This review describes the cancer scenario, and outlines the role that Tibb plays in preventing cancer by encouraging inner healing, supporting conventional treatment, and in ameliorating the troublesome consequences of chemotherapy, radiation treatment and surgery.

Cancer in South Africa

In South Africa, cancer is a prime cause of poor health and premature death. It affects at least one in four of our people, young and old, male and female, from all ethnic groups. It has a devastating effect on the person’s quality of life, and that of the family, colleagues and community. For most people, cancer is the No.1 dread disease, their greatest health fear. It is linked firmly both to an early death, and often to highly unpleasant treatments that may be embarked upon – chemotherapy, radiation, surgery and others – designed to eradicate it.

Cancer is not a disease spread by contagion, but is in most cases a chronic disease of lifestyle. It is on the increase in South Africa, largely due to substantial changes in personal diet and exercise, the broad adoption of different habits and activities, and increasing exposure to sunshine and environmental toxins, both natural and new-to-nature.

Conventional medicine has spent an immense amount of money attempting to treat and possibly cure this major health challenge with potent drugs, fierce radiation and radical surgery, but, alas, with only partial success. Ironically, much, probably most, cancer can be prevented by what we already know. And sensible changes to lifestyle feature amongst them. If a mere fraction of this money had been...
allocated towards changes to diet – sugar, salt and fat content – or to lifestyle – exercise, avoidance of obesity, and better environment – then our cancer statistics would be less alarming.

The underlying contributors to cancer have only recently been addressed seriously. The real possibility of cancer prevention has not yet been explored assertively, even though some success has been achieved, for example, by reducing lung cancer through restrictions on cigarette smoking and exposure to asbestos dust. The evidence is mounting that preventing lung cancer with meaningful lifestyle changes is a realistic approach to this huge health problem affecting many South Africans. Moreover, complementary medicine can offer several benefits for alleviating the myriad of problems that conventional cancer management brings. These should be examined in the light of impressive new findings in dietotherapy, herbal therapy and other disciplines.

**The Tibb view:**

- **Tibb accepts that cancer poses a major challenge to South Africa’s present healthcare structures.**
- **Tibb does not claim to offer any advance in direct cancer therapy, but does offer strong support in improving the cancer sufferer’s quality of life.**
- **Tibb considers most cancers to be the result of major dysfunctions in lifestyle and personal habits and behaviours.**
- **Tibb considers cancer to be mostly a preventable disease, due to failure of the person’s inner healing systems.**
- **Tibb feels that encouraging a healthy lifestyle and curtailing bad habits is a sound approach to supporting inner healing, and so counteracting cancer and improving the patient’s quality of life.**

**Overview on cancer**

Cancer is a fearsome affliction, fatal to almost to the same extent as heart disease is in people in their middle years. Unlike heart disease, however, cancer comes almost without warning, although the tumours may have been growing for years. Curing the cancer is therefore a very difficult, long-drawn out, complicated, expensive – and very harsh process. Even after a so-called cure, the threat of it returning is a source of real fear and anxiety, sadly often realised.

There is not just one cause of cancer, but a formidable number of contributors. Amongst these are certain lifestyle factors (especially diet), environmental toxins (asbestos dust), personal habits (smoking), social behaviours (sexual promiscuity), and for some, genetic malfunctions.

Conventional medicine characterises cancer according to the body site affected (lung, breast, liver, etc.) and the stage of development (I, II, III, etc.). Scant attention is paid to its origin, or the mechanism(s) involved in its appearance. Furthermore, it provides no guidelines on how the disease will affect the person, or how he or she will react to the disease or proposed treatment. No real attempt is made to recruit the power of inner healing, nor any notice taken of the patient’s personality.

**The Tibb approach**

Tibb accepts that there is no single cause of cancer; nor is there any single cure: alas, no magic bullet. Tibb also accepts that cancer is a formidable foe, but is amenable to methods of restoring internal harmony, and vulnerable to a longer term sequence of remedies. There is no ‘quick fix’.

A high proportion of cancers are now known to arise from disorders of lifestyle. According to Tibb, these slowly disrupt the person’s inner humoral harmony, leading to chronic imbalance in the body’s
basic qualities of heat and coldness, moistness and dryness. This inner disharmony eventually surfaces as a gross imbalance of the cold and dry (melancholic) qualitative imbalance, resulting in cancer developing.

Lifestyle modification is an area in which Tibb can justifiably claim to be competent, based on its experience over the centuries. It offers guidance on the major aspects of living which initiate the inexorable advance of many types of cancer. Consuming good food and drink are prominent, as is physical activity, quality sleep and efficient removal of toxins, both natural and man-made. Advice and guidance on matters of personal habit and behaviour is a key factor in empowering people in taking responsibility for their continuing good health, so reducing their cancer risk.

Tibb contributes to cancer management in a number of valuable ways. Undoubtedly its main strength lies in the prevention of cancer itself. “Prevention is certainly better – and cheaper – than cure”. This is achieved by supporting and protecting Physis, our potent inner healing power. All measures taken in Tibb therapy are aimed at boosting a person’s “doctor within”. (see later). Tibb also ensures that any changes introduced are consistent with the workings of Physis, the body’s very own self-healing mechanisms (‘inner doctor’), and takes note of the sufferer’s temperament.

The Tibb view:

- Tibb sees most cases of cancer as chronic diseases of lifestyle.
- Tibb sees cancer as the expression of serious disharmony amongst the various metabolic processes and organ system interactions.
- Tibb accepts that the power of Physis can play a major part in preventing the onset of cancer and restricting the spread of the disease.
- Any treatment initiated by Tibb must respect Physis, not interfere with its actions in any way.

What is cancer?

Cancer is a disease which arises from within our body. Although a hundred or so forms of cancer have been described, they share a common feature: their cells divide in an abnormal, dysfunctional and chaotic fashion.

The cells making up our body grow normally, divide, and die in an orderly and harmonious way. This process is rapid in our youth, but slower as we mature. A cancer begins when cells in one particular part of the body start to grow abnormally and irregularly for some reason or other. This differs from that of normal cells; instead of dying, cancer cells continue to grow unregulated and form new, abnormal tissue. Cancer cells can also invade (grow into) other tissues, which is something that normal cells cannot do.

Cancers cells are actually forming all the time. But they are normally rapidly removed by our innate defence mechanisms, especially by the immune system. These pose no real threat to health and life. However, a cancer cell sometimes evades removal by the immune system, and grows in size to form a substantial mass, or tumour. This eventually becomes malignant and poses, sooner or later, a serious, maybe fatal, health problem.

