting S&S/illness conditions are the result of poor management of the lifestyle factors.

Observation/Clinical Assessment:

BP: 100/78 TEMP: 36.8 BG: 4.7 CHOL: 4.01

Associated symptoms include weight gain, facial acne, and excessive hair growth for the last year.

BMI: 37, 7 = Obesity

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Coldness with Moistness & Dryness predominantly associated with the accumulation of excess/abnormal Melancholic humors, and also possibly an excess of the Phlegmatic humour is the cause/s of PCOS (Coldness with Moist & Dryness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Moist and Hot & Dry Food & Drink, to address the cause/s of the illness condition, by counteracting the qualities of Coldness with Moistness & Dryness predominantly associated with the accumulation of excess/abnormal Melancholic imbalance. The treatment plan also includes appropriate Medication and Cupping.

Medication:

Melancholic Tea, ½ tsp, twice daily after meals
 Laxotabs (10) 2 tablets at night after meals
 Multivitamin (30) 2 tablets every morning after breakfast
 Immunocare (15) 2 capsules twice daily before meals

Follow up consult 2: 24/11/20

Marked improvement in energy levels. Better sleep quality since implementing the Tibb treatment approach.

Observation/Clinical Assessment:

BP: 108/80 HR: 66 TEMP: 36.5 HCG: negative URINE: NAD

Medication:

Septogard replaced Immunocare for a more targeted approach at preventing illness/infection.
 Melancholic Tea ½ tsp, twice daily, after meals
 Laxotabs (10) 2 at night after meals
 Multivitamin (30) 2 tablets every morning after meals
 Septogard (30) 2 tablets thrice daily before meals

Cupping:

Dry Cupping Therapy: B1- B15 with Blackseed Rub.

Follow up Consult 3: 21/01/21

For two months the patient has been without the recommended Tibb treatment approach, fatigue due to poor sleep quality (Cold & Dry) has thus returned together with indigestion (Moist & Cold), excessive thirst (Cold & Dry) and frequent urination (Moistness with Coldness & Heat).

Observation/Clinical Assessment:

BP: 95/75 HR: 66 TEMP: 36.7 BG: 5 URINE: NAD

Medication:

Completone is general tonic for the system to improve energy.
 Melancholic Tea ½ twice daily after meals
 Laxotabs (10) 2 at night after supper
 Completone (30) twice daily before meals (morning and afternoon)
 Multivitamin (30) 2 tablets in the morning after breakfast

Cupping:

Dry Cupping Therapy: B1 - 15 with Blackseed Rub.

Follow up Consult 4: 15/02/2

The patient is feeling more energetic with a significant reduction in fatigue. The patient was advised to do blood analysis to assess/confirm for possible Iron deficiency anemia, polycystic ovarian syndrome (PCOS) and Hypothyroidism.

Observation/Clinical Assessment:

BP: 95/80 HR: 66 TEMP: 36.9 URINE: NAD HCG: negative BG: 5

Medication:

Melancholic Tea ½ twice daily after meals
Laxotabs (10) 2 tablets at night after meals
Completone (30) twice daily before meals (morning and afternoon)
Multivitamin (30) 2 tablets after meals in the morning

Cupping:

Dry Cupping Therapy: B1-15 with Blackseed Rub.

Follow up consult 5: 23/03/21

The patient's blood profile confirms PCOS with all other tests being normal.

Observation/Clinical Assessment:

BP: 100/75 HR: 66 TEMP: 36.9

Medication:

Gynaecare was introduced to specifically target hormonal imbalance.
Melancholic Tea ½ tsp twice daily after meals
Laxotabs (10) 2 at night after meals
Gynaecare tablets (30) 2 tablets in the morning
Gynaecare syrup (100ml) 2 tsp in the evening

Cupping:

Dry Cupping Therapy: B1- B15 with Blackseed Rub.

Follow up consult 6: 25/05/21

While implementing the Tibb treatment approach, the patient experienced her first menstrual period a month ago, energy levels are still intact.

Observation/Clinical Assessment:

BP: 105/75 HR: 66 TEMP: 36.6 BG: 4.1

Medication:

Melancholic Tea ½ tsp twice daily after meals
Laxotabs (10) 2 tablets at night before meals
Gynaecare Tablets (30) 2 tablets in the morning before meals
Gynaecare Syrup (100ml) 2 tsp in the evening before meals

Cupping:

Dry Cupping Therapy: B1-B15 with Blackseed Rub.

Consult 7/Outcome of Case study: 29/07/21

The patient has been experiencing regular menses for the last 3 months. Feels constipated (Cold & Dry) when not compliant on the Tibb medication and lifestyle.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?		✓	

Summary/Discussion: Consult 1: 04/11/20; Consult 2: 24/11/20; Consult 3: 21/01/21; Consult 4: 15/02/21; Consult 5: 23/03/21; Consult 6: 25/05/21; Consult 7: 29/07/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Coldness & Moistness with Dryness qualities which is linked to the presenting S&S/illness conditions.
- The dominant quality of the presenting S&S/illness conditions of PCOS (Coldness with Moistness & Dryness) is the same as the dominant temperamental quality of Coldness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- Based on the diagnosis and treatment, it is evident that the illness condition of PCOS (Coldness with Moistness & Dryness) is indicative of an accumulation of excess/abnormal Melancholic Humoral imbalance.
- The overall treatment approach of assisting Physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping therapy, has resulted in a successful outcome in addressing the excess qualities of Coldness with Moistness & Dryness associated with the Melancholic humoral imbalance. However, whilst treatment has been over a period of 8 months with consultation 4/11/20 to 29/07/21, perhaps the treatment with Phlegmatic tea to counter the excess of the Phlegmatic humour, instead of the Melancholic Tea may have had a better outcome, depending on the age of the patient of 30-years.

[Back to Contents Page](#)

Tibb Case Study 11**Age: 29****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 12/10/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Facial boil - red, swollen, painful, hard, inflamed, non-exudative for 5 days. (Heat with Moistness & Dryness)

Pmhx: Seafood allergy (Heat with Dryness & Moistness), appendectomy (Dryness with Coldness & Heat)

Current Medication: None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Enjoys take outs. 500ml water daily, more cooldrinks (Moistness with Heat & Coldness)

Environmental Factors: Facial mask, hotter weather- increase perspiration, clogged pores due to facial mask (Heat with Moistness & Dryness)

Emotions: Stress - work (Hot & Dry)

Elimination: Regular every day.

Sleep & Wakefulness: 21h00- 04h30 (pain affecting sleep)

Movement & Rest: Walks

Summary of the Cause/s Identified: Environmental Factors, Food & Drink and Emotions have qualities linked to Heat with Moistness and Dryness which is similar to the qualities associated with the presenting S&S/Illness conditions (Heat with Moistness & Dryness). This confirms that the causes are the result of poor management of the Lifestyle Factors.

Observations/Clinical Assessment:

BP: 138/90

HR:76

TEMP: 36.7

URINE: NAD

Sclera yellow (Hot & Dry)

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Heat with Moistness & Dryness associated excess Biliious humor - are the cause/s of the Furuncle (Boil)/ presenting S&S/Illness conditions (Heat with Moistness & Dryness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Cold qualities, following a diet of Cold & Moist and Cold & Dry Food & Drink, together with appropriate medication to counteract the Heat with Moistness & Dryness qualities associated with the excess Biliious humoral imbalance.

Medication:

Biliious Tea - ½ tsp twice daily, after meals

Septogard (30) tabs- 2 tablets, thrice daily, before meals

Blackseed Honey (30g) - twice daily, topically applied.

Paracetamol (15) tabs – 2 tablets thrice daily, after meals, as needed.

Result/Follow up consult(s):**Consult 2 (telephonic): 14/10/21**

Started using treatment immediately upon arriving at home. Boil ruptured with a large amount of exudate eliminated. Wound is starting to heal. Pain has subsided and very grateful.

Consult 3 (telephonic)/Outcome of Case study: 18/10/21

Wound completely healed.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to Research Questions: Consult 1: 12/10/21; Consult 2: 14/10/21; Consult 3: 18/10/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Heat with Moistness & Dryness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the presenting S&S/illness conditions of Furuncle (boil) with qualities of Heat with Moistness & Dryness, is not the same as the patient's dominant quality of Moistness, the patient's temperamental combination of Sanguinous/Phlegmatic with qualities of Moistness with Heat & Coldness, includes the quality of Coldness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition is indicative of qualitative changes linked to excess Bilious humours.
- Overall treatment approach of increasing Cold qualities to counter the excess Heat with Moistness & Dryness associated with the Bilious humour, resulted in a successful outcome of resolving the Furuncle (Boil).

[Back to Contents Page](#)

Tibb Case Study 12**Age: 35****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 18/08/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Follicular Tonsillitis resulting in symptoms of dysphagia and bilateral exudative tonsillar lymphadenopathy for 5 days (Moistness with Heat & Coldness)

Pmhx: Recurrent Tonsillitis (Moistness with Heat & Coldness).

Current Medication: None

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Oats (Hot & Moist) with milk (Cold & Moist), brown bread (Hot & Moist), potato fries (Cold & Dry), high in processed food.

Environmental Air & Breathing: Tonsillitis currently precipitated during the winter season (Coldness with Moistness & Dryness)

Movement & Rest: Little to no physical activity

Emotions: Balanced

Elimination: Regular

Sleep & Wakefulness: Regular

Summary of Cause/s Identified: Although certain foods have heating qualities, the overall qualities of Moistness with Heat & Coldness in the patient's Lifestyle Assessment especially Food & Drink and the winter season, correlates with the Moistness with Heat & Coldness of follicular tonsillitis. This confirms that the causes of the presenting S&S are the result of poor management of the lifestyle factors.

Observations/Clinical Assessment:

BP: 130/90 HR: 96 TEMP: 37.3

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Moist qualities associated with the Phlegmatic humor is the cause of Follicular Tonsillitis (Moistness with Heat & Coldness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Dry and Hot & Moist Food & Drink, to address the cause of the illness condition, by counteracting the Cold & Moist qualities associated with the Phlegmatic humoral imbalance.

Medication:

Phlegmatic Tea ½ tsp, twice daily, after meals.

Laxotabs (10) 2 tablets at night after meals.

Septogard (30) 2 tablets 4 times per day, before meals.

Consult 2/Outcome of Case study: 26/08/21: Telephonic review

Patient reports that on the third day of taking her treatment and following the recommended lifestyle factors, her symptoms had completely resolved. She is very happy using this approach. Still continuing with her tea and lifestyle factors to keep her immune system supported.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion: Consult 1: 18/08/21; Consult 2: 28/08/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Moistness with Heat & Coldness qualities which is linked to the presenting S&S/illness conditions.
- The dominant quality of the presenting S&S/illness conditions of Follicular Tonsillitis (Moistness with Heat & Coldness) is the same as the dominant temperamental quality of Moistness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness condition of Follicular Tonsillitis is indicative of excess Moist & Hot qualities linked to the excess Phlegmatic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Dry and Hot & Moist, together with herbal medicine, has resulted in the successful outcome in addressing the excess Moistness with Heat & Coldness associated with the excess Phlegmatic humoral imbalance with complete cessation of the S&S/illness condition of Follicular Tonsillitis – within three days.

[Back to Contents Page](#)

Tibb Case Study 13**Age: 75****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Phlegmatic

Dominant Quality: Coldness

Consult 1: 03/09/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Myositis (Dryness with Coldness & Heat) causing Lower back pain with stiffness.

Pmhx: Hypertension (Dryness with Coldness & Heat), Anaemia (Coldness with Moistness & Dryness), recurrent Bronchitis (Dryness with Heat & Coldness).**Current Medication:** Anti-hypertensive meds (unknown)**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours****Food & Drink:** Brown bread, (Hot & Moist), rice, carrots, broccoli (Cold & Moist), peanut butter (Cold & Dry), potatoes, corn, cauliflower, tea, (Cold & Dry), chicken (Hot & Dry).**Sleep & Wakefulness:** Little sleep, pain at night. (Dryness with Coldness)**Environmental Air & Breathing:** Smoker (Cold & Dry)**Elimination:** Regular**Emotions:** Balanced.**Movement & Rest:** Nill**Summary of the Cause/s Identified:** Whilst the overall qualities of Coldness with Dryness & Moistness of the Food & Drink could have aggravated the Myositis, the weakening of physis with the patient's age of 75 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Myositis is from excess/abnormal Melancholic humour.**Observations/Clinical Assessment:**

BP: 130/70 HR: 72 Temp: 36.8 BG: 9.2

MSK: lower back tenderness on palpation, dorsiflexion, and extension.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

The qualities of Dryness with Coldness & Heat are associated with the accumulation of excess/abnormal Melancholic humour are the cause of Myositis.

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following Hot & Moist and Hot & Dry diet, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea ½ tsp, twice daily after meals

Rumamix Ointment (30g)

Laxotabs (10) tabs- 2 tablets at night, after meals

Cupping:

Dry cupping, B15

Follow up Consult 2: 17/09/21

Patient's signs and symptoms improved: no stiffness and she could walk without limping, sleep improved.

Observations/Clinical Assessment:

BP: 130/70 Temp: 36.5 BG: 4.9

Medication:

Melancholic Tea ½ tsp, twice daily after meals

Rumamix (30g)

Laxotabs (10) tabs- 2 tablets at night, after meals

Paracetamol (15) 2 tablets when needed, after meals.

Cupping:

Dry cupping: B15

Consult 3/Outcome of Case study: 24/09/21**Telephonic review:**

Lumbar pain resolved. Patient feels mild form of pain at lower back when over exerted/over worked.

Results:

Research Questions	Yes	Yes/No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 03/09/21; Consult 2. 17/09/21; Consult 3. 24/09/21

- The Summary of the Cause/s Identified, confirms that the causes of Myositis with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Myositis with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Coldness, the patient's temperamental combination of Melancholic/Phlegmatic with qualities of Coldness with Dryness & Moistness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition of Myositis is indicative of excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry, together with herbal medicine and cupping therapy, has resulted in the successful outcome in addressing the Myositis. In addition, the patient's blood glucose improved from 9.2 to 4.9 without the use of Tibb blood glucose medication.

[Back to Contents Page](#)

Tibb Case Study 14**Age: 41****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 11/11/2021**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Allergies-Sneezing and itchy eyes, exudative lesions (face and abdomen), generally develops allergies during warmer weather (Heat with Moistness & Dryness)

Pmhx: Allergic rhinitis (Heat with Moistness & Dryness), sinusitis (Moistness with Heat & Coldness), head injury/trauma.

Current Medication: None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours****Food & Drink:** Mince curry (Hot & Dry), macaroni (Hot & Moist), stews (Cold & Moist). 1L water intake.

Tea 2-3x /d with 3-4 tsps sugar and milk. (Cold & Moist)

Environmental Air & Breathing: Hot weather (Hot & Dry)**Elimination & Retention:** Struggles with bowel movements (Coldness with Moistness & Dryness)**Sleep & Wakefulness:** 8 hours of sleep**Emotions:** Stress (Hot & Dry)**Movement & Rest:** Nil

Summary of the Cause/s Identified: The overall Heat with Moistness & Dryness qualities of the patient's Lifestyle assessment are similar to the qualities of the presenting S&S/illness condition mentioned above (Heat with Moistness & Dryness). This confirms that the causes are the result of poor management of the Lifestyle Factors.

Observations/Clinical Assessment:

BP: 120/80 HR: 72 TEMP: 36 CHOL: 6.33 BG: 5.5

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Heat & Dryness associated with Bilious Humoral imbalance is the causes of the presenting S&S/ Illness conditions of Allergic rhinitis (Heat with Moistness & Dryness); Exudative lesions (Heat with Moistness & Dryness).

Treatment/Management Plan:

The Treatment/management plan is aimed at increasing Cold qualities, following a diet of Cold & Moist and Cold & Dry Food & Drink, together with appropriate medication to counteract the Heat with Moistness & Dryness qualities associated with the excess Bilious humoral imbalance.

Medication:

Bilious Tea - ½ tsp bd, after meals

Laxotabs (10) tabs - 2 tablets at night, after meals

Renotone (15) tabs - 2 tablets twice daily, before meals

Tetmosol soap

Blackseed Honey - used as a topical application

Result/ Follow up consult**Consult 2: 16/11/21**

Facial and abdominal exudative lesions resolved. Currently experiencing a runny nose, accompanied by headaches - frontal and on top of the head. Has also developed a slight wheeze. Bowel movements have regulated. Cholesterol levels improved.

Observations/Clinical Assessment:

BP: 122/80 HR: 76 CHOL: 4.96

Medication:

Due to the infective nature of the conditions, Septogard tabs had been prescribed, Blackseed Rub was prescribed to assist with steaming and to be applied to the chest.

Septogard (30) tabs - 2 tablets four times per day, before meals

Renotone (30) tabs - 2 tablets three times per day, before meals

Blackseed Rub (15g)

Paracetamol (15) tabs - 2 tablets three times per day, when needed.

Consult 3/Outcome of Case study: 19/11/21

All symptoms resolved. Runny nose and headaches also resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1:11/11/2021; Consult 2: 16/11/21; Consult 3: 19/11/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Heat with Moistness & Dryness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the Allergic rhinitis (Heat with Moistness & Dryness); Exudative lesions (Heat with Moistness & Dryness), are not the same as the patients' dominant qualities of Moistness, the sinusitis in the previous medical history has qualities of Moistness with Heat & Coldness, which is the same as the dominant quality of Moistness. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness conditions are indicative of qualitative changes linked to excess/abnormal Bilius Humour.
- Overall, the treatment approach of assisting Physis by increasing Coldness with Moistness & Dryness to counter the excess Heat with Moistness & Dryness qualities associated with the Bilius humour, resulted in a successful outcome of resolving the presenting S&S/illness conditions of Allergic rhinitis and Exudative lesions. On follow up consultation the patient presented with signs and symptoms of Upper respiratory tract infection related to Moistness with Coldness & Dryness qualities which had completely resolved after using appropriate natural herbal medication - Septogard. In addition, the patient's cholesterol levels improved from 6.33 to 4.96 without the use of Tibb cholesterol medication.

Tibb Case Study 15**Age: 63****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Phlegmatic

Dominant Quality: Coldness

Consult 1: 08/02/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

History of Hypercholesterolemia (Dryness with Coldness & Heat), Muscle strain of the right shoulder and neck causing pain and stiffness for one week (Dryness with Coldness & Heat), Restless Legs Syndrome worse at night (Dryness with Coldness & Heat) causing interrupted sleep (Dryness with Coldness & Heat), Myokymia (Dryness with Coldness & Heat) and Chronic Fatigue (Dryness with Coldness & Heat).

Pmhx: Hypercholesterolemia (Dryness with Coldness & Heat).**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: High in carbohydrates/ pastries and confectionaries (Moistness with Heat & Coldness), Cow's milk (Cold & Moist), cheese (Hot & Moist), fresh cream (Hot & Moist), white rice (Cold & Moist), potatoes (Cold & Dry).

Emotions: Stress and Anxiety (Hot & Dry)**Movement & Rest:** Inactive and sedentary (Coldness with Moistness & Dryness)**Elimination:** Indigestion and constipation (Coldness with Moistness & Dryness)**Environmental Air & Breathing:** Recent intolerance to cold**Sleep & Wakefulness:** Poor quality, interrupted/insomnia

Summary of the Cause/s Identified: Whilst some of the Food & Drink are associated with Hot & Moist qualities, most other foods are associated with Cold & Moist/Dry qualities, which may have aggravated the S&S mentioned above. However, the weakening of pysis with the patients age of 63 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Hypercholesterolaemia is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 108/70 TEMP: 36.5 URINE: NAD BG: 7 CHOL: 7

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

The Cold & Dry qualities associated with the accumulation of excess/abnormal Melancholic humor is the cause of Muscle strain, Hypercholesterolemia, and Restless Legs Syndrome (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Moist and Hot & Dry Food & Drink, and appropriate medication, to counteract the excess Coldness with Moistness & Dryness associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, ½ tsp, twice daily after meals

Laxotabs (10) 2 tablets at night after meals

Lo-Chol (30) 2 tablets at night before meals

Cupping:

Dry Cupping Therapy: Declined by patient.

Follow up Consult 2: 07/03/22

Mild improvement in the muscle strain with less pain and stiffness, still experiencing interrupted sleep, still constipated with low daily energy. Patient is gradually implementing the Hot & Moist and Hot & Dry dietary recommendations and has since joined a walking club/association.

Observations/Clinical Assessment:

BP: 125/70 HR: 60 TEMP: 36.1 URINE: 1+ leukocytes BG: 7.3 CHOL: 6.33

Medication:

Melancholic Tea ½ tsp, twice daily, after meals

Laxotabs (10) 2 at night after meals

Lo-Chol (30) 2 tablets at night before meals

Consult 3/Outcome of Case study: 13/04/22

Muscle strain greatly improved. Blood glucose levels has reduced to 5.6 mmol/l and total cholesterol screening levels have reduced to 5.8 mmol/l. Better sleep quality with less interruption. Less daytime fatigue. Bowels are regular while following the Tibb treatment approach.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion: Consult 1: 08/02/22; Consult 2: 07/03/22; Consult 3: 13/04/22

- The Summary of the Cause/s Identified, confirms that the causes of S&S/Illness Conditions with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Hypercholesterolemia, Muscle strain – right shoulder and neck, restless leg syndrome, interrupted sleep with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Coldness, the patient's temperamental combination of Melancholic/Phlegmatic with qualities of Coldness with Dryness & Moistness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness conditions are indicative of Dry & Cold qualities which is linked to the accumulation of the abnormal/excess Melancholic Humoral imbalance.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry foods, together with herbal medicine, has resulted in the successful outcome in addressing the Hypercholesterolemia (Dry & Cold), Muscle strain (Dry & Cold) and Restless Legs Syndrome (Dryness with Coldness & Heat) associated with the excess/abnormal Melancholic humoral imbalance. In addition to this, the other associated S&S have also shown improvement in terms of constipation, chronic fatigue, and insomnia.

Tibb Case Study 16**Age: 39****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Sanguinous/Bilious

Dominant Quality: Heat

Consult 1: 12/08/2020**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Experiencing severe heartburn with intermittent nausea past 1/12. Accompanied by upper abdominal discomfort, worst after eating. (Dryness with Heat & Coldness)

Pmhx: Hayfever (Dryness with Heat & Coldness), GORD (Dryness with Heat & Coldness)

Current Medication: None

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Oats (Hot & Moist), pasta (Hot & Moist), chicken (Hot & Dry), curries (Hot & Dry), fresh ginger and wasabi (Hot & Dry) with sushi (Cold & Dry), takeouts 2-3x week (Dryness with Heat & Coldness), rice (Cold & Moist). Very low water intake, Coke (Cold & Moist), Oros (Cold & Dry)

Sleep & Wakefulness: Insomnia past 1/12 (Cold & Dry)

Emotions & Feelings: High stress and anxiety past year (Hot & Dry)

Environmental Air & Breathing: Winter season.

Movement & Rest: Works as a quantity surveyor, increased labour environment.

Elimination & Retention: Regular

Summary of the Cause/s Identified: Whilst a few foods have qualities of Moisture, the overall qualities of Dryness with Heat & Coldness associated with the Food & Drink, insomnia, and stress, are similar to the qualities of Heat & Dryness associated with the presenting S&S/illness conditions mentioned above. This confirms that the causes of the presenting S&S are the result of poor management of lifestyle factors.

Observations/Clinical Assessment:

BP: 140/90mmHg

HR: 72bpm

TEMP: 36.2

Abdominal examination: Central Upper Abdominal tenderness on palpation

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Heat & Dryness associated with the Bilious humoral imbalance - is the cause of Gastritis (Dryness with Heat & Coldness) and Stress (Dryness with Heat & Coldness).

Treatment/Management Plan:

Treatment/Management plan is aimed at increasing Moist qualities, by following Cold & Moist to Hot & Moist Lifestyle Factors, medications, and cupping to counteract the excess qualities of Dryness with Heat & Coldness associated with the Bilious humoral imbalance.

Medication:

Bilious tea- 1 tsp, twice daily, after meals

Renotone (15) tabs- 2 tablets daily, before meals

Stress-Away (15) tabs - 2 tablets at night, after meals

Laxotabs (10) tabs - 2 tablets at night before meals

Cupping:

Wet cupping - B1-5, B8-13

Result/ Follow up consult**Consult (Telephonic) 2: 24/09/2020**

Generally feeling good. Patient reports all symptoms alleviated, feeling better and sleep improved. Still following Tibb protocol as advised. Requesting additional bilious tea to maintain health alongside lifestyle changes.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 12/08/20; Consult 2. 24/09/20

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Dryness with Heat & Coldness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the presenting S&S/illness conditions of Gastritis and Stress with qualities of Dryness with Heat & Coldness, is not the same as the patient's dominant quality of Heat, the patient's temperamental combination of Sanguinous/Bilious with qualities of Heat with Moistness & Dryness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness conditions of Gastritis and Stress is indicative of qualitative changes are linked to excess Bilious humoral imbalance.
- The overall treatment approach of assisting physis through diet, herbal medication, and cupping therapy, to counter the excess Dryness with Heat & Coldness associated with the Bilious humour, resulted in successful outcome of treatment of Gastritis and Stress.

