



TIBB
A SCIENCE OF MEDICINE
THE ART OF CARE

Tibb: a review of its role in South Africa

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Summary

Tibb, also known as Unani-Tibb, is a total system of health, practiced for centuries, which draws on the original principles of care developed by Ibn Sina (Avicenna) in the late 10th and early 11th century. These in turn were derived from the earlier work of Hippocrates, Galen and other pioneers of healing. Worldwide, the practice of Tibb is presently enjoying an upsurge of interest, as disenchantment grows with orthodox medicine. It has particular relevance to the South African healthcare scenario, as it offers a proven, cost-effective therapeutic approach, and can either stand alone as an appropriate system of complementary medicine, or be used as a major partner in integrative medicine, alongside orthodox medicine.

The Tibb philosophy rests on a number of pillars. One is the uniqueness of each individual's temperament regarding both diagnosis and treatment. Another is the encouragement of healing by encouraging personal empowerment. A third is the concept of physis, or the body's innate power to heal from within. Therapy involves the rational use of natural and herbal medications, the intensive application of dietotherapy. In addition, a number of physical procedures are employed, including cupping, massage, and acupuncture. Practical advice on modifying the patient's lifestyle also assumes an important part of this medical system.

A brief history of Tibb

Tibb (also known as Unani-Tibb) can trace its roots back to the remote past. The key players in the origin and development of the principles and practice Tibb are Hippocrates, Galen and Avicenna. In many ways this triumvirate can be regarded as the founders of present day Western medicine, as by early in the 18th century, Tibb was the bedrock of virtually all medical practice in the civilised world, including the West(1). It flourished in Europe, the Americas and on the Indian sub-continent until early in the 20th century, when chemical or allopathic medicine emerged and began to dominate the therapeutic scene.

Hippocrates of Cos

The ancient Greeks are generally regarded as the founders of medicine as we know it, as they played a major role in releasing medical thought from the shackles of magic and superstition, and bringing it into the realms of science. Tibb probably originates in the time of Hippocrates (469-399 BCE), who introduced new benchmarks of ethical behaviour, clinical observation, case-histories and therapeutics(2). He regarded the body as a complete, integrated whole, was probably the originator of the humoral theory, embraced the concept of physis, and is associated with a collection of medical books, the Hippocratic Corpus(3). His school of medicine stressed the need for careful observation of both the physical and mental condition of the patient, and also the effect of the immediate environment. The purpose of medical care, he is reputed to have stated, was to assist the patient's natural recuperative powers - the doctor within - thereby helping him or her reject the disease and restore health. Reliance on the body's self-healing mechanisms was promoted, with external agents - herbal products usually - reserved for difficult or intractable cases(4)

Galen

alen of Pergamon (131-201 CE), another early pioneer, was largely instrumental in returning the practice of medicine to the high standards set by Hippocrates(5), especially in the importance of symptom observation, identification and recording. He had a major influence on the thinking of Arab and Western physicians later in the Middle Ages.

He wrote many books covering diagnosis and treatment (and many on anatomy, physiology and surgery) most of which have survived(5). His writing often revealed a strong spiritual foundation. Although well wide of the mark on a number of medical and surgical issues, in others he was in advance of his times.

e considered that a medicine could only be effective if the healer was aware of the patient's constitution and personality, age, physical environment, and understanding of the medication's timing of administration, and the quantity given.

Ibn Sina (Avicenna)

t the time of the so-called dark ages in Europe - between the 10th and 13th centuries - medical knowledge was sustained and developed by the Arab civilisation, which continued to embrace the basic teachings of Hippocrates and Galen. One of the first masters of Arab medicine was the polymath Al Razi (Rhazes), who listed the medicinal plants used in his time, and described the preparation of numerous remedies and ophthalmologic lotions. Other eminent players in the development of pharmacy were Al Zahrawi (Albucasis) and Ibn al-Abbas, who refers to no less than 585 different remedies(4).

Perhaps better known by the West is Ibn Sina (Avicenna: 980-1037 CE), the "Prince of Physicians", this Persian polymath had time, in his relatively brief life, to write at least 16 books on medicine, and 156 on non-medical subjects such as astronomy and philosophy. He was arguably the most famous physician in the history of medicine(4), being responsible for the Canon of Medicine, the most comprehensive and authoritative description of the Greco-Arabic system of medical science known up to the 10th century. It was used as standard text in European and Middle Eastern universities until well into the 17th century.