Another property of some tumours is metastasis. A clump of cells from the tumour breaks off and travels to other part of the body, near or far, to form another tumour. Once this happens, the chance of treating the patient successfully is remote.
The chances of a cancer developing are greater the older a person is, because the immune system is beginning to deteriorate as an inevitable part of the ageing process. The same applies to young children: these too have not yet developed fully functioning immune systems, so are more prone to cancer. This explains why cancer peaks in the very young, and the very old.

*Free radicals* (highly active metabolites) are important factors in the early onset of cancer. These arise naturally from numerous sources – from the food we eat, the drugs we consume, smoking, and radiation damage from natural sources or too much exposure to X-rays. Another cancer trigger factor is infection by pathogens. Around a quarter of cancers in Africa are linked mainly to viral infections. Pathogenic bacteria or parasites may also be involved.

**The Tibb view:**

- *Tibb sees cancer as a result of the failing power of Physis.*
- *This arises from a serious and long-standing imbalance in the sufferer’s body humours, especially involving the melancholic humour.*

- *This imbalance, unless corrected, leads to tumours forming.*

- *Boosting Physis helps correct this imbalance, and makes the patient less vulnerable to tumour formation.*

**Panel 1: South Africa’s cancer burden – the Top Ten**

<table>
<thead>
<tr>
<th>Type of cancer</th>
<th>Percentage total cases</th>
<th>Lifestyle factors or habits implicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>17%</td>
<td>Smoking; air pollution</td>
</tr>
<tr>
<td>Cancer of the oesophagus</td>
<td>13%</td>
<td>Smoking</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>8%</td>
<td>Sexual hygiene; smoking</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>8%</td>
<td>Fatty diet; alcohol; radiation</td>
</tr>
<tr>
<td>Liver cancer</td>
<td>6%</td>
<td>Diet; alcohol</td>
</tr>
<tr>
<td>Cancer of the colon</td>
<td>6%</td>
<td>Fatty diet; smoking; inactivity; obesity</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>6%</td>
<td>Fatty/red meat diet; inactivity; obesity</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>4%</td>
<td>Salt</td>
</tr>
<tr>
<td>Cancer of the pancreas</td>
<td>4%</td>
<td>Diet</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>4%</td>
<td>None identified</td>
</tr>
</tbody>
</table>

**The Tibb view:**

- *Many of these cancers are the result of a faulty lifestyle and poor personal habits.*
- *A diet rich in sugar and processed foods is a major contributor to cancer formation.*

- *Personal habits such as smoking, alcohol abuse and sexual promiscuity also contribute.*

- *Tibb stresses the need for a prudent lifestyle (especially diet) and habits as an effective way of avoiding cancer.*
Signs and symptoms of cancer

Several signs and symptoms common to most forms of cancer include:

• Constant pain, especially in the abdomen
• Permanent fatigue, night sweats and sleep disturbances
• Loss of weight, rapid and unexpected, leading to cachexia
• The appearance or feeling of a solid lump of tissue
• Frequent coughing
• Lack of appetite, chronic constipation or diarrhoea, and changes to bowel habits

Someone with skin cancer will often show:

• A visible rash, moles or ulcers, with changes to the patients’ skin texture

The Tibb view:

• Cancer’s signs and symptoms indicate a huge disturbance in the body’s internal harmony.
• They may also represent an unsuccessful attempt by Physis to expel toxic material from the body.

Natural ways of dealing with cancer

Conventional therapies – especially chemotherapy and radiation – usually lead to a rapid fall-off in the patient's quality of life at all levels: physical, mental, social and spiritual. Any natural approach to treatment therefore has to prevent this.

Natural medicine’s fundamental principle is: good health is our body’s basic state. Normally, all metabolic reactions and internal processes are directed towards achieving and maintaining our best possible state of health. Our lifestyle, genetic make-up, food quality and environment, both internal and external also determine whether we live in good or poor health, enjoy the best possible quality of life, or live in disease, pain and misery.

Another basic principle of natural medicine is that the human being possesses immense abilities for self-healing and self-repair, and the maintenance of inner harmony, or homeostasis. Our bodies are constantly organising energy and material distribution and use in order to attain good health, and stay there. In Tibb, this power is Physis. It can be regarded as the body’s overall administrator, or governor.

In natural medicine, diseases such as diabetes, heart failure, rheumatoid arthritis and cancer develop when our efforts to maintain inner harmony are damaged, frustrated or overwhelmed. Cancer in particular is the final stage of a long process involving toxin accumulation, tissue irritation, inflammation, metabolic disharmony and structural changes.

The Tibb view:

• Tibb maintains that optimum health is everyone’s birthright.
• Tibb sees natural remedies as an essential part of treatment of cancer patients.
• Tibb feels that natural remedies have a prime role in maintaining the cancer patient’s quality of life.
• Tibb therapy is incapable of knowingly damaging the patient, or adversely affecting his or her quality of life.
**Panel 2: Terms commonly used in cancer**

- **Angiogenesis** – the creation of new blood vessels needed to service the growing tumour.
- **Anti-oxidants** – chemicals such as some vitamins which counteract the damaging effects of free radicals.
- **Apoptosis** – programmed cell death. An orderly and natural removal of cells, brought about by an internal time-clock.
- **Benign tumour** – a non-cancerous growth that does not pose a direct and serious threat to health, or invade other tissues. Examples: warts, colon polyps.
- **Cachexia** – abnormally low body weight, due to rapid wasting. It usually signals imminent death.
- **Free radicals** – highly reactive unstable chemicals formed in the body by internal metabolism or external radiation which can damage tissues.
- **Malignant tumour** – a growth which invades and slowly destroys the tissue it originated in, and which can spread to other tissue sites.
- **Metastasis** – when the cancer spreads from the tumour’s original site via the blood or lymphatic systems to another part of the body, where it resumes growing.
- **Oncology** – the branch of medicine which deals with the study of cancer; its origins, causes, progress, treatment and follow-up.
- **Remission** – reduced size of the tumour, or lessening of the cancer’s signs and symptoms.

**The conventional medical approach to cancer**

The conventional approach to cancer eradication is predominantly curative. The ideal outcome is elimination of the tumour as soon as it appears. Little if any attention is paid to prevention, apart from tobacco restrictions and maybe weight loss. The ability of the person to deal with the tumour is discounted, as it the role of lifestyle, behaviour changes

*Conventional cancer therapy consists of four main forms of treatment:*

(a) **Drug treatment** directed at shrinking or eliminating the tumour. This is made up of chemotherapy, biological therapy and immunotherapy.