[Back to Contents Page](#)

Tibb Case Study 17**Age: 60****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Sanguinous

Dominant Quality: Moistness

Consult 1: 07/09/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Upper body muscle tightness - Myositis (Dryness with Coldness & Heat), shoulders and leg pain - Osteoarthritis (Dryness with Coldness & Heat). Urinary Tract Infection (Moistness with Heat & Cold)

Pmhx: None**Current Medication:** Massage therapy and anti-inflammatory pain management patches.**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Poor appetite. Low water intake - 2/3 glasses of water, 3 cups of tea. (Coldness with Moistness & Dryness).

Sleep & Wakefulness: Sleeps about 4 hours now due to hot flushes (Dryness with Heat & Coldness).

Physical Activity: Nil**Emotions:** Balanced**Elimination:** Regular**Environmental Air & Breathing:** Cold weather worsens the pain (Coldness with Dryness & Moistness).

Summary of the Cause/s Identified: As the diet includes overall qualities of Coldness with Moistness & Dryness of Food & Drink, the Urinary Tract Infection (Moistness with Heat & Coldness) could be the result of the excess Moistness. However, the weakening of pshis with the patient's age of 60 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance and is the cause of the Myositis (Dryness with Coldness & Heat) and the Osteoarthritis (Dryness with Coldness & Heat), linked to the excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 148/90 TEMP: 36.7 URINE: Leuc 3+, Ery 2+, Gluc 2+, Ubg 1+ BG: 4.5 Chol: 7.11

MSK: shoulders – tender on movement, Deltoid and Trapezius muscle tenderness on palpation.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Although the patient's age is 60, the cause of UTI is linked to the excess Moistness from the diet, whereas the Osteoarthritis (Dryness with Coldness & Heat), Myositis (Dryness with Coldness & Heat) and Hypercholesterolemia (Dryness with Coldness & Heat) has been caused by the excess/abnormal Melancholic humour.

Treatment/Management Plan:

The treatment/management plan is aimed at addressing both the diet that has resulted in the UTI, together with herbal medication, as well as the excess/abnormal Melancholic humour by increasing Heating qualities and excluding Cold & Moist foods. Being aware of the presence of the Melancholic humour, the Melancholic Tea was included together with cupping therapy.

Medication:

Melancholic Tea- ¼ tsp, twice daily, after meals

Renotone tabs (15), 2 tabs twice daily, before meals.

Laxotabs tabs (10), 2 tabs at night, after meals

Wintermix Rub (30g)

Cupping:

Dry Cupping therapy B1- B13

Result/ Follow up consult(s):**Consult 2: 07/10/21**

Leg and shoulder pain completely resolved. Experiencing headaches on top of the head (Hot & Moist). Increased stress levels (Hot & Dry). Has tried increasing water intake but will continue to work on it.

Observations/Clinical Assessment:

BP: 140/80 HR: 72 TEMP: 37.1 BG: 10 (had 2 cups of tea for breakfast) URINE: Leuc 3+, Gluc 4+ CHOL: 5.79

Medication:

Due to the nature of the headaches, mild dose of Pressure-Eeze Forte and Stress-Away tabs were prescribed. Septogard and Renotone prescribed to assist with the urinary tract infection.

Pressure-Eeze Forte (15), 1 OD, before/after meals.

Septogard tabs (15) 2bd, before meals

Renotone tabs (15) 2 bd, before meals

Stress-Away tabs (15) 2bd, before meals

Cupping:

Dry cupping therapy: B1- B15

Consult 3/ Outcome of Case Study: 14/12/21

Headaches resolved. Water intake improved. Stress levels reduced. Has reduced the amount sugar and cups of tea. Urinary Tract infection improved. The cholesterol level had a slight improvement.

Results:

Research Questions	Yes	Yes/No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1: 07/09/21; Consult 2: 07/10/21; Consult 3: 14/12/21

- The Summary of the Cause/s identified, confirms that whilst the illness condition of UTI is linked to the main lifestyle factors of Food & Drink, the weakening of physis with the patient's age of 60 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance – the causes of the illness conditions are linked to the excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Osteoarthritis, Myositis, and Hypercholesterolemia with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Moistness, the patient's temperamental combination of Phlegmatic/Sanguinous with qualities of Moistness with Heat & Coldness, includes the quality of Coldness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- Whilst the presenting S&S/illness condition of UTI has been triggered by the diet of foods with qualities of Moistness with Heat & Coldness, the patients age, and the development of excess/abnormal Melancholic humour confirms the link of the patients' conditions being the excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting Physis through diet, together with herbal medicine and cupping resulted in a successful outcome, of resolving the initial presenting S&S/Illness Conditions of Osteoarthritis, Myositis, as well as the UTI. In addition, the patient's cholesterol levels improved from 7.11 to 5.79 without the use of Tibb cholesterol medication.

[Back to Contents Page](#)

Tibb Case Study 18**Age: 71****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Bilious

Dominant Quality: Dryness

Consult 1: 15/03/2021**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Hypercholesterolemia (Dryness with Coldness & Heat), detected from a routine screening test.

Pmhx: Hypercholesterolemia (Dryness with Coldness & Heat).**Current Medication:** Adcoretic taken every morning >10yrs, Omega 3,6,9, Calmag @Night**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours****Food & Drink:** Diet High in Fibre (Cold & Dry), dairy products (Cold & Moist), with high fish and beef consumption (Cold & Dry). Main meal midday with approximately 1L water/day.**Sleep & Wakefulness:** Normal, balanced**Environmental Air & Breathing:** Cooler seasons**Emotions & Feelings:** Normal, balanced**Movement & Rest:** Stationary cycle last 1-year – approximately 3 x week. Very active during the day with household chores and daily errands (Hot & Dry).**Elimination:** Generally irregular, using laxative powder for daily bowel movement (Cold & Dry).**Summary of the Cause/s Identified:** Whilst the overall qualities of Coldness with Dryness & Moistness of Food & Drink, could have aggravated the Hypercholesterolaemia, the weakening of physis with the patients age of 71 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Hypercholesterolaemia is from excess/abnormal Melancholic humour.**Observations/Clinical Assessment:**

BP: 110/60mmhg TEMP: 36.2 degrees HR: 76bpm CHOL: 6.53 mmol/l

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Coldness with Dryness associated with the Melancholic humor - are the cause of Hypercholesterolemia (Dryness with Coldness & Heat), Functional Dyspepsia/Constipation (Dryness with Coldness & Heat).

Treatment/Management Plan:

Treatment/Management plan is aimed at increasing Heating qualities, by following a diet of Hot & Moist to Hot & Dry, Food & Drink and appropriate medication, to counteract the excess Coldness with Dryness associated with the Melancholic humoral imbalance.

Medication:

Melancholic Tea- ½ tsp twice daily, after meals

Laxotabs (10) tabs- 2 tablets at night, after meals

Lo-Chol (30) tabs - 1 tablet, twice daily, before meals

Follow up Consult 2: 8/04/2021

Generally feeling well. Implemented lifestyle changes as advised. Bloating feeling improved with regular bowels

Observations/Clinical Assessment:

BP: 130/80 HR: 64bpm TEMP: 36 CHOL: 6.51

Medication:

Melancholic Tea- ½ tsp, twice daily, after meals
Laxotabs (10) tabs-2 at Night, after meals
Lo-Chol (30) tabs -1 tablet twice daily, before meals.

Follow up Consult 3: 05/05/2021

Experiencing intermittent acid reflux during Ramadan, worst at night, accompanied by bloated stomach and with harder stool.

NOTE: dietary consumption changed- water intake reduced to less than 1l a day, with breakfast high in fibre - fruit, rye bread and 2 dates. Supper consists of 2 ladles soup, rye bread/roll. Physical activity during this period also reduced.

Observations/Clinical Assessment:

BP:110/70mmhg HR:72bpm TEMP: 37degrees CHOL: 6.5mmol/l

Medication:

Tissue Salts # 10 was introduced to assist with acid reflux.
Melancholic Tea- ½ tsp, twice daily, after meals
Laxotabs (20) tabs- 2 at Night, after meals.
Lo-Chol (30) tabs- 1 tablet twice daily, before meals
Tissue Salts # 10 (60) tabs- 3 tablets dissolved under tongue, three times/ day after meals.

Follow up Consult 4: 25/05/2021

Generally feeling well, bloating feeling improved and acid reflux alleviated, with regular bowels. Experiencing itchy skin between groin and thigh, no visible rash.

Had Covid vaccine previous day, next dose 21/06/2021.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: High savories (Samoosa, pies) consumption during Ramadaan. BF-low Gi bread (Hot & Moist) with cheese (Cold & Moist) or tuna salad (Cold & Dry), Boiled egg (Hot & Dry) salad (Cold & moist). Lunch - veg and beef (Cold & Dry) kebab or chicken (Hot & Dry) with rice (Cold & Moist), potatoes (Cold & Dry), butternut (Cold & Moist), carrot (Cold & Moist).

Summary of the Cause/s Identified: The overall Coldness with Dryness and Moistness qualities from the patient's lifestyle assessment especially diet and the use of Adcoretic contributed in the overall dryness of the lifestyle factors and Hypercholesterolemia.

Observations/Clinical Assessment:

BP: 125/70 HR: 80bpm TEMP: 36.3 CHOL: HI

Medication:

Melancholic Tea- ½ tsp, twice daily, after meals
Laxotabs (20) tabs - 2 tabs at night, after meals
Lo-Chol (30) tabs - 1 tablet twice daily, before meals
Haemoclear Syrup 100ml- 2 tsp three times a day, after meals

Follow up Consult 5: 25/06/2021

Feeling good, all symptoms improved. Implemented strict Diet changes.

Observations/Clinical Assessment:

BP: 130/70mmhg HR: 84bpm TEMP: 36 degrees CHOL: 6.2mmol/l

Medication:

Melancholic Tea - ½ tsp, twice daily, after meals
Laxotabs (20) tabs - 2 at night, after meals
Lo-Chol (30) tabs - 1 tablet twice daily, before meals

Follow up Consult 6: 13/08/2021

Generally feeling good. No medications for the past week.

Observations/Clinical Assessment:

BP:125/70mmHg HR:84bpm TEMP: 37.1 degrees CHOL: 6.3mmol/l

Medication:

Phlegmatic Tea - ½ tsp twice daily, after meals
Laxotabs (20) tabs - 2 tablets at night, after meals
Lo-Chol (30) tabs - 2 tablets, at night

Follow up Consult 7: 17/09/2021

Generally feeling good. No physical symptoms. No medications, only using diet.

Observations/Clinical Assessment:

BP: 100/70mmhg HR: 76bpm TEMP: 36.6 degrees CHOL: 6.3mmol/l

Medication:

Melancholic Tea - ½ tsp twice daily, after meals
Laxotabs (20) tabs- 2 at night, after meals
Lo-Chol (30) tabs - 1 tablet twice daily, before meals

Follow up Consult 8: 01/10/2021

Generally feeling good, experiencing intermittent struggle pass bowels- irregular.

Observations/Clinical Assessment:

BP: 130/80mmhg HR:80bpm TEMP: 36.8degrees CHOL: 6.6mmol

Medication:

Melancholic Tea- ½ tsp twice daily, after meals
Laxotabs (20) tabs- 2 at night, after meals
Lo-Chol (30) tabs- 1 tablet twice daily, before meals

Follow up Consult 9: 05/11/2021

Feeling good. Been having cinnamon buns (Hot & Dry) at night before bed. Had creamed spinach with fish (Cold & Dry) and savory rice for lunch three times last week. Bloating abdomen past week.

Observations/Clinical Assessment:

BP: 130/70mmHg HR: 72bpm TEMP: 36.9degrees CHOL: HI

Medication:

Melancholic Tea- ½ tsp twice daily, after meals
 Laxotabs (20) tabs - 2 at night, before meals
 Lo-Chol (30) tabs - 1 tablet twice daily, before meals

Follow up Consult 10- 19/11/2021

Feeling good, having garlic infusion with Melancholic Tea in the morning. According to patient, dietary changes implemented, as much as possible.

Observations/Clinical Assessment:

BP:110/70 HR: 80bpm TEMP: 36.8 degrees CHOL:7.08mmol/l

Medication:

Melancholic Tea - ½ tsp twice daily, after meals.
 Laxotabs (20) tabs- 2 tabs at night, after meals.
 Lo-Chol (30) tabs- 1 tablet twice daily, before meals
 Adcoretic usage has been reduced to ½ a day, further reduce excess Cold & Dry qualities.

Follow up Consult 11: 09/12/2021

Feeling great, Intermittent bloated abdomen after eating. Report full compliance. Bowels regular with increased lukewarm water per day.

Observations/Clinical Assessment:

BP: 110/70 HR: 76bpm TEMP: 37 degrees CHOL: 5.04mmol/l

Medication:

Melancholic Tea- ½ tsp twice daily, after meals
 Laxotabs (20) tabs- 2 at night, after meals.
 Lo-Chol (30) tabs- 1 tablet twice daily, before meals.
 Digest-It (30) tabs- 2 tablets, three times daily, after meals.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the Research Questions: Consult 1: 15/03/2021; Consult 2 8/04/2021; Consult 3: 05/05/2021; Consult 4: 25/05/2021; Consult 5: 25/06/2021; Consult 6: 13/08/2021; Consult 7: 17/09/2021; Consult 8: 01/10/2021; Consult 9: 05/11/2021; Consult 10: 19/11/2021; Consult 11: 09/12/2021

- The Summary of the Cause/s Identified, confirms that the causes of Hypercholesterolaemia with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- The dominant quality of the presenting S&S/illness conditions of Hypercholesterolaemia (Dryness with Coldness & Heat) is the same as the dominant temperamental quality of Dryness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting signs and symptoms/illness condition of hypercholesterolaemia are indicative of excess Cold & Dry qualities linked to accumulation of excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist to Hot & Dry foods, together with Tibb Lo-Chol medicine, in the treatment of Hypercholesterolaemia with a first reading of 6.53 mmol/l on the 15/03/21 and subsequent reading of approximately 6.5 mmol/l in 7 other consultations between 08/04/21 and 05/11/21, of which there was no reduction in the Chol reading. Interestingly, consultation 4 (25/05/21) the Chol reading recorded as 'HI', that led to the Tibb doctor reviewing the patients Food & Drink which confirmed the lack of compliance to the diet. However, during consultation 10 (09/11/21) the patient increased his intake of garlic which has Hot & Dry qualities and resulted in the cholesterol level dropping to 5.04 mmol/l in consultation 11 (09/12/21). This highlights the importance of diet in treatment which became successful because of diet.

[Back to Contents Page](#)

Tibb Case Study 19**Age: 74****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Bilious

Dominant Quality: Dryness

Consult 1: 09/12/20**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Osteoarthritis (Dryness with Heat & Coldness) of both knees causing pain and stiffness. Hypertension causing recurrent lightheadedness accompanied by parietal headaches > 2 years (Dryness with Heat & Coldness).

Pmhx: Hysterectomy, Breast cancer.**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Rusks biscuits (Hot & Moist), toasted sandwiches (Hot & Moist), Tasty wheat/semolina (Hot & Moist), Crackers (Hot & Moist), Cream cheeses (Hot & Moist), rice (Cold & Moist), Tuna and chicken (Hot & Dry) Curries (Heat with Moistness & Dryness).

Movement & Rest: Sedentary (Moistness with Heat & Coldness)**Sleep & Wakefulness:** Poor sleep quality (Dryness with Coldness & Heat)**Emotions:** Balanced**Environmental Air & Breathing:** Unhindered**Elimination:** Regular

Summary of the Cause/s Identified: Whilst the overall Heat & Moistness in the diet may have improved/alleviated the Osteoarthritis (Dryness with Heat & Coldness) and Hypertension (Dryness with Heat & Coldness), the weakening of physis with the patient's age of 74 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Osteoarthritis and hypertension is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 150/80 HR: 60 TEMP: 36.8 BG: 5.9 MSK: Bilateral knee crepitus

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the excess/abnormal Melancholic humor is the cause of Osteoarthritis (Dryness with Coldness & Heat) and Hypertension (Dryness with Heat & Coldness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, ½ tsp, twice daily after meals

Renotone (15) 2 tablets twice daily before meals

Pressure-Eeze Forte (15) 1 tablet twice daily before meals

Rumamix Rub (30g)

Follow up Consult 2: 08/04/21

No improvement in knee pain after the last consult. Parietal headaches still persist.

Observations/Clinical Assessment:

BP: 160/90 HR: 60 TEMP: 36 CHOL: 5.5 MSK: bilateral knee crepitus, mild joint structural deformity bilaterally

Medication:

Melancholic Tea, ½ tsp, twice daily after meals
Laxotabs (10) 2 tablets after supper
Pressure-Eeze Forte (30) 2 tablets twice daily before meals
Wintermix Rub (30g)

Cupping:

Dry Cupping Therapy LE6- 8 on both knees with Blackseed Rub.

Consult 3/Outcome of Case study 18/08/21

Overall improvement, less lightheadedness, reduced severity in headaches. Mild pain relief in the knees, although pain aggravated at night. The blood pressure reading has lowered to 130/60 in the final consult.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?		✓	

Summary/Discussion: Consult 1: 09/12/20; Consult 2: 08/04/21; Consult 3: 18/08/21

- The Summary of the Cause/s Identified, confirms that the causes of Osteoarthritis and Hypertension with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- The dominant quality of the presenting S&S/illness conditions of Osteoarthritis (Dryness with Coldness & Heat) and Hypertension (Dryness with Heat & Coldness) is the same as the dominant temperamental quality of Moistness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness conditions of OA and hypertension are indicative of excess Cold & Dry qualities linked to the accumulation of the excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping therapy, has resulted in a partially successful outcome in addressing the pain associated with the OA as well as reduction in headaches, elevated blood pressure from 150/80 to 130/60 and light-headedness associated with the hypertension.

Tibb Case Study 20**Age: 5****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 15/11/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Itchy eyes (Heat with Dryness & Moistness), peri orbital swelling (Moistness with Heat & Coldness), left eye sclera red (Heat with Dryness & Moistness).

Pmhx: None**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Cereal (Hot & Moist), milk (Cold & Moist), sugar, sweets and cooldrinks. (Cold & Moist). Doesn't drink any water. Diet high in excess Moistness with Heat & Coldness qualities.

Environmental Air & Breathing: Windy, warmer weather, change of season. (Heat with Moistness & Dryness)

Movement & Rest: Loves playing outdoors. (excess Heat)

Sleep & Wakefulness: Eight hours

Emotions & Feelings: Shy.

Elimination: Once a day.

Summary of the Cause/s Identified: Whilst certain Foods have qualities of Cold & Moist the overall qualities of Heat with Moistness & Dryness qualities of the patient's lifestyle assessment, are similar to the presenting complaint/illness condition with qualities of Heat, Moistness, and Dryness mentioned above. This confirms that the causes of the presenting S&S/illness condition are the result of poor management of the lifestyle.

Observations/Clinical Assessment:

TEMP: 36.3

ENT: Runny nose- clear mucus. Tonsillar lymph. Left eye – sclera red. (Heat with Dryness & Moistness)

RESP: NAD

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Heat with Moistness & Dryness are associated with the Bilious humor - are the cause/s of Allergic rhinitis/Allergies (Heat with Moistness & Dryness); Runny nose + Tonsillar lymph (Moistness with Heat & Coldness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Moist qualities, following a diet of Cold & Moist and Cold & Dry Food & Drink, together with appropriate herbal medication to counteract the Heat with Dryness & Moistness qualities associated with the illness condition. Due to the acute nature of the condition and her age (5) having a capable Physis response, the treatment approach focuses on restoring the Bilious humoral balance. A tea was not prescribed for this patient as this patient is under the age of 40 and physis is strong enough.

Medication:

Septogard Syrup (100ml) - two teaspoons three times daily, before meals

Livotibb Syrup (100ml)- 1 teaspoon three times daily, before meals

Tissue Salt # 9 (30) tabs- 1 tablets three times daily, sublingual

Paracetamol Syrup (100ml) – 1 teaspoon three times daily after meals, when necessary.

Result/Follow up consult(s):**Consult 2: 19/11/21**

Peri orbital swelling (Hot & Moist) and red sclera resolved (Hot & Dry) but currently experiencing a blocked nose (Cold & Moist), productive cough with loss of appetite (Cold & Moist). Only used the medication twice daily.

Observations/Clinical Assessment:

Temp: 36.1 Tonsillar lymph

Medication:

Septogard Syrup (100ml) - 2 teaspoons four times daily, before meals

Chest-Eeze Syrup (100ml)- 1 teaspoon three times daily, before meals

Flu-Relief Syrup (100ml)- 1 teaspoon three times daily, before meals

Consult 3/Outcome of Case study: 24/11/21

All symptoms have resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 15/11/21; Consult 2. 19/11/21; Consult 3. 24/11/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Heat with Moistness and Dryness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the itchy/left sclera red eye, associated with (Heat with Dryness & Moistness), are not the same as the patients' dominant qualities of Moistness, the Peri orbital swelling with Moistness with Heat & Coldness, is the same as the dominant quality of Moistness. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness condition are indicative of qualitative changes linked to excess Bilious humour. The new S&S/illness conditions diagnosed on follow-up consultation are indicative of qualitative changes linked to excess Phlegmatic humour.
- Overall treatment approach of assisting Physis by following a diet Cold & Moist and Cold & Dry, together with appropriate herbal medication to counter the excess Heat with Moistness & Dryness associated with the Bilious humour, resulted in a successful outcome of resolving Itchy eyes, red sclera, and peri orbital swelling. Follow up treatment approach of increasing a balance of Heat with Dryness qualities with herbal medication of Chest-Eeze and Tibb-Flu Relief to counter the excess Moistness with Coldness & Heat associated with the Phlegmatic humour, also resulted in a successful outcome aimed at the resolving the symptoms associated with the Phlegmatic humoral imbalance.

[Back to Contents Page](#)

Tibb Case Study 21

Age: 13

Gender: Male

Temperamental Assessment

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 13/09/2022

History (patient/family) Complaints/Signs & Symptoms – Current Medication

Presenting Complaint/s:

4/7 Upper respiratory tract infection (URTI) presenting with clear productive cough, fever, tonsillar enlargement (Moistness with Heat & Coldness) and emesis of clear fluid for one day (Moistness with Coldness & Heat).

Pmhx: Sinusitis (Moistness with Heat & Coldness).

Current Medication: Borsdrupples, Dynamol.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Nutrifics (Hot & Moist)/pasta (Hot & Moist) - Aggravates vomiting. Current fluid intake: Black coffee (Cold & Dry) and powerade (Cold & Dry).

Movement & Rest: Soccer, +-2-3x per week.

Sleep & Wakefulness: Frequent day time napping. (Cold & Moist). Sleep 6-8hrs at night.

Elimination: Regular.

Emotions: Nil

Environmental Air & Breathing: Seasonal change (winter/spring - Moistness & Coldness)

Summary of the Cause/s Identified: The overall Moistness with Heat & Coldness qualities of the patient's lifestyle assessment especially Food & Drink and Environmental Air & Breathing are similar to the qualities of the presenting complaint/s/illness conditions mentioned above. This confirms that the causes of the presenting S&S/Illness Conditions are the result of poor management of the life-style factors.

Observations/Clinical Assessment:

BP: 100/60 HR: 96 TEMP: 37.5 URINE: PRO 1+; ERY1+

Abdomen: Epigastric tenderness.

Respiratory: NAD.

ENT: Nasal congestion with inflammation; tonsillar enlargement.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Moist qualities associated with the Phlegmatic humoral imbalance are the cause/s of Upper Respiratory Tract Infection (URTI) and Tonsillitis (Moistness with Heat & Coldness).

Treatment/Management Plan:

Treatment/Management plan is aimed at increasing Heating qualities, by following Hot & Dry Food & Drink, together with appropriate medication to address the cause/s of the illness condition/s and counteract the excess Moistness with Coldness & Heat qualities associated with the Phlegmatic humoral imbalance.

Medication:

A low dosage short course of Phlegmatic tea was prescribed.

Phlegmatic Tea ¼ once at night only for 5 days, after meals

Septogard 100ml (Syrup): 2 tsp, three times daily, after meals

Paracetamol 100ml (Syrup): 2 tsp, three times daily, after meals

Chest-Eeze + Kofcare 100ml (Syrup): 2 tsp, three times daily, after meals

Result/Follow up consult(s):**Telephonic follow up: 14/09/2022:**

Patient has been compliant with herbal infusion and medication. Has not vomited since being on treatment. Fever has resolved. Currently only presenting with fatigue.

Telephonic follow up/ Outcome of case: 15/09/2022:

The patient is feeling much better (increased energy levels) and is able to eat foods as per normal.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1 (13/09/2022); Consult 2- Telephonic (14/09/2022); Consult 3- Telephonic (15/09/2022)

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Moistness with Heat & Coldness qualities which is linked to the presenting S&S/illness conditions.
- The dominant quality of the presenting S&S/illness conditions of URTI and the productive cough, fever, and tonsillar enlargement (Moistness with Heat & Coldness) is the same as the dominant temperamental quality of Moistness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/ Illness conditions of URTI and Tonsillitis is indicative of qualitative changes and excess/abnormal Phlegmatic humours.
- Overall treatment approach of assisting physis by following a diet of Hot & Dry and Hot & Moist together with herbal medication has resulted in a successful outcome in addressing the excess Moistness with Coldness & Heat associated with the Phlegmatic humour, resulting in a successful outcome of resolving URTI and Tonsillitis within 3 days.

