



# Tibb Position on Autoimmune disease

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## **A. Overview on autoimmune disease**

Autoimmunity is an abnormal reaction to the body's tissues. The immune system reacts to the body's cells and tissues ('self') as if they were foreign substances or toxins ('non-self'). If this persists, or is severe, it becomes a *disease*. Conventional medicine has identified at least eighty autoimmune diseases, and these collectively affect around five percent of the population. They encompass the whole spectrum of physical disorders, ranging from uveitis to rheumatoid arthritis, and from psoriasis to multiple sclerosis. Many of them have inflammation as a clinical feature. One intriguing feature is that they appear to affect females predominantly. Virtually all are chronic in nature, and/or recurrent.

Conventional medicine asserts that these disorders arise from a malfunction of the immune system for some unspecified reason. This, it maintains, turns on and attacks otherwise normal body tissues, instead of pursuing its prime function – protecting the body from microbes, foreign proteins, environmental toxins and pre-cancerous cells.

Conventional medicine accepts that the immune system does not always work as it should. This leads to a miscellany of disorders such as allergies, infections, HIV/Aids and of course the autoimmune diseases. It concedes that there is no satisfactory way to manage this plethora of chronic disorders, let alone cure them. It therefore focuses almost exclusively on treating the patient's troubling symptoms with one or more powerful drugs, such as immune suppressants, anti-inflammatory drugs, corticosteroids and opioid analgesics. These essentially palliative drugs are prone to both serious side effects and longer term metabolic effects, which themselves require extensive treatment.

*Tibb has certain reservations about the nature of autoimmune disease.* Many aspects of autoimmune disorders are contrary to several of Tibb's basic principles. Tibb sees these disorders as a dysfunction in Physis (*see below*) which has arisen variously through a qualitative disharmony leading to humoral imbalance. This is largely the

consequence of a unique combination of inadequate diet and faulty lifestyle, toxic environmental factors and possibly genetic abnormality.

In most of these diseases there is a clear and marked gender difference in prevalence, with females generally more frequently affected than males. Compared to men, women are more cold and moist qualitatively, especially when pre-menopausal, and more cold and dry qualitatively following the menopause. Tibb infers from this that the underlying disorder may arise from a humoral imbalance, especially involving the phlegmatic (cold and moist) humour, and/or the Melancholic Humour (cold and dry). This offers a rationale for understanding the disorder, and the basis for its treatment. It even offers the prospect of a cure by addressing the underlying disharmony. In addition, many of the symptoms linked to several autoimmune diseases are associated with qualities of coldness and dryness, such as joint pains, osteoporosis, cramps, and dry eyes, mouth and skin.

In this Tibb Statement we examine the nature of some autoimmune diseases from both the conventional and the Tibb perspectives, placing special emphasis on their origin, prevention and treatment.

***Whatever the theoretical differences between Tibb and conventional medicine are, autoimmune disorders are generally chronic or recurring, so merit treatment with diet modification and other lifestyle changes, hands-on therapies and pharmacotherapy.***

### ***B. Autoimmune diseases in South Africa***

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A typical autoimmune disease is chronic, sometimes with acute flare-ups, and often life-threatening. It is a major healthcare problem in South Africa, as it is estimated to affect collectively 5% to 8% of its citizens. Autoimmune diseases are amongst the top ten leading causes of death in women and female children.

#### **The main autoimmune diseases in South Africa**

- **Rheumatoid arthritis:** Antibodies attach to the linings of joints. Immune system cells then attack the joints, causing inflammation, swelling, and pain. If untreated, it gradually causes permanent joint destruction. Treatment includes anti-inflammatory agents and various drugs that reduce immune system over-activity, such as corticosteroids.
- **Thyroiditis:** Inflammation with swelling of the thyroid glands, leading to fatigue, intolerance to cold, weight gain, muscle cramps and constipation. Signs are a slow heart rate, dry skin and a low body temperature.
- **Biliary cirrhosis:** The bile ducts are damaged by fibrous scar tissue, leading to symptoms of severe itching, fatigue, dry eyes and mouth. Osteoporosis often develops rapidly.
- **Sjögren's syndrome:** Located mainly in the upper body, it is diagnosed usually by its symptoms: dry mouth and eyes, difficulty swallowing, dental problems and joint stiffness.