(b) **Palliative therapy**, to deal with peripheral health issues that emerge following other forms of treatment. These include treatment for the adverse drug reactions, mental disturbances and other responses which affect the patient’s quality of life.

(c) **Surgery**, which physically removes (‘de-bulks’) the tumour by excision.

(d) **Radiation** treatment, to destroy the tumour in situ with precisely targeted narrow beams of protons, electrons or X-rays.

From the patient’s perspective, cancer treatment aims at:

(a) Preventing it from developing further, either locally, or by metastasis, and

(b) Eliminating the cancerous tissue from where it has become embedded.

Treatment of cancer typically involves chemotherapy with potent drugs (both orally and by injection) for some time, repeated radiation of the tumour, and a once-off surgical excision (‘de-bulking’) of the tumour mass. The former treatment, unfortunately, is variable in efficacy, and highly prone to
sometimes serious side effects. This not only compromises patients’ compliance with treatment, but also drastically suppresses their quality of life.

However, reluctance or opposition to the use of conventional medicine in chronic or recurring disorders like cancer has been building up for some time. The reasons are well defined, and familiar to most of us. They include lack of drug efficacy, short- and long-term adverse drug reactions, an alarming increase in resistance to antibiotics and other antimicrobials, and of course escalating cost of diagnosis, treatment and monitoring. There is also some feeling that conventional drugs are not as effective as claimed, and often perform poorly over the long term. The regular withdrawal of newly-launched drugs, and official warnings issued for existing ones, have also sowed seeds of doubt in many patients’ minds.

Most clinical attention is concentrated on ridding the patient of the tumour. Very little is paid to selecting therapies which take into account the patient’s quality of life. Indeed, there is a general lack of awareness (or interest) in the therapeutic value and benefits of the lifestyle factors, such as sound nutrition, exercise, sleep and emotional tension when treating a cancer patient. These and other issues have encouraged many cancer sufferers to try one or other form of complementary medicine either alone, or combined with conventional methods as Integrative Medicine.

The Tibb view:

- **Tibb maintains that Hippocrates’ dictum “It is better to know the patient, not the disease” strongly applies in cancer treatment.**
- **Tibb considers chemotherapy is effectively poisoning the actively growing cancerous cells, but even normal cells are damaged as a result.**
- **The resulting normal tissue damage is the source of an impoverished quality of life.**
- **Chemotherapy also destroys the beneficial influence of Physis.**

Chemotherapy

The exciting early prediction that chemotherapy would wipe out cancer has not been fulfilled. Indeed, a few types of cancer have responded, such as leukaemia in children and lymphomas, but patients affected by major killers such as lung- and brain cancers are little improved. The reason is that chemotherapy targets fast growing cells, which most cancers are not. Moreover, anti-cancer drugs do not eliminate all cancer cells. So the surviving few percent live to grow another day. The cancer starts reproducing as before, and eventually becomes a threat to general good health.

Conventional treatment with chemotherapy is expensive, and more so with the advent of more sophisticated drugs. Monitoring also brings further major expense. This means that the economic burden of cancer management is set to escalate, especially as the population ages markedly. The alarming rise in preventable obesity, particularly in the young and middle-aged, is another costly factor.

Perhaps more important is the fact that many anti-cancer drugs are highly toxic to the whole body, and particularly damaging to the critically important immune system. This makes the patient more susceptible to the onset of other cancers and microbial infections, whether minor coughs and colds, or major ones such as TB.
The Tibb view:

- Chemotherapy invariable has a massive impact on the cancer patient’s quality of life.
- Chemotherapy destroys the beneficial influence of Physis, so undermines natural inner healing.
- Radiation actively inhibits Physis by damaging the immune system, so inhibits natural inner healing too.

Adverse drug reactions of chemotherapy

Chemotherapy is bedeviled by a myriad of side effects. These range from severe hair loss to fatigue, and from gastric distress to vomiting. They differ from person to person, depending on their temperament and their general state of health. They also depend on the cancer type, its location within the body, the actual drug dose employed, and the dosage schedule.

The main reason side effects occur is that most chemotherapy drugs are effectively potent cell poisons, but given at the highest dose which can be tolerated by the patient. They work best on abnormally active, rapidly growing cells, especially those in the stomach, hair follicles, mouth and blood. Unfortunately, normal cells in these and other tissues are also badly affected, hence the occurrence of side effects.

Ironically, chemotherapy alone is not very successful in eliminating cancers of the breast, colon or lung. The claimed success rate is around 2% to 5% for cancer overall.

Panel 3: The most common side effects of chemotherapy

- Fatigue – probably the most common side effect of chemotherapy, with permanently weak, sore, tired, or achy muscles.
- Pain – especially stomach pain, headaches, muscle ache, and shooting pains in the extremities.
- Hair loss – mainly from the scalp, but all over the body.
- Diarrhoea – loose, watery bowel movements, often leading to dehydration.
- Nausea and vomiting – nausea, retching and vomiting.
- Constipation – difficult, infrequent and often painful bowel movements.
- Mouth and throat sores – the cells inside the mouth and throat are damaged, and may become infected.
- Blood disorders – the bone marrow inside our bones produces fewer blood cells.
- Nervous system effects – loss of balance, trembling, tingling, burning, weakness or numbness in the extremities.
- Changes in thinking and memory – trouble in thinking clearly and concentrating, occurring sometimes long after treatment.
- Appetite loss – eating less than usual, not feel hungry at all, leads to weight loss.
- Long-term side effects – permanent damage to the nerves, heart, lung, liver, kidneys, or reproductive system.
- Side effects in children – children may develop side effects months or years after treatment. These are called ‘late effects’.
• **Bacterial drug resistance** – up to 25 percent of microbes which cause infections following chemotherapy for blood cancers are already resistant to common antibiotics.

For young children receiving chemotherapy, side effects are particularly troublesome. These ‘late effects’ may develop several months, even years, after chemotherapy has been completed.