The Canon not only distilled the essence of medical knowledge inherited from the previous Greek civilisation, but added substantially to it in the light of experience, empirical observation and experimentation. The Canon was perhaps the most important influence on European medical thought for more than five centuries. When the centre of gravity of medical practice moved from the Middle East to Al-andalus (Andalusia, in Southern Spain) in the 9th century, a "Golden Age" ensued, in which the development of medical care and pharmaceutical science gathered momentum(2).

The Western contribution

lthough interest in traditional Indian, Chinese and other medicine is increasing rapidly in popularity worldwide, holistic medicine is not the sole prerogative of the Eastern region. The Western world has its own form of traditional medicine, exemplified by the 17th century herbalist, apothecary and astrologer, Nicholas Culpeper - the 'English Hippocrates' - a famous practitioner of alternative and holistic medicine. His medicine was the medicine of Hippocrates and Galen, which had been used traditionally throughout Europe for 1400 years or so. Culpeper communicated this system of holistic healing to his fellow countrymen (not just learned medics) both by writing original works of his own, and by translating those of the leading medical practitioners from Latin into English. Culpeper's Herbal is still in print after over 300 years(1).The main reason for the continuing popularity of this treatise, despite the 17th century language style, is that the message of his teachings are as relevant now as they were in his time. They are founded on the universal principles of health maintenance and healing which are still observed by billions of people, mainly in the so-called developing world. On this point Culpeper's philosophy is contrary to that of present day orthodox medicine, which generally treats the mind and body as separate entities, as part of a complex machine, with the therapeutic emphasis on fixing what has apparently gone wrong with this machine, and focuses primarily on suppressing symptoms. Culpeper would be more comfortable with the paradigms embodied in many traditional medicine doctrines. In these, the emphasis is on the functioning and interaction of the human mind and body, both with respect to the individual body organs, or their parts, and also with regard to the operation and integrity of the whole being.

Pillars of Tibb philosophy

Elements.

Without the technology that is available today, the early Greek philosophers were unable to measure the relationships between energy and matter. However, within the scope of their understanding of physics and metaphysics, they considered that there were four basic elements in primary matter. These four elements are symbolically represented by earth, water, fire and air(6). Each element has a fixed combination of the universal qualities of heat, coldness, moistness and dryness. According to this, earth is symbolised as being cold and dry, and is solid; water is cold and moist, and is liquid; air is hot and moist, and is gaseous; and finally fire is hot and dry, and is plasma-like.

According to Ibn Sina, the elements are simple indivisible matter, which provide the primary components for everything in the universe, including the human body. The existence of various substances (compounds) in nature depends on their combinations. Depending on the ratio of the qualities, they are present in a state of equilibrium resulting in an overall quality for this compound. This overall quality in a state of equilibrium is termed 'temperament'. In the human being the natural state is found on a continuum between heat and coldness, and between moistness and dryness. Overall, there is a predominance of heat and moisture. Many clinical disorders arise from disturbances in the balance of qualities, and therapy is designed to restore the balance unique to the patient.

Physis is the vital life force which Tibb asserts is inherent in the human body. Every living person has a reservoir of energy which is the driving force behind maintaining equilibrium, or homeostasis, in the myriad of complex processes termed life. From physis is derived the term 'physician' or one who manages physis, so healing the sick by expert guidance and coaching. Physis is a manifestation of purpose in the human body, which is both spontaneous and autonomous.

Although the term physis has been incorporated from early Greek medical thought into Tibb philosophy, the basic concept as such is by no means unique or exclusive to this medical discipline. Exponents of Chinese medicine and acupuncturists use the term 'Qi' (or 'Ch'i'), homoeopaths call it 'dynamis', practitioners of Ayurveda refer to 'prana', and in early Western medicine it was the 'etheric body'. It has also been described as 'the vital force' and 'natura'. In the human being, physis has an innate ability to orchestrate the body into maintaining dynamic optimum functioning, or homeostasis. It acts internally to heal the body when it is sick, restore it when it is depleted, and help the body develop and thrive when supplied with suitable nourishment. As the regulator for homeostasis, it is essentially the human's 'inborn intelligence of health'(7).

