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## Review Article

# IMPACT OF TIBB LIFESTYLE FACTORS IN HEALTH PROMOTION AND ILLNESS MANAGEMENT

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### ABSTRACT

The impact on the Quality of Life (QoL) of 120 'well' patients in a health promotion group and 480 patients with pre-existing, pre-diagnosed, mostly chronic conditions, in an illness management group was assessed over the period of one year after offering them an Individualised Health Care Plan based on the six Tibb lifestyle factors. The research was conducted by community healthcare workers affiliated to the City of Johannesburg's 23 clinics in region D (Soweto), who were trained as Tibb Lifestyle Advisors. QoL assessments were completed at the beginning and end of the study. The healthy group showed a marked improvement in overall health, whereas the results in the illness management group was significantly greater. This study highlights the importance of the Tibb approach of lifestyle changes in health promotion and illness management that provides specific guidelines on air and breathing, diet, exercise, sleep, emotions and elimination. The importance of this pilot study's findings is discussed in the context of financial and logistical factors as a way of halting the increasing incidence of chronic diseases of lifestyle.

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## INTRODUCTION

The potential benefit of lifestyle in health promotion and illness management is now well recognised by healthcare organisations worldwide (Katz, 2010). More and more research confirms the beneficial effect that changes in a person's nutrition, breathing technique, sleep hygiene, physical activity and personal habits can bring about. By adopting a more pragmatic and harmonious lifestyle in a number of behavioural dimensions, the immune system and other healing mechanisms are supported, protected, and even stimulated. This clearly results in a healthier way of living (Ornish *et al.*, 1990). This benefits not only the individual, but his or her family, employer, community, and ultimately the nation in general (The Lifestyle Heart Trial, 1990). It also has a beneficial effect on the person's self-esteem as he or she becomes actively involved in their healthcare and maintenance (Kvaavik *et al.*, 2010). In effect, they become empowered to great advantage in a very important aspect of their daily life.

In Western medicine, lifestyle advice has a 'one size fits all' approach: counsel on diet, exercise, smoking, etc. is limited and generally half-hearted. Tibb truly understands the role that lifestyle occupies in keeping us healthy, and if not managed

correctly will contribute to the onset of disease (Bhikha & Saville, 2014). In Tibb, the role of lifestyle in health promotion and in the management of illnesses especially chronic is individualised, resulting in a better Quality of Life (QoL).

Most people understand Quality of Life (QoL) to be a subjective measure of life as they are presently experiencing (Singer, 2011). Generally, QoL is taken to measure the physical, mental, and emotional dimensions of someone's daily living. A QoL assessment may include general health, the degree of physical, emotional and cognitive functioning they are experiencing, their psychological state, their social well-being, as well as the severity of symptoms associated with illnesses, where applicable (Quality of Life Assessment, Analysis and Interpretation, 2003).

The benefits of lifestyle changes are many: they are available to all, easy and inexpensive to apply, can be achieved by virtually everyone, are well tolerated when undertaken properly, do not need continuous expert guidance, and are safe for people of all ages. What's more, if adopted early enough, lifestyle changes can delay the onset of many chronic diseases, or prevent them from forming in the first place (Quality of Life, 2009).

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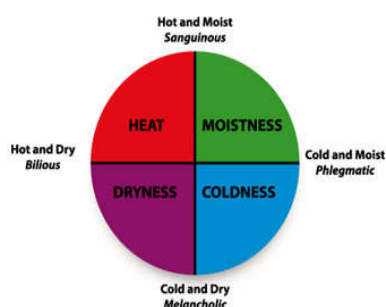
## TIBB Principles Underpinning the Research

The Tibb principles that underpin the research include the Tibb lifestyle factors, physis, temperament and qualities (Bhikha & Haq, 2000; Bhikha, 2018). They are important in understanding the cause/s of illnesses, and in promoting optimum health (Bhikha, 2018; Chishti,1991).

**Tibb lifestyle factors:** Tibb has identified six lifestyle factors which affect everyone (Bhikha & Haq, 2000). These include Environmental Air and Breathing; Food and Drink; Sleep and Wakefulness; Movement and Rest; Emotions and Feelings; Elimination. Each of these has a qualitative effect: for example, the weather is either hot or cold, foods such as ginger are heating, sleep is cooling, and physical exercise produces heat.