**Panel 4: Natural ways to oppose conventional side effects**

- **Anxiety** – sleep hygiene, relaxation (breathing, meditation, bathing and massage), acupressure, social support, yoga, tai’chi, hypnosis, aromatherapy, stress alleviation techniques, herbal remedies (almonds, chamomile), honey.
- **Appetite loss** – lemon/honey drink, herbal remedies (ginger, black pepper, cardamom, garlic coriander), liver tonics.
- **Blood disorders** – dietotherapy, (organ meats, beetroot, molasses), liver tonics, mineral supplements.
- **Constipation** – dietotherapy, increased fluid intake, regular exercise, relaxation exercises (breathing, meditation), herbal remedies (bulking flaxseed, *psyllium, aloe vera*), honey.
- **Diarrhoea** – dietotherapy, fluid replacement (water, teas, broths), mild exercise only, herbal remedies (hot spices, e.g. cinnamon, cumin, ginger), honey, liver tonics.
- **Fatigue** – breathing exercises, meditation, physical exercise (e.g. yoga), brief daytime naps, sleep hygiene, herbal remedies (licorice, gingko biloba), seek social support.
- **Hair loss** – dietotherapy (protein-rich, omega-3), multi-vitamin, mineral supplement (iron, zinc), social support.
- **Mouth and throat sores** – cold gargles, ice contact, cloves, saline rinses, honey, coconut oil, herbal remedies (turmeric, licorice, poppy seeds).
- **Nausea and vomiting** – fluid replacement (water, teas), dietotherapy (rice, apples, prunes), acupuncture, relaxation techniques (deep breathing, meditation), herbal remedies (mint, tamarind).

Cancer patients performing yoga while undergoing radiation therapy experience fewer side effects, suffer less fatigue and experience a better quality of life.

**Conventional medicines and cancer formation**

Some prescription drugs, especially taken at high doses and over the long-term, increase the risk of developing certain cancers. Although very rare, this association is troubling. One example is *pioglitazone*, used long-term to treat type 2 diabetes, it is linked to bladder cancer.

Other drugs under suspicion are the popular drug *omeprazole* (used to treat heartburn); *spironolactone* (blood pressure) and *tacrolimus* and its close relative *pimecrolimus* (for eczema). The
new bio-pharmaceutical drugs for treating rheumatoid arthritis, *adalimumab* and *etanercept*, are also reputed to increase the risk of cancer developing.

*Statins* may also be associated with a higher risk of tumour progression in people already with breast and prostate cancer, especially in the elderly. A causative link between these drugs and the onset of cancer has not been established. However, because so many people consume these cholesterol-lowering drugs, this important issue needs to be resolved.

**There are three aspects of conventional drugs and cancer origin which concern Tibb.**

1. **Toxic load.** Many drugs used to treat cancer patients for chemotherapy or palliative therapy are new-to-nature substances, or chemical derivatives of natural compounds. These are administered for considerable periods of time, usually at high doses. They collectively add to the toxic burden on the patient, causing damage to the immune system, and therefore Physis. A good example is *tamoxifen*, used in breast cancer patients. This is linked to the onset of uterine cancer.

2. **Immune system damage.** Several of the drugs used in cancer treatment directly inhibit the immune system, and therefore Physis, as a deliberate and desired action. Corticosteroids and the immune suppressant drugs *cyclosporine*, *tacralismus* and *azothioprine* are particularly prone to provoking this adverse effect.

3. **Antibiotic use.** Several chemotherapy regimens include one or other antibiotics, such as the *anthracyclines* (such as *daunorubicin*). These are known to adversely affect the immune system.

**Tibb’s contribution to cancer management**

When we examine health data available for our ancestors, it seems that cancer is in most cases a man-made disease. In those distant days, cancer was largely a rare disease, as was heart disease and type 2 diabetes. Most cases of cancer these days seem to be a consequence of a variety of harmful environmental and lifestyle factors brought in relatively recently, such as intensively processed foods, refined sugar and flour, new-to-nature chemicals added to food, and a plethora of chemicals leaked into the air.

Until recently, most research effort to combat cancer was spent on the *curative* approach. The role of preventative measures was effectively ignored, marginalised or downgraded in the search for the ‘magic bullet’. Natural therapies were regarded as purely adjunctive and supportive (‘complementary’) addition, and of questionable or minor value. However, natural approaches are increasingly being adopted as an alternative to the curative approach, as it confers a number of benefits. These relate to the patient’s quality of life, emotional support, economic factors and better outcome than from conventional medication.

Tibb as a healing paradigm has little to offer in the way of purely curative value. Tibb adheres to the principle voiced centuries ago by Hippocrates: ‘first do no harm’ (to the patient), as an injunction against overuse or misuse of medication, and the opinion that cure cannot arise from damaging the patient. However, Tibb can contribute a great deal from several different aspects:

**First,** Tibb asserts that most cancers originate from multiple causes. It occurs due to a serious and persisting imbalance in the body’s metabolic and regulatory systems due to environmental,
physical or genetic influences. These changes are not irreversible: in common with all chronic disorders, harmony can be restored, given the correct conditions and actions, so resulting in a cure. *Tibb does not contribute to the myth that cancer is incurable.*

**Second**, Tibb recognises the potent ability of Physis to counteract and remedy the gross imbalance or disharmony that characterises cancers. All Tibb’s interventions aim to support and bolster Physis; not to diminish, damage or side-line the person’s natural healing processes. In turn, Physis must be given time to be effective – the healthcare practitioner should adopt ‘watchful waiting’ as a therapeutic tactic.

**Third**, reinforcement of the Tibb Lifestyle Factors improves the patient’s response to other therapies. It can also have a major impact on preventing cancer in the first place, as most cancers originate from a faulty lifestyle. Prevention entails adopting a healthy lifestyle and eschewing bad habits. Particular attention is paid to diet, exercise, avoidance and removal of natural waste and toxins, and alleviation of stress.

**Fourth**, application of specific regimental therapies such as dietotherapy, meditation, massage counselling and sleep hygiene can help the patient attain a better quality of life.

**Fifth**, by informing the patient on the nature of the cancer, its consequences and its overall treatment, a better treatment outcome can be reasonably expected. Tibb considers that *increased awareness that prevention is the best approach should be promoted as part of health education generally.*

*There are a number of aspects of Tibb’s healing potential which apply to cancer management.*

**A. The role of Physis in cancer**

*What is Physis?*
Each of us is protected day and night from disease, and kept in best health by the power of our innate healing. In Tibb this is known as Physis, and is the main influence supporting our body’s natural healing dynamic.

Our good health depends on the harmonious balance between:

- Our personal nature, especially our temperament;
- The environment we live in;
- Our lifestyle (especially diet);
- Our own pattern of behaviours and habits.

