ROLE OF LIFESTYLE FACTORS IN THE MANAGEMENT OF TYPE 2 DIABETES

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Evaluation Report: Pilot Research Project undertaken by Unani-Tibb Diploma Students* on the benefits of incorporating governing (lifestyle) factors into the treatment of patients with Type 2 diabetes in a South African rural and urban clinical settings

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Executive summary

Introduction.

A mandatory requirement for the award of the UWC Diploma in Unani-Tibb is the satisfactory completion of a pilot research project evaluating the effectiveness of Unani-Tibb principles in health promotion and the treatment of disease. This report details the results obtained in treating patients with Type 2 (non-insulin dependent) diabetes by enhancing the patients' governing (lifestyle) factors.

Aims & objectives.

The primary objective was to ascertain whether governing (lifestyle) factors, a central tenet of Unani-Tibb therapy, can have a positive influence in the clinical course of patients with Type 2 diabetes in a real-life clinical context, as reflected by changes in their quality of life indicators and blood glucose levels. The secondary objective was to assess the reduction if any in orthodox hypoglycaemic medication ("drug sparing") that the intervention allows.

Methodology.

Five student investigators, under appropriate supervision, between them treated 55 Type 2 diabetic patients for at least 3 months according to Unani-Tibb therapeutic principles, predominantly by modification of the governing, or lifestyle, factors. All patients were considered stable in terms of blood glucose levels, and receiving either conventional (allopathic) or Unani-Tibb medication. The study centres were located predominantly in the Eastern Cape, in both rural and urban settings. The primary clinical end-point, the Quality of life index, was based on 15 subjective parameters obtained by face-to-face interview. Changes in other vital clinical parameters (random blood glucose; changes in body mass) were noted in some of the investigators' reports. Other clinical end-points and changes in signs and symptoms were also measured as the investigators' operational situation allowed.

Results.

In terms of the quality of life assessment, Unani-Tibb therapy achieved particularly impressive responses in the fields of patients' understanding of the disorder, and consequently better personal control over it. This was reflected in better self-esteem. Furthermore, patients noted a marked improvement in personal energy levels and increased awareness of the benefit of consistent treatment. The patients claimed a more positive feeling about their ailment and its outcome, with a better personal life reported. Overall, there was a noticeable improvement reported for global Quality of life and current health status, with better sleeping patterns and emotional states recorded. An improvement in the patients' occupational and social competence was noted. Patients were generally satisfied with their treatment, although this did not extend as much to the cost and value of present therapy. Finally, there was a tendency for patients to recommend this form of therapy to their friends if approached.

In terms of clinical parameters, there was a definite, sustained reduction in blood glucose levels over the period during which the governing (lifestyle) factors were applied, although there was substantial variance between the cohorts of patients investigated. In the limited number of patients where urinalysis was applied, an impressive improvement recorded.

Conclusion.
The improvements recorded for the quality of life indicators and the positive changes observed in blood glucose levels in this pilot research project certainly suggest that the reinforcement of the governing (lifestyle) factors can play an important part in the management of patients with Type 2 diabetes.

Recommendation.
In spite of the acknowledged shortcomings of this pilot study, the possibility should be explored further whether acceptable, regulated lifestyle changes can improve the quality of life of Type 2 diabetic patients in a cost-effective manner, and so reducing their need for hypoglycaemic medication, and leading to substantial savings in conventional therapeutic costs. Standardisation in the methodological aspects of the study is an essential requirement, and should be addressed by prior training.