[Back to Contents Page](#)

Tibb Case Study 22**Age: 72****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Melancholic/Bilious

Dominant Quality: Dryness

Consult 1: 25/04/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Osteoarthritis causing recurrent lumbago accompanied by limited range of motion with bending (Dryness with Coldness & Heat). Pain radiation into the right thigh for the past month. The patient requests our assistance with managing his Hypertension (Dryness with Coldness & Heat) and Hypercholesterolemia (Dryness with Coldness & Heat).

Pmhx: Myocardial Infarction (Dryness with Coldness & Heat), Hypercholesterolemia (Dryness with Coldness & Heat), Hypertension (Dryness with Coldness & Heat).

Current Medication: None, defaulted on Western medication.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Toasted cheese sandwiches (Moistness with Heat & Coldness) and multiple cups of sweet tea daily (Coldness with Moistness & Dryness), condensed milk (Cold & Moist), special affinity for shellfish (Cold & Dry).

Movement & Rest: Inactive and sedentary

Emotions: Feeling lonely since the passing of his wife 3 years ago.

Elimination & Retention: Regular

Environmental Air & Breathing: Preference for summer weather

Sleep & Wakefulness: Regular, good quality

Summary of the Cause/s Identified: Whilst the overall qualities of Coldness with Dryness & Moistness of Food & Drink, could have aggravated the presenting S&S/Illness Conditions, the weakening of physis with the patients age of 72 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of presenting S&S/Illness Conditions is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 165/105 Temp: 35.4 Urine: NAD BG: 5.4 Chol: 6.9

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the accumulation of excess/abnormal Melancholic humor is the cause of Osteoarthritis Dryness with Coldness & Heat, Hypercholesterolemia Dryness with Coldness & Heat and Hypertension Dryness with Coldness & Heat.

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Moist to Hot & Dry, Food & Drink and appropriate medication, to counteract the excess Coldness with Dryness associated with the Melancholic humoral imbalance.

Medication:

The patient declined the use of herbal teas due to inconvenience and preferred tablets instead.

Lo-Chol (30) 2 tablets twice daily before meals.

Pressure-Eeze Forte (30) 2 tablets twice daily before meals

Tissue Salt # 8 (60) 3 tablets thrice daily, dissolved under the tongue.

Rumamix Anti-Inflammatory ointment (30g)

Follow up Consult 2: 05/05/22

No improvement in the lumbago, limited range of motion in the right leg when bending is still present.

No implementation of the Tibb dietary recommendations.

Observations/Clinical Assessment:

BP: 145/80 HR: 60 Temp: 36.1 BG: 8.1 Chol: 6.8

Medication:

Lo-Chol (30) 2 tablets twice daily before meals.

Pressure-Eeze Forte (30) 2 tablets twice daily before meals.

Tissue Salt # 8 (60) 3 tablets thrice daily, dissolved under the tongue.

Cupping:

Dry Cupping Therapy with Blackseed Rub B1-5 and B15

Consult 3: 19/05/22

Mild relief in the lumbago since the Dry Cupping session of the previous consult. Whilst there was mild improvement in the blood pressure levels which has reduced to 150/85 mmHg in the final consultation, the total cholesterol screening level rose to >8mmol/l. Hence despite the patient's apprehension against the use of herbal teas, Melancholic Tea and Laxotabs were recommended in this consult in order to assist with the elimination of the excess/abnormal melancholic humoral imbalance. The patient was issued a referral letter to the nearest Day Hospital for further assessment with regards to further screening for hypercholesterolemia and cardiac pathology.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?		✓	

Summary/Discussion: Consult 1: 25/04/22; Consult 2: 05/05/22; Consult 3: 19/05/22

- The 'Summary of the Identified Cause/s' confirms that the causes of S&S/Illness Conditions with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- The dominant quality of the presenting S&S/illness conditions of Osteoarthritis, Hypertension, and Hypercholesterolemia (Dryness with Coldness & Heat) is the same as the dominant temperamental quality of Dryness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness conditions are indicative of Dry & Cold qualities which is linked to the accumulation of abnormal/excess Melancholic Humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping therapy, has not resulted in a successful outcome in addressing the S&S/Illness Conditions. There was only minimal improvement in the patient's pain, slight improvement in the patient's blood pressure and an increase in the patient's cholesterol levels. This outcome could be due to the patient's age and weakened Physis response together with the fact that the treatment given to the patient was lacking enough eliminative and purgatory actions on the Melancholic humour. Secondly, these results were obtained during and just after the month of Fasting (Cold & Dry). Lastly, this patient may need a longer period in treating the imbalance before successful results can be obtained.

[Back to Contents Page](#)

Tibb Case Study 23**Age: 57****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 14/05/2021**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Osteoarthritis - Painful knee (Dryness with Coldness & Heat), Uncontrolled Diabetes (Moistness with Heat & Coldness)

Pmhx: Hypertension (Moistness with Heat & Coldness), Diabetes (Moistness with Heat & Coldness).

Current Medication: Pharmapress, Insulin 30 units, Metformin 500mg 2bd.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Bread (with most of her meals) (Hot & Moist), tea with sugar (excess Moistness), veggies- potatoes (Cold & Dry), carrots (Cold & Dry), butternut/pumpkin (Cold & Moist), rice (Cold & Moist), chicken (Hot & Dry).

Sleep & Wakefulness: Interrupted due to frequently passing urine (Coldness with Moistness & Dryness).

Environmental Air & Breathing: Colder weather (Coldness with Moistness & Dryness).

Emotions: Balanced.

Movement & Rest: No exercise due to working hours. (Coldness with Moistness & Dryness).

Elimination: Regular

Summary of the Cause/s Identified: As the diet includes Hot & Moist and Cold & Moist foods, the Hyperglycaemia (Moistness with Heat & Coldness) could be the result of the excess Moistness. However, the weakening of physis with the patient's age of 57 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance and is the cause of Osteoarthritis (Dryness with Coldness & Heat). This confirms the cause of Osteoarthritis is definitely from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 140/80 HR: 76 TEMP: 35.8 BG: 23.8 mmol/l

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Although the patient's age of 57, the cause of the Uncontrolled Diabetes is linked to the excess Moistness from the diet, whereas the Osteoarthritis (Dryness with Coldness & Heat) has been caused by the excess/abnormal Melancholic humour.

Treatment/Management Plan:

The treatment/management plan is aimed at addressing both the diet that has resulted in the Uncontrolled Diabetes as well as the excess/abnormal Melancholic humour by increasing Heating qualities and excluding Cold & Moist foods. Being aware of the Hyperglycaemia (23.8) the treatment also included herbal diabetic medication (Glucostop). Also, being aware of the presence of the Melancholic humour, the Melancholic Tea was included together with cupping therapy.

Medication:

Melancholic Tea- ½ tsp twice daily, after meals

Rumamix Ointment (30g)

Paracetamol tabs (15)- 2 tablets three times per day, when needed.

Glucostop capsules (30)- 2 capsules three times per day, after meals.

Cupping:

Dry Cupping: LE6, LE7, LE8.

Result/ Follow up consult/s:**Consult 2: 18/06/21**

Left knee pain - becomes aggravated due to standing for long periods. (Cold & Dry)

Observations/Clinical Assessment:

BP: 130/60

HR: 84bpm

BG: 22.8 mmol/l

URINE: Gluc 4+

Medication:

Melancholic Tea - ½ tsp twice daily, after meals

Laxotabs (10) tabs - two tablets at night, after meals.

Panados (15) tabs - 2 tablets three times per day.

Glucostop (15) capsules - 2 capsules twice daily.

Cupping:

Dry Cupping: Left knee (LE6-LE8)

Consult 3: 30/09/21

Knee pain resolved. Coming for cupping therapy for her back. Also noting that whilst Glucostop capsules were prescribed - the blood glucose levels were still high (25.5 mmol/l) as indicated below, Treatment/Management Plan included a different herbal medication (Diabetic herbs).

Observations/Clinical Assessment:

BP: 150/90

HR: 72

TEMP: 36.5

BG: 25.5

URINE: Gluc 4+

Medication:

Melancholic Tea- ¼ tsp twice daily, after meals

Due to her elevated blood glucose levels - Diabetic herbs were prescribed.

Wintermix Ointment (30g)

Diabetic herbs (60) - 2 tablets twice daily, after meals.

Cupping:

Dry Cupping therapy B13-B15.

Consult 4: 12/10/21

Backpain resolved, has tried following lifestyle recommendations.

Observations/Clinical Assessment:

Bp: 148/84 HR: 76 BG: 10.3 URINE: Glu 2+

Medication:

Melancholic Tea- ¼ teaspoon twice daily, after meals.

Diabetic herbs (60)- use 2 tablets twice a day, after meals.

Laxotabs (10) tabs - use 2 tablets after meals, at night.

Consult (Telephonic) 5/Outcome of Case study: 14/10/22

Feels much better with improved levels. Advised to continue following lifestyle advice given.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion In relation to the research questions: Consult 1: 14/05/2021; Consult 2: 18/06/21; Consult 3: 30/09/21; Consult 4: 12/10/21; Consult 5 (Telephonic): 14/10/21.

- The Summary of the Cause/s identified, confirms that whilst the presenting S&S/illness condition of Uncontrolled Diabetes is linked to the main lifestyle factors of Food & Drink, the weakening of physis with the patient's age of 75 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance – the causes of the illness conditions are linked to the excess/abnormal Melancholic humour.
- Whilst the Osteoarthritis (Dryness with Coldness & Heat), is not the same as the patients' dominant qualities of Moistness, the Hypertension and Diabetes in the previous medical history has qualities of Moistness with Heat & Coldness, which is the same as the dominant quality of Moistness. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- Whilst the presenting S&S/illness condition of Uncontrolled Diabetes has been triggered by the diet of foods with qualities of Moistness with Heat & Coldness, the patients age, and the development of excess/abnormal Melancholic humour confirms the link of the patients' conditions being the excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting physis through diet, together with herbal medication and cupping has resulted in a successful outcome of resolving not only the Osteo Arthritic pain - knee and back pain but also the Uncontrolled Diabetes with Tibb diabetic medication.

[Back to Contents Page](#)

Tibb Case Study 24**Age: 68****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Phlegmatic

Dominant Quality: Coldness

Consult 1: 13/08/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Stress and Anxiety (Dryness with Heat & Coldness) causing palpitations (Heat with Dryness & Moistness), Insomnia (Dryness with Coldness & Heat) and Elevated Blood Pressure (Dryness with Coldness & Heat).

Pmhx: Hypertension (Dryness with Coldness & Heat), Type 2 Diabetes Mellitus (Moistness with Heat & Dryness).

Current Medication: Atorvastatin 40 mg, Glimipiride 4 mg, Protophane 8 units at night, Ridaq 12.5 mg, Enalapril 10 mg, Aspirin, Atenolol 50 mg, Amlodipine 10 mg, Metformin 850 mg

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: High in carbohydrates, confectionaries, potatoes, rice (Coldness with Moistness & dryness), carbonated beverages (Cold & Moist).

Emotions: Stress and Anxiety (Hot & Dry)

Sleep & Wakefulness: Poor quality, interrupted, tendency towards insomnia.

Movement & Rest: Inactive and sedentary

Elimination: Indigestion and constipation

Environmental Air & Breathing: General intolerance to cold weather.

Summary of the Cause/s Identified: Whilst most of the Food & Drink are associated with the overall quality of Moistness and may have assisted to counteract the qualities of Dryness of the presenting S&S/Illness conditions, the weakening of physis and the patients age of 68 has resulted in the accumulation of excess/abnormal Melancholic imbalance. This confirms that the cause of the presenting S&S/Illness Conditions is due to excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 180/80 Temp: 36.4 BG: 8.7 Chol: 4.3

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Cold & Dry associated with the Melancholic humor are the cause of the S&S/Illness Conditions (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Phlegmatic Tea, ½ tsp, twice daily after meals

Laxotabs (10) 2 tablets at night after meals

Stress-Away (30) 2 tablets twice per day before meals

Follow up Consult 2: 14/09/21

The patient is experiencing reduced episodes of anxiety, generally feeling calm. Less palpitations, improved sleep quality and bowel movements are more regular.

Observations/Clinical Assessment:

BP: 148/75 HR: 84 Temp: 36.4 BG: 10.2 Chol: 4.2

Medication:

Phlegmatic Tea, ½ tsp, twice daily after meals
Laxotabs (10) 2 tablets at night after meals
Stress-Away (30) 2 tablets twice per day before meals

Cupping:

Wet Cupping Therapy B1-5 and B15 with Blackseed Rub

Follow up Consult 3: 26/11/21

Less frequency and reduced intensity of anxiety episodes, improved sleep quality, regular bowel movements.

Observations/Clinical Assessment:

BP: 128/68 HR: 60 Temp: 36.5 BG: 15 Chol: 4.2

Medication:

Phlegmatic Tea, ½ tsp, twice daily after meals
Laxotabs (10) 2 tablets at night after meals
Stress-Away (30) 2 tablets twice per day before meals

Cupping:

Wet Cupping Therapy B1-5 and B15 with Blackseed Rub

Follow up Consult 4: 21/02/22

Recently diagnosed with stage 1 Renal failure, reduced appetite, continuous dull pain in lower back, interrupted sleeping pattern. Strictly starting to implement Tibb lifestyle recommendations in terms of diet.

Observations/Clinical Assessment:

BP: 145/70 HR: 84 Temp: 36.7 BG: 7.5 Chol: 4.8

Medication:

The Melancholic Tea has replaced the Phlegmatic tea to assist in purgation and elimination of the Melancholic humor.
Melancholic Tea, ½ tsp, twice daily after meals
Laxotabs (10) 2 tablets at night after meals
Stress-Away (30) 2 tablets twice per day before meals

Cupping:

Wet Cupping Therapy B1-5 and B15 with Blackseed Rub

Consult 5/Outcome of Case study: 01/04/22

Sleeping soundly, cessation of cardiac palpitations and regular bowel movements. Successfully implementing Tibb dietary recommendations. Blood pressure reading was 145/80mmHg.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion: Consult 1: 13/08/21; Consult 2: 14/09/21; Consult 3: 26/11/21; Consult 4: 21/02/22; Consult 5: 01/04/22

- The Summary of the Cause/s Identified, confirms that the cause of the presenting S&S/Illness Conditions are due to excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Stress & Anxiety, Insomnia, Hypertension with qualities of Dryness with Heat & Coldness, is not the same as the patient's dominant quality of Coldness, the patient's temperamental combination of Melancholic/Phlegmatic with qualities of Coldness with Dryness & Moistness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/Illness Conditions are indicative of excess qualities of Dryness with Coldness & Heat associated with the excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry foods, together with herbal medicine and cupping, has resulted in the successful outcome in addressing the presenting S&S/Illness Conditions associated with the excess/abnormal Melancholic humoral imbalance. However, in this case the Phlegmatic tea was initially prescribed together with the correct diet. Whilst this resulted in a significant positive response – highlighting the importance of Food & Drink, once the Phlegmatic tea was replaced by the Melancholic Tea, the patient's overall health improved including all signs and symptoms. In addition, the patient's blood pressure improved from 180/80 to 145/70 and blood glucose improved from 8.75 to 7.5, without the use of Tibb blood pressure, and blood glucose medication.

[Back to Contents Page](#)

Tibb Case Study 25**Age: 35****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Phlegmatic

Dominant Quality: Coldness

Consult 1: 05/11/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Pruritic dermatitis with exudative lesions (Heat with Dryness & Moistness) that developed on the arm and posterior surface of the leg one week ago.

Pmhx: HIV**Current Medication:** ARV'S**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Breakfast - milk (Cold & Moist) tea (Cold & Dry) with 3 tablespoons sugar (Hot & Moist), lunch- bread sandwiches (Hot & Moist) - egg (Hot & Dry)/avo (Hot & Dry)/butter (Cold & Moist) with milk tea and sugar. Juice and fizzy - mostly cold fluids. (Moist with Heat & Coldness)

Environmental Air & Breathing: Using Dettol soap – xeroderma in warmer weather. (Heat with Moistness & Dryness)

Sleep & Wakefulness: 5 hours, interrupted/poor quality. (Dryness with Heat & Coldness)

Emotions: Stressed (Dryness with Heat & Coldness)

Movement & Rest: Walking daily.

Elimination: Regular

Summary of the Cause/s Identified: the overall qualities of Heat with Dryness & Moistness in the diet together with high stress levels correlates with the qualities of Heat with Dryness & Moistness associated with the exudative dermatitis in the presenting complaint. This confirms that the causes of the presenting S&S are the result of poor management of the lifestyle factors.

Observations/Clinical Assessment:

BP: 128/80 HR: 64bpm BG: 4.6 mmol

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Hot & Dry qualities associated with the Bilious humor is the cause of Exudative Dermatitis (Dryness with Heat & Coldness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Moist qualities, by following a diet of Cold & Moist and Hot & Moist Food & Drink, to address the cause of the illness condition, by counteracting the Hot & Dry qualities associated with the Bilious humoral imbalance.

Medication:

Bilious Tea- ½ teaspoon twice daily, after meals

Blackseed Honey 15g- topical application

Tetmosol Soap once per day

Renotone (15) 2 TDS before meals

Tibb Eczema mix (30g) applied twice per day

Follow up Consult 2 (Telephonic):10/11/21

Exudative lesions are in the process of healing as the patient reports compliancy with the Tibb treatment approach.

Consult 3/Outcome of Case study: 01/12/21

All symptoms have resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?			✓
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 05/11/21; Consult (Telephonic) 2. 10/11/21; Consult 3. 01/12/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Heat with Dryness & Moistness qualities which is linked to the presenting S&S/illness conditions.
- The presenting S&S/illness conditions of Exudative Dermatitis are associated with qualities of Heat with Dryness & Moistness, which is not the same as the patient's dominant quality of Coldness associated with the temperamental combination. This confirms that there is no link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness condition of Exudative Dermatitis is indicative of excess qualities of Heat with Dryness & Moistness linked to the excess Bilious humour.
- The overall treatment approach of assisting physis by following a diet of Cold & Moist and Hot & Moist, together with herbal medicine, has resulted in the successful outcome in addressing the excess Heat with Dryness & Moistness associated with the excess Bilious humoral imbalance with complete cessation of the S&S/illness condition of Exudative Dermatitis – within approximately three weeks.

[Back to Contents Page](#)

Tibb Case Study 26**Age: 5****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Sanguinous

Dominant Quality: Moistness

Consult 1: 05/05/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Upper respiratory tract infection with Productive coughing, nasal congestion, and rhinorrhea for 3 days. (Coldness with Moistness & Dryness).

Pmhx: None**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Juices (Moistness with Coldness & Heat), sweets (Hot & Moist), yoghurt (Cold & Dry), water, bread (Hot & Moist), noodles (Hot & Moist).

Environmental Air & Breathing: Symptoms aggravated in colder weather (Coldness with Moistness & Dryness)

Elimination: Regular**Sleep & Wakefulness:** Sleeps well.**Movement & Rest:** Walks daily**Emotions:** Balanced

Summary of the Cause/s Identified: Whilst certain foods have Hot Foods and Cold qualities, the Cold weather with Coldness with Moistness & Dryness is similar to the qualities of the S&S/illness conditions. This confirms that the causes of the presenting S&S are the result of lifestyle factors - especially cold weather.

Observations/Clinical Assessment:

TEMP: 36.2

ENT: Tonsillar lymphadenopathy (Cold & Moist)

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Moist qualities associated with the Phlegmatic humor is the cause of the Upper Respiratory Tract Infection (Coldness with Moistness & Dryness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Dry and Hot & Moist Food & Drink, to address the cause of the illness condition, by counteracting the Cold & Moist qualities associated with the illness condition. Due to the acute nature of the condition and her age (5) having a capable Physis response, the treatment approach focuses on restoring the Phlegmatic humoral balance. A tea was not prescribed for this patient as this patient is under the age of 40 and physis is strong enough.

Medication:

Septogard Syrup (100ml) - 2 tsp tds, before meals

Flu-Relief Syrup (100ml) - 1 tsp tds, before meals

Chest-Eeze (100ml) - 1 tsp tds, before meals

Panado Syrup (100ml) - 1 tsp tds, after meals or as needed.

Blackseed Rub (15g) to apply on chest.

Follow up Consult 2 (Telephonic): 10/05/22

The patient has returned to school. The cough has improved, and the other symptoms has resolved.

Consult 3/Outcome of Case study: 16/05/22: Telephonic review

All symptoms has been resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 05/05/22; Consult 2. 10/05/22; Consult 3. 16/05/22

- The presenting S&S/illness conditions of URTI with qualities of Coldness with Moistness & Dryness are similar to the overall qualities of the lifestyle factors. This confirms that the causes are linked to the lifestyle factors.
- Whilst the presenting S&S/illness conditions of URTI with qualities of Coldness with Moistness & Dryness, is not the same as the patient's dominant quality of Moistness, the patient's temperamental combination of Phlegmatic/Sanguinous with qualities of Moistness with Heat & Coldness, includes the quality of Coldness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition of URTI's is indicative of excess qualities of Coldness with Moistness & Dryness linked to the excess Phlegmatic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Dry and Hot & Moist, together with herbal medicine, has resulted in the successful outcome in addressing the excess Coldness with Moistness & Dryness associated with the excess Phlegmatic humoral imbalance with complete cessation of the S&S/illness condition of the URTI – within approximately 10 days.

[Back to Contents Page](#)

Tibb Case Study 27**Age: 45****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Melancholic

Dominant Quality: Coldness

Consult 1: 09/07/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Left knee extremely painful. Had X-ray done but no abnormal findings. Relies on anti-inflammatories to get through the day. Overweight (Dryness with Coldness & Heat)

Pmhx: Diabetic (Heat with Moistness & Dryness), Cervical spondylosis (Dryness with Coldness & Heat), Hysterectomy (Dryness with Heat & Coldness), Meningitis (Moistness with Coldness & Heat).

Current Medication: Metformin 850mg 1bd, anti-inflammatory meds.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: 1L of water per day, prefers cold fluids (Cold & Moist) due to working in a kitchen, apple/oranges (Cold & Dry), sandwich or chicken/fish for lunch (Hot & Dry - Cold & Dry), supper – stew or curry (Cold & Moist/Hot & Dry).

Emotions & Feelings: Anxiety. (Cold & Dry)

Elimination: Regular

Environmental Air & Breathing: Working environment affects the knee. Cold weather makes it worse.

Movement & Rest: Walking daily.

Sleep & Wakefulness: 7 hours sleep.

Summary of the Cause/s Identified: Whilst the overall qualities of Coldness with Dryness & Moistness of Food & Drink, could have aggravated the presenting S&S/Illness Conditions, the weakening of physis with the patients age of 45 has resulted in the accumulation of excess/abnormal Melancholic imbalance. This confirms that the cause of the presenting S&S/Illness Conditions is due to excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 148/90 HR: 68 BG: 9.9 CHOL: 6.18

MSK: Knee painful on flexion and extension.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Cold & Dry associated with the Melancholic humour are the cause of the presenting S&S/Illness Condition/s of Osteoarthritis (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea- ¼ teaspoon twice daily, after meals.

Wintermix Rub (30g)

Rumaflam Tabs (30) - 2 tablets three times per day, after meals.

Laxotabs (10) tabs - 2 tablets at night, after meals.

Cupping:

Dry cupping therapy on both knees LE6-LE8 and localized points.

Result/ Follow up consult(s):**Consult 2: 16/07/21**

Feels there is an improvement in the knee. Works as a chef and being on her feet all day, experienced a tight band sensation below the knee cap.

Observations/Clinical Assessment:

BP: 140/80 HR: 68 BG: 9.5 CHOL: 5.32

Medication:

To assist with the tight ban sensation during busy working day, Tissue Salt # 8 prescribed.

Melancholic Tea- ¼ teaspoon twice daily, after meals.

Rumaflam (30) tabs - 2 tablets three times daily, after meals

Wintermix Rub (30g)

Tissue Salt # 8 (30) tabs - 3 tablets three times per day. Place under the tongue allow to dissolve.

Cupping:

Wet cupping therapy on left knee: LE6-LE8 and localized points. Lateral and tibial points had darker and thicker blood.

Consult 3: 30/07/21

Anterior knee-tight band and heavy sensation improved. Was able to walk up the stairs, much greater improvement.

Observations/Clinical Assessment:

Bp: 138/80 HR: 64 BG: 6.6 CHOL: 5.71

Cupping:

Wet Cupping therapy on left knee: same points with additional cups on the lateral knee area.

Medication:

Melancholic Tea- ¼ teaspoon twice daily, after meals

Wintermix (30g)

Laxotabs (10) tabs - 2 at night.

Consult 4/Outcome of Case study: 14/10/21

Coming for maintenance treatment to support the knee. All vitals improved.