This harmony (also called *homeostasis*), is strictly controlled and regulated by *Physis*, our body’s vital force, or power of inner healing. This operates at all levels within the body, from simple individual cells up to integrated organ systems. It is also active in the mental and emotional domains, controlling emotions and behaviour. In the medical context, Tibb regards diseases, especially chronic ones like heart disease, diabetes type 2 and cancer, as arising from a severe, long-term disturbance to this harmony. So Tibb therapy aims to fully support Physis.

Contrary to much conventional therapy, the objective of traditional Tibb treatment, is to support and enhance Physis, whether by lifestyle reform, herbal medicines, or hands-on techniques,. It never acts to restrict or diminish it.
Physis occupies a central role in preventing cancer cells from forming, and their subsequent advance into a tumour. As the immune system is a major part of Physis' action, it is an essential part of the body's defence mechanisms against:

- Infection from microbes (viruses, bacteria, fungi) and infestation from parasites (amoeba, malaria, worms)
- Damage to our body's genetic material from radiation, stress and toxins
- The formation of cancer cells

For most of our life, Physis is quite capable of neutralising the pathological changes brought on by infection, radiation damage and a faulty lifestyle. However, as we get older, the power of Physis slowly diminishes, along with most bodily functions and metabolic processes. This explains why the elderly are more prone to cancer, due to DNA damage, adverse environmental factors and a deficient diet, for example. It also explains why the young, whose immune systems are yet to become fully effective, sometimes develop cancer, or succumb more easily to infections.

One aspect of Physis which is relevant to cancer onset and management is the time factor. Physis, being a natural process, needs sufficient time to perform its basic functions. This means that it should be allowed this time to deal with cancer, infection, etc. Unfortunately in modern medical practice this is not allowed: the normal natural healing process is rapidly pushed to one side once a cancer has been diagnosed. A cancer today is regarded as an acute disorder, rather than a chronic one. The net result is that cancerous growths which are developing slowly are often 'over-serviced' by aggressive chemotherapy, radiation treatment and surgery. The patient is often exposed to needless or premature medical treatment before Physis has been given a proper opportunity to work.

**The Tibb view:**

- Tibb sees a cancer cell as a normal cell which has escaped control and regulation by Physis.
- Cancer can be regarded as a failure of Physis, a response to immune deficiency.
- Cancer is ultimately linked to humoral or qualitative imbalance.
- Tibb can help in cancer by supporting Physis generally so strengthening the immune system.
- Tibb feels strongly that successful treatment of cancer should acknowledge the power of Physis, rather than thwart its attempts at healing.

### B. The role of Temperament in cancer

**What is temperament?**

Each of us is unique. We all differ in our physical nature, mental, physical and emotional traits, and response to environmental influences. One of these is how we respond to microbial infection and the process leading to cancerous cells forming. In Tibb this uniqueness is classified as temperament, and is based on the relative preponderance of the four traditional humours.

In the conventional medical management of cancer, little if any regard is placed on the patient’s temperament. It is the disease that is being treated or cured, not the patient. Ideally, allowance is made for the patient’s age, gender, state of health, body mass and other factors. Indeed, this does happen. However, no account is taken of the patient’s temperament.
The Tibb view:

- **Tibb adheres to the principle that it is more important to know about the patient than the disease.**
- **Tibb sees the patient’s temperament as an important factor in the prevention and treatment of cancer.**
- **How the patient responds to chemotherapy, and the side effects frequently encountered, are also factors.**

C. The role of Lifestyle in cancer

**What is lifestyle?**

Lifestyle is the way we choose to live. In Tibb it embraces a series of influences on our health. Breathing, diet, physical activity, sleep, emotions and elimination are the major ones. By selecting the form that suits us best, we can increase the likelihood of a good, healthy life. In contrast, selecting a dysfunctional lifestyle we compromise our good health.

**Tibb’s Lifestyle Factors**

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<th>C1</th>
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<tr>
<td>C2</td>
<td>Food and Drink</td>
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<td>Physical Activity and Rest</td>
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<td>Sleep &amp; Wakefulness</td>
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<td>C5</td>
<td>Emotional State</td>
</tr>
<tr>
<td>C6</td>
<td>Elimination &amp; Retention</td>
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Most cases of cancer (more than 90%) are thought to be due to environmental factors such as the person’s way of life, how he or she behaves, air- and water-borne pollution, and radiation. The rest are genetic or inherited in nature. Excessive tobacco and alcohol use is a common personal habit linked to a person’s lifestyle. Another lifestyle factor which is becoming increasingly important follows on from the person’s diet; excess body mass, especially gross obesity, is strongly associated with certain cancers. Radiation, whether from sunlight, radon from the geological background, or repeated medical imaging, is also a major culprit for cancer formation in up to 10% of cases. Lack of reasonable physical activity is also known to initiate the development of certain cancers, as are certain viral infections. Finally, the ever-increasing burden of atmospheric pollution plays a significant role in the onset of a range of cancers.

The Tibb view:

- **A deficient diet, lack of physical activity and obesity are important factors in many deaths from cancer.**
- **Together with a clean environment and proper hygiene, good eating, reasonable physical activity, sound sleeping, and other measures to assist Physis, the menace of cancer can be curtailed.**
- “**Cancer will only be eliminated when the patient returns to a more balanced lifestyle, and keeps the body, mind and spirit free from impurities**”. [Ibn Sina, 980-1037 C.E.]
C1. Environmental Air and Breathing

The air we breathe is polluted by many volatile substances, some naturally formed, but increasingly many more which are artificial, and new-to-nature. Natural pollution includes dust from mine dumps and deserts, smoke from veld fires, and radon (a natural radio-active gas) from geological formations on which houses are built. Man-made pollution includes smoke from wood, paraffin and coal burning stoves, fossil fuel power stations, and chemicals emitted from transport, manufacturing and farming activities. Secondary side-stream smoking also features. The exact make-up of air pollution varies according to location, and which sources of pollution are nearby, the time of year and even the weather.

We now know that outdoor air pollution is not only a major risk to our health in general, but also a leading contributor to cancer. For some time the link between traffic and industrial pollution and lung cancer has been identified, and recent studies strongly suggest a link to bladder cancer. Diesel engine exhaust, many solvents, certain metal fumes and dusts have all been labelled carcinogenic. Certain chemicals may increase the risk of cancer at lower-than-predicted dose levels. Also, people may be more vulnerable to these cancer-triggering substances at certain periods of their lives. For example, it seems that exposure to low doses of hormone-like chemicals (such as the plastic additive bisphenol A) early in life may increase a man’s risk of developing prostate cancer. The now-banned chemical DDT and similar chemicals are linked to a greater risk of breast cancer.