- **Psoriasis:** Thought to be due to an overactive immune system causing T-cells to collect in the skin. This leads to skin cells reproducing rapidly, producing loose silvery and scaly plaques on the skin surface. Treated with immune suppressants.
- **Multiple sclerosis:** The immune system attacks nerve cells, causing symptoms including pain, blindness, weakness, poor co-ordination (especially when walking), urination difficulties and muscle spasms. Unusual sensations often occur. The most common nerve disease in young adults. Immune-suppressant drugs are used to treat this disorder.
- **Lupus:** People, mainly females, with lupus develop antibodies that attach to tissues throughout the body. The joints, lungs, kidneys and nerves are commonly affected. Symptoms are: muscle and chest pain, mouth ulcers, joint swelling and fever. A facial ('butterfly') rash and hair loss commonly occur. Treatment often requires daily oral corticosteroid injections.
- **Inflammatory bowel diseases:** In Crohn's disease and ulcerative colitis the gut lining becomes inflamed, with episodes of abdominal pain, urgent bowel movements, diarrhoea, bleeding from the rectum, fever, and weight loss. Mainline treatment is with immune-suppressing drugs.
- **Type 1 diabetes:** Antibodies attack and destroy insulin-producing cells in the endocrine part of the pancreas. Symptoms include excessive urination, severe thirst, weight loss, blurred vision and fatigue. Diabetics require regular injections of insulin, combined with dietary discipline, to survive.

### C. *The Tibb perspective*

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One of the cardinal features of Tibb is the concept of *Physis*. This is the intrinsic governor, or overall administrator, of the human body and, in fact, of all living creatures. It is the body's intelligence and the power it has for inner healing. It exists to keep the body in true harmony and optimum health by adjusting the myriads of metabolic and physiological processes. In doing so it maintains humoral and qualitative balance.

Major supporters or contributors to *Physis* are the *regulatory systems* – the endocrine, cytokine, nervous and immune systems. Collectively these are interconnected, and work together in close harmony. Any upset of one or other system is monitored, assessed and corrected by *Physis*.

***The concept of Physis is central to Tibb, but not unique to it. It is present in other traditional medical systems, especially Ayurveda and Chinese traditional medicine. It is also a component of more recent complementary healing systems such as Naturopathy and Homeopathy.***

The concept of *Physis* is not readily accepted by conventional medicine, for a number of reasons. One is that it cannot be isolated, analysed or quantified. Another is that it does not fit well into its own model of health and disease. In this, the body is viewed purely in physical or mechanical terms, albeit extremely complex. Disease occurs when one or other component of this complex machine malfunctions or fails. Treatment in conventional

medicine therefore revolves around dealing with the faulty part, sometimes by replacement, but usually by pharmaceutical drugs which stimulate the malfunction back to normal, or suppress its excess activity.

For Tibb, the idea that a major part of Physis would, for no apparent reason, lose control in an otherwise healthy body is difficult to accept. It would be completely against the purpose of living process for the body to self-damage for no apparent reason. Tibb accepts that when their life course is run, all cells and tissues must die and depart the body; not, however, clearly healthy and functional cells and tissues. *Tibb feels that different, plausible explanations for these diseases must therefore be sought elsewhere, and their true causes uncovered.*

Tibb accepts that Physis is well capable of organising the effective removal by digestion of damaged and dead tissue and metabolic detritus from all parts of the body – a process termed *autophagy*. It also accepts that Physis can arrange for the death of cells and tissues which are no longer effective, and which drain the body's energy resources – a process termed *apoptosis*. These processes help to maintain homeostasis or harmony within the body, and allow for normal functioning.

***The Tibb interpretation of autoimmune disease differs from that of conventional medicine on a number of important points:***

1. Why is there a clear preponderance of females in several autoimmune diseases? The reason is not known, but it cannot be explained by hormonal, pregnancy or genetic factors. Here are the relative proportions of certain diseases reported: (Ref: "Strengthen your Immune System" (2004) Reader's Digest)

<b>Autoimmune disease</b>	<b>Female / Male Ratio</b>
Biliary cirrhosis	9 : 1
Thyroiditis	7 : 1
Lupus	9 : 1
Multiple sclerosis	2+ : 1
Rheumatoid arthritis	4 : 1
Scleroderma	3+ : 1
Sjogren's syndrome	9 : 1
Type 1 diabetes	2 : 1

Young, pre-menopausal women tend to be dominant or sub-dominant phlegmatic in nature compared to their male counterparts. At menopause this qualitative situation moves to favour the melancholic state, which is cold and dry. These changes in qualitative balance would go some way in explaining this female/male preponderance.