In the early days of the Western medical tradition, physis was used to describe the natural vitality of the immune system in its spontaneous response to environmental influences. This was quickly brought into action to react to both supportive and disruptive factors. In many respects, what the early philosophers referred to as physis encompasses many features of the vitality of the immune system.

Temperament.

For centuries, philosophers, scientists and artists have examined the basis of human personalities, and tried to determine why human nature can encompass such limitless variety of thought, emotion and action. These days, we have numerous profile assessment schemes which claim to describe, label and measure the human personality, often in great detail(8,9), and these are widely used in the physical, mental, emotional health spheres, and even in recruitment and marketing. However, our understanding of how personalities arise, or why people differ so much, has not moved much beyond that of the Greek physician, Galen(10). He proposed that personality reflects different mixtures (admixture) of the body's four humours - symbolised by blood, phlegm, yellow bile, and black bile. These admixtures gave rise to the four basic temperaments: sanguinous is characterized by being hot & moist; phlegmatic which is typically cold & moist; bilious which is regarded as hot & dry; and melancholic which has cold & dry qualities.

In more recent times, Carl Gustav Jung described the four basic archetypes, which correspond closely to the four dominant temperaments: (a) the sensing extrovert (equivalent to the sanguine); (b) the intuitive extrovert (equivalent to the bilious); (c) the sensing introvert (equivalent to the phlegmatic); and (d) the intuitive introvert (equivalent to the melancholic)(11). Also, recent studies on the biochemical nature of human tissues, especially blood, reveal a tremendous range of profiles, which could possibly relate to the myriad of temperaments which characterise the human being. In fact, recent studies(12) of personality formation, endocrine activities, metabolic processes, developmental patterns and family history do not contradict the existence of the four basic temperaments, and imply that there is increasing evidence to affirm the reality of these four humoral forces. When in dynamic harmony they co-operate together, encouraging health and harmony, whereas when out of balance they lead on to disease and disharmony.

Tibb regards the temperament as an amalgam of the individual's personality and physical constitution. It is our uniquely human way of expressing the balance of four forces that govern all things according to the early medical pioneers' understanding of health and disease. The term temperament can also be broadly extended to every level of creation of matter. All matter has a specific temperament; for example the carbohydrates, proteins, fats and minerals, or even the organs and tissues that make up the structures of humans(13). It can be used to embrace the concept of the state of equilibrium or homeostasis within a cell, a tissue, an organ, or the entire body upon which life at that level of organisation depends(14). Although the concept of temperament is several centuries old, it has endured(9). In addition, temperament can claim a major advantage over many of the more recent profiling techniques: it includes a measure of physiological parameters. Temperament, in fact, combines both psychological profile and physical constitution. This is particularly valuable as there are proven links between physical characteristics and the psychological state. In Tibb practice, considerable effort is expended on identifying both the dominant and subdominant temperament of the patient.

Microcosm and microcosm.

b0 The relationship between an individual and the environment is an important consideration in Tibb. At the heart of Tibb philosophy is the belief that all of creation is an integrated, interacting system that seeks to maintain itself through homeostasis - a balanced interaction of all its parts. The philosophical basis of Tibb is consistent with most traditional systems of medicine, which themselves are in keeping with the concept of 'worldview'. This recognises that humans are part and parcel of the universe, interacting at numerous levels. Not only is the human being (as the microcosm) made up of the same matter as everything else in the universe (macrocosm) but that everything in the universe is interconnected. This worldview recognises not only the relationship between the macrocosm and microcosm but also the presence and role of a Supreme Wisdom that controls and orchestrates every action and reaction(15).

Hippocrates considered that for life to continue requires a reciprocal association between the organism and the environment, and that disease arises from a disruption of this harmonious relationship. He postulated that the human being accepts from the environment all the material which can be used for energy or structure, and rejects that which cannot be used or is the residue of what has been utilized. We as individual human beings are, he suggests, connected to the environment in many ways: via our behaviour in our families, our communities, our societies, our activity on the planet, and our very existence. Everything we do has repercussions far removed from ourselves. We connect with the macrocosm by our behaviour, our actions, and the air that we breathe. This concept was originated at a time in human development when there was little in the way of scientific equipment or other analytical resources, and when simple observation, intuition and deductive reasoning were often the only investigative tools available. Interestingly, this concept has recently come under scrutiny by cosmologists and nuclear physicists, with considerable controversy surrounding arcane matters such as gravitation waves, the anthropic principle, string theory and quantum mechanics(16).