Air pollution is generally damaging to health, but is also a menace in another way. Long-term exposure to toxic agents may increase the risk of cancer (and other life-threatening diseases) not only now, but in future generations. This is the outcome of alterations to our genetic material (epigenetic expression).

The Tibb view:

- Tibb recognises ‘environmental air and breathing’ as the No.1 Lifestyle Factor.
- The increasing population density, number of chemicals released into the air, and changing habits re recreational smoking and drinking mean that the risk of cancer is rising.
- Tibb recommends making a positive effort to reduce personal exposure to poor quality air, by improving domestic and occupational exposure, and by acting alone or as a community, to have outside pollution curtailed.

C2. Food and Drink

Tibb asserts that the food and drink we consume is without doubt the prime contributor to our good health, as it is by far the major source of our body’s energy and structural material. Our diet hugely influences whether or not we succumb to the most common chronic diseases, including cancer. More and more evidence is appearing in support of this opinion. However, there is considerable controversy surrounding the types of food we should select in order to attain health and keep healthy. These mainly relate to the consumption of different fats, carbohydrates and protein, and the wisdom in using supplements, vitamins and minerals.

Many types of cancer originate from a poor daily diet. A great deal of evidence is building up that strongly suggests that the ‘Mediterranean Diet’ offers protection from the onset of cancerous growths.
A number of compounds found in the fruits and vegetables which make up this diet are known to inhibit or prevent tumour growth. One in particular is *apigenin*, present in celery, parsley and avocado, and in chamomile herbal tea.

The risk of developing cancer is reduced by:
- Consuming plenty of fresh, seasonal and organically-grown foods
- Maintaining a reasonable body mass
- Cutting down or eliminating alcohol intake
- Reducing the consumption of red (e.g., beef, pork and lamb) and processed (e.g., bacon, sausage, salami) meats
- Avoiding charring meats, as this produces cancer-causing chemicals

**In some countries, excess body weight has been linked to many types of cancer, and is a factor in 14% to 20% of all cancer deaths**

### Panel 5: Foods which may *promote* cancer

- **Cane sugar** – Whether white or brown, it is broken down (metabolised) in the body to simple sugars glucose and fructose. Fructose imposes a constant metabolic stress on the liver, which over time leads to inflammation.
- **Roasted / charred red meats** – Very hot flame cooking produces carcinogenic heterocyclic amines such as *acrylamide*, which promote inflammation, so encouraging cancer formation.
- **Salted food** – Over time, the risk of stomach cancer from highly salted foods rises markedly.
- **Trans-fatty acids** – These non-natural food additives and frying agents are suspected of promoting cancer if used for long periods.
- **Others** – Sweeteners (such as aspartame), alcoholic drinks, and farmed fish (which may contain chlorinated toxic chemicals) are under review, although firm evidence is presently lacking.

### Panel 6: Foods which may *protect against* cancer

- **Tomatoes and red peppers** – These contain *lycopene* and similar natural substances which have powerful anti-oxidant properties. They offer protection against prostate cancer in particular. *Lycopene* is also present in guava, mango, watermelon and other fruits.
- **Dark green vegetables** – Spinach, cabbage, lettuce and others contain essential fibre, vitamins, and plenty of *carotenoids*. Beets and red cabbage do likewise.
- **Cruciferous vegetables** – Cauliflower, cabbage, broccoli, sprouts and kale contain anti-cancer substances (*isothiocyanates*) which restrict cancerous growths.
- **Legumes** – Beans, peas and lentils are rich in the protease inhibitors *saponins*, which inhibit tumour development.
- **Berries** – Cranberries, blueberries and other red/purple berries contain the anti-cancer substances allagic acid and one or more *anthocyanosides*.
- **Honey** – This is rich in anti-oxidants such as the *flavonoids*, which counteract free radicals.
- **Garlic and onions** – These are rich in a wide range of substances, such as *quercetin* and *allicin*, which protect against a variety of cancers. They promote the formation of *natural killer cells* in the patient. Also includes leeks and chives.
• **Green tea** – This herbal tea contains a number of *cachexins*, which are potent anti-oxidants which inhibit tumour formation.

• **Others** – Flax seed (*alpha-linoleic acid*), grapes and red wine (*resveratrol*) and artichokes (*salvestrol*)

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**The Tibb view:**

- A deficient diet is probably a factor in many cases of cancer.
- Adopting a sensible diet early in life will protect most people from the onset of cancer.
- Tibb recommends avoidance of processed foods, and restriction in white sugar and flour consumption.

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**C3. Physical Activity and Rest**

Tibb is a strong advocate of regular physical activity as a major contributor to our health and vitality.

This is why it is amongst the major Tibb Lifestyle Factors. Physical activity as a healthcare measure is now under increasing scrutiny as (a) a valuable way of warding off cancer in the first place, then (b) using it to keep up the patient’s quality of life once a cancer has been confirmed.

**(a) Preventing cancers**

People who are physically active tend to have a lower risk of developing several types of cancer, especially of the breast, colon (bowel) and womb (uterus). Other types of cancer for which physical activity lowers risk are those of the lung, prostate, ovary and liver. Interestingly, it seems that different types of physical activity are more effective in the onset of different types of cancer.

The attraction of physical activity is that it does not involve a lot of effort or commitment. Adults should engage in moderate physical activity (for example, 30 minutes’ brisk walking or cycling on five or more days per week), or perform vigorous physical activity such as gym-work for at least 20 minutes three or more times weekly.

The sex hormones, particularly oestrogen, are thought to be behind the metabolic processes leading to many cancers of the breast and womb. Bringing down these levels by physical activity (combined with other actions) should reduce the overall risk of cancer. Insulin, on the other hand, is an essential regulator of glucose and energy stores, and erratic variations in blood levels are thought to contribute to many cancers’ onset.

Another way physical activity benefits us is that it helps to keep inflammation in check, particularly in the gut. Inflammation, as we saw, is a normal Physis response to irritation and damage. However, if it persists it can itself cause tissue damage – and this in turn can develop into a cancer.

Physical activity may have a direct on the digestive process. By helping move digested food along the digestive tract, the build-up of toxic residues and chemicals in the bowels is reduced, so there is less chance of lowering the risk of toxin-induced cancers.