Results:

Research Questions	Yes	Yes/No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion In relation to the research questions: Consult 1: 09/07/21; Consult 2: 16/ 07/21; Consult 3: 30/07/21; Consult 4: 14/10/21

- The Summary of the Cause/s identified, confirms that the causes of the presenting S&S/illness conditions with qualities of Dryness with Coldness & Heat is the result of the excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Osteoarthritis with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Coldness, the patient's temperamental combination of Phlegmatic/Melancholic with qualities of Coldness with Moistness & Dryness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition of Osteoarthritis are indicative of Cold & Dry qualities linked to the accumulation of the excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry, together with herbal medicine and cupping therapy, resulted in a successful outcome of resolving the Osteoarthritis. In addition, the patient's cholesterol levels improved from 6.18 to 5.71, blood pressure improved from 148/90 to 138/80 and blood glucose improved from 9.9 to 6.6, without the use of Tibb cholesterol, blood pressure, and blood glucose medication.

[Back to Contents Page](#)

Tibb Case Study 28**Age: 28****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 26/11/20**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Request for wet cupping. Feeling drained, poor energy levels/fatigue, urinary frequency, and weak bladder. (Moistness & Coldness & Heat)

Pmhx: None**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Process foods- fries (burger and chips), nuggets. Poor appetite. 2L of water (Moistness with Coldness & Heat).

Emotions: Feeling indecisive, drained. (Cold & Moist)

Sleep & Wakefulness: 6-8 hours, good quality.

Movement & Rest: Started cycling.

Elimination: Regular.

Environmental Air & Breathing: None

Summary of the Cause/s Identified: The overall qualities of Moistness with Coldness & Heat of the Food & Drink, share similar qualities to the presenting complaint/s/illness condition of Moistness with Coldness & Heat. This confirms that the causes of the presenting S&S/illness condition are the result of poor management of the lifestyle.

Observations/Clinical Assessment:

BP: 120/80

TEMP: 36.7

URINE: NAD

BG: 4.5mmol/l

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Moistness & Coldness associated with the Phlegmatic humoral imbalance - are the causes of Fatigue, urinary frequency, and incontinence (Moistness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Dry qualities, by following a diet of Hot & Dry and Cold & Dry Food & Drink, together with herbal medication and cupping to counteract the Moistness with Coldness & Heat qualities associated with the illness condition. Due to the acute nature of the condition and her age (28) having a capable Pysis response, the treatment approach focuses on restoring the Phlegmatic humoral balance. A tea was not prescribed for this patient as this patient is under the age of 40 and pysis is strong enough.

Medication:

Completone tablets (30)- two tablets at breakfast

Renotone tablets (30)- two tablets, twice daily, before meals.

Cupping:

Wet cupping therapy B1- B13

Result/Follow up consult(s):**Consult 2: 14/09/21**

Coming for wet cupping. Sleeping pattern has improved. Urination frequency improved. Has started increasing physical activity.

Observations/Clinical Assessment:

BP: 110/80 HR: 76 TEMP: 36.5 BG: 4.2 URINE: NAD

Medication:

Renotone Tablets (30)- 2 tablets, twice daily, before meals.

Tissue Salt # 9 (30)- use three tablets 3 times per day. Sublingual.

Cupping:

Wet cupping therapy: B1- B15

Consult 3: 27/10/21

Has started cycling again, urge to pass urine has decreased but has started noticing only small amounts. Skin acne (Moistness with Heat & Coldness) presented on the back.

Observations/Clinical Assessment:

BP: 120/70 HR: 64 TEMP: 36 BG: 4.0 URINE: leuco 1+

Medication:

Because of the infection 1. Urine: Septogard tabs has been added. 2. Skin Acne: we have prescribed Livotibb tabs.

Septogard Tablets (30)- 2 tablets, three times per day, before meals

Renotone Tablets (30)- 2 tablets, three times per day, before meals

Livotibb Tablets (15)- 2 tablets, twice daily, before meals

Cupping:

Wet cupping B1- 15

Consult 5/Outcome of Case study: 14/12/21

Maintaining activity level. All symptoms have resolved including skin acne.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 26/11/20; Consult 2. 28/07/21; Consult 3.14/09/21; Consult 4. 27/10/21; Consult 5. 14/12/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Moistness with Heat & Coldness qualities which is linked to the presenting S&S/illness conditions.
- The dominant quality of the presenting S&S/illness conditions – Urinary frequency and weak bladder, fatigue, Skin acne (Moistness with Heat & Coldness) is the same as the dominant quality of Moistness of the patient’s temperamental combination. This confirms the link between an individual’s dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness conditions are indicative of qualitative changes of Moistness with Heat & Coldness linked to the excess Phlegmatic humour.
- The overall treatment approach of assisting Physis by following a diet with Hot & Dry and Hot & Moist qualities to counter the excess Moistness with Coldness & Heat qualities associated with the Phlegmatic humour, resulted in a successful outcome of resolving fatigue, the urinary frequency and UTI resolved. With the skin acne, it can be seen as a physis response, where the Livotibb assisted physis in trying to eliminate the build-up of toxins within the body.

[Back to Contents Page](#)

Tibb Case Study 29

Age: 1 yr 6 months

Gender: Male

Temperamental Assessment

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 10/06/22

History (patient/family) Complaints/Signs & Symptoms – Current Medication

Presenting Complaint/s:

Skin rash for 3 weeks. Visited pharmacy and local clinic. Runny nose and productive cough for a week. (Moistness with Heat & Coldness)

Pmhx: None

Current Medication: Benzyl/Benzoic and Sulphur ointment but no improvement.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Formula, juice, water. Cereal, milk, sugar, rice, (Moistness with Coldness & Heat)

Environmental Air & Breathing: Cold & Moist weather (winter) (Coldness with Moistness & Dryness)

Elimination: Regular

Sleep & Wakefulness: Sleeps well.

Emotions: Nil

Movement & Rest: Walking.

Summary of the Cause/s Identified: The overall excess Moistness with Coldness & Heat qualities of the patient's lifestyle assessment, especially diet, are similar to the presenting complaint/s/illness condition mentioned above. This confirms that the causes of the presenting S&S/illness condition are the result of poor management of the lifestyle.

Observations/Clinical Assessment:

TEMP: 36.7

ENT: Runny nose- clear mucus. Tonsillar lymph.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Moistness with Coldness & Heat are associated with the Phlegmatic humor - are the cause/s of Rash/Dermatitis (Moistness with Heat & Coldness); Runny nose + Tonsillar lymph/URTI (Moistness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at assisting Physis by following a diet of Hot & Dry and Hot & Moist Food & Drink, together with appropriate herbal medication to counteract the Moistness with Coldness & Heat qualities associated with the illness condition. Due to the acute nature of the condition and her age (1 year 6 months) having a capable Physis response, the treatment approach focuses on restoring the Phlegmatic humoral balance. A tea was not prescribed for this patient as this patient is under the age of 40 and physis is strong enough.

Medication:

Septogard (100ml) syrup- 1 tsp, tds, before meals

Bonnycare (100ml) syrup- 1 tsp, tds, before meals

Chest-Eeze (100ml) syrup- 1 tsp, tds, before meals

Tibb Eczema mix (50g) - apply three to four times per day.

Result/Follow up consult(s):**Consult 2: 17/06/22**

Runny nose and chest cleared according to father. The rash had almost resolved and meds helping but wanted to top up on cream mixture.

Consult 3 (Telephonic)/Outcome of Case study: 24/06/22

Rash had completely resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 10/06/22; Consult 2. 17/06/22; Consult 3. 24/06/22

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Moistness with Coldness & Heat qualities which is linked to the presenting S&S/illness conditions.
- The dominant quality of the presenting S&S/illness conditions of Skin rash; Runny nose, productive cough (Moistness with Coldness & Heat) is the same as the dominant temperamental quality of Moistness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting signs and symptoms/illness condition are indicative of qualitative changes linked to excess Phlegmatic humour.
- Overall treatment approach of assisting Physis by following a diet of Hot & Dry and Hot & Moist qualities, together with herbal medication to counter the excess Moistness with Coldness & Heat associated with the Phlegmatic humoral imbalance, resulted in a successful outcome of resolving the symptoms of skin rash, runny nose, productive cough.

[Back to Contents Page](#)

Tibb Case Study 30**Age: 11****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Sanguinous

Dominant Quality: Moistness

Consult 1: 08/09/2022**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Influenza presenting with - Frontal headache, pain radiating into the eyes, sore throat, vomited once today, productive cough, nasal congestion, and fever. (Moistness with Coldness & Heat)

Pmhx: Red Cross admission Feb 2022 for Covid, Sinusitis (Moistness with Heat & Coldness)

Current Medication: None.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Cereal, milk, sugar, fizzy drinks, white bread, cheese, mayo, and cucumber sandwiches daily, Gatsby or hot chips. (Moistness with Coldness & Heat)

Movement & Rest: Sedentary (Cold & Moist)

Elimination: Daily.

Sleep & Wakefulness: Falls asleep late at night due to watching tv.

Environmental Air & Breathing: Change of season- Spring. (Hot & Moist)

Emotions: Nil

Summary of the Cause/s Identified: The overall qualities of Moistness with Coldness & Heat of the patient's lifestyle assessment, specifically Food & Drink and Environmental Air & Breathing, share similar qualities to the presenting complaint/illness condition mentioned above. This confirms that the causes of the presenting S&S/illness condition are the result of poor management of the lifestyle.

Observations/Clinical Assessment:

BP: 110/70 TEMP: 38.7

ENT: Tonsillar enlargement and lymph. Tender sinuses.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Moistness with Coldness & Heat associated with the Phlegmatic humor - are the cause/s of Influenza (Moistness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at assisting Pheysis by following a diet of Hot & Dry and Hot & Moist Food & Drink, together with appropriate herbal medication to counteract the Moistness with Coldness & Heat qualities associated with the illness condition. Due to the acute nature of the condition and her age (11) having a capable Pheysis response, the treatment approach focuses on restoring the Phlegmatic humoral balance. A tea was not prescribed for this patient as this patient is under the age of 40 and pheysis is strong enough.

Medication:

Bonnycare Syrup (100ml)- 1-2 tablespoons three times per day before meals.

Septogard Syrup (100ml) – 1 tablespoon, four times daily, before meals

Paracetamol Syrup (100ml) - 2 teaspoons, three times daily, after meals

Chest-Eeze Syrup (100ml)- 2 tsp, three times daily, before meals.

Result/Follow up consult(s):**Consult 2 (Telephonic): 11/09/2022:**

Mom reports vomiting and fever has subsided, throat feels better, headaches persist. Advised to continue with his treatment.

Consult 3 (Telephonic)/ Outcome of the Case study: 16/09/2022:

Mom reports all of his symptoms had resolved and that he is back at school.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 08/09/2022; Consult 2 (Telephonic). 11/09/2022; Consult 3 (Telephonic) 16/09/2022

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Moistness with Coldness & Heat qualities which is linked to the presenting S&S/illness conditions.
- The dominant quality of the presenting S&S/illness conditions of Influenza (Moistness with Coldness & Heat) is the same as the dominant temperamental quality of Moistness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness condition is indicative of qualitative changes and excess Phlegmatic humour.
- Overall treatment approach of assisting Physis by following a diet of Hot & Dry Food & Drink, to counter the Excess Moistness with Coldness & Heat qualities associated with the Phlegmatic humour, resulted in a successful outcome of resolving influenza.

[Back to Contents Page](#)

Tibb Case Study 31**Age: 26****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 27/07/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Skin infestation by *Sarcoptes scabiei* var. *hominis* resulting in intensely pruritic, fine, popular rash on the hands and arms for three weeks (Heat with Moistness & Dryness). Symptoms appear worse at night.

Pmhx: None**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Daily consumption of soft drinks (Moistness with Coldness & Heat), high intake of refined sugars. Low water intake. Bread (Hot & Moist), rice (Cold & Moist), pasta (Hot & Moist), pastries and potato fries (Moistness with Heat & Coldness).

Sleep & Wakefulness: Sleeps well at night with frequent afternoon naps (Moistness with Heat & Coldness).

Environmental Air & Breathing: Does have frequent contact with pets at home.

Physical activity: Sedentary. (Moistness with Heat & Coldness)

Emotions: Balanced**Elimination:** Regular

Summary of the Cause/s Identified: The overall qualities of Moistness with Heat & Coldness of the patient's diet and sedentary lifestyle, share similar qualities to the presenting complaint/s/illness condition of Heat with Moistness & Dryness. This confirms that the causes of the presenting S&S/illness condition of Scabies are the result of poor management of the lifestyle factors.

Observations/Clinical Assessment:

BP: 120/70 HR: 64 TEMP: 35

Skin: Fine, pruritic (itchy) rash on the hands and arms.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Hot & Moist qualities associated with the Sanguinous humor - are the cause/s of Scabies (Heat with Moistness & Dryness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Cooling qualities, by following a diet of Cold & Moist and Cold & Dry Food & Drink, to address the cause of the illness condition, by counteracting Hot & Moist qualities associated with the illness condition. Due to the acute nature of the condition and her age (26) having a capable Physis response, the treatment approach focuses on restoring the excess Sanguinous humoral imbalance. A tea was not prescribed for this patient as this patient is under the age of 40 and physis is strong enough.

Medication:

Tetmosol Soap

Livotibb (30) tabs - one tablet three times per day, before meals.

Haemoclear (30) tabs- one tablet three times per day, before meals.

Benzoic ointment (45g) + Calamine 5ml Mixture

Consult 2/Outcome of Case study: 15/09/21

After three days the itching has subsided, after a week the rash completely resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 27/07/21; Consult 2. 15/09/21

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Heat with Moistness & Dryness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the presenting S&S/illness condition of Scabies with qualities of Heat with Moistness & Dryness, is not the same as the patient's dominant quality of Moistness, the patient's temperamental combination of Sanguinous/Phlegmatic with qualities of Moistness with Heat & Coldness, includes the quality of Coldness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition of Scabies is indicative of excess qualities of Heat with Moistness & Dryness linked to the excess Sanguinous humour.
- The overall treatment approach of assisting physis by following a diet of Cold & Moist and Cold & Dry Food & Drink together with herbal medicine, has resulted in the successful outcome in addressing the excess Hot & Moist qualities associated with the excess Sanguinous humoral imbalance with complete cessation of the S&S of Scabies – within one week.

[Back to Contents Page](#)

Tibb Case Study 32**Age: 42****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Sanguinous

Dominant Quality: Moistness

Consult 1: 06/05/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

5-day history of Furuncles on the abdomen. (Heat with Moistness & Dryness)

Pmhx: Miscarriage, ovarian cyst removed (Moistness with Heat & Dryness).**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours****Food & Drink:** Frequent consumption of refined sugary foods (Hot & Moist). Maize meal (Cold & Dry)/ rolls (Hot & Moist)/biscuits (Hot & Moist)/sweet potato (Hot & Moist), butternut (Cold & Moist), banana (Hot & Moist). One glass of water (Cold & Moist) daily, soft drinks (Moistness with Heat & Coldness).**Sleep & Wakefulness:** 8 hours**Emotions:** Stress (Hot & Dry)**Elimination:** Every second day. (Cold & Dry)**Movement & Rest:** Nil**Environmental Air & Breathing:** Cigarette Smoker (Hot & Dry)**Summary of the Cause/s Identified:** The overall qualities with Heat with Moistness & Dryness of the patient's Food & Drink consumption, together with Stress, are similar to the presenting complaint/s/ illness condition of Furuncle (Heat with Moistness & Dryness) mentioned above. This confirms that the causes of the presenting S&S are the result of poor management of the lifestyle factors.**Observations/Clinical Assessment:**

BP: 120/80 HR: 68 TEMP: 37.1 URINE: Leuc 2+, Ubg 2+, Bil 2+ BG: 6.0 CHOL: 4.24

Skin: Three inflamed lesions, non-exudative.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Hot & Dry qualities associated with the Bilious humor - are the cause/s of Furuncles (Heat with Moistness & Dryness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Cold qualities, by following a diet of Cold & Moist and Cold & Dry Food & Drink, to address the cause of the illness condition, by counteracting the Hot & Dry qualities associated with the Bilious humoral imbalance.

Medication:

Bilious Tea - ½ teaspoon twice daily

Septogard (30) tabs- use 2, tablets three times daily, before meals.

Tetmosol Soap

Septadine with Blackseed mixture (15g)

Follow up Consult 2: 10/05/22

S&S/Illness condition of Furuncle has improved, lesions smaller in diameter, and the inflammation has reduced. Still Non- exudative. Regular bowel movements daily. Recent onset of dysuria.

Observations/Clinical Assessment:

BP:120/80 TEMP: 36.3 HR: 64 URINE: Ubg1+, Bil1+

Medication:

Due to Urinary Tract Infection (Moistness with Heat & Coldness), Renotone tablets (bladder/kidney tonic) and V-Gel (antiviral, antibacterial, antifungal) prescribed to assist.

Septogard (30) tabs, use 2 tablets three times daily, before meals.

Renotone (30) tabs, use 2 tablets three times daily, before meals.

V-Gel (15g)

Consult 3/Outcome of Case study: 16/05/22: Telephonic review

All symptoms had resolved.

Results:

Research Questions	Yes	Yes/No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 6/05/22; Consult 2. 10/05/22; Consult 3. 16/05/22

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Heat with Moistness & Dryness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the Furuncles (Heat with Moistness & Dryness), are not the same as the patients' dominant qualities of Moistness, the Ovarian Cyst and UTI with Moistness with Heat & Dryness, is the same as the dominant quality of Moistness. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness condition of Furuncles is indicative of excess qualities of Heat with Moistness & Dryness linked to the excess Bilious humour.
- The overall treatment approach of assisting physis by following a diet of Cold & Moist and Cold & Dry Food & Drink together with herbal medicine, has resulted in the successful outcome in addressing the excess Hot & Dry qualities associated with the excess Bilious humoral imbalance with complete cessation of the S&S of Furuncles – within 10 days. In addition to this, there was also improvement in associated S&S/illness conditions such as cessation of UTI and increased bowel movement regularity.

[Back to Contents Page](#)

Tibb Case Study 33**Age: 48****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Bilious

Dominant Quality: Dryness

Consult 1: 28/10/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Myositis of the lower back causing recurrent pain (Dryness with Coldness & Heat). Irregular menses (Dryness with Heat & Coldness)

Pmhx: Endometriosis (Dryness with Heat & Coldness).

Current Medication: Currently being weaned off her conventional treatment for cholesterol and hypertension.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Sweet and cold treats for breakfast (Bulgarian yoghurt (Cold & Dry), cup of veggie soup and 5 chocolates (Hot & Moist), garlic (Hot & Dry)/spicy (Heat with Moistness & Dryness)/buttery (Cold & Moist) foods.

Emotions: Anxious (Cold & Dry)

Elimination: Regular bowels. Menses irregular (Hot & Dry- Dry & Hot)

Movement & Rest: Walk

Sleep & Wakefulness: 6- 7 hours

Environmental Air & Breathing: Avoids Hot weather.

Summary of the Cause/s Identified: Whilst some foods have heating qualities, which may have alleviated the S&S/Illness conditions, the weakening of physis with the patients age of 48 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of presenting S&S/Illness Conditions is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 120/80 TEMP: 36.2 HR: 64 URINE: Leu 2+ BG: 3.7 CHOL: 5.66

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the Melancholic humor - are the cause/s of Myositis of the lower back (Dryness with Coldness & Heat), UTI (Dryness with Heat & Coldness) and Irregular menses (Dryness with Heat & Moistness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Moist qualities, by following a diet of Hot & Moist and Cold & Moist Food & Drink, together with herbal medication and cupping to address the cause of the illness conditions, by counteracting the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea - ¼ tsp- twice daily after meals

Septogard (30) tabs- 2 tablets three times daily, before meals

Renotone (30) tabs - 2 tablets three times daily, before meals

Laxotabs (10) tabs- 2 tablets at night, after meals

Cupping:

Wet cupping: B1- B5, B7, B8, B13-B15.

Follow up Consult 2: 22/11/21

Pain subsided and only resurfaced before menses. Awaiting a gynae appointment.

Observations/Clinical Assessment:

BP: 110/80 HR: 72 BG: 5.4 CHOL: 5.53 URINE: Leuc 1+

Medication:

Melancholic Tea, ¼ tsp- twice daily after meals

Renotone (30) tabs -2 tablets three times daily, before meals

Wintermix (30g)

Cupping:

Wet cupping: B1- B5, B7, B8, B13-B15

Follow up Consult 3: 13/12/21

Menses -13 days in duration. Recent onset of incontinence. Whilst the cupping relieves the back pain the patient reports that she Hasn't been compliant with the Melancholic Tea.

Observations/Clinical Assessment:

BP: 120/70 HR: 68 Temp: 36.4 URINE: UBG1+, Nit+, Prot 1+ BG: 5.3 CHOL: >7.99 (had smoked Snoek fried in garlic butter)

Medication:

Prescribed Haemoclear and Livotibb to assist with blood cleansing properties.

Renotone (30) tabs - 2 tablets three times daily, before meals

Wintermix (30g)

Haemoclear (30) tabs – 2 tablets twice daily before meals

Livotibb (30) tabs- 2 tablets twice daily before meals.

Recommended to continue with the Melancholic Tea.

Cupping:

Wet cupping: B1- B5, B7, B8, B13-B15

Consult 4/Outcome of Case study: 24/01/22

Has been compliant with the recommended treatment. Menses are more regular after the last therapy session. Back pain has resolved. Urinary incontinence has settled. Gynea report no abnormalities detected. UTI cleared and cholesterol screening levels improved. Urinalysis was clear and total cholesterol screening was 5.3mmol/l.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 28/10/21; Consult 2. 22/11/21; Consult 3. 13/12/21; Consult 4. 24/01/22

- The 'Summary of the Identified Cause/s' confirms that the causes of S&S/Illness Conditions with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- The dominant quality of the presenting S&S/illness conditions of Myositis (Dryness with Coldness & Heat) and Irregular menses (Dryness with Heat & Moistness) is the same as the dominant temperamental quality of Dryness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting signs and symptoms/illness conditions are indicative of Dry & Cold qualities which is linked to the accumulation of abnormal/excess Melancholic Humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Cold & Moist Food & Drink, together with herbal medicine and cupping therapy, has resulted in a successful outcome in addressing the pain associated with the Myositis and the irregular menses. The patient's cholesterol also improved and the UTI that was subsequently diagnosed was also resolved following the prescription of Septogard to treat infection.

[Back to Contents Page](#)

Tibb Case Study 34**Age: 57****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Melancholic

Dominant Quality: Coldness

Consult 1: 06/06/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Lower back pain radiating to the lower abdomen for two weeks. Has been using pain meds but no improvement. (Coldness with Dryness & Moistness).

Pmhx: None**Current Medication:** Analgesics (no improvement)**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Coffee and tea mostly for the day. Sandwich for lunch, fish. Chicken with rice and veggies for supper. Low water intake. (Coldness with Moistness & Dryness).

Elimination: Struggles sometimes - goes twice a week. Poor digestion. (Coldness with Moistness & Dryness).

Sleep & Wakefulness: 8 hours of good quality sleep.

Emotions: Feels balanced

Movement & Rest: Nil

Environmental Air & Breathing: Increased in colder wet weather for the past few days (Coldness with Moistness and Dryness).

Summary of the Cause/s Identified: Whilst the overall qualities of Coldness with Dryness & Moistness of Food & Drink, could have aggravated the presenting S&S/Illness Conditions, the weakening of physis with the patients age of 57 has resulted in the accumulation of excess/abnormal Melancholic imbalance. This confirms that the cause of the presenting S&S/Illness Conditions is due to excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 120/80 TEMP: 36.4 HR: 84 URINE: Leuc3+ BG: 4.3 CHOL: 7.26

MSK: Full range of motion, lower back tenderness Abdo: tenderness lower abdomen.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Cold & Dry associated with the Melancholic humour are the cause of the S&S/Illness Condition/s (Coldness with Dryness & Moistness).

Treatment/Management Plan:

The treatment/management plan is aimed at assisting Physis by increasing Heating qualities, by following Hot & Moist and Hot & Dry Food & Drink, together with the appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea- ¼ tsp twice daily after meals

Septogard (30) tabs- two tablets three times daily, before meals

Renotone (30) tabs - two tablets three times daily, before meals

Wintermix (30g)

Result/Follow up consult(s):**Consult 2: 14/06/22**

Lower back pain in intermittent. Stool has improved but with colder weather started struggling again. Has started increasing water intake.

Observations/Clinical Assessment:

BP: 120/ 80 HR: 72 TEMP: 36.7 URINE: NAD BG: 4.6 CHOL: 6.28

Cupping:

Dry Cupping therapy B13- B15

Consult 3: 28/06/22

Back pain has reduced since using the tea and cupping procedure. Currently experiencing lower abdominal pain. Bowels are regular when using treatment protocol.

Observations/Clinical Assessment:

BP: 120/70 HR: 68 Temp: 36.5 Urine: NAD CHOL: 6.02

Consult 4 (Telephonic)/Outcome of case study: 05/07/22

Lower abdominal pain and back pain resolved.