***For Tibb, this suggests that qualitative imbalance and humoral disharmony may be the underlying pathological change responsible for autoimmune diseases. For type 1 diabetes this would refer to the cold and moist qualities, and for rheumatoid arthritis, the cold and dry qualities. This opens the door to a more rational approach with lifestyle changes, herbal therapy and hands-on treatment as ways of restoring harmony.***

2. Autoimmune diseases often (but not always) co-exist with inflammation. From the Tibb perspective inflammation is not a disease, but a normal Physis response to tissue injury, irritation or metabolic abnormality. In some situations, however, it escapes control and regulation by Physis, and this leads ultimately to a specific chronic disorder. It acts to reinstate harmony within the body by inflammatory mechanisms, so restoring previous good health. It is not to be suppressed, unless it escapes normal control and induces troubling symptoms.

***Tibb finds the combination of inflammation and autoimmunity in a disorder difficult to understand. On the one hand there is the immune system “attacking” the body’s own tissues; on the other hand there is a Physis response (inflammation) seeking to restore health by the natural healing mechanisms.***

3. Why are autoimmune diseases not self-limiting? The model adopted by conventional medicine whereby an army (the immune system) mutinies or revolts against the state (the body) implies that once it has been successful (or put down), the state returns to normality (or prime health). This clearly does not happen in disorders such as diabetes type 1 or rheumatoid arthritis.

***Tibb finds this conventional model of autoimmune disease implausible. It does not explain certain features, such as the gender difference in many disorders, nor why the various complex regulatory feedback mechanisms are incapable of dealing with a disturbed immune system.***

4. Conventional medicine’s concept of autoimmunity is *reductionist*. It claims that one or more malfunctions in the immune system are capable of bringing about a wide range of distinct disorders (at least 80 in number), with wide variations in symptomology, gender variance and the presence of inflammation.

***Tibb suggests that this is too simplistic. Instead, the relationship between the three organ systems (heart, liver, brain) and the three communication systems (immune, endocrine and nervous) is seriously malfunctioning, and this influences the form of autoimmune diseases and their typical characteristics.***

5. In an autoimmune disease, the patient’s immune system apparently attacks and damages the body’s own tissues, for no apparent reason. To date, no credible lesion in the immune system has been identified, which conventional medicine would be able to rectify by the use of drugs. Also, the molecular feedback mechanisms would surely correct this aberrant behaviour.

***Tibb has an alternative explanation for this pathological action, namely that for reasons mentioned elsewhere, the patient’s humoral or qualitative balance becomes disturbed, and needs to be rectified with diet, selected lifestyle changes, physical therapies and pharmacotherapy.***

6. Why do autoimmune diseases affect people of all age groups?. They would be expected to develop in the elderly and in the very young, as these are known to be more likely to develop problems with their immunity mechanisms.

***Tibb accepts that qualitative and humoral imbalances can occur irrespective of the age of the person affected. They can arise for the same reasons: poor diet, improper lifestyle, genetic factors, etc. Their effects can also be ameliorated by better diet, lifestyle changes, etc. selected for the particular disorder.***

7. In an autoimmune disorder, the tissues apparently attacked by the immune system are not diseased, senescent or functioning improperly. There appears to be no bodily stimulus to adopt hostile action towards normal, healthy body tissue. No microbe, toxin or environmental factor has been identified.