Present day Tibb

Tibb is a major player in the medical treatment of a substantial proportion of the world's population. Its practice is most prevalent in India, Pakistan and neighbouring countries. In India alone there are 43,000 registered Tibb practitioners, 312 fully staffed Tibb hospitals, 958 Tibb dispensaries, 39 colleges (including 5 offering post-graduate training) a Central Research Institute, 7 Regional Research Institutes, 12 Clinical Research Institutes, and 17 other related Institutes(6).

The awakening interest in complementary medicine in general, and in Tibb in particular, is reflected in a recent surge in relevant literature(6,9). Chishti not only synthesises and refines the principles and practices of Hippocrates, Chinese medicine and Tibb, but also reviews and elaborates upon the teachings of Ibn Sina. A present-day interpretation of one of the basic tenets of Tibb is provided by both Rolfe (2003) and Kagan (1994), who examine the concept of temperament in a more modern light. This complements other publications appearing earlier which reiterate the over-riding importance of the person's unique temperament in the health maintenance and disease alleviation scenario(8). A more recent indication of this awakening interest is the review of temperament and disease(17).

In practical terms, Tibb therapy is based on the hypothesis that a particular illness has developed in the patient due to a disharmony in his or her temperament, so causing a deviation from the ideal(2,18). Treatment is therefore directly aimed at restoring the balance to the patient's temperament. An important option of Tibb therapy is the elimination of toxins from the body, by one or more of a number of established processes. Treatment methods include the use of accepted medication, the application of appropriate surgical procedures, and the practice of regimental therapies. It also involves extensive critical examination and possible modification of lifestyle factors.

One of these is the rational use of dietotherapy. Tibb places great emphasis upon food and drink intake, as it considers that most ailments arise primarily from long-term errors in dietary composition and eating practice(19). The rationale of Tibb dietotherapy is based on the temperament of the patient, the qualities of the food recommended for consumption or avoidance, and the nature of the clinical disorder presently affecting the person. The digestive processes - digestion, assimilation and residue expulsion - also come under scrutiny. Dietotherapy involves a programme of dietary modification, in order to address the underlying disequilibrium in temperament. The consumption of specific foods is encouraged, and the omission of deleterious foods discouraged. This programme is exemplified in the recently published book on dietary options for different clinical ailments and temperamental make-up(20). The importance of diet shows how relevant today are the principles of holistic medicine as advocated in the past. For example, a review(21) suggests that advances in the understanding of the effects of free radicals on the body has encouraged the health-conscious trends focused on anti-oxidant therapy and especially on the increased consumption of fresh fruits and vegetables. This has lent more credibility to toxæmia theories in Tibb and other forms of complementary medicine, and to the restoration and promotion of eliminative techniques such as cupping, enemas, fasting, food selection and detoxification.

Although Tibb can be used to treat a similar range of ailments as orthodox medicine, it differs, however, in several ways. Unlike orthodox medicine which looks for a single cause of a disease - microbial, genetic, injury - and a single approach to the cure, Tibb considers that disharmony in the body is one form or another is ultimately responsible for the onset and development of disease. In addition, Tibb regards symptoms of an illness to be the language of the body, to be listened to and acted upon - not to be suppressed, as with orthodox medicine. The basic axioms of Tibb can be succinctly stated(2):

- Therapy should be safe - 'first do no harm'. Treatment should not contain substances in amounts that may be physically harmful, or practice therapies that may be detrimental.
- Therapy should not replace healthcare practices which are accepted as effective - Tibb can be part of an integrative approach, especially with orthodox medicine.
- Therapy should not exploit the emotional state of distressed or desperate people opportunistically - over-servicing of patients is frowned upon. Neither should therapy incur unnecessary or unjustified expense.

- Therapy should encourage a balanced diet so as to meet nutritional needs - "the source of all ailments is the stomach" (Hippocrates)
- Therapy should have, and be seen to have, positive benefit - it is not to be promoted as a trendy or fashionable fad.