Results:

Research Questions	Yes	Yes/No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 06/06/22; Consult 2. 14/06/22; Consult 3. 28/06/22; Consult 4. 05/07/22

- The Summary of the Cause/s identified, confirms that the causes of the S&S/illness conditions with qualities of Coldness with Dryness & Moistness is the result of the excess/abnormal Melancholic humour.
- The presenting S&S/illness conditions of Lower back pain; UTI; Lower abdominal pain; Constipation (Coldness with Moistness & Dryness) is the same as the dominant temperamental quality of Coldness of the individual – confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness conditions of Lower back pain; UTI; Lower abdominal pain; Constipation (Coldness with Moistness & Dryness) are indicative of qualitative changes linked to excess/abnormal Melancholic humours.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medication and cupping, has resulted in a successful outcome of resolving the lower back pain, lower abdominal pain, constipation, and the UTI. In addition, the patient's cholesterol levels improved from 7.26 to 6.28 without the use of Tibb cholesterol medication.

Tibb Case Study 35**Age: 30****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Sanguinous

Dominant Quality: Moistness

Consult 1: 01/07/2022**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

2/7 Gastroenteritis (Moistness with Coldness & Heat) presenting with nausea, diarrhoea and LLQ abdo cramping on passing stool. Also presenting with sinusitis accompanied by frontal headache (Moistness with Coldness & Heat).

Pmhx: None**Current Medication:** None.**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Cabbage food (Cold & Dry), chicken fingers (Cold & Dry); rice (Cold & Moist); High carbohydrate foods, such as white breads with polony (Cold & Moist), frozen mixed veg (Cold & Moist); Coke 2-3 glasses per day (Hot & Moist); meat/chicken curries (Hot & Dry). +- 8 glasses of water per day (Cold & Moist).

Environmental Air & Breathing: Winter season (Coldness with Moistness & Dryness)**Movement & Rest:** +- 1hr walking every day.**Sleep & Wakefulness:** 6hrs of sleep. Wakes up tired and feels fatigued during the day.**Emotions & Feelings:** Balanced.**Elimination:** 1/7 Diarrhoea (Cold & Moist).

Summary of the Cause/s Identified: Although certain foods has Drying qualities, the overall qualities of Moistness with Coldness & Heat in the patient's Lifestyle assessment especially Food & Drink and the winter season, correlates with the qualities of Moistness with Coldness & Heat associated with Gastroenteritis and Sinusitis. This confirms that the causes of the presenting S&S are the result of poor management of lifestyle factors.

Observations/Clinical Assessment:

BP: 132/80 HR: 64 TEMP: 37°C

URINE: pH 8, ERY 1+, LUE 1+ (Erythrocytes present due to menses finishing 2 days prior) hCG: Neg.

Abdomen: LLQ (Lower left quadrant) and suprapubic tenderness on palpation.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Moistness with Coldness & Heat qualities associated with the Phlegmatic humour - are the cause/s of Gastroenteritis (Moistness with Coldness & Heat) and Sinusitis (Moistness with Coldness & Heat).

Treatment/Management Plan:

Treatment/Management plan is aimed at increasing Heating qualities, by following a diet of Hot & Dry and Hot & Moist Food & Drink, together with appropriate medication, to address the cause/s of the illness condition/s and counteract the excess Coldness with Moistness & Dryness qualities associated with the phlegmatic humoral imbalance. Due to the acute nature of the condition and her age (30) having a capable Pysis response, the treatment approach focuses on restoring the Phlegmatic humoral balance. A tea was not prescribed for this patient as pysis is strong enough.

Medication:

Septogard (30) tab: two tablets, thrice daily, before meals.

Gastrone (30) tab: two tablets, thrice daily, before meals.

Livotibb (15) tab: two tablets, twice daily, before meals.

Tissue Salt # 4 (30) tab: four tablets, thrice daily under tongue, before meals.

Result/Follow up consult(s):**Consult 2: Telephonic follow up/Outcome of Case: 19/07/2022:**

Patient has been compliant with lifestyle changes and all symptoms resolved within three days.

Patient avoided coke and high carbohydrate foods and dairy.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1 (01/07/2022); Consult 2 Telephonic (19/07/2022)

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Moistness with Coldness & Heat qualities which is linked to the presenting S&S/illness conditions.
- The dominant quality of the presenting S&S/illness conditions of Gastroenteritis and Sinusitis (Moistness with Coldness & Heat) is the same as the dominant temperamental quality of Moistness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/ Illness conditions of Gastroenteritis and Sinusitis are indicative of excess Moistness with Coldness & Heat qualities linked to excess/abnormal Phlegmatic humour.
- Overall treatment approach of assisting physis by following a diet of Hot & Dry and Hot & Moist together with herbal medication has resulted in a successful outcome in addressing the excess Moistness with Coldness & Heat associated with the Phlegmatic humour, with complete resolution of the Gastroenteritis and Sinusitis.

[Back to Contents Page](#)

Tibb Case Study 36**Age: 26****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Sanguinous

Dominant Quality: Moistness

Consult 1: 13/06/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Cold and flu, presenting with body aches, nasal congestion, frontal headaches, and dry facial skin. (Coldness with Moistness & Dryness)

Pmhx: None**Current Medication:** Disprin**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Process foods, butternut (Cold & Moist), squash (Cold & Moist), potato (Cold & Dry), more cooldrinks and coffee with 2 glasses of water (Cold & Moist) daily. (Coldness with Moistness & Dryness).

Environmental Air & Breathing: Colder weather (Coldness with Moistness & Dryness).

Emotions: Bit of stress sometimes (Dryness with Coldness & Heat).

Sleep & Wakefulness: Poor, due to alternating working shifts.

Movement & Rest: Nil.

Elimination: Regular.

Summary of the Cause/s Identified: The overall qualities of Coldness with Moistness & Dryness of the Food & Drink, Environmental Air & Breathing, and Emotions share similar qualities to the presenting complaint/s/illness condition of Coldness with Moistness & Dryness. This confirms that the causes of the presenting S&S/illness condition are the result of poor management of the lifestyle.

Observations/Clinical Assessment:

BP: 130/80 HR:64 TEMP: 36 degrees

ENT: Cervical and Submandibular lymph (Cold & Moist)

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Coldness with Moistness & Dryness, associated with the Phlegmatic humor - are the cause/s of Cold & Flu (Coldness with Moistness & Dryness), Dry skin/Xeroderma (Coldness with Dryness & Moistness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Dry and Hot & Moist Food & Drink, together with appropriate medication to counteract the Coldness with Moistness & Dryness associated with the illness condition. Due to the acute nature of the condition and her age (28) having a capable Physis response, the treatment approach focuses on restoring the Phlegmatic humoral balance. A tea was not prescribed for this patient as this patient is under the age of 40 and physis is strong enough.

Medication:

Septogard (30) tabs- 2tablets, four times daily, before meals

Flu-Relief (30) tabs- 2 tablets, three times daily, after meals

Paracetamol (15) tabs- 2 tablets, three times daily after meals, when necessary.

Tibb-Eczema cream mix (30g) – apply topically on the face.

Wintergreen (30g) ointment- apply as needed.

Result/Follow up consult(s):**Consult 2/ Outcome of the Case study: 30/06/22**

Cold and flu symptoms completely resolved. Dry skin has resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 13/06/22; Consult 2. 30/06/22

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Coldness & Moistness with Dryness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the presenting S&S/illness conditions of Cold & Flu, and Dry skin with qualities of Coldness with Moistness & Dryness, is not the same as the patient's dominant quality of Moistness, the patient's temperamental combination of Phlegmatic/Sanguinous with qualities of Moistness with Heat & Coldness, includes the quality of Coldness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition are indicative of qualitative changes and excess Phlegmatic Humour.
- Overall treatment approach of assisting Physis by increasing Heating qualities following a diet of Hot & Dry and Hot & Moist, together with herbal medication to counter the excess Coldness with Moistness & Dryness associated with the Phlegmatic humour, resulted in a successful outcome of resolving Cold & Flu symptoms. The dry skin also resolved.

[Back to Contents Page](#)

Tibb Case Study 37**Age: 49****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 15/02/2023**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**Stenosing Tenosynovitis in the 4th digit of the hand (Dryness with Coldness & Heat).**Pmhx:** None**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours****Food & Drink:** Hot water with honey lemon (Cold & Dry), chia seeds, boiled eggs (Hot & Dry) cucumber (Cold & Moist), banana (Hot & Moist), broccoli (Cold & Moist), sweet potato (Hot & Moist), chicken (Hot & Dry), fish (Cold & Dry), rice (Cold & Moist), mielie meal (Cold & Dry).**Movement & Rest:** Exercises 3x per week (walking on beach)**Elimination:** Regular**Emotions:** Balanced**Sleep & Wakefulness:** no irregularities**Environmental Air & Breathing:** Non-smoker, symptoms aggravated by cold.**Summary of the Cause/s Identified:** Whilst the overall qualities of Coldness with Moistness & Dryness from the Food & Drink may have contributed to aggravating the S&S related to the illness condition mentioned above, the weakening of Physis with the age of the patient being 49 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Stenosing Tenosynovitis is from excess/abnormal Melancholic humour.**Observations/Clinical Assessment:**

BP: 130/80 mmHg HR:84 bpm TEMP: 37.2 degrees URINE: NAD

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the excess/abnormal Melancholic humour is the cause of Stenosing Tenosynovitis (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, 1/2 tsp, twice daily after meals

Rumaflam tablets (30) 2 TDS

Wintermix Rub (30g)

Cupping:

Dry Cupping localised points on interior surface of right hand and wrist with Blackseed Rub.

Follow up Consult 2: 03/03/2023

Mild reduction in finger pain and stiffness, currently using a stress ball in order to promote circulation and flexibility in the finger.

Observation/Clinical Assessment:

BP: 114/70mmHg HR: 84 bpm TEMP: 37 degrees

Medication:

Melancholic Tea, 1/2 tsp, twice daily after meals

Rumaflam tablets (30) 2 TDS

Wintermix Rub (30)

Cupping:

Dry Cupping localised points on interior surface of right hand and wrist with Blackseed Rub.

Consult 3/Outcome of Case study: 17/03/2023

Marked reduction in finger pain and stenosis, reduced episodes since the Tibb treatment approach.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?			✓
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?		✓	

Summary/Discussion: Consult 1: 15/02/2023; Consult 2: 03/03/2023; Consult 3: 17/03/2023

- The Summary of the Cause/s Identified, confirms that the cause of Stenosing Tenosynovitis with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- The presenting S&S/illness conditions of Stenosing Tenosynovitis are associated with qualities of Dryness with Coldness & Heat, which is not the same as the patient's dominant quality of Moistness associated with the temperamental combination. This confirms that there is no link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness condition of Stenosing Tenosynovitis are indicative of excess qualities of Dryness with Coldness & Heat linked to the accumulation of the excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping, has resulted in a partial successful outcome in addressing the S&S relating to Stenosing Tenosynovitis. More sessions are required for full recovery.

[Back to Contents Page](#)

Tibb Case Study 38**Age: 72****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Phlegmatic

Dominant Quality: Coldness

Consult 1: 14/06/2022**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

3/52 RHS Cluster Headache (HA) worse in the morning (Dryness with Heat & Coldness) accompanied by a dry cough (Dryness with Coldness & Heat).

Pmhx: Diabetes (Moistness with Heat & Coldness), Hypertension (Dryness with Coldness & Heat); MVA (motor vehicle accident), Hysterectomy (1988), Chronic Constipation (Dryness with Coldness & Heat).

Current Medication: Metformin, Insulin (20 units in the morning, 6 units at night), Losartan, Amlodipine, Atenolol, Paracetamol, Soflax, Lacson.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Jungle Oats (Hot & Moist), cheese (Hot & Moist), bread (Hot & Moist), eggs (Hot & Dry), tea (Cold & Dry), Orange (Cold & Dry), carrots (Cold & Dry), Pear (Cold & Moist), rice (Cold & Moist), low water intake (Cold & Dry).

Elimination: Passes stool every second day with difficulty and struggle (Cold & Dry)

Sleep & Wakefulness: 4 hours of sleep per night, struggles falling asleep (Cold & Dry)

Movement & Rest: Sedentary (Coldness with Moistness & Dryness).

Air & Breathing: Non-smoker.

Emotions: Balanced.

Summary of the Cause/s Identified: Whilst some foods have qualities of Heat, the overall Dryness with Coldness & Heat of the diet may have aggravated the presenting S&S/Illness conditions. However, the weakening of physis with the patient's age (72) has resulted in the accumulation of excess/abnormal Melancholic imbalance. This confirms that the cause of the presenting S&S/Illness Conditions is due to excess/abnormal Melancholic humour.

Observations/Clinical Assessment

BP: 188/116 HR: 80 CHOL: 6.05

BG:5.3 ENT: NAD

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the abnormal/excess Melancholic humor - are the cause/s of the presenting S&S/Illness conditions.

Treatment/Management Plan:

Treatment/Management plan is aimed at increasing Heating qualities, by following Hot & Moist and Hot & Dry categories of Food & Drink, together with herbal medication and cupping therapy to address the cause/s of the illness condition/s and counteract the excess Cold & Dry qualities associated with the Melancholic humoral imbalance.

Medication:

Melancholic Tea, ¼ teaspoon, twice daily, after meals

Renotone (30) tabs, two tablets, twice daily, before meals

Laxotabs (10) tabs, one tablet, once daily, at night after meals

Livotibb (30) tabs, one tablet, thrice daily, before meals

Result/Follow up consult(s):**Consult 2: 27/06/2022:**

Patient has not been fully compliant with dietary changes advised. Headache resolved; bowel movements still irregular but softer/easier to pass; improvement on blood pressure; cholesterol is slightly elevated; intermittent cough, but less frequent.

Observations/Clinical Assessment:

BP:188/94 HR: 72 Cholesterol: 6.36 Glucose: 4.

Medication:

Melancholic Tea: ¼ tsp, twice daily after meals
Lo-Chol (30) tabs: two tablets, twice daily before meals
Renotone (15) tab: two tablets, twice daily before meals

Cupping:

Wet cupping on B1- B5
BP (After wet cupping): 160/94

Consult 3: 12/07/2022

Patient has been compliant with the treatment provided and appropriate lifestyle changes made. Bowel movements are still irregular. Improvement of blood pressure and cholesterol.

Observations/Clinical Assessment:

BP: 164/84 HR:68 Glucose:6.8 Cholesterol: 5.40

Cupping:

Dry cupping on B1-5 and B15

Medication:

Melancholic Tea, ¼ tsp, twice daily after meals
Lo-Chol (30) tabs, two tablets, twice daily after meals
Renotone (30) tab, two tablets, twice daily

Consult 4: 10/08/2022

Although all other symptoms have resolved, the patient is still suffering from constipation and flatulence. BP reading:160/78; Cholesterol: 5.76

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1 (14/06/2022); Consult 2 (27/26/2022); Consult 3 (12/07/2022); Consult 4 (10/08/2022)

- The Summary of the Cause/s Identified, confirms that the causes of S&S/Illness Conditions with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Headaches (Dryness with Heat & Coldness), Dry Cough (Dryness with Coldness & Heat), is not the same as the patient's dominant quality of Coldness, the patient's temperamental combination of Melancholic/Phlegmatic with qualities of Coldness with Dryness & Moistness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness conditions of Headaches (Dryness with Heat & Coldness) and Dry Cough (Dryness with Coldness & Heat) are indicative of qualitative changes linked to excess/abnormal Melancholic Humoral imbalance.
- The overall treatment approach of assisting physis by increasing qualities of Heat through diet, herbal medication, and cupping therapy, to counter the excess qualities of Dryness with Coldness & Heat associated with the excess/abnormal Melancholic humoral imbalance, resulted in a successful outcome in the management of the presenting S&S/illness conditions. In addition, the patient's blood pressure improved from 188/116 to 160/78 without the use of Tibb blood pressure medication.

[Back to Contents Page](#)

Tibb Case Study 39**Age: 41****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Sanguinous

Dominant Quality: Moistness

Consult 1: 16/04/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Irregular menses; bloated abdomen; since diagnosis and post Ca treatment has been having anxiety, (Coldness with Dryness & Moistness).

Pmhx: At age 18 diagnosed with Lymphoma (Coldness with Moistness & Dryness), Miscarriages in 2018 and 2019. Hypertension, (Moistness with Heat & Coldness).

Current Medication: None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: Veggie soup, 2 sausage rolls, pancake, fish (Cold & Dry), and chips (Hot & Moist), Akni, drinking celery juice, Broccoli (Cold & Moist), peas (Cold & Dry), butternut (Cold & Moist), carrots Cold & Moist). Prefers colder fluids, more fizzy and juice, 1-2 cups of water (Cold & Moist) daily. (Coldness with Moistness and Dryness).

Emotions: Anxiety (Cold & Dry)**Sleep:** Poor sleep (Cold & Dry)**Elimination:** Irregular menses. Bowels regular.**Movement & Rest:** Sedentary (Cold & Moist)**Environmental Air & Breathing:** none

Summary of the Cause/s Identified: The overall Coldness with Dryness & Moistness qualities of the patient's lifestyle assessment- Food & Drink with poor sleep and emotions are similar to the presenting S&S/illness condition mentioned above. This confirms that the causes of the presenting S&S/illness Conditions are the result of poor management of the lifestyle factors.

Observations/Clinical Assessment:

BP: 160/100 HR:68 TEMP:36 URINE: NAD

Pregnancy Test: Negative.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Coldness and Dryness is associated with the Melancholic humor - are the cause/s of Anxiety, bloated abdomen, Irregular menses. (Coldness with Dryness & Moistness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Dry and Hot & Moist Food & Drink, herbal medication, and cupping to address the cause of the illness condition, by counteracting the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Gynaecare Syrup (200ml), 1 tablespoon at night

Gynaecare Tabs (30), 2 tablets in the morning

Laxotabs Tabs (10) 2 nocte

Cupping:

Dry cupping therapy A6- A7, B13- 15

Result/Follow up consult(s):

Consult 2: 30/06/21

Started with menses after having cupping therapy, on the same day. Had another menses a week ago. Follow up on cupping therapy.

Observations/Clinical Assessment:

BP: 150/90 HR: 64 TEMP: 36.3 URINE: NAD Pregnancy Test: Neg

Medication:

With Poor sleep and anxiety, Sumenta tablets prescribed.

Gynaecare (200ml) 1 tablespoon at night

Gynaecare Tablets (30) 2 daily, before meals.

Sumenta tablets (15) 1 at night.

Consult 3: 16/03/22

Started feeling bloated again and hasn't had a period. Anxiety has improved. Has been overindulging (chips, Coke, bread, take-outs) but would like to start making healthier choices again. Sleep has been poor. Had a corneal transplant.

Observations/Clinical Assessment:

BP: 160/110 HR: 64 Temp: 36,4 URINE: NAD

Medication:

Gynaecare Syrup (200ml)- 1 tablespoon at night

Sumenta (15) tabs- 1 tablet at night.

Cupping:

Wet cupping – B1 – B15, A6-A7

Consult 4: 26/07/22

Sleeping well. More energized, has been increasing Heating qualities – turmeric and honey tea. Constipated and experiencing a bit of reflux. After the cupping therapy has been having her period more regular every month.

Observations/Clinical Assessment:

BP: 150/90 HR: 64 TEMP: 36.4 URINE: NAD.

Medication:

To assist with her energy levels, Completone tablets prescribed. Livotibb to assist in improving her digestion.

Gynaecare Syrup (200ml)- 1 tablespoon at night.

Completone (15) tabs- 2 tablets- in the morning.

Livotibb (15) tabs- 2 tablets daily.

Consult (Telephonic) 5/Outcome of Case study: 03/08/2022

Feeling better, bowels are regular, reflux resolved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1:16/04/21; Consult 2: 30/06/21; Consult 3: 16/03/22; Consult 4: 26/07/22;_Consult 5 (Telephonic): 03/08/2022

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Coldness & Moistness with Dryness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the presenting S&S/illness conditions of Irregular menses, Anxiety, and Insomnia with qualities of Coldness with Dryness & Moistness, is not the same as the patient's dominant quality of Moistness, the patient's temperamental combination of Phlegmatic/Sanguinous with qualities of Moistness with Heat & Coldness, includes the quality of Coldness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- Presenting S&S/illness condition are indicative of qualitative changes linked to excess/abnormal Melancholic Humour.
- Overall treatment approach of assisting Physis by increasing Heat with Moistness & Dryness qualities to counter the excess Coldness with Dryness & Moistness associated with the Melancholic humour, resulted in a successful outcome of regulating her menses and improving her sleep. Her emotions-anxiety settled but advised to continue with breathing exercises.

[Back to Contents Page](#)

Tibb Case Study 40**Age: 49****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Biliious/Melancholic

Dominant Quality: Dryness

Consult 1: 27/06/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Recurrent (weekly) episodes of Urticaria (Dryness with Heat & Coldness) spread generalised across the body surface for approximately 1 year. The condition becomes aggravated during periods of high stress and anxiety (Dryness with Heat & Coldness). Associated signs and symptoms include constipation and interrupted sleeping pattern (Dryness with Heat & Coldness).

Pmhx: None**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours**

Food & Drink: High processed food consumption, high in carbohydrates, refined sugars (Moistness with Heat & Coldness)

Movement & Rest: Sedentary (Moistness with Heat & Coldness)

Sleep & Wakefulness: Interrupted pattern, poor quality (Dryness with Heat & Coldness)

Emotions: Grief, stress and anxiety (Dryness with Heat & Coldness)

Environmental Air & Breathing: Unhindered

Elimination: Constipation (Dryness with Coldness & Heat).

Summary of the Cause/s Identified: Whilst the qualities of Moistness with Heat & Coldness in the Food & Drink may have contributed and/or aggravated the presenting S&S/Illness conditions, the weakening of Physis with the age of the patient being 49 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Urticaria is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 115/80mmhg HR:84bpm TEMP: 37.2 degrees

CHOL: 5.6mmol/l BG: 5.2mmol/l URINE: NAD

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the excess/abnormal Melancholic humor is the cause of Urticaria (Dryness with Coldness & Heat), Stress (Dryness with Heat & Coldness), Constipation (Dryness with Coldness & Heat) and Insomnia (Dryness with Heat & Coldness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, 1/2 tsp, twice daily after meals

Laxotabs (10) 2 tablets at night after meals

Livotibb (30) 2 tablets twice daily before meals

Vitamin B Co (30) 2 tablets in the morning after breakfast

Follow up Consult 2: 16/08/22

Less frequency of Urticaria, improved quality of sleep. Emotionally sensitive, stress and anxiety still present and feeling fatigue. Constipation still present.

Observation/Clinical Assessment:

Bp: 130/90mmHg HR: 88bpm TEMP: 37degrees

Medication:

Melancholic Tea, 1/2 tsp, twice daily after meals

Laxotabs (10) 2 tablets at night before meals

Livotibb (30) 2 tablets twice daily before meals

Cupping:

Wet Cupping: B1 – 15 with Blackseed Rub

Consult 3/Outcome of Case study: 23/08/22**Telephonic consultation**

Since being on the Tibb treatment approach for the last two months, the patient has been experiencing reduced frequency, with only mild outbreaks of Urticaria noticed specifically during times when feeling stressed. Feels better control of over emotions. Regular bowel movements has returned.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion: Consult 1: 27/06/22; Consult 2: 16/08/22; Consult 3: 23/08/22

- The Summary of the Cause/s Identified, confirms that the cause of Urticaria with qualities of Dryness with Heat & Coldness is the result of excess/abnormal Melancholic humour.
- The dominant quality of the presenting S&S/illness conditions of Urticaria (Dryness with Coldness & Heat), Stress (Dryness with Heat & Coldness), Constipation (Dryness with Coldness & Heat) and Insomnia (Dryness with Heat & Coldness) is the same as the dominant temperamental quality of Dryness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness condition of Urticaria are indicative of excess qualities of Dryness with Coldness & Heat linked to the accumulation of the excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping, has resulted in a successful outcome in addressing the condition of Urticaria. With the Tibb approach, the patients associated S&S/illness conditions of constipation, stress and anxiety and interrupted sleep have also improved.

[Back to Contents Page](#)

Tibb Case Study 41**Age: 47****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Melancholic/Bilious

Dominant Quality: Dryness

Consult 1: 28/06/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Sciatic pain in the lower back with radiation down the left leg (Dryness with Coldness & Heat) progressive for the last 5 months. Limited range of motion (ROM) in spine due to pain. Using crutches and a walking aid to assist in walking/standing.

Pmhx: Narrowing of intervertebral discs (L4-5) (Dryness with Coldness & Heat), Chronic Musculoskeletal strain – years of heavy lifting (Dryness with Coldness & Heat).

Current Medication: Stilpane every three to four hours daily, Voltaren suppository twice daily. Orthopaedic surgeon suggests spine surgery if pain severity does not subside by November 2022.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Processed meats, hamburger buns, pizza, and fries (Hot & Moist), preference for oily and spicy foods (Hot & Dry), carbonated beverages - Coke (Hot & Moist).

Movement & Rest: Motor vehicle driving occupation for most of the day, low physical activity.

Sleep & Wakefulness: Poor quality, due to pain

Emotions: Stress and frustration due to chronic pain

Digestion & Elimination: Regular

Environmental Air & Breathing: Pain is aggravated by cold.

Summary of the Cause/s Identified: Whilst the overall diet has qualities of Heat, which may have improved/alleviated the S&S/Illness conditions, the weakening of physis with the patients age of 47 together with the history of his occupation has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Sciatica is from excess/abnormal Melancholic humour.