Physical inactivity is believed to contribute to cancer risk, not only through its effect on body weight but also through negative effects on the immune and endocrine systems, which are key components of Physis.
(b) Improving quality of life
Even after cancer has been diagnosed, regular, moderate physical activity is beneficial. First of all it reduces the degree of fatigue experienced by cancer patients, and second, it improves their mental well-being, and so their quality of life. Third, by increasing physical activity, the side effects of chemotherapy can be ameliorated to some extent. For example, weight loss can be minimised, nausea and vomiting reduced, and fatigue kept at bay. This applies especially to patients with cancer of the colon, lung and breast. Fourth, physical activity is a morale booster, and helps patients keep better in touch with family and friends.

The Tibb view:
- Tibb sees physical activity positively influencing the body’s internal hormonal harmony.
- Physical activity supports Physis in restoring harmony to the secretion and utilisation of two groups of hormones – the sex hormones (oestrogen, progesterone, testosterone, etc.) and the glucose-regulating hormones (insulin, glucagon and ghrelin).

C4. Sleep & Wakefulness
Sleep is a major factor in the onset and progress of certain cancers. We now know that one of the main functions of sleep is to remove metabolic waste and accumulated toxins from the brain and other parts of the body. If someone fails to get enough restful, uninterrupted sleep on a regular basis, then the risk of developing certain chronic diseases, including cancer, rises markedly.

Poor quality sleep also hampers the proper working of the hormone insulin, and this may lead to increased insulin resistance. It can also promote an increase in body mass. Lack of sleep lowers the activity of the fat-regulating hormone leptin, and boosts that of the hunger hormone ghrelin. The ensuing rise in hunger and appetite inevitably leads to overeating, with weight gain as an inevitable result.

Both insulin resistance and weight gain are associated with an increased risk of cancer. There seems to be more prostate cancer in men who do not sleep well, and likewise more breast cancer in women. Workers who are regularly on night shift raise the risk of cancer of the prostate, breast and colon.

The Tibb view:
- Sleep allows Physis protected time to eliminate toxins from the brain and other key organs.
- Tibb allows the body’s qualitative imbalances to be corrected.

C5. Emotional State
Emotional disturbances can have an adverse effect on several physiological functions in our body. For example, persistent depression and grief are linked to digestive disorders and sleeping disorders, excessive anger to stroke and hypertension, and unresolved anxiety to nervous complaints. However, persistent or repeated emotional suppression or aggravation may make a person more susceptible to microbial infections, by having a negative impact on the immune system. These changes may also prepare the way for the onset of cancer, although there is no firm evidence that emotional factors play a direct role in cancer formation.
Unrelenting stress disturbs the normal levels of hormones in the body, and this seriously affects the immune system. It is a proven risk factor for the onset of many chronic diseases, such as diabetes, heart disease and hypertension. In theory, the stress hormones (cortisol, adrenaline) may transform a normal cell to a cancer cell, or stimulate pre-cancerous cells into reproduction, or the hormones may interfere with the body's normal cancer-control mechanisms.

Stress, arising from a life-changing event such as divorce or job loss, may trigger the onset of cancer, especially breast cancer, but this school of thought is controversial. Even so, if stress and cancer are linked, the effect of stress is much lower than ageing and lifestyle factors such as diet and personal habits.

Chemotherapy itself is often followed by severe emotional damage – the so-called ‘chemo-brain’. This often has a devastating effect on the patient's quality of life, by disrupting social relationships, employment and self-confidence. These effects can persist for many years.

**The Tibb view:**

- **The main emotional tensions are from anxiety, anger, fear and nervousness, and are linked to humoral imbalances.**
- **Tibb feels that unresolved emotional tensions help to create the terrain for the onset of cancer.**
- **Resolving inner stress by meditation and other relaxing techniques is recommended as a general lifestyle action.**
- **Tibb can offer relief from ‘chemo-brain’ by counselling on meditation and spiritual exercises.**

**C6. Elimination & Retention**

Many cancers, as many as 20%, probably arise from exposure to environmental toxins, whether in our food and drink, or in the air we breathe. Many thousands of artificial, new-to-nature chemicals have been brought into the living environment since the dawn of the industrial revolution, for use in cosmetics, agriculture, food processing, household products and industry. Fortunately, our bodies are well equipped to eject these, using a complex system of detoxification mechanisms. However, the sheer load of artificial toxins may overwhelm these mechanisms over time, making the body vulnerable to their toxic effects. Chronic diseases, including some cancers, appear.

Toxic effects may also result from the build-up in the digestive tract of undigested residues from processed foods. This interferes with nutrient absorption, and results in hardened faecal matter. The body's waste elimination processes are stressed, and the immune system damaged.

**The Tibb view:**

- **Tibb recommends avoiding environments where airborne toxins may be present.**
- **Adopting eating habits which promote regular bowel actions should be considered as part of daily living habits.**
- **Tibb suggests plenty of seasonal and regular fibre-containing fruit and vegetables.**
Personal habits and behaviour

- Cigarette smoking may contribute to up to 30% of lung and other respiratory cancers in some countries.
- Regularly drinking alcohol to excess increases the risk of oesophageal and liver cancer. Up to 10% of cancers in males, and 3% in females, are linked to alcohol consumption.
- Regularly eating in excess leads to overweight or obesity, and this increases the risk of cancer.

Prevention of the onset and progress of cancer

Many cancers – maybe as high as four in ten – can be prevented by attention to lifestyle, personal habits and behaviour.

Cancer prevention embraces all active measures taken to decrease the risk of cancer, and inhibit its progress. Most cases of cancer arise from the combined effect of several environmental risk factors: many of these can be kept under control by sensible lifestyle behaviour. Perhaps more than 30% of cancer deaths can be prevented by avoiding risk factors brought on by the Lifestyle Factors including: constant exposure to air pollution, an inadequate diet, lack of reasonable physical activity, poor elimination of toxins, and poor quality sleep. Personal habits such as smoking and excessive drinking, and those leading to constant overweight and community-acquired infections also contribute.

Herbal therapy in cancer

Herbal therapy (phytotherapy) is an important member of Tibb’s range of Regimental Factors, alongside dietotherapy, cupping and massage. A number of herbal medicines have been used over the centuries to alleviate the suffering that invariably accompanies cancer. More recently, the side effects of chemotherapy and radiation therapy have been the target of herbal therapy.