***Tibb does accept that the body's administrator – Physis – needs to identify, destroy and replace cells and tissues that are senescent, seriously damaged, non-functional or redundant by the natural processes of apoptosis and autophagy.***

#### ***D. Tibb's role in treating autoimmune diseases***

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**General support** applies to all autoimmune diseases. This takes several forms:

- (a) ***Lifestyle advice*** for ameliorating the symptoms of the disease, such as pain and inflammation;
  - (b) ***Therapies*** which improve the patient's quality of life, such as massage, cupping and herbal therapy;
  - (c) ***Counteracting the side effects*** of drugs used in the treatment of these disorders, especially immune-suppressants and anti-inflammatories;
  - (d) Measures to ***support the patient's Physis***, such as encouraging better sleep and physical exercise.
- **Eat healthy, well-balanced food** – follow an eating plan based on the nature of the autoimmune disease (fruits and vegetables, fats, whole grains, animal meat, water and additional nutrients).
  - **Get regular physical activity** – take advice on what types of physical activity to seek, such as yoga or tai chi exercise.
  - **Get proper rest** – this allows the body's tissues and joints time to detoxify and repair.
  - **Actively reduce stress** – anxiety brought on by stress can trigger a flare-up in some autoimmune diseases, so coping with daily stressors helps. Meditation, for example, often proves valuable.
  - **Seek quality sleep** – this helps Physis cleanse both the body and mind, and reduce stress levels.
  - **Therapeutic cupping, massage, steam baths** – all assist conventional therapy, and ameliorate any adverse effects.

**Specific support** applies to a specific autoimmune disease. It takes the form of:

- (a) **Specific dietary advice** for patients according to their temperament;
- (b) Adopting Tibb as a partner in the **Integrative Medical** approach to the management of the patient's disorder.

### ***E. The immune system***

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We have many effective mechanisms to protect us against a hostile environment. A major one is our general immunity, which includes the immune system. This is a tremendously complex and sophisticated structure which exists to protect us from internal cancer formation, microbe invasion and environmental toxins. It largely determines our general state of health, quality of life, and, ultimately, our longevity.

If the first barriers to hostile microbes, toxins and other foreign material into the body – the skin, mucous membranes, etc. – fail, they come into contact with the natural (or *innate*) immune system. This is a highly complex system of proteins, organs and white blood cells.

The immune system has to distinguish between “self” (our own healthy tissue) and “non-self” (what is foreign to our body). We are all born with this property, but its powers steadily diminish with age. Our immune system is unique to us, and each species has its own version. This explains why we do not get distemper from our dogs, and cats do not go down with the common cold.

We have a temporary (or *passive*) form of immunity from birth which lasts only for a short time. We receive it in the form of particular *antibodies* in our mother's milk. These seem to protect us during the early years from diseases which our mother has previously been exposed to.

There is also active (or *adaptive*) immunity, which is built up and developed through our life. It strengthens the immune cells against common diseases we contact as we live.

#### **Components of the immune system**

- **Organs** – lymph nodes, thymus, spleen, tonsils, adenoids
- **White blood cells** – neutrophils, eosinophils, basophils, lymphocytes (T and B), monocytes
- **Specialised cells** – macrophages, mast cells
- **Chemical factors** - interleukins, interferons, complement
- **Lymphatic vessels** – the network of vessels transferring lymph from tissues to blood.

*The body's major immune reaction to infection is known as the immune response. This is in two major parts:*

**(1) The antibody-antigen reaction**

- **Antigens** – Antigens are proteins covering the surface of all living cells. These aid our immune system in recognising cells which belong to our body (“*self*”), in contrast to invaders such as bacteria, viruses and fungi, etc., which do not belong (“*non-self*”), and cancers.
- **Antibodies** – When a foreign antigen enters our body white blood cells quickly detect and identify it, and launch an appropriate response. They trigger some other white blood cells (the *B lymphocytes*, or *B-cells*) into producing a large number of a specific *antibody*.
- These are specialised blood proteins (*immunoglobulins*) synthesised in lymphoid tissue. The antibody circulates in the blood stream and attaches to the antigen, render it harmless, so that is no longer a threat to our health. One specific antibody is synthesised for each antigen, whether it is from bacteria, toxins, pollen, fungal spores or any other alien protein.
- Antibody production also occurs when transplantation is carried out, and may be responsible for organ rejection. Antibodies can also neutralise poisonous or destructive substances (*toxins*) released by pathogenic bacteria which are responsible for blood poisoning, or *septicaemia*.
- After the antibody has neutralised the antigen, it remains in our body's bloodstream for some time. This means if we are exposed to another invasion by the antigen, the antibody is already in our bloodstream to repeat the destruction of the second wave of the antigen. This benefits us because we become resistant to the microbe which caused the first disease – we become immune.