Observation/Clinical Assessment:

BP: 115/85 HR: 92 TEMP: 37 CHOL: 6.6

MSK: Unable to walk independently even with crutches, the wife is assisting the patient.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the excess/abnormal Melancholic humor is the cause of Sciatica (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, ½ teaspoon twice daily after meals
 Laxotabs (10) 2 tablets at night after meals
 Renotone Tablets (30) 2 tablets twice daily before meals
 Rumamix (30g) applied twice daily
 Tissue salt # 8 (60) 3 tablets thrice daily dissolved under the tongue.

Cupping:

Wet cupping (with Blackseed Rub) points B 14-15 and LE 1-10

Follow up Consult 2: 12/07/22

The patient reports experiencing great relief after implementing the Tibb treatment approach. He was able to reduce daily western pain medication by half, sleep has improved and better range of motion. Able to walk independently using a crutch. On routine screening of his total cholesterol, the result showed that it was elevated (Dryness with Coldness & Heat).

Observation/Clinical Assessment:

BP: 110/85 HR: 68 TEMP: 37 CHOL: 7 mmol/l

Medication:

Lo-Chol tablets was added as it contain herbs that naturally lowers cholesterol.
 Melancholic Tea ½ tsp twice per day after meals
 Lo-Chol (30) 2 tablets twice daily before meals
 Renotone Tablets (30) 2 tablets twice daily before meals
 Tissue salt # 8 (60) 3 tablets thrice daily, dissolved under the tongue.

Cupping:

Dry cupping (with Blackseed Rub) points B 14-15 and LE 1-10

Follow up Consult 3: 26/07/22

The patient reports gradually improving since the last consultation, using only a third of the pain medications. The patient is now able to walk independently without the crutch and using it only when necessary. Sleeping comfortably at night.

Observation/Clinical Assessment:

BP 115/88 HR: 68. Temp: 36.3degrees CHOL: 7.2 BG: 6

Medication:

Rumaflam Tablets was added as it contains herbs that are anti-inflammatory. Laxotabs replaced Renotone Tablets.
 Melancholic Tea ½ tsp twice per day after meals
 Laxotabs (10) 2 tablets at night after super
 Rumaflam Tablets (30) 2 tablets twice daily after meals
 Lo-Chol (30) 2 tablets twice daily before meals

Cupping:

Wet cupping (with Blackseed Rub) points B1- 5 and B 14- 15 and LE points on affected leg.

Follow up Consult 4: 17/08/22

Continued improvement in spine and leg range of motion. Overall, there is an 80-90% improvement since the first consult. Started work this week on light duty.

Observation/Clinical Assessment:

BP: 118/75 HR: 84. Temp: 36.3 degrees CHOL: 7.4 BG: 8.6

Medication:

Melancholic Tea ½ tsp twice per day after meals
 Laxotabs (10) 2 tablets at night after super
 Rumaflam Tablets (30) 2 tablets twice daily after meals
 LoChol (30) 2 tablets twice daily before meals

Cupping:

Dry cupping (with Blackseed Rub) points B1-5, B14- 15, and LE points 1-10 on affected leg

Consult 5/Outcome of Case study: 22/09/22

Complete resolution of pain. Back at work in full swing. With the total cholesterol level on screening still remaining elevated, a General Practitioner advised taking Western medication to lower it. Current western medication: Simvastatin 10mg at night.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?	✓		
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?		✓	

Summary/Discussion: Consult 1: 28/06/22; Consult 2: 12/07/22; Consult 3: 26/07/22; Consult 4: 17/08/22; Consult 5: 22/09/22

- The Summary of the Cause/s Identified, confirms that the cause of Sciatica with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- The presenting S&S/illness conditions of Sciatica (Dryness with Coldness & Heat) is the same as the dominant temperamental quality of Dryness of the individual – confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness conditions of Sciatica is indicative of excess qualities of Dryness with Coldness & Heat linked to the accumulation of the excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping, has resulted in a successful outcome in addressing the presenting complaint of pain associated with the Sciatica. However, despite including Lochol medication to treat the high cholesterol from the second consult and in the third and fourth consult, this herbal medication did not improve the patients' levels.

[Back to Contents Page](#)

Tibb Case Study 42**Age: 75****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 22/06/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Gustatory rhinitis causing recurrent rhinorrhoea (Moistness with Coldness & Heat), especially after certain foods.

Pmhx: Haemorrhoids (Dryness with Coldness & Heat), Hypertension (Moistness with Heat & Coldness), Hypercholesterolemia (Dryness with Coldness & Heat).

Current Medication: Atenolol (halved the original dosage), Ecotrin, previously used statins.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Oats, green tea-daily, sunflower seeds, almonds (Hot & Moist), broccoli, carrots, lettuce, pumpkin seeds (Cold & Moist), cauliflower, mushrooms (Cold & Dry), chicken, eggs, Cashew nuts (Hot & Dry), mixed berries.

Sleep & Wakefulness: Balanced

Environmental Air & Breathing: Colder season, winter (Coldness with Moistness & Dryness)

Emotions: Balanced

Movement & Rest: Take 15-20min walks during warmer days. Not been active due to coldness of winter. (Coldness with Moistness & Dryness)

Elimination: Regular

Summary of the Cause/s Identified: Whilst the diet includes Hot & Moist and Cold & Moist foods, the Gustatory rhinitis could be the result of the excess Moistness, however, the weakening of physis with the patient's age of 75 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance and is the cause of the Haemorrhoids (Dryness with Coldness & Heat) and the Hypercholesterolemia (Dryness with Coldness & Heat).

Observations/Clinical Assessment:

BP: 140/80 Temp: 35.9 HR: 64 Urine: clear BChol: 6.15

The doctor decided to address the high cholesterol levels of 6.15 with herbal medication.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Although the patient's age of 75, the Gustatory rhinitis, is linked to the excess Moistness from the diet, whereas Haemorrhoids (Dryness with Coldness & Heat) and Hypercholesterolemia (Dryness with Coldness & Heat) have been caused by the excess/abnormal Melancholic humour.

Treatment/Management Plan:

The treatment/management plan is aimed at addressing both the diet that has caused the Gustatory rhinitis as well as the excess/abnormal Melancholic humour by increasing Heating qualities, from increasing physical activity and excluding Cold & Moist foods. Being aware of the High Cholesterol levels 6.15 the treatment also included herbal Cholesterol (Lo-Chol) medication. Also, being aware of the presence of the Melancholic humour, the Melancholic Tea was included together with cupping therapy.

Medication:

Melancholic Tea, ½ teaspoon, twice daily after meals
 Lo-Chol (30), 2 tablets, once a day after meals
 Laxotabs (10), 2 tablets, night after meals

Cupping:

Wet cupping: B1, 4, 8, 13 and 15

Follow up Consult 2: 06/07/22

The Rhinorrhoea has not completely resolved – patient advised to continue with the physical activity and excluding dairy foods (Cold & Moist).

Observations/Clinical Assessment:

BP: 130/80 HR: 68 Temp: 36.0 Urine: clear Bchol: 6.05

Medication:

Melancholic Tea, ½ teaspoon, twice daily after meals
 Lo-Chol (30), 2 tablets, once a day after meals
 Laxotabs (10), 2 tablets, night after meals

Follow up Consult 3: 20/07/22

Physical activity has improved and increased with 30 – 60 mins walking sessions. The runny nose is now under control. Screening cholesterol levels have improved.

Observations/Clinical Assessment:

BP: 140/76 HR: 80 Temp: 36.6 Urine: clear Bchol: 5.58

Medication:

Melancholic Tea, ½ teaspoon, twice daily after meals
 Lo-Chol (30), 2 tablets, once a day after meals
 Laxotabs (10), 2 tablets, night after meals

Follow up Consult 4: 03/08/22

Still maintaining physical activity. The runny nose is intermittent.

Observations/Clinical Assessment:

BP: 126/74 HR: 60 Temp: 35.1 Bchol: 5.3

Medication:

Livotibb (30), 2 tablets, once a day after meals
 Lo-Chol (30), 2 tablets, once a day after meals
 Laxotabs (10), 2 tablets, night after meals

Follow up Consult 5: 24/08/22

Patient used the green tea again. Mucus is now thick according to patient.

Observations/Clinical Assessment:

BP: 130/76 HR: 64 Bchol: 5.9

Medication:

Melancholic Tea, ½ teaspoon, twice daily after meals

Lo-Chol (30) 2 tablets, once a day after meals

Livotibb (15) 2 tablets, once a day after meals

Consult 6/Outcome of Case Study: 05/10/22

Rhinorrhoea resolved. Screening Blood Cholesterol readings is now at 4.73.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 22/06/22; Consult 2. 06/07/22; Consult 3. 20/07/22; Consult 4. 03/08/22; Consult 5. 24/08/22; Consult 6. 05/10/22

- As the presenting S&S/illness conditions were linked to the main lifestyle factors of Food & Drink and the weakening of physis with the patient's age of 75 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance – the causes of the illness conditions are linked to the excess/abnormal Melancholic humour.
- Whilst the previous medical history included Haemorrhoids and Hypercholesterolemia (Dryness with Coldness & Heat), qualities which are not linked to the patient's dominant quality of Moistness, the Gustatory rhinitis and Hypertension, with Moistness with Coldness & Heat, are the same as the patient's dominant quality of Moistness, this confirms the link to the predisposition to illness conditions.
- Whilst the presenting S&S/illness condition of Gustatory Rhinitis has been triggered by the diet of foods with qualities of Moistness with Heat & Coldness, the patients age, and the development of excess/abnormal Melancholic humour confirms the link of the patients' chronic conditions being the excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting physis through diet, together with herbal medicine and cupping therapy, has resulted in the successful outcome in addressing the Gustatory rhinitis. In addition, the patient's cholesterol levels improved from 6.15 to 4.75 with the use of Tibb Lo-Chol.

[Back to Contents Page](#)

Tibb Case Study 43**Age: 40****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Sanguinous/Bilious

Dominant Quality: Heat

Consult 1: 10/12/20**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Myositis causing Lumbar pain that radiates to lower limbs at times (Dryness with Coldness & Heat)

Pmhx: Asthma (controlled) (Dryness with Coldness & Heat), Stress and Anxiety (Dryness with Coldness & Heat).**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours****Food & Drink** Mainly fast foods (Moistness with Heat & Coldness), caffeinated drinks (Cold & Dry), alcohol (Hot & Dry).**Sleep & Wakefulness:** Little sleep (insomnia), (Cold & Dry)**Environmental Air & Breathing:** Smoker (Cold & Dry), summer season (Hot & Dry)**Emotions & Feelings:** Stress/Anxiety, been trying to conceive, weak sex-life (Dryness with Coldness & Heat)**Movement & Rest:** No structured activities (Coldness with Moistness & Dryness)**Elimination:** Regular**Summary of the Cause/s Identified:** Whilst the overall qualities of Coldness with Dryness & Heat of Food & Drink, could have aggravated the presenting S&S/Illness Conditions, the weakening of physis with the patients age of 40 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Myositis is from the excess/abnormal Melancholic humour.**Observations/Clinical Assessment:**

BP: 130/90 HR: 68 Temp: 36.8 Urine: clear

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Cold & Dry associated with excess/abnormal Melancholic humoral imbalance - are the cause/s of Myositis (Dryness with Coldness & Heat); Stress (Dryness with Heat & Coldness).

Treatment/Management Plan:

Treatment/Management plan is aimed at increasing Heat qualities, by following diet of Hot & Moist and Hot & Dry, together with appropriate medication and cupping to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea ½ teaspoon, twice daily after meals

Stress-Away (15) 2 tablets, night with meals

Completone (30) 2 tablets once a daily

Laxotabs (10) tabs- 2 tablets at night, after meals

Cupping:

Dry cupping, B15

Follow up Consult 2: 11/03/21

Pain intensity reduced. There is still no improvement in terms of his sex-life. No abnormalities found on andrological assessment. He tries to get a maximum sleep when he can.

Observations/Clinical Assessment:

BP: 130/90 HR: 68 Temp: 35.6 BChol: 4.8mmol/l Urine: clear

Medication:

Erectogen Forte was prescribed to assist as a male sexual stimulant and nerve tonic.

Erectogen Forte (30) 2 tablets, twice a day, after meals

Rumaflam (30) 2 tablets thrice a day, after meals

Stress-Away (15) – 2 tablets, night after meals

Blackseed (15g), ointment, topical application

Cupping:

Dry cupping: B15

Follow up Consult 3: 29/07/21

R shoulder pain (new symptom). There is minimum Lower back pain when bending/flexing. His sexual life also improved.

Observations/Clinical Assessment:

BP: 130/90 Hr: 72 Temp: 35 Urine: clear

Medication:

Melancholic Tea ½ teaspoon, twice daily after meals

Erectogen Forte (30) 2 tablets, twice daily after meals

Rumaflam (30) 2 tablets, thrice daily after meals

Wintermix (15g)

Cupping:

Dry cupping: B1-5, B15

Consult: 4/Outcome of Case study: 06/08/21**Telephonic review:**

Musculoskeletal symptoms resolved. Feels like his quality of life improved.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 12/10/20; Consult 2. 11/03/21; Consult 3. 29/07/21, Consult 4. 06/08/21

- The Summary of the Cause/s Identified, confirms that the causes of Myositis with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Myositis and Stress with qualities of Dryness with Coldness with Heat, is not the same as the patient's dominant quality of Heat, the patient's temperamental combination of Sanguinous/Bilious with qualities of Heat with Dryness & Moistness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition of Myositis are indicative of Cold & Dry qualities linked to the accumulation of the excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry, together with herbal medicine and cupping therapy, has resulted in a successful outcome in addressing the S&S associated with the Myositis and Stress.

[*Back to Contents Page*](#)

Tibb Case Study 44**Age: 30****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Phlegmatic/Sanguinous

Dominant Quality: Moistness

Consult 1: 10/12/2022**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**Pruritic non-exudative eczema on fingers bilaterally for $4\frac{1}{52}$ (Heat with Moistness & Dryness)**Pmhx:** Anxiety**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours****Food & Drink:** NikNaks (Hot & Moist), cheese (Hot & Moist), craving for sweet treats (Hot & Moist), honey & oats whole wheat bread (Hot & Dry), toast (Cold & Dry), peanut butter (Cold & Dry), coffee (Cold & Dry).**Air & Breathing:** Currently summer weather (heat is aggravating symptoms) (Hot & Dry)**Elimination:** Regular**Movement & Rest:** Sedentary**Sleep & Wakefulness:** Mild insomnia, usually very fatigued during the day (Dryness with Coldness & Heat)**Emotions:** Depressed/Anxiety (Dryness with Heat & Cold)**Summary of the Cause/s Identified:** The overall qualities of Heat with Dryness & Moistness from the Food & Drink, heating weather conditions and emotions have similar qualities to the presenting S&S/ Illness conditions of Atopic Eczema (Heat with Moistness & Dryness). This confirms that the causes are the result of poor management of the Lifestyle Factors.**Observations/Clinical Assessment:**

BP: 100/70 mmhg HR:68bpm TEMP: 37.2 degrees URINE: NAD

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Hot & Dry qualities associated with the excess/abnormal Bilious humor is the cause of Atopic eczema (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Cooling qualities, following a diet of Cold & Moist and Cold & Dry Food & Drink, together with appropriate medication and cupping to counteract the Hot & Dry qualities associated with the excess/abnormal Bilious humoral imbalance.

Medication:Bilious Tea, $\frac{1}{4}$ tsp infusion, twice daily, after meals

Haemoclear (Tab), 2 tabs, twice daily, before meals

Stress-Away (Tab), 2 Tab, once at night

Tibb Eczema mix (Ointment) {Aqueous+Calamine+Rooibos, Tissue salt # 3, 4, 9, 12}

Cupping:

Dry Cupping B1-5, 7, 8.

Follow up Consult 2: 13/01/2023

Eczema lesions became worse for about 4 days after last consult, however started seeing marked improvement afterwards. Skin lesions resolved about two weeks ago, currently presenting with mild flare up due to heat.

Medication:

Haemoclear (Tab), 2 tabs, twice daily, before meals

Stress-Away (Tab), 2 Tab, once at night

Tibb Eczema mix (Ointment) {Aqueous+Calamine+Rooibos, Tissue salt # 3, 4, 9, 12}

Cupping:

Wet cupping on B8 and 13

Consult 3/Outcome of Case study: 10/03/2023

Lesions on hands resolved. Only mild pruritus on hands due to stress.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?		✓	

Summary/Discussion: Consult 1: 27/06/22; Consult 2: 16/08/22; Consult 3: 23/08/22

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Heat with Moistness & Dryness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the presenting S&S/illness conditions of Atopic Eczema with qualities of Heat with Moistness & Dryness, is not the same as the patient's dominant quality of Moistness, the patient's temperamental combination of Phlegmatic/Sanguinous with qualities of Moistness with Heat & Coldness, includes the quality of Heat. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition of Atopic Eczema are indicative of excess qualities of Heat with Moistness & Dryness linked to the accumulation of excess/abnormal Bilious humour.
- The overall treatment approach of assisting physis by following a diet of Cold & Moist and Cold & Dry Food & Drink, together with herbal medicine and cupping, has resulted in a partial successful outcome in addressing the S&S/Illness condition relating to Atopic Eczema. Despite still presenting with symptoms on follow up consultation, the Bilious tea was not prescribed again. The continued use of the Bilious tea may have improved the outcome for the patient.

[Back to Contents Page](#)

Tibb Case Study 45**Age: 56****Gender:** Female**Temperamental Assessment:**

Temperamental Combination: Sanguinous/Bilious

Dominant Quality: Heat

Consult 1: 18/07/2022**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Osteoarthritis (Dryness with Coldness & Heat) in right knee due to MVA two years ago. Pain increases on movement, radiating to calf and thigh muscles.

Pmhx: Hypertension (Moistness with Heat & Coldness).

Current Medication: Calcium supplement; Enalapril; Ridaq

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Cake (Hot & Moist), Biscuits (Hot & Moist), Peanut butter sandwiches (Hot & Moist), Banana (Hot & Moist), Apples (Cold & Dry), Orange (Cold & Dry), Chicken curry (Hot & Dry), Roti (Hot & Moist), Akni (Hot & Moist) +- 1l water per day, drinks tea and coffee occasionally.

Elimination: Regular bowel movements.

Movement & Rest: Pain increases on mechanical movement (Cold & Dry).

Environmental Air & Breathing: Worsen in cold weather. Works in a warehouse environment (Cold & Dry).

Sleep & Wakefulness: Restful sleep

Emotions: Balanced

Summary of the Cause/s Identified: Whilst the overall Hot & Moist qualities of the Food & Drink could assist in reducing the Osteoarthritis (Dryness with Coldness & Heat), the weakening of physis with the patient's age of 56, together with previous physical injury, has resulted in an accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Osteoarthritis is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 178/96 HR: 84 URINE: LUE 1+; GLU 2+; ERY 2+ Glucose: 2.8

Abdomen: NAD

MSK: Crepitus on right knee joint. No swelling or erythema.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Dry & Cold associated with the Melancholic humour are the cause/s of Osteoarthritis (Dryness with Coldness & Heat).

Treatment/Management Plan:

Treatment/Management plan is aimed at increasing Heating qualities, by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate Medication and Cupping to counteract the excess Coldness with Dryness associated with excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea: ½ tsp herbal tea infusion, two times daily, after meals

Renotone (15) tabs: two tablets, twice daily, after meals

Rumaflam (30) tabs: two tablets, three times daily, after meals

Rumamix (30g) ointment

Cupping:

Dry cupping on Right knee, points LE5, 6,7,8,11

Result/Follow up consult(s):**Follow up Consult 2: 08/08/2022:**

Patient reports improved movement of knee joint after cupping. No pain when walking on flat areas. Pain is milder than before when walking up stairs.

Observations/Clinical Assessment:

BP: 134/96 HR: 84 URINE: LUE 3+; GLU 3+; ERY 2+ Glucose:10.1
MSK: Mild crepitus on right knee joint.

Medication:

Melancholic Tea: ½ tsp herbal tea infusion, two times daily, after meals
Renotone (30) tabs: two tablets, twice daily, after meals
Septogard (30) tabs: two tablets, three times daily, after meals
Livotibb (15) tabs: two tablets, twice daily, after meals

Cupping:

Dry cupping on both knees, points LE5, 6,7,8,10,11

Follow up Telephonic Consult 3/ Outcome of Case Study: 24/08/2022

Good improvement on movement of knee, pains has been relieved. Noted improvement of BP reading.

Results:

Research Questions	Yes	Yes/No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1 (18/07/2022); Consult 2 (08/08/2022); Consult 3- Telephonic (24/08/2022)

- The 'Summary of the Identified Cause/s' confirms that the causes of Osteoarthritis with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Osteoarthritis with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Heat, the patient's temperamental combination of Sanguinous/Bilious with qualities of Heat with Moistness & Dryness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting signs and symptoms/illness conditions are indicative of qualitative changes and excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine and cupping therapy, has resulted in a successful outcome in addressing the pain associated with the OA. On follow-up consult the patient was also diagnosed with a UTI which was treated with Tibb medication. In addition, the patient's blood pressure improved from 178/96 to 134/96 without the use of Tibb blood pressure medication.

[Back to Contents Page](#)

Tibb Case Study 46**Age: 43****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Sanguinous/Bilious

Dominant Quality: Heat

Consult 1: 28/06/2022**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Formaldehyde exposure two days ago, currently presenting with URT irritation- erythema of eyes and face, nasal irritation, tight chest, dry cough with SOB and hoarse voice (Dryness with Heat & Coldness). Patient is a hairdresser for the past 20 years and performs keratin treatments often in a poorly ventilated salon. (*Formaldehyde is the main ingredient in keratin treatments which often causes URT reactions as mentioned above. it is also a known carcinogenic and may cause cancers due to overexposure*)

Pmhx: None**Current Medication:** None**Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours****Food & Drink:** Little water intake, mostly fast foods consumed (Dryness with Coldness & Heat).**Environmental Air & Breathing:** Smokes +/- 1 packet of cigarettes per day (Cold & Dry). Works in a poorly ventilated salon with lots of hot air and chemicals (Dryness with Heat & Coldness)**Elimination & Retention:** Regular (Hot & Moist)**Movement & Rest:** Mostly standing due to work (Coldness with Moistness & Dryness)**Sleep & Wakefulness:** Poor sleep quality with increase fatigue recently (Coldness with Moistness & Dryness)**Emotions:** Balanced

Summary of the Cause/s Identified: Whilst the overall qualities of Dryness with Coldness & Heat of Food & Drink could have aggravated the presenting S&S/Illness Conditions, the Environmental Air & Breathing exposure to hot air and chemicals (Formaldehyde) with qualities of Dryness with Heat & Coldness is similar to the qualities associated with the presenting S&S/Illness conditions (Dryness with Heat & Coldness). This confirms that the causes are the result of poor management of the Lifestyle Factors.

Observations/Clinical Assessment:

BP: 110/70mmHg HR: 88bpm TEMP: 36°C

Respiratory: No Abnormalities Detected (NAD)

ENT: inflammation bilaterally in ears, nasal passages, and pharynx. Erythema of sclera.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Dryness with Heat & Coldness associated with the excess/abnormal Melancholic humoral imbalance- are the cause/s of Pharyngitis and Allergic rhinitis (Dryness with Heat & Coldness).

Treatment/Management Plan:

Treatment/Management plan is aimed at increasing Moist qualities, by following a diet of Cold & Moist and Hot & Moist Food & Drink, and appropriate medication, to counteract the excess Dryness with Heat & Coldness qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, ¼tsp infusion taken twice daily after meals

Septogard (30) tab, two tablets twice daily, before meals

Septogard Lozengers (6)

Kofcare + Tibb Asthma (100ml) syrup, 2tsp, three times daily, after meals

Result/Follow up consult(s):**Telephonic follow up: 08/08/2022:**

All Previous symptoms cleared within one week

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1 (28/06/2022); Consult 2-(08/08/2022)

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Dryness with Heat & Coldness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the presenting S&S/illness conditions of Pharyngitis and Allergic rhinitis with qualities of Dryness with Heat & Coldness, is not the same as the patient's dominant quality of Heat, the patient's temperamental combination of Sanguinous/Bilious with qualities of Heat with Moistness & Dryness includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness conditions of Pharyngitis and Allergic rhinitis are indicative of qualitative changes of excess Dryness with Heat & Coldness linked to the accumulation of excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting physis by following a diet of Cold & Moist and Hot & Moist Food & Drink, together with herbal medicine, to counter the excess Dryness with Heat & Coldness associated with the excess/abnormal Melancholic humoral imbalance, resulted in a successful outcome of resolving Pharyngitis and Allergic rhinitis.

[Back to Contents Page](#)

Tibb Case Study 47**Age: 70****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Melancholic/Phlegmatic

Dominant Quality: Coldness

Consult 1: 27/07/2022**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

2/52 Osteoarthritis of the left knee, with pain radiating into the calf and foot, muscle stiffness in left leg, lower back pain and neck pain (Dryness with Coldness & Heat). Knee pain aggravated on movement and rest. Reports being at GP 1.5/52 ago and given Etoflam and Tramazac with no relief from pain.