Ginger (Zingiber officinale) is a common component of many natural herbal medications. It has been used for centuries added to food or as a tea in the treatment of nausea, vomiting, indigestion, diarrhoea and other digestive system upsets. It is also used extensively to treat headaches, arthritis and colds. Tibb classifies as a hot spice, so its beneficial use in cancer, which is a cold and dry qualitative disorder, is predictable.

We now know that ginger contains a number of natural substances, such as gingerol and shogoal, which confer protection against various cancers. Pharmacologically, the various components of ginger show potent anti-inflammatory and anti-oxidant properties, so may inhibit tumours forming and spreading. This is achieved by inhibiting angiogenesis, which is the formation of new blood vessels needed by the spreading cancerous tissues. Ginger also has the ability to bring on apoptosis, or programmed natural cell death.

Garlic (Allium sativum) is one of the most powerful healing spices, used medically for more than 5000 years. It is used extensively to relieve colic pain, flatulence and dyspepsia. Garlic (and onions) are rich in phyto-nutrients, and its properties include boosting immunity due to its antibiotic and anti-inflammatory qualities, and its ability to block cell proliferation and tumour triggering substances. There is a link between garlic consumption and cancer prevention, especially of the oesophagus, stomach, colon, pancreas and breast. Garlic has qualities of heat, which, like other heating spices, can play a key role in cancer treatment. Even so, patients suffering from many of the side effects from conventional cancer therapy may benefit from taking garlic regularly.
**Turmeric** (*Curcuma longa*) has been used traditionally for the treatment of a wide range of digestive, liver, muscle and skin disorders, and as a protection against many disorders. It has numerous pharmacological properties, such as anti-microbial, anti-oxidant and anti-inflammatory activity. It also exhibits potent anti-cancer activity, as it seems capable of shrinking certain types of tumour and inhibiting their blood supply.

There are many other herbs which have benefitted cancer sufferers. Wormwood is effective against opportunistic yeast and other infections, and Milk Thistle in protecting the liver from chemotherapy. *Sutherlandia* opposes wasting in patients, and Goldenseal gastric upsets. The pain which often troubles cancer sufferers often responds to *Bromelain, Papain, ginger* or *Turmeric*.

The pharmacological properties of a number of these herbs have been identified. Some have been shown to have anti-cancer activity (e.g. *Berberis*); stimulate interferon synthesis (*Astralagus*); or have anti-inflammatory activity (*Sutherlandia*); immune boosting properties (*Echinacea*); or anti-microbial activity (*Goldenseal*). These too have a part to play when treating developing cancer, or in the amelioration of side effects from conventional treatment.

**Benefits of natural cancer therapy**

Here are actual figures of lives saved annually from cancer by a number of basic, reasonable changes to lifestyle, habits and behaviour. They are from a country similar in population size as South Africa (in this case the United Kingdom).

**Panel 6a: Benefits gained by lifestyle changes**

- **Eating fresh vegetables and seasonal fruits**
  This reduces the risk of cancer of the oesophagus, larynx, stomach, mouth and lung.
  Estimated lives saved: **15,100**

- **Keeping a healthy weight from diet and exercise**
  This reduces the risk of cancers of the bowel, breast, kidney, uterus, oesophagus, pancreas and gall bladder. Estimated lives saved: **18,100**

- **Eating less processed food, especially red meats**
  This reduces the risk of cancer of the bowel. Estimated lives saved: **8,800**

- **Eating a high fibre diet**
  This reduces the risk of cancer of the bowel. Estimated lives saved: **5,100**

- **Being physically active**
  This reduces the risk of cancer of the breast, bowel and uterus. Estimated lives saved: **3,400**

- **Eating less added salt or salty food**
  This reduces the risk of cancer of the stomach. Estimated lives saved: **1,700**

**Panel 6b: Benefits gained by changes to personal habits**

*Giving up smoking, and avoiding smoky venues*  
This reduces the risk of cancer of the lungs, oesophagus, mouth, larynx, bladder, bowel, pancreas, kidney and many other organs. Estimated lives saved: **64,500**
Drinking less alcohol
This reduces the risk of cancer of the breast, mouth, oesophagus and bowel. Estimated lives saved: 12,800

Avoiding over-exposure to sunshine
This reduces the risk of malignant melanomas forming. Estimated lives saved: 11,500

Panel 6c: Benefits from changes to personal behaviour

Breastfeeding new-born babies
This reduces the risk of cancer of the breast and ovaries. Estimated lives saved: 2,700

Avoiding contracting infections
HIV, herpes, hepatitis, H. pylori all increase the risk of one or more cancers of the stomach, blood, breast, oesophagus, bowel and many more forms. Estimated lives saved: 10,600

Reducing occupational risks
Asbestos and chemicals increase the risk of cancers of the lung, breast and several other organs. Estimated lives saved: 12,100

Summary
Cancer is, in many – perhaps most – cases, a seriously chronic disease of lifestyle. The majority of cancers are due to a faulty way of life, unhealthy personal habits and poor hygiene, or a combination of these. Genetic factors are present, but these seem to be of minor importance. As such, cancer is a huge and increasing medical problem confronting the South African healthcare scenario. In spite of impressive advances in its conventional treatment, satisfactory cure is elusive, and cancer remains a high-mortality group of diseases. A disturbing possible side effect of some prescription drugs is cancer.

Mainline conventional aggressive treatment revolves around the trio of chemotherapy, radiation and surgery. Not only do these procedures lack true precision, but they, especially drug therapy, are seriously prone to severe, adverse and life-changing reactions. Furthermore, chemotherapy is only really effective in cancers which show rapid disordered tissue growth, and the overall success rate is seemingly very low.

Tibb strongly believes that most chronic diseases such as cancer often result from, or are aggravated by, an imprudent or even self-destructive way of living. The Tibb approach is: (a) prevention, by lifestyle improvement and changes to personal habits and behaviours; (b) the use of techniques reducing the side effects accompanying chemotherapy and other treatment; (c) restricting the impact that the cancer has on the patient’s quality of life; (d) help in dealing with the emotional aspects of the patient’s condition.

Overall, Tibb acts by assisting Physis to restore and maintain the harmonious balance between the physical, emotional, mental, social and spiritual factors which underpin optimum health. It does so taking into consideration the unique temperamental needs of each person. Sound practical advice is offered on lifestyle - modifying the patient's diet, improving sleep patterns, encouraging exercise, for example.
Further reading


Runowicz, Carolyn D and Cherry, Sheldon (2004). *The Answer to Cancer*. Rodale, USA.

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