*Other immune reactions to infection involve different white blood cells.*

**(2) White blood cells in immunity**

*These are mainly:*

- **Phagocytes** – These destroy and digest invading viruses, foreign proteins, etc. Two sub-types of phagocytes exist – *neutrophils* and *macrophages* (“*big eater*” in Greek). They secrete cytokines, messenger molecules which direct other immune cells to sites of infection which cannot be handled by the phagocytes themselves.
- **Lymphocyte T-cells** – These are the key players of *cellular immunity*. They help to manage the white cells recruited to fight infection, toxins and cancer. They constantly migrate between organs and tissues via blood and lymph vessels. They direct them to the sites where they are required, and recall them when their functions have been completed. There are three types – *helper T-cells* (also known as *CD4 T-cells*); the *cytotoxic T-cells* (also known as *CD8 T-cells*) and the *memory T-cells*. The **CD4 T-cells** secrete cytokines which inform other immune cells of the status of the immune system, and assist them in their action. This is why



the CD4 count is important in HIV/Aids diagnosis and therapy. The **CD8 T-cells** destroy blood and tissue cells which have already been infected with viruses. This eliminates viral replication, stopping further virus infection. The **memory T-cells** remember previous antigens encountered, so that a rapid immune response can be mounted if it appears in the body once more.

- **Natural killer cells** – These NK cells carry a cargo of toxic agents which kill any microbes, especially viruses, they meet. If they cannot kill directly, they restrain the microbes for a while, until other immune cells arrive in numbers. They have a prominent role in destroying cancer cells in their early stages

### (3) Other players in the immune system

*Another set of immune agents consist of small proteins:*

- **Interferons** – Small messenger proteins released by macrophages and T-cells. They have a major role in suppressing cancerous cells and eliminating viruses, and are used therapeutically.
- **Interleukins** – Control certain parts of the immune response, such as the formation of white blood cells. Many different ones have been identified. Some have been tested clinically.
- **Complement** – Antibodies can also activate *complement*, a group of enzymes and other proteins which dissolve the antibody-antigen combination, and can also break up foreign cells.

*Every person is unique, and everyone's immune system is different. Some of us rarely get infections, but others are forever suffering from coughs, colds or other disorders. Also, as we get older our immune system strengthens as it comes into contact with more and more pathogens, so we succumb less to colds and flu, for example, than do infants and very young children. Tibb sees this as another manifestation of temperament.*

### F. Disorders of the immune system

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- **HIV / Aids** – The human immune-deficiency virus (*HIV*) is spread primarily by sexual contact or body fluids, and leads to the acquired immune deficiency syndrome (*Aids*). It attacks the immune system, specifically healthy helper T-cells (T-CD4 cells). By effectively destroying the body's capacity to mount an adequate immune response to deal with alien microbes and abnormal cell formation, it leaves the body open to a wide variety of infections and cancers.
- **Allergies** – Allergy is an inborn tendency for a person's immune system to over-react to substances which are harmless to most people, such as pollen, house dust, moulds, feathers or cat dander and certain foods. It is probably the most common immune system disorder, affecting 10% of children and 5% of South Africans, and is on the increase. The antibodies normally produced to neutralise the allergen set off a chain reaction which leads to the release of excessive amounts of *histamine* and other substances such as the *leukotrienes* which promote inflammation. These trigger the signs and symptoms of an allergic attack.

**Allergic disorders include:**

- **Asthma** – a respiratory disorder that can cause breathing problems, often involving an allergic response by the lungs to allergens. The breathing tubes become narrow, mucus-laden and inflamed, making breathing difficult.
- **Eczema** – also known as *atopic dermatitis*, the main symptom is an itchy rash. Often brought on by an allergic reaction, it occurs mainly in children who already have other allergies.
- **Environmental allergies** – include those to dust mites, seasonal factors such as pollen in hay fever, drug allergies, food allergies to nuts or eggs, and toxic allergies to bee stings.