Pmhx: Diabetes (Heat with Moistness & Dryness); Hypertension (Dryness with Coldness & Heat); Hypercholesterolemia (Dryness with Coldness & Heat); Glaucoma (Dryness with Heat & Coldness); Breast cancer (Had a mastectomy in 2020, currently in remission) (Dryness with Coldness & Heat).

Current Medication: Etoflam; Tramazac; Metformin; Insulin (10 units in morning, 10 units at night); Enalapril; Vitamin B 17, B12. The following herbal supplements for anti-cancer and cholesterol treatment: DIIM / I3C; Graviola leaf; Apricot seed extract B17.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Boiled eggs (Hot & Dry), chicken curry (Hot & Dry); brown bread (Hot & Moist), cheese (Hot & Moist), spinach (Hot & Moist), tea with milk (Hot & Moist); Akni (Hot & Moist); breyani (Hot & Moist); lettuce (Cold & Moist), cucumber (Cold & Moist), basmati rice (Cold & Moist); spiced beef (Cold & Dry), tomato bredie (Cold & Dry), meat curry (Cold & Dry), Burgers (Cold & Dry) sausage rolls (Cold & Dry), whole grain bread (Cold & Dry). 2 glasses of warm water with one glass of cold water during the day. +- 3-4 cups of tea per day and one cup of coffee with ½ tsp sugar (Excess Dryness).

Elimination: Prolapsed bladder (Cold & Moist), usually has a ring put in. currently has it removed due to frequent UTI's.

Sleep & Wakefulness: Insomnia (Cold & Dry), naps frequently during the day (Cold & Moist).

Emotion: Recent family related stress (Dryness with Heat & Coldness).

Environmental Air & Breathing: Pain aggravated by cold weather (Cold & Dry).

Movement & Rest: Generally sedentary, pain aggravated by mechanical movement (Cold & Dry).

Summary of the Cause/s Identified: While some foods have Heating qualities which may assist in reducing the inflammation, most foods have qualities of Coldness with Dryness & Moistness and could have aggravated the presenting S&S/Illness Conditions. However, the weakening of physis with the patient's age of 70 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Osteoarthritis is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 172/74

HR: 72

URINE: LUE 1+; ERY 1+

Cholesterol: 6.20

Glucose: 10.4

MSK: Heat with swelling in left knee accompanied by pain on flexion of knee, no erythema present (Dryness with Coldness & Heat).

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess qualities of Cold with Dry associated with the Melancholic humour- are the cause/s of Osteoarthritis (Dryness with Coldness and Heat).

Treatment/Management Plan:

Treatment/Management plan is aimed at increasing Heat qualities, by following a diet of Hot & Moist and Hot & Dry Food & Drink, and appropriate medication and cupping to counteract the excess Cold with Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea ¼ tsp twice daily, after meals.

Rumaflam (30) tabs: two tablets, three times daily, after meals.

Rumamix (30g) ointment.

Renotone (15) tabs: two tablets, Three times daily, after meals.

Result/Follow up consult(s):**Follow up Consult 2: 30/06/2022:**

Slight relief with use of medications. Shooting pain in left knee and foot on movement.

Observations/Clinical Assessment:

BP: 132/60 HR: 80 Urine: LUE2+ Glucose: 9.1 Cholesterol: 5.97

MSK: Heat and swelling on left knee.

Cupping:

Wet cupping on left knee: LE: 6, 7, 8

Dry cupping on right knee: LE: 6, 7, 8

Medication:

Melancholic Tea ¼ tsp twice daily, after meals

Septogard (15) tab: two tablets, twice daily, after meals

Renotone (15) tabs: two tablets, twice daily, after meals

Wintermix (30g) ointment

Blackseed Oil (20ml) to be mixed with Wintermix to prolong usage of ointment.

Follow up Consult 3: 08/08/2022:

Pain in knees relieved after cupping done, however pain returned three days ago due to cold weather exposure, accompanied by right knee pain and upper back pain.

Observations/Clinical Assessment:

BP: 150/80 HR: 80 Urine: NAD Glucose: 9.5 Cholesterol: 5.89

Decrease in swelling of left knee, mild heat on knee.

Cupping:

Wet cupping: B1+2; Bilateral LE6, 7, 8

Medication:

Melancholic Tea ½ tsp twice daily, after meals

Rumaflam (30) tabs: two tablets three times daily, after meals

Wintermix (30g): ointment

Blackseed Oil (20ml)

Follow up Consult 4/ Conclusion of case: 30/08/2022:

Knee pains resolved after cupping.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1 (01/07/2022); Consult 2- Telephonic (19/07/2022)

- The Summary of the Cause/s Identified, confirms that the causes of S&S/Illness Conditions with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Osteoarthritis with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Coldness, the patient's temperamental combination of Melancholic/Phlegmatic with qualities of Coldness with Dryness & Moistness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition of Osteoarthritis are indicative of Cold & Dry qualities linked to the accumulation of the excess/abnormal Melancholic humoral imbalance.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry, together with herbal medicine and cupping therapy, resulted in a successful outcome of resolving the Osteoarthritis. On follow-up consult the patient was also diagnosed with a UTI which was treated with Tibb medication. In addition, the patient's cholesterol levels improved from 6.20 to 5.89, blood pressure improved from 172/74 to 150/80 and blood glucose improved from 10.4 to 9.5, without the use of Tibb cholesterol, blood pressure, and blood glucose medication.

[Back to Contents Page](#)

Tibb Case Study 48**Age: 7****Gender:** Male**Temperamental Assessment**

Temperamental Combination: Sanguinous/Phlegmatic

Dominant Quality: Moistness

Consult 1: 11/01/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Difficulties with concentration and memorizing at school (Dryness with Heat & Coldness). Intermittent headaches (Moistness with Heat & Coldness).

Pmhx: ADHD/ADD 2020 (Dryness with Heat & Coldness), Sinus problems (Moistness with Heat & Coldness).

Current Medication: Multivitamins

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Weetbix, banana, noodles, sandwich, juice (mango) (Hot & Moist), coke, sweets, Pronutro, pies (Cold & Moist), orange juice, potatoes, yoghurt (Cold & Dry); eggs, curry, (Hot & Dry).

Sleep & Wakefulness: 21h00-10am, school holidays, (Cold & Moist)

Environmental Air & Breathing: Summer season.

Emotions & Feelings: Anxiety (Hot & Dry)

Movement & Rest: No structured activities

Elimination: Regular/normal

Summary of the Cause/s Identified: Although some foods, and the patient's emotions have qualities of Heat, the overall qualities of Coldness with Moistness & Dryness (Phlegmatic imbalance) from the lifestyle factors, together with the patient's age of 7 years old, could correlate with the qualities of Coldness with Moistness & Dryness associated with the presenting S&S/Illness Condition. This confirms that the causes of poor concentration and headaches are the result of poor management of the lifestyle factors.

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Moist qualities associated with the accumulation of excess Phlegmatic humoral imbalance are the causes of the presenting S&S/Illness conditions (Moistness with Heat & Coldness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Moist and Hot & Dry, Food & Drink appropriate medication, to counteract the excess Coldness with Moistness & Dryness associated with the accumulation of the excess Phlegmatic humoral imbalance.

Medication:

Phlegmatic Tea, ¼ tsp, once a day, after meals

Xcel (100ml) Syrup, 1tsp, once a day, before meals.

Follow up Consult 2: 05/04/22

General improvement, reading improved, attention improved, patient is now attending aftercare for structured studies. Concentration improved according to teacher feedback. Diet improved, reduced snacks/sugars and 2min noodles. Added mix veg into diet. Anxiety improved. Patient now plays sports: soccer. Patient only used the Xcel Syrup.

Medication:

Xcel Syrup (100ml) - 1tsp once a day before meals.

Livotibb Syrup (100ml)- 1tsp once a day before meals.

Consult 3/Outcome of Case study: 16/08/22

Mother believed that treatment is helping a lot. Child is doing well.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?	✓		
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: Consult 1. 11/01/22; Consult 2. 05/04/22; Consult 3. 16/08/22

- The presenting S&S/illness conditions do provide insights into the cause/s of illness conditions in relation to the Lifestyle Factors. Lifestyle factors indicated an overall increase in excess Coldness & Moistness with Dryness qualities which is linked to the presenting S&S/illness conditions.
- Whilst the dominant quality of the presenting S&S/illness conditions of poor concentration and memorizing are associated with Dryness with Heat & Coldness, the previous medical history of Sinus has qualities of Moistness with Heat & Coldness is the same as the dominant temperamental quality of Moistness of the individual. This confirms the link between an individual's dominant quality and the predisposition to illness conditions.
- The presenting S&S/illness condition are indicative of accumulation of excess/abnormal Phlegmatic humoral imbalance.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry foods, together with herbal medicine, has resulted in the successful outcome in addressing the overall qualitative and humoral imbalance (Phlegmatic humour) and resolving the symptoms of poor concentration and memorizing, and headaches.

[Back to Contents Page](#)

Tibb Case Study 49**Age: 71****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Sanguinous/Bilious

Dominant Quality: Heat

Consult 1: 17/05/22**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Arthritis/OA causing chronic Pains and stiffness in both knees and lower back. (Dryness with Coldness & Heat)

Pmhx: Insomnia (Dryness with Coldness & Heat).

Current Medication: Sleeping tablet/Sleeping Aid. Occasional painkillers

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: Bread (Hot & Moist), maize meal porridge (Cold & Dry), cooked meals: potatoes, carrots, green beans, cabbage (Cold & Dry), rice (Cold & Moist), chicken, onions (Hot & Dry), cold meats, tea with milk (Cold & Moist).

Sleep & Wakefulness: Sleep quality reduced since the passing of her partner (Cold & Dry)

Environmental Air & Breathing: Colder season (Coldness with Moistness & Dryness)

Emotions & Feelings: Grief (Cold & Dry)

Movement & Rest: Inactivity (Coldness with Moistness & Dryness)

Elimination: Mostly Constipated (Cold & Dry).

Summary of the Cause/s Identified: Whilst the overall qualities of Coldness with Dryness & Moistness of the Food & Drink could have aggravated the Arthritis/OA, the weakening of physis with the patient's age of 71 has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of Arthritis/OA is from excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: 140/80

HR: 72

Urine: clear

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with excess/abnormal Melancholic humoral imbalance - are the causes of Arthritis/OA (Dryness with Coldness & Heat), insomnia (Dryness with Coldness & Heat).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, by following Hot & Moist and Hot & Dry diet, together with appropriate medication and cupping to counteract the Cold & Dry associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, ½ teaspoon, twice daily after meals

Tissue Salts # 8 (30) 4 tablet three times a day before meals

Laxotabs (10) 2 at night after meals

Rumamix (30g)

Cupping:

Dry cupping: both knees, LE6, 7

Follow up Consult 2: 24/05/22

Knees feel better. Sleep well. Palpated tenderness medial left knee.

Observations/Clinical Assessment:

BP: 130/80

HR: 68

Medication:

Melancholic Tea, ½ teaspoon, twice daily after meals

Laxotabs (10) 2 tablets, once at night after meals

Rumamix (30g), topical applications

Tissue Salts # 8 (60) 4 tablets thrice daily after meals

Cupping:

Dry cupping therapy: knees

Follow up Consult 3: 14/06/22

Left knee pain is back after a while. She does regular 30min walks. Stiffness resolved. Still want to improve sleep quality without sleep medications.

Observations/Clinical Assessment:

BP: 130/88

HR: 72

Temp: 36.6

Medication:

Stress-Away Tablets were introduced here to assist as a brain tonic to improve sleep quality.

Melancholic Tea, ½ teaspoon, twice daily after meals

Tissue salts # 8 (30), 4 tablets, thrice daily before meals

Stress-Away (30), 2tablets, at night after meals

Laxotabs (10), 2 tablets, at night after meals

Cupping:

Dry cupping: knees, LE 6, 7

Consult 4/Outcome of Case study: 23/06/22

Pain resolved. She sleeps better now. She requested a preventative dry cupping therapy which was performed on both knees.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion in relation to the research questions: consult 1. 17/05/22; consult 2. 24/05/22; consult 3. 14/06/22; consult 4. 23/06/22

- The Summary of the Cause/s Identified, confirms that the causes of Arthritis/OA and Insomnia with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Arthritis/OA, and Insomnia with qualities of Dryness with Coldness & Heat, is not the same as the patient's dominant quality of Heat, the patient's temperamental combination of Sanguinous/Bilious with qualities of Heat with Moistness & Dryness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness conditions of Arthritis/OA is indicative of excess qualities of Dryness with Coldness & Heat linked to the accumulation of the excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry, together with herbal medicine and cupping therapy, has resulted in the successful outcome in addressing the pain and stiffness associated with Arthritis/OA.

[*Back to Contents Page*](#)

Tibb Case Study 50**Age: 46****Gender:** Female**Temperamental Assessment**

Temperamental Combination: Sanguinous/Bilious

Dominant Quality: Heat

Consult 1: 05/05/21**History (patient/family) Complaints/Signs & Symptoms – Current Medication****Presenting Complaint/s:**

Hypertension (Dryness with Heat & Coldness) aggravated by high levels of Stress & Anxiety (Dryness with Heat & Coldness). Associated symptoms include recurrent headaches in the occipital region with pain radiation into the neck and shoulders (Dryness with Heat & Coldness).

Pmhx: Hypertension (Dryness with Heat & Coldness), Stress and anxiety (Dryness with Heat & Coldness).

Current Medication: Pressure-Eeze Tablets 2 once daily, Stress-Away Tablets 2 at night.

Identifying Cause/s: Assessment of Lifestyle Factors and/or Melancholic Humours

Food & Drink: High processed food consumption, high in carbohydrates (Moistness with Heat & Coldness), refined sugars (Hot & Moist), low in water consumption, low in vegetables and fruit.

Movement & Rest: Sedentary (Moistness with Heat & Cold)

Sleep & Wakefulness: Interrupted pattern, poor quality (Dryness with Heat & Cold)

Emotions & Feelings: Stress & Anxiety (Dryness with Heat & Cold)

Elimination: Regular

Environmental Air & Breathing: Unhindered

Summary of the Cause/s Identified: Whilst stress and a few foods have heating qualities, the weakening of physis with the age of the patient (46) has resulted in the accumulation of excess/abnormal Melancholic humoral imbalance. This confirms that the cause of the presenting S&S/Illness Conditions is from the excess/abnormal Melancholic humour.

Observations/Clinical Assessment:

BP: Right arm: 145/100mmHg Left arm: 170/100mmHg HR:84bpm TEMP: 37.2 degrees
CHOL: 6.25mmol/l BG: 4.4mmol/l

Qualitative and Humoral Diagnosis of the Presenting Complaint/s and Illness Condition/s

Excess Cold & Dry qualities associated with the excess/abnormal Melancholic humor is the cause of Hypertension (Dryness with Coldness & Heat), Stress (Dryness with Heat & Coldness) and Headaches (Dryness with Heat & Coldness).

Treatment/Management Plan:

The treatment/management plan is aimed at increasing Heating qualities, following a diet of Hot & Moist and Hot & Dry Food & Drink, together with appropriate medication to counteract the Cold & Dry qualities associated with the excess/abnormal Melancholic humoral imbalance.

Medication:

Melancholic Tea, ½ tsp, twice daily after meals

Renotone (15) 2 tablets twice daily before meals

Pressure-Eeze Forte (30) 2 tablets twice daily before meals

Follow up Consult 2: 12/05/21

Since using the Tibb medication as prescribed in the previous consult, the Headaches appeared less frequent. The patient reports that no changes has been made to the diet as yet.

Observations/Clinical Assessment:

BP: Right arm: 130/80mmHg HR: 60bpm TEMP: 37degrees

Medication:

Melancholic Tea, ½ tsp, twice daily after meals
Renotone (15) 2 tablets twice daily before meals
Pressure-Eeze Forte (30) 2 tablets twice daily before meals

Follow up Consult 3: 2/08/21

Experiences occasional parietal headaches, worse when feeling stressed. Diligent compliancy with pressure-Eeze Forte 2 tablets twice daily. Non-compliant on Melancholic Tea and Tibb specific dietary recommendations.

Observations/Clinical Assessment:

BP: Right arm: 140/75mmHg Left arm: 150/80mmHg HR: 80bpm TEMP: 36.8 degrees
CHOL: 6.25 mmol/l BG: 9.1 mmol/l

Medication:

Melancholic Tea, ½ tsp, twice daily after meals
Renotone (30), 2 Tablets twice daily before meals
Pressure-Eeze Forte (30),, 2 tablets twice daily before meals
Lo-Chol (15) 1 tablet twice daily before meals

Consult 4/Outcome of Case study: 10/08/21

Patient has been compliant on all medications as prescribed as well as successful implementation of Tibb specific dietary recommendations. Stress reduction in the workplace with less tension headaches and muscle tension. Blood pressure reading in the final consult was 128/90mmHg, blood glucose level reading was 5.2mmol/l, and CHOL: 5.8mmol/l.

Results:

Research Questions	Yes	Yes/ No	No
Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?			✓
Is the dominant quality associated with an individual's temperamental combination indicative of the individual's predisposition to illness condition/s?		✓	
Are the presenting signs and symptoms/illness conditions indicative of qualitative &/or excess/abnormal humoral imbalances?	✓		
What is the outcome of assisting Physis in treatment- categorized as Successful (Yes), Partly Successful (Yes/No), Unsuccessful (No)?	✓		

Summary/Discussion: Consult 1: 05/05/21; Consult 2: 12/05/21; Consult 3: 02/08/21; Consult 4: 10/08/21

- The Summary of the Cause/s Identified, confirms that the cause of Hypertension with qualities of Dryness with Coldness & Heat is the result of excess/abnormal Melancholic humour.
- Whilst the presenting S&S/illness conditions of Hypertension, Stress, and Headaches with qualities of Dryness with Heat & Coldness, is not the same as the patient's dominant quality of Heat, the patient's temperamental combination of Sanguinous/Bilious with qualities of Heat with Moistness & Dryness, includes the quality of Dryness. This confirms the predisposition to illness conditions to an individual's temperamental combination.
- The presenting S&S/illness condition of Hypertension are indicative of excess qualities of Dryness with Coldness & Heat linked to the accumulation of the excess/abnormal Melancholic humour.
- The overall treatment approach of assisting physis by following a diet of Hot & Moist and Hot & Dry Food & Drink, together with herbal medicine, has resulted in a successful outcome in addressing the presenting S&S/illness conditions of Hypertension, Stress and Headaches. The muscle tension also improved.

[*Back to Contents Page*](#)

Annexures

Herbal Tea Formulations

Bilious herbal infusion (Cold & Moist)
<p>Each 25g container contains:</p> <p>5.60g <i>Cichorium intybus</i> (Chicory)</p> <p>5.60g <i>Foeniculum vulgare</i> (Fennel)</p> <p>5.60g <i>Silybum marianum</i> (Milk thistle)</p> <p>2.74g <i>Berberis vulgaris</i> (Barberry)</p> <p>2.73g <i>Mentha arvensis</i> (Wild mint)</p> <p>2.73g <i>Rheumemodi</i> (Rhubarb)</p>
Melancholic herbal infusion (Hot & Moist)
<p>Each 25g container contains:</p> <p>5.77g <i>Achillea millefolium</i> (Yarrow)</p> <p>5.76g <i>Agrimonia eupatoria</i> (Agrimony)</p> <p>3.85g <i>Apium graveolense</i> (Celery)</p> <p>3.85g <i>Berberis vulgaris</i> (Barberry)</p> <p>3.85g <i>Glycyrrhiza glabra</i> (Liquorice)</p> <p>1.92g <i>Cassia angustifolia</i> (Senna)</p>
Phlegmatic herbal infusion (Hot & Dry)
<p>Each 25g container contains:</p> <p>6.26g <i>Lavendula officinalis</i> (Lavender)</p> <p>6.25g <i>Ocimum basilicum</i> (Basil)</p> <p>6.25g <i>Trigonella foenum-graecum</i> (Fenugreek)</p> <p>2.08g <i>Carum carvi</i> (Caraway)</p> <p>2.08g <i>Cinnamomum cassia</i> (Cinnamon)</p> <p>2.08g <i>Zingiber officinale</i> (Ginger)</p>

[Back to Contents Page](#)

Diet Charts

Hot & Moist Foods

Meats: goat, goose, lamb, liver, mutton, turkey,

Vegetables: artichokes, asparagus, morogo, olives, spinach, spring onion, sweet potato, turnips,

Fruits: bananas, dates, guavas, mangoes, peaches, papaya,

Nuts: almonds, brazil nuts, pistachios, apricot kernels,

Grains & Seeds: bread, bulgar wheat, flour, pasta, rye bread, sunflower seeds, wheat, macaroni, dill seeds,

Dairy Products: clarified butter, condensed milk, cheese, cream cheese, mother's milk (for babies), fresh cream,

Oils: castor oil, olive oil, sunflower oil,

Spices & Herbs: bay leaves, black pepper, cayenne pepper, chives, ginger, fennel, green masala, marjoram, mint, sage, soya sauce, thyme, turmeric, watercress, white pepper,

Drinks: green tea, hot water, juices (see fruits), herbal teas (see herbs),

Flavourants: honey, molasses, salt, sugar,

Condiments & Spreads: mayonnaise,

Confectionary & Desserts: biscuits, cakes, chocolate, liquorice, vermicelli, vetkoek,

Cereals: all bran flakes, bran, honey smaks, muesli, nutri-k, nutritic, oats, puffed wheat, taystee wheat, weetbix,

Dishes: sweet dishes.

Hot & Dry Foods

Meats: all small bird meat, chicken, lobsters, mackerel, oily fish, pilchards, prawns, sardines,

Vegetables: bitter melon, celery, green pepper, leek, onion, red pepper, yellow pepper,

Fruits: avocado, grapes,

Nuts: cashews, hazel nuts, pecan nuts, walnuts,

Grains & Seeds: celery seeds, chickpeas, fenugreek seeds, gram flour, mustard seeds, papad,

Dairy Products: eggs,

Oils: mustard oil,

Spices & Herbs: aniseed, cinnamon, cloves, garlic, green/red chilli, fenugreek, lavender, nutmeg, oregano, paprika, parsley, rocket, rosemary, saffron, tarragon,

Drinks: alcohol, grape juice, herbal teas (see herbs),

Flavourants: pungent and bitter flavourants,

Condiments & Spreads: chilli sauce, mustard sauce, peri-peri sauce,

Dishes: spicy dishes.

Cold & Dry Foods

Meats: beef, biltong (beef), crabs, fish, knuckles, mopane worms, mussels, ostrich, oysters, pork, snails, snoek, tripe, tuna,

Vegetables: amadumbe, brussel sprouts, cabbage, cauliflower, brinjal (egg-plant), green beans, mushrooms, peas, potatoes, sauerkraut, tomatoes,

Fruits: (all sour fruits), green apples, cherries, coconut, china/dry fruit, granadilla, grape fruit, lemon, lime, naartjies, oranges, pineapple, plums, prunes, pomegranate, raspberries, strawberries, sultanas,

Nuts: peanuts,

Grains & Seeds: amahewu, barley, beans (all types), corn, couscous, lentils, maize, mielies, popcorn, poppy seeds, samp, sesame seeds,

Dairy Products: sour cream, amasi (e.g. inkomasi), egg white, sour milk, yoghurt,

Oils: coconut oil, corn oil, sesame oil,

Spices & Herbs: basil, tamarind,

Drinks: coffee, ice, sour fruit juices, tea (black),

Condiments & Spreads: balsamic vinegar, peanut butter, pickles, tomato sauce, worcestershire sauce, vinegar,

Cereals: cornflakes, maltabella, mielie meal, millet,

Dishes: sour dishes.

