



TIBB
A SCIENCE OF MEDICINE
THE ART OF CARE

Developing a Unani Curriculum : a South African perspective

Author: Prof Rashid Bhikha

Presented: Ibn Sina International Seminar on Literary Research in Unani Medicine

Delhi, March 2007

The South African Ibn Sina Institute of Tibb has been active since 1997 promoting the practice and training of Unani Medicine in the region. In addition to achieving official recognition of Unani Medicine by the Allied Health Professions Council of South Africa and the Department of Health, the promotion of Unani Medicine was implemented through a number of campaigns targeting education, social and public awareness, and research activities. The education campaigns were initiated through lectures, workshops and, most importantly, a programme of tertiary education introduced at the University of the Western Cape (UWC). In order to facilitate tertiary level training at UWC, a Memorandum of Understanding between Hamdard University Pakistan and this institution was facilitated by the Ibn Sina Institute of Tibb. In addition a memorandum of understanding between Jamia Hamdard and the Nelson Mandela School of Medicine, University of Natal was also concluded in 2003.

The development of the training material for Unani Medicine was made possible with information obtained from the Indian Systems of Medicine and Homeopathy (ISM&H) and Jamia Hamdard, India. In addition, there was an enormous contribution from Hamdard Pakistan, who seconded Hakim Abdul Haq to South Africa in November 1998. Amongst the many challenges faced in the development of the training material was the adaptation of the curriculum to suit the South African healthcare environment. On a personal note: I was most concerned about the wide gap between the philosophy of Unani Medicine on the one hand, and its actual practice on the other. It was apparent to me that the influence of Orthodox Medicine in the introduction of Unani Medicine curriculum with respect to the basic sciences had a negative impact on the importance of the philosophical principles of Unani Medicine.

Against this background, and in keeping with the training of the other complementary training services such as Chinese Medicine, Homeopathy and Naturopathy, where the importance of philosophical principles were recognized, the South African model of Unani medical training stressed the humoral and temperamental theories.

Prior to the implementation of the modular, outcome-based programme at the University of Western Cape in October 2002 a course review was conducted in Johannesburg, attended by: Prof Hakim Abdul Hannan (Dean: Faculty of Eastern Medicine, Hamdard Univ., Pakistan) and Prof Hakim Jamil Ahmad (Dean: Faculty of Medicine, Jamia Hamdard, India); with inputs from Prof Anis Ansari: (Advisor: Unani Medicine Central Council of Indian Medicine) and Dr Khalid Sidiqqi: (Director: Central Council for Research in Unani Medicine), together with local experts.

The training programme for a Bachelor of Unani-Tibb [Medicine] (BUTM) commenced at the School of Natural Medicine, University of Western Cape in 2003, together with three other disciplines; namely: Chinese Medicine, Homeopathy and Naturopathy. The undergraduate training comprises a five year programme, consisting of a three year core programme, followed by a two year specialization in one of the four disciplines mentioned.

In the same year a one year part-time postgraduate Diploma (Dip UTM) for Doctors and Clinical Primary Healthcare Nurses was initiated. This programme is restricted to these healthcare professionals as both already have extensive clinical and diagnostic skills.

It was not offered to other health professions such as pharmacists, physiotherapists, and dieticians. This programme highlighted many of the challenges that the Unani medical curriculum needs to address, as it was aimed at practitioners who with their orthodox training are rarely if ever given insights into the Unani humoral and temperamental theories and their clinical significance. Particularly gratifying is that the programme has been well received, partly because it provides answers to numerous questions that orthodox practitioners are unable to address. The Unani temperamental and humoral theories have provided tremendous insights into aetiology, pathology, diagnosis and the application of treatment. The pilot research projects, conducted by the students on the relationship between temperament and clinical disorders as well as the role of a person's lifestyle in chronic illnesses, have showed promising results, confirming the concepts of temperamental and humoral theories. This is an area where great challenges are indeed faced, and certainly needs urgent attention.

Our experience in designing the course curriculum at the University of Western Cape has highlighted areas for future development:

Among the problems identified were:

- The parallels and connections to orthodox medicine is an area where the current Unani curriculum requires further analysis, as orthodox doctors worldwide are showing increasing interest in integrative medicine. The similarities between Unani Medicine and orthodox medicine places Tibb in the advantageous position of being easily and readily accepted by the orthodox doctor.
- The link between the humoral and temperament theories and modern diagnostics is another area for exploration in order to enhance the Unani medical curriculum. With increasingly sophisticated testing methods now at our disposal, and blood assays etc. used routinely in clinical practice, the humoral and temperamental theories should be critically re-evaluated. Research supporting the principles of Unani Medicine is also in need of attention. In South Africa, Unani research has delivered interesting and promising results. Further research internationally would add much needed substance to the Unani medical curriculum.
- Regimental therapies are rapidly gaining popularity worldwide. Throughout Unani medical history regimental therapies have played an important role. However, over the past century or so, little if any formal training has been given in support of these treatment practices, and other healthcare systems have adopted our regimental therapies as their own. If Unani Medicine is to grow and succeed, we need to formalize training in these regimental therapies as an important part of the curriculum as a matter of urgency.

The challenges facing Unani medical curriculum development are both major and pressing. It is crucially important that they be addressed and surmounted quickly and satisfactorily. The promotion of Unani Medicine internationally can best be achieved through curriculum development that is evidence based, and supported by credible research.

In conclusion I would like to propose the establishment of an International task team to develop curriculum of Unani medicine that will address the challenges of healthcare both locally and internationally.