***Lifestyle factors are often involved in allergic reactions. The allergen may be present in the air we breathe, or the food we eat. Emotional factors such as stress contribute to the onset of an allergic reaction in some people. Physical exercise can also bring on an asthmatic attack.***

Allergic reactions are counteracted conventionally by drugs selected for particular allergies. Asthma sufferers, for example, will be given bronchodilators, corticosteroids and other anti-inflammatory drugs. Patients with skin allergies may be given topical antihistamines and corticosteroids. The side effects of these drugs, such as drowsiness, often need additional drugs to oppose them.

- **Cancer**

Cancer cells are forming continually in each of us. For one reason or another, cells in one part of the body begin to multiply in a disorganised and irregular manner. These errant or renegade cells are normally routinely destroyed by the immune system, especially the natural killer cells, before they can grow into a significant mass. Cancer cells differ in varying respects from normal tissue cells. The body therefore recognises them as “non-self”, and proceeds to have them eliminated.

The two main cancers of the immune system are *leukaemia* and *lymphoma*. The former is the most common cancer of children, and is an overgrowth of immature leucocytes from the bone marrow. The latter involves the lymphoid tissues, especially the lymph nodes. This too is most prevalent in children. Treatment involves the use of powerful immune suppressant drugs.

- **Immune deficiencies**

This refers to serious conditions where certain components of the immune system, such as the immunoglobulins, are not functioning properly or missing totally. It may be primary, where the person affected is born with it, or secondary, where it is acquired, due to viral infection or as an unwanted consequence of drug action.

- **Autoimmune diseases**

Conventional medicine has attached this label to many apparently unrelated diseases which feature inflammation and systematic destruction of the person's own tissues by antibodies from the immune system. It is not known why this occurs, what triggers it, and why it persists without correction.

***Some features of common autoimmune diseases are now described.***

## **G. Autoimmune diseases**

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### **Description**

Autoimmunity is defined as an abnormal reaction to the body's own tissues. The immune system reacts to the body's own cells and tissues ('self') as if they were foreign substances or toxins ('non-self'), producing antibodies. These, instead of fighting infections, actually attack the body's own tissues. This lack of tolerance towards the body's cells and tissues can seriously affect its health, as a number of serious, even life-threatening, diseases may develop. These are termed *autoimmune diseases*. Most of them are chronic or recurring, and many are life-threatening.

### **The main features of autoimmune diseases are:**

- **Pathology** – An autoimmune disease causes abnormal growth in specific organs, and major changes in their functions. The wide range and variety of these diseases indicates that not only one type of cell is affected: virtually every type of cell can be involved. An autoimmune disease can affect one type of body tissue alone, or many different ones. A person may be affected by more than one form of disease.
- **Gender difference** – There is a definite gender bias, in that autoimmune diseases are more common in young and middle-aged women, especially in the developed world. High proportions of rheumatoid arthritis, thyroiditis and lupus occur in females.
- **Age distribution** – Most autoimmune diseases occur at any age, but some diseases occur primarily in childhood and adolescence (e.g. type 1 diabetes), in the mid-adult years (myasthenia gravis, multiple sclerosis), or among older adults (rheumatoid arthritis).
- **Impact** – These 80 to 100 autoimmune diseases together account for a huge proportion of a country's healthcare cost (\$100 billion in the USA alone). They affect about one in twenty (5%) of the general population. They rank number one in the top ten listing of the most popular health topics in the media.
- **Treatment** – One part of treatment of an autoimmune disease is typically with immune-suppression – medication which decreases the immune response. This is additional to whatever the individual therapy selected for the disease is. For type 1 diabetes, for example, insulin and/or hypoglycaemic agents would be included.

- **Symptoms** – These are of the disorder it leads to. There is no specific “autoimmune disease” symptom. They are often intermittent until the disease becomes acute, and worsen during flare-ups and lessen during remission. Many symptoms are common, such as fatigue, fever, and generally feeling unwell (*malaise*). These are frequently similar to other chronic diseases for which there is no immune component. This leads to problems of diagnosis.
- **Diagnosis** – Diagnosis is difficult, as the symptoms arise from many body organs and tissues. When an autoimmune disease is suspected, diagnosis involves identifying the antibodies being raised against some of the body’s own tissues. There is a whole battery of possible tests: *erythrocyte sedimentation rate* (ESR) and *C-reactive protein* (both for assessing inflammation), *anti-nuclear antibody test* (for indicating nucleus attack), and specific antibodies.