Cold & Moist Foods

Meats: duck, rabbit,

Vegetables: beetroot, baby marrow, butternut, broccoli, carrots, cucumber, squash, lady fingers (okra), lettuce, pumpkin, radish, sprouts, soya beans, tofu, zucchini,

Fruits: apricot, cranberries, figs, kiwi fruit, litchis, melons, mulberries, pawpaw, pears, prickly pears, quince, spanspek, sweet apples,

Nuts: macadamia,

Grains & Seeds: cucumber seeds, linseed, melon seeds, pumpkin seeds, rice cakes, rice, semolina,

Dairy Products: coconut milk, cow's milk, goats milk, buttermilk, butter, margarine, rice milk, soya milk,

Spices & Herbs: cardamom, coriander, cumin, vanilla,

Drinks: milk shakes, rooibos, sugar cane juice, water,

Flavourants: fructose, glucose, rose syrup,

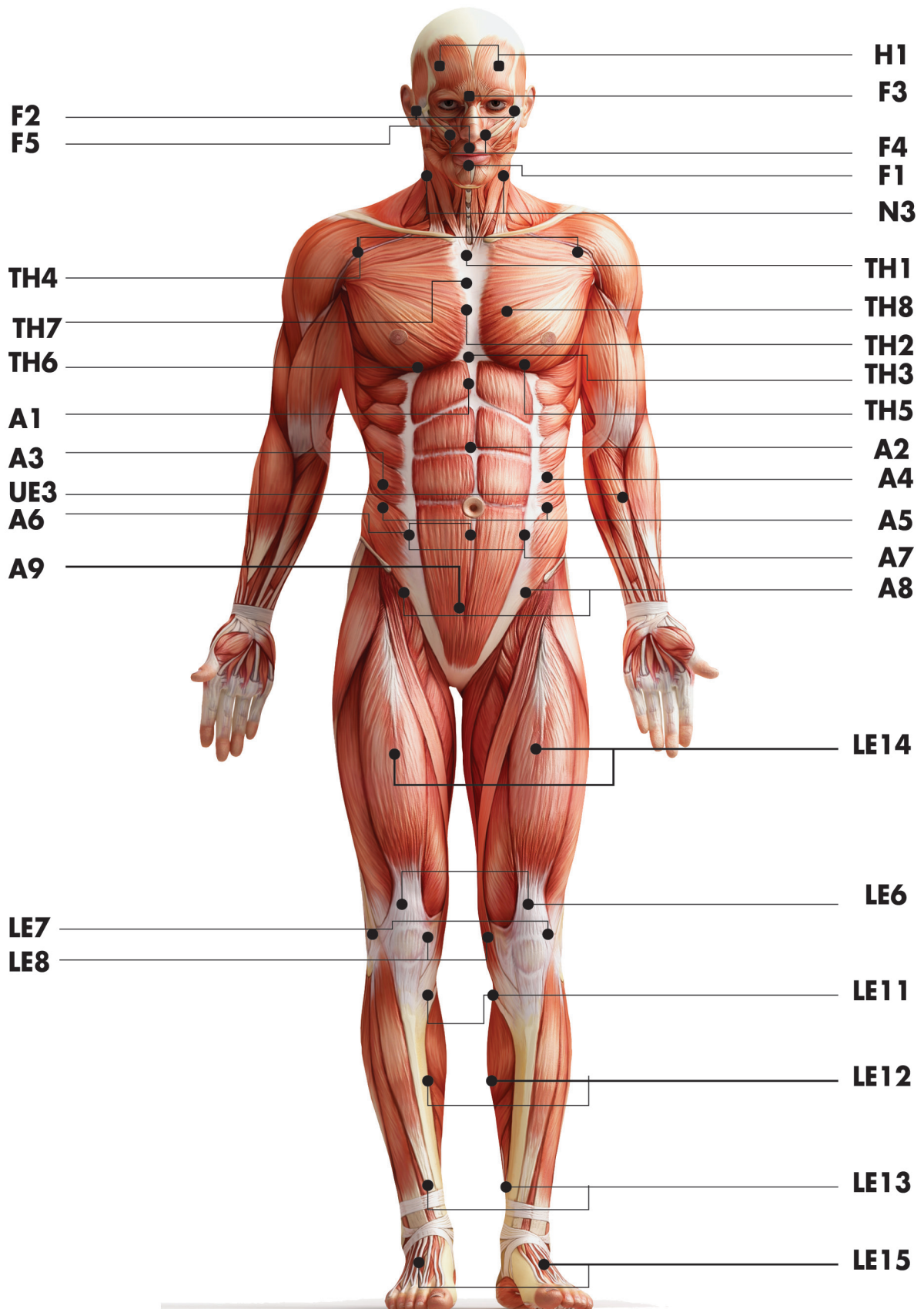
Confectionary & Desserts: custard, ice cream, sago,

Cereals: pronutro, rice crispies.

Diet Charts Note:

- Avoid drinking too much liquid during meals as it dilutes gastric fluids which can negatively affect digestion. Preferably drink liquids half an hour before and 1 hour after meals.
- Eat simply. Avoid a lot of different types of food in the same meal.
- Avoid overeating. Allow adequate intervals (at least 3-4 hours) between meals and snacks.
- Avoid refrigerated foods as this can slow the metabolism – especially during winter.

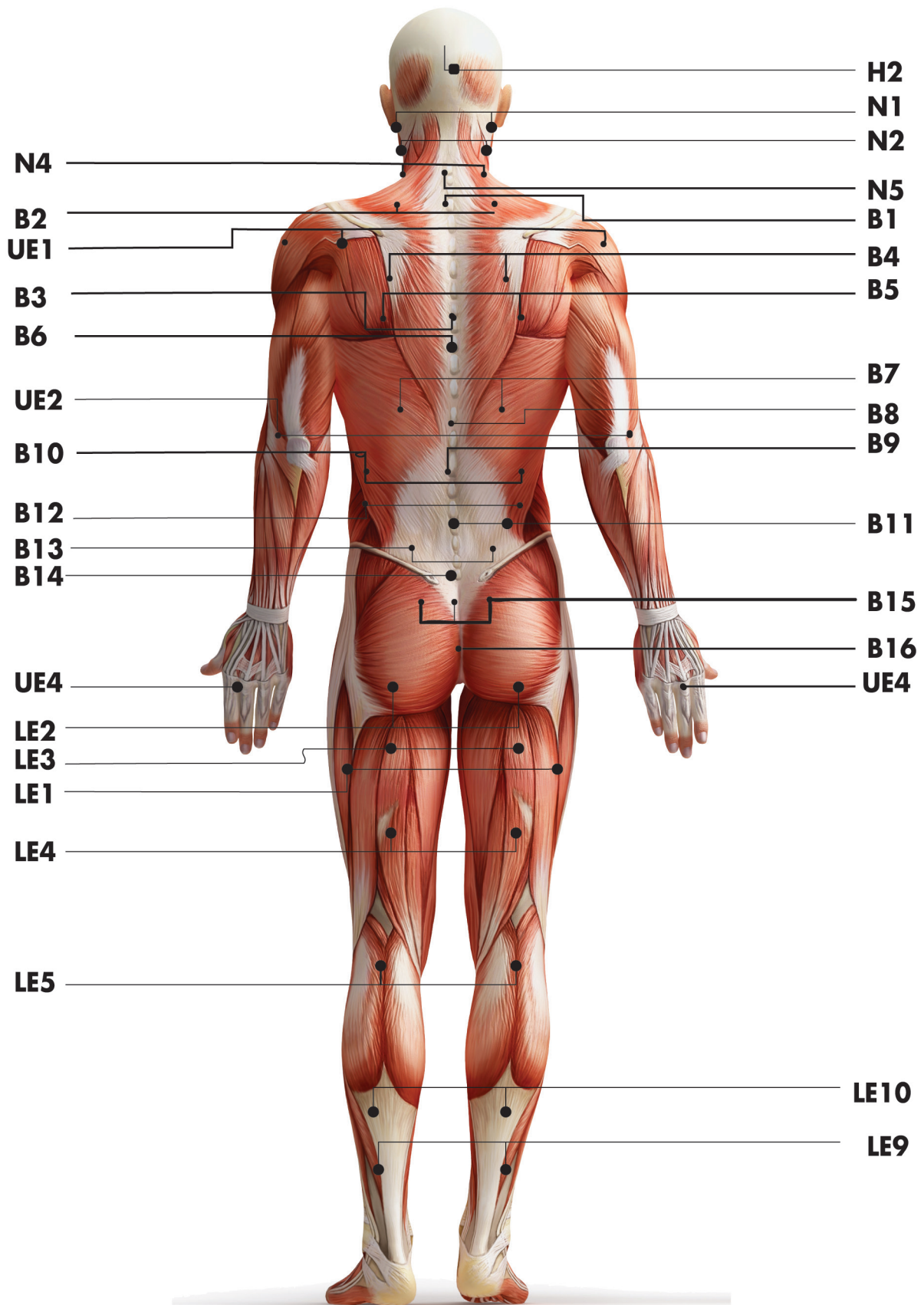
Tibb Cupping Points



Cupping Points Front

H1	-	migraine, psychosis, facial paralysis, blurred vision, eye pressure, trigeminal neuralgia.
F2	-	tinnitus, deafness, otitis media, toothache, temero mandibular, stiffness, arthritis, sore eyes.
F4	-	sinusitis, blocked nose, nasal polyps, trigeminal neuralgia, facial paralysis
N3	-	salivary glands problems, dry mouth, tonsillitis, mumps.
TH2 & TH3	-	benefits the diaphragm, expands the chest, chest pain, bronchial asthma, bronchitis, chest pain, mastitis, insufficient lactation, wheezing.
TH5	-	improves heart circulation, chest pain, cardiac spasm, ischaemia.
TH7 & TH8	-	improve circulation to the heart, heart valves problem, cardiac spasm.
A2	-	same as A1 and dysentery, improves pancrease function (diabetes).
A4	-	enlarge spleen, improves pancrease function (diabetes).
A6	-	vaginal discharge, irregular menstruation, infertility, appendicitis (right side).
A8	-	hernia, endometriosis, cystitis, irregular menstruation.
UE3	-	arthritis of the shoulder and upper extremities.
LE7	-	knee pain, knee swelling, knee cap problem, clicking of the knee joints, stiffness and calcification of knee joint, hip and thigh pain.
LE11 & LE12	-	irregular menstruation, abnormal uterine bleeding, dysmenorrhea, nocturia, wet dreams.
LE14	-	itching of the groins and reproductive organs, orchitis, endometriosis, pain in testes.
F1	-	facial paralysis, toothache, mouth ulcers, excessive saliva, facial oden clears the head and jaws.
F3	-	sinusitis, rhinitis, vertigo, headaches, dizziness, nasal polyps, clears toxins from nose & eyes.
F5	-	restores consciousness; calms the spirit; stops sneezing; nose bleeds a nasal congestion.
TH1	-	regulates lung function, clears throat, and voice, regulates the thyroid gland, bronchial asthma, bronchitis, pharyngitis, goiter, vocal chord problems, hoarse voice.
TH4	-	bronchitis, asthma, pneumonia, pulmonary tuberculosis, wheezing, coughing, clears the lymphatic system.
TH6	-	hepatitis, jaundice, gallstones, cholecystitis, enlarged liver.
A1	-	gastritis, peptic ulcer, stomach aches, bloated stomach, hiccups, vomiting, indigestion.
A3	-	enlarge liver, hepatitis
A5	-	constipation, kidney stones, kidney pain, kidney dysfunction.
A7	-	ovarian dysfunction, irregular menstruation, infertility, appendicitis (right side)
A9	-	benefits the bladder; pain as a result of UTI's, benefits the uterus and regulates menstruation; local dysmenorrhea; strengthens the kidneys.
LE6	-	same as LE7
LE7	-	same as LE7 and irregular menstruation, abnormal uterine bleeding.
LE13	-	strengthens the spleen, improves liver function, benefits the kidney, amenorrhea, irregular menstruation, urine incontinence.
LE15	-	arthritis in the lower extremities.

Tibb Cupping Points



Cupping Points Back

H2	-	headache, insomnia, seizures, pressure in the eyes, hypertension, conjunctivitis, itchy eyes, fever of the mouth.
N2	-	eye problems, night blindness, optic nerve atrophy, cataract, tinnitus.
B1	-	clears the brain, improves memory, mental conditions, bronchitis, asthma pulmonary TB, emphysema, neck pain.
B3	-	bronchitis, tuberculosis, asthma, pneumonia, chest & back pain, pleurisy.
B5	-	shoulder pain, fluid accumulation in the lungs.
B7	-	heat conditions, tachycardia, chest pain, angina.
B9 & B10	-	gastritis, diabetes, splenomegaly, sluggish pancreas.
B12, B13 & B14	-	kidney pain, kidney stones, nephritis, kidney insufficiency, lower backache, impotence, irregular menstruation, strengthens the kidney, endometriosis, spermatorrhea.
B16	-	haemorrhoids, prolapsed anus, prostatic enlargement, impotence, anal itching
LE1	-	lower back ache, leg pain, sciatica, paralysis of lower extremities, hip joint pain.
LE3 & LE4	-	lower backache, sciatica, paralysis of the low extremity, piles, urine retention, herniated discs, leg pains, blood purification.
LE9 & LE10	-	sciatica, piles, paralysis of the lower extremity, leg pain, twisted muscle of the calf, calf muscle cramps, growing pains, rheumatoid arthritis, blood purification.
N1	-	hearing and vision, clears eye and ear channels, facial paralysis.
N4 & N5	-	thyroid problems, stiff neck, narrowing of cervical vertebrae.
B2	-	stiff neck, neck tension, cough, tuberculosis, back & shoulder pain, pinched nerve.
B4	-	bronchitis, tuberculosis, asthma, pneumonia, chest and back pain, pleurisy.
B6	-	heart conditions, tachycardia, chest pain, angina.
B8	-	hepatitis, cholecystitis, gallstones, enlarged liver, sluggish liver.
B11	-	gastritis, diabetes, splenomegaly, sluggish pancreas.
B15	-	leucorrhoea, spermatorrhoea, narrowing of vertebra, degeneration of inter-vertebral disks.
UE1, UE2 & UE4	-	arthritis of the shoulder, upper extremities.
LE2	-	sciatica, lower limb paralysis.
LE5	-	same as LE4 and knee pain, stiffness and swelling of the knee.

[Back to Contents Page](#)

Qualities Associated with Illness Conditions

(Dominant Quality is Bold)

ILLNESS	ASSOCIATED QUALITIES	ILLNESS	ASSOCIATED QUALITIES	ILLNESS	ASSOCIATED QUALITIES
Acne	Heat with Dryness & Moistness	Bedwetting	Moistness with Heat & Coldness	Crohn's Disease	Heat with Moistness & Dryness
Acute Hepatitis	Dryness with Heat & Coldness	Bladder Calculus	Dryness with Coldness & Heat	Delayed Puberty	Moistness with Heat & Coldness
Afibrinogenemia (Fibrinogen Deficiency)	Moistness with Coldness & Heat	Bladder Infection (Cystitis)	Moistness with Heat & Coldness	Dependent Personality Disorder	Moistness with Coldness & Heat
Aggression	Dryness with Heat & Coldness	Bladder Weakness	Coldness with Moistness & Dryness	Depression	Coldness with Moistness & Dryness
Allergy	Heat with Moistness & Dryness	Blepharitis (Eyelid inflammation)	Heat with Moistness & Dryness	Diabetes Insipidus	Moistness with Coldness & Heat
Alopecia	Dryness with Heat & Coldness	Boils	Heat with Dryness & Moistness	Diabetes Mellitus - Insulin Dependent	Coldness with Moistness & Dryness
Amenorrhoea	Coldness with Moistness & Dryness	Bradycardia	Coldness with Dryness & Moistness	Diabetes Mellitus - Insulin Resistance	Moistness with Heat & Coldness
Anaemia	Coldness with Moistness & Dryness	Brain Weakness	Moistness with Coldness & Heat	Diarrhoea	Moistness with Coldness & Heat
Anal Fissure	Dryness with Coldness & Heat	Bronchitis - Acute	Heat with Dryness & Moistness	Dry Skin	Dryness with Coldness & Heat
Angina and Heart Attack	Dryness with Coldness & Heat	Bronchitis - Chronic	Dryness with Heat & Coldness	Duodenal Ulcer	Dryness with Heat & Coldness
Ankylosing Spondylitis	Heat with Dryness & Moistness	Cardiac Arrhythmias	Dryness with Coldness & Heat	Dysentery (Amoebic)	Dryness with Heat & Coldness
Anorexia	Coldness with Moistness & Dryness	Chicken Pox	Heat with Moistness & Dryness	Dysmenorrhoea	Moistness with Heat & Coldness
Anxiety & Stress	Dryness with Heat & Coldness	Cholangitis	Dryness with Coldness & Heat	Ear Infection	Heat with Moistness & Dryness
Appendicitis	Dryness with Coldness & Heat	Cholecystitis	Dryness with Heat & Coldness	Eczema	Heat with Moistness & Dryness
Arteriosclerosis	Dryness with Coldness & Heat	Cholera	Moistness with Coldness & Heat	Emphysema	Dryness with Heat & Coldness
Arthritis - Gout	Dryness with Heat & Coldness	Chorea	Heat with Dryness & Moistness	Enteritis	Dryness with Heat & Coldness
Arthritis - Osteo	Dryness with Coldness & Heat	Chronic Fatigue Syndrome	Coldness with Moistness & Dryness	Epilepsy	Moistness with Heat & Coldness
Arthritis - Rheumatoid	Heat with Moistness & Dryness	Chronic Hepatitis	Dryness with Heat & Coldness	Epistaxis	Dryness with Heat & Coldness
Ascites	Moistness with Heat & Coldness	Cirrhosis (Liver) - acute	Dryness with Heat & Coldness	Excessive Sleep	Moistness with Coldness & Heat
Asthma (Melancholic)	Dryness with Coldness & Heat	Cirrhosis (Liver) - chronic	Dryness with Coldness & Heat	Frigidity	Moistness with Coldness & Heat
Asthma (Phlegmatic)	Moistness with Coldness & Heat	Colds & flu	Coldness with Moistness & Dryness	Gallstones	Dryness with Coldness & Heat
Athletes Foot	Moistness with Heat & Coldness	Colic Pain	Dryness with Coldness & Heat	Gastric Ulcer	Heat with Dryness & Moistness
Attention Deficit Disorder/ ADHD	Dryness with Heat & Coldness	Conjunctivitis	Heat with Moistness & Dryness	Gastritis	Dryness with Heat & Coldness
Azoospermia	Moistness with Coldness & Heat	Constipation	Dryness with Coldness & Heat	Goitre	Heat with Moistness & Dryness
Backache	Dryness with Coldness & Heat	Cough (Dry)	Dryness with Heat & Coldness	Gonorrhoea	Moistness with Heat & Coldness
Bad Breath (Halitosis)	Moistness with Heat & Coldness	Cough (Wet)	Moistness with Coldness & Heat	Habitual miscarriages	Moistness with Coldness & Heat

ILLNESS	ASSOCIATED QUALITIES	ILLNESS	ASSOCIATED QUALITIES	ILLNESS	ASSOCIATED QUALITIES
Hay Fever (Rhinitis)	Dryness with Heat & Coldness	Insomnia	Dryness with Coldness & Heat	Piles (with bleeding)	Heat with Dryness & Moistness
Headache - Bilious	Dryness with Heat & Coldness	Insufficiency of Spleen	Moistness with Coldness & Heat	Piles (without bleeding)	Dryness with Coldness & Heat
Headache - Melancholic	Dryness with Coldness & Heat	Intestinal Worms	Heat with Moistness & Dryness	Pneumonia	Coldness with Dryness & Moistness
Headache - Phlegmatic	Moistness with Coldness & Heat	Iron Deficiency Anaemia	Coldness with Dryness & Moistness	Premature Ejaculation	Dryness with Heat & Coldness
Headache - Sanguinous	Moistness with Heat & Coldness	Irritable Bowel Syndrome	Coldness with Moistness & Dryness	Pre-Menstrual Syndrome	Moistness with Heat & Coldness
Heart Valve Prolapse	Moistness with Coldness & Heat	Inflammatory Bowel Disease	Heat with Moistness & Dryness	Prostatitis	Heat with Dryness & Moistness
Hemiplegia (left)	Moistness with Coldness & Heat	Jaundice	Dryness with Heat & Coldness	Protein-Energy Malnutrition	Coldness with Moistness & Dryness
Hemiplegia (right)	Moistness with Heat & Coldness	Kidney Stones	Dryness with Coldness & Heat	Pruritus Vulvae	Heat with Moistness & Dryness
Hepatitis	Dryness with Heat & Coldness	Lactose Intolerance	Moistness with Heat & Coldness	Psoriatic Arthritis	Dryness with Coldness & Heat
High Cholesterol	Dryness with Coldness & Heat	Leucorrhoea	Moistness with Heat & Coldness	Schizophrenia	Moistness with Coldness & Heat
HIV/AIDS without TB	Moistness with Heat & Coldness	Liver Disease with Alcohol Abuse	Dryness with Heat & Coldness	Sinusitis	Moistness with Heat & Coldness
HIV/AIDS with TB	Heat with Dryness & Moistness	Loose Teeth	Moistness with Coldness & Heat	Spermatorrhoea	Heat with Moistness & Dryness
Hot Flushes (Menopause)	Dryness with Heat & Coldness	Low Libido	Coldness with Moistness & Dryness	Splenomegaly	Moistness with Coldness & Heat
Hyperacidity	Dryness with Coldness & Heat	Measles	Moistness with Heat & Coldness	Syphilis	Moistness with Coldness & Heat
Hyperactivity	Dryness with Heat & Coldness	Melancholia	Dryness with Coldness & Heat	Tachycardia	Heat with Dryness & Moistness
Hypercholesterolaemia	Dryness with Coldness & Heat	Menorrhagia	Heat with Moistness & Dryness	Thyroiditis	Dryness with Heat & Coldness
Hyperprolactinaemia	Heat with Moistness & Dryness	Mumps	Moistness with Heat & Coldness	Tonsillitis	Heat with Moistness & Dryness
Hypertension (Primary)	Moistness with Heat & Coldness	Muscle Cramp	Dryness with Coldness & Heat	Tremor	Dryness with Heat & Coldness
Hypertension (Secondary)	Dryness with Coldness & Heat	Myocardial Infarction	Dryness with Coldness & Heat	Tuberculosis (TB)	Dryness with Heat & Coldness
Hyperthyroidism	Dryness with Heat & Coldness	Nausea & Vomiting (Bilious)	Dryness with Heat & Coldness	Ulcerative Colitis	Heat with Moistness & Dryness
Hypomenorrhoea	Coldness with Dryness & Moistness	Nausea & Vomiting (Phlegmatic)	Moistness with Coldness & Heat	Urethritis	Heat with Dryness & Moistness
Hypopituitarism	Moistness with Coldness & Heat	Nephritis	Dryness with Heat & Coldness	Urticaria/Rash	Heat with Dryness & Moistness
Hypotension	Coldness with Dryness & Moistness	Nephrotic Syndrome	Heat with Moistness & Dryness	Vaginal Thrush	Moistness with Heat & Coldness
Hypothyroidism	Coldness with Moistness & Dryness	Osteoporosis	Dryness with Coldness & Heat	Vaginitis	Moistness with Heat & Coldness
Hysteria	Heat with Dryness & Moistness	Pancreatic Insufficiency	Coldness with Moistness & Dryness	Varicose Veins	Dryness with Heat & Coldness
Impotency	Coldness with Moistness & Dryness	Pancreatitis	Dryness with Heat & Coldness	Vertigo	Dryness with Heat & Coldness
Incontinence in elderly	Coldness with Moistness & Dryness	Panic Attacks	Dryness with Heat & Coldness	Weakness of memory	Moistness with Coldness & Heat
Indigestion	Moistness with Coldness & Heat	Pericarditis	Dryness with Heat & Coldness	Wind problem	Dryness with Coldness & Heat

Note: Above qualities linked to illness conditions are not absolute and can vary depending on the patient's temperamental combination as well as other causes/signs and symptoms.

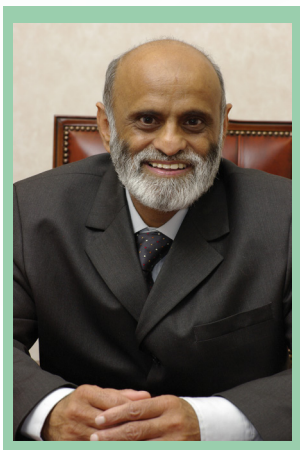
Notes:

About the book

Whilst the philosophical principles of this medicine has been included in Unani medicine, Greco Arab medicine, etc., most of the books published by the Institute over the past twenty years have always acknowledged the contribution of the founders of medicine and thus, the purpose of this book is to promote the medicine of Hippocrates, Galen, and Ibn Sina.

The first Chapter of the book highlights the foundation of the philosophical principles of this system of medicine hypothesised by Hippocrates (460 – 375 BCE), who is still recognised as the Father of Medicine to this day. Galen’s (129 – 216 CE) contribution to the hypothesis on the temperamental is also included in this chapter. Chapter 2 outlines how Ibn Sina (980 – 1037), together with other physicians, fine-tuned the philosophical principles into the practice of medicine during the 8th and 13th century. Chapter 3 provides information on the Institute’s contribution to the philosophical principles of physis, temperament, humours, and lifestyle factors within the context of aetiology, pathology, diagnosis, and treatment, were completed in research projects between 2003 until 2020. In May of 2023, the link between the philosophical principles within the context of aetiology, pathology, diagnosis, and treatment was validated in a research project that included fifty (50) case studies, with each case study proving insights into the holistic approach of Diagnosis and Treatment - through real-life examples - of the Medicine of Hippocrates, Galen, and Ibn Sina. This research project is included in Chapter 4.

About the author



Prof Rashid Bhikha qualified as a pharmacist in 1969 and established South Africa’s first black-owned pharmaceutical manufacturer company, Be-Tabs Pharmaceuticals in 1974. In 1997, after extensive research into Tibb, he founded the Ibn Sina Institute of Tibb to promote the training and practice of Tibb in South Africa. In 2004, he completed his PhD in Education entitled “African Renaissance in Health Education: Developing an Integrative Programme of Unani-Tibb Training for Healthcare Professionals in Southern Africa” at the University of the Western Cape, where he established the training of Unani-Tibb, that literally translates to Greco-Arab Medicine or the Medicine of Hippocrates, Galen, and Ibn Sina. In addition to the many papers, he presented locally and internationally, and also authored numerous books, over

the past twenty-years the Institute’s 12 research projects and 17 research reviews contributed to the philosophical principles of physis, temperament, humours, and lifestyle factors and also identified the link between these principles within the context of aetiology, pathology, diagnosis, and treatment. While Prof Bhikha’s dedication towards the development of Tibb has earned him numerous awards, his commitment to social upliftment earned him the prestigious Inyathelo Lifetime Philanthropy Award in 2009.