Tibb and the South African scenario.

he healthcare scenario in South Africa consists of three main medical systems existing simultaneously, and operating in parallel. There is the professional, legally sanctioned orthodox medical system, which is well situated in both the public and private sectors. There is an extensive but largely unstructured African Traditional Medicine system which flourishes in both the rural and urban environments. Finally, there are the various complementary medical systems, which include, amongst others, homoeopathy, chiropractic, Ayurveda, Chinese Medicine and Tibb. Unfortunately, resorting to orthodox medicine in the foreseeable future is beyond the reach of many, if not most, of the South African population. The reasons can be found in basic economics, poor accessibility for the majority of the population, aggravated by escalating and largely unaffordable costs to both the patient and the healthcare providers, and an increasing awareness that orthodox medicine is not particularly cost-effective. Moreover, general healthcare in South Africa is presently in the throes of a major reorganisation, in order to reflect and serve the specific demographic composition and priority of needs of the whole population. The dilemma confronting those involved in drawing up policy for future healthcare is how to provide basic medical care and treatment which is effective, affordable and appropriate for the population as a whole, without compromising the advantages that orthodox bio-medicine undoubtedly brings. The impending escalation in the incidence of a number of diseases is also a source of great concern to our healthcare authorities. Irrespective of the debate about the actual incidence of HIV/Aids, and the associated mortality, there is now strong, unequivocal evidence that this pandemic is making serious inroads into the efficient provision of healthcare throughout the country. The incidence of tuberculosis remains stubbornly high, and is expected to rise even higher as HIV/Aids takes its toll. Moreover, outbreaks of malaria and cholera are still common, and expected to become more frequent and severe as global warming and other environmental changes exert their influence. On top of this, there are the diseases of an affluent lifestyle which are afflicting a number of developed, and some developing, countries. Heart failure, coronary heart disease, diabetes, asthma, osteoporosis and other disorders are now assuming the form of serious, albeit low-key, epidemics. The upsurge in these diseases is now beginning to make its presence felt in South Africa, and the need for a different approach in healthcare provision is becoming more acute in the light of major changes in the 'spectrum of disease' which will badly affect us, sooner or later.

With these challenges in mind, Tibb was introduced into South Africa from the Indian sub-continent in 1997 and set up in the Ibn Sina Institute of Tibb in Johannesburg. The Institute presently has interests in education, training and the development of healthcare products, and is heavily involved in a number of social responsibility programmes - clinics in the rural areas, education programmes, and nursing instruction. The Institute has close academic ties with Hamdard University in Pakistan, and Jamia Hamdard in India, both of which have long been the centre of Tibb medical education on the Indian sub-continent. At the national level, since 2003 Tibb has been taught at both the under and postgraduate level at the University of the Western Cape. Tibb has also been introduced into the elective programmes for 2nd year medical students in the orthodox medical training at the Nelson Mandela School of Medicine of the University of Natal.

Tibb has a number of features which destines it to play a positive and important role in the South African medical scenario. One is that it has a number of congruencies with African Traditional Medicine. These include the recognition of the spiritual dimension in the healing process, the acceptance of the humoral theory, the use of natural substances therapeutically, and certain cultural practices such as cupping, purging, and the importance of appropriate lifestyle changes. The introduction of Tibb occurred at a fortuitous time in South Africa's history, as the White Paper of 1997, as well as the National Drug Policy of 1994 both of which were issued by the Department of Health, advocate the integration of traditional and other medical systems to meet the objective of providing affordable, effective and accessible healthcare for all sectors of our population.

Conclusion

Tibb is not a recently created medical system, arising in response to the dictates of modern fashion. It is a caring system which has a long and proven tradition, extending back many centuries, of healing the sick and maintaining health. Its practice is firmly rooted in a philosophy that includes concepts such as temperament and physis, which provide the basis for a rational body of medical knowledge. As such, it recognises the physical, mental, and spiritual dimensions to health and disease, and accepts that most disorders are multifaceted in origin. Tibb is health-affirming, rather than focusing on suppression of symptoms. It accepts the uniqueness of all persons, and organizes therapy appropriately. Treatment is directed at eliminating troublesome symptoms initially, then by dealing with the underlying pre-disposing factors of the ailment by herbal therapy, dietotherapy, and the encouragement of a range of behavioural changes by the patient.

Does Tibb have a part to play in the South African medical context? The present medical system is troubled by poor accessibility for the majority of the population, aggravated by escalating and largely unaffordable costs to both the patient and the healthcare providers, and increasingly perceived as being not particularly cost-effective. Many are convinced that Tibb has a positive and important role in the South African medical scenario.

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