#### ***H. Treatment of autoimmune disease***

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Autoimmune diseases are chronic or recurring disorders for which there are no cures in conventional medicine. Tibb is ideally suited as part of their treatment, especially in combination with conventional medicine in the shape of *Integrative Medicine*.

Conventional treatment generally revolves around relieving symptoms, especially at times when flare-ups occur. This is its sphere of influence and application.

Treatment is given in two distinct layers: *first*, palliative treatment for the particular disease affecting the patient; *second*, reducing his or her immune system activity with one of a number of drugs. These include:

- Immuno-suppressive medication
- Anti-inflammatory medication
- Pain relief medication
- Hormone replacement therapy
- Blood transfusions
- Physical therapy

## ***I. Tibb's practical measures for autoimmune diseases***

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### ***The overall goals of Tibb treatment are to:***

- Reduce the patient's symptoms
- Control and restrict the impact of the autoimmune disorder
- Maintain the body's ability to fight disease by boosting Physis
- Select therapies consistent with the patient's temperament
- Maintain or improve the patient's quality of life

### ***Lifestyle advice***

- Adopt a balanced and healthy diet
- Increase physical activity by exercising regularly
- Take plenty of uninterrupted rest and quality sleep
- Decrease the impact of emotional stress
- Avoid any known circumstances which trigger flare-ups

### ***Additional measures***

- Herbal therapy
- Acupuncture
- Therapeutic cupping
- Vitamin supplements if needed
- Limited exposure to strong sunshine

## ***J. Summary***

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For most of the time the immune system keeps the body in good health. It protects it against the formation of cancers and a vast range of microbes, toxins and other harmful substances present in the environment. It is able to distinguish these potential threats to health from the body's own healthy tissues, organs and metabolic processes. As with all body systems, however, the structures and processes which make up the immune system can malfunction for different reasons, and this may lead to certain diseases such as infection, allergy and (in conventional medicine) autoimmune diseases.

Autoimmune diseases are defined as diseases in which specific antibodies are produced which attack the body's own cells and tissues, leading to deterioration and perhaps destruction. More than 80 have been definitely identified. Most of them are rare, affecting around five percent of the population. However, a number of them, such as type 1 diabetes, rheumatoid arthritis, multiple sclerosis and psoriasis, are increasingly common.

The term "autoimmune disease" has a succinct and convincing ring to it, and it is easy to understand why it has been widely adopted. The model of an idle army (the immune system) revolting against

the state (the body) is likewise plausible. However, to proponents of natural medicine it does not bear close examination.

Tibb differs on the origins of these diseases. It accepts that the destruction of non-functional, diseased and redundant cells and tissues is normal and natural in living processes. However, it holds that Physis would never tolerate the unnecessary damage to or destruction of the body's healthy, functional tissues. It finds it difficult to accept that a destructive process – autoimmunity – can accompany inflammation, which is one of the body's major healing systems. Tibb in fact views these autoimmune disorders as a reflection of a phlegmatic and melancholic imbalance humoral imbalance, rather than an aberration of the body's immune function.

As these disorders are generally chronic or recurring in nature, Tibb can provide much needed support for better, more effective treatment. As with all chronic disorders it offers support to the patient's Physis in the form of dietary advice, beneficial lifestyle changes, hands-on therapies and pharmacotherapy.

Potent medicines are frequently administered to control or reduce the immune system's action, and curtail any underlying symptoms. Anti-inflammatories, corticosteroids, immune-suppressants and analgesics are often prescribed. These in turn are prone to side effects and metabolic problems, many of them serious. Tibb support in this sphere falls into three distinct areas: advice on improving lifestyle; provision of therapies such as therapeutic cupping, massage and herbal therapy; and measures to maintain the power and influence of Physis. In addition, this support takes into account the temperament of the patient, so tailoring treatment to suit him or her. This applies particularly to advice for a healthy, balanced diet.

The Tibb contribution is therefore one of an extended partnership with conventional medicine. The latter deals primarily with the patient's troubling symptoms and inhibiting further progress of the disease, whereas Tibb addresses the underlying disharmony behind the disorder, and endeavours to maintain the patient's quality of life.

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### ***Further reading***

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