**Physis:** Is the intrinsic ability of the body to preserve health, and the mechanism that activates the body's healing processes. Tibb recognizes that every person's body tries to heal itself. In Tibb we say that each of us has a doctor within called physis. For example, if someone eats something that doesn't agree with them, vomiting and diarrhoea are signs of physis working to eliminate the toxins thus protecting the person.

**Temperament:** Is a combination of a person's physical, mental, and emotional characteristics, which not only describes that uniqueness, but also his/her predisposition to illness (Hoosen, 2017). Tibb recognises that no two people are alike, lifestyle advice has to be individualised for health promotion to suit an individual's temperament. Tibb divides people into one of four broad categories: sanguinous, phlegmatic, melancholic, and bilious, with a dominant and sub-dominant temperament. Each temperament has qualities of heat, coldness, moistness and dryness, with every combination having an overall dominant quality. The illustration describes temperament and qualities and shows that a person with a combination of a sanguinous and bilious temperament has an overall dominant quality of heat, less of moistness and dryness and the least amount of coldness. Similarly, the phlegmatic/melancholic temperament has an overall dominant quality of coldness, less of moistness and dryness and the least amount of heat. Changes to these overall qualities, especially an increase in the dominant quality associated with a person, negatively affect this person.



**Qualities:** In Tibb, the qualities of hot, cold, moist and dry, common to temperament, and Lifestyle Factors, are also associated with illnesses. Different diseases are characterised by qualities in relation to the signs and symptoms they present. For example, colds and flu are associated with the qualities of coldness and moistness, which explains their symptoms, which appear mostly in winter. Similarly, osteoarthritis, with imbalance in the cold and dry qualities, gets worse in winter. Qualities provide the basis for interpreting the application of

lifestyle factors in both health promotion and illness management.

**Health promotion:** As Tibb is able to identify the dominant quality associated with a person, an individualised Lifestyle Plan for health promotion, can be designed to regulate the six lifestyle factors, ensuring that the ideal quality that suits a person's temperament is maintained, so promoting good health.

**Illness management:** In the management of illness conditions, lifestyle factors can be customised in a Lifestyle Plan that opposes the qualities associated with the illness. For example, for a patient suffering from a cold or flu, the Lifestyle Plan includes consuming ginger, hot chicken soup, to counter with heat and dryness the cold and moist qualities associated with colds and flu. With this approach Tibb addresses not only the symptoms but also the underlying causes of the illness.

## Study Design

### Research objectives

The research has two main objectives

- To develop and monitor the impact of an Individualized Care Plan/Case Studies incorporating the Six Tibb Lifestyle Factors in health promotion of 120 clients based on their temperament, measured in terms of Quality of Life parameters - the Health Promotion Group (HPG).
- To develop and monitor the impact of an Individualized Care Plan/Case Studies incorporating the Six Tibb Lifestyle Factors in the management of 480 patients with pre-diagnosed/mostly chronic illnesses, measured in terms of Quality of Life parameters – the Illness Management Group (IMG).

### Researchers

The researchers were Community Based Healthcare Workers, trained as Tibb Lifestyle Advisors affiliated to both City of Johannesburg and Provincial Clinics. The researchers were mainly females which was preferable, as most patients themselves were female, and in many cases known personally to the researchers.

### Participants

All participants in this study were recruited by the above researchers from the different wards in Soweto (region D), City of Johannesburg in South Africa. The nature of the study was explained by the advisor verbally, face-to-face, to each putative participant, with the aims and objectives provided in detail, as was the need for a high degree of compliance and attendance. No financial or other inducements were offered or expected. After explanation, participant consent was by observed signature. Patient confidentiality was maintained by the use of initials rather than actual names.

**Exclusion criteria:** Recruits for both groups were excluded if they could not guarantee being in the area for the proposed study period. Recruits in the IMG were excluded if they were pregnant, if they had a serious heart condition, or other life threatening disorder.

### Quality of Life Parameters

The QoL parameters that were selected were according to the profile/patients involved in the study, taking into consideration their educational background, social context, and language fluency. These included the following six that were common to both groups: a) Current health status; b) Energy levels; c) Emotional state; d) Health in relation to social activities; e) Health in relation to work; f) Sleeping habits. An additional parameter in the Health Promotion group was "Fitness level", whereas in the Illness Management group was "Being nervous about illness".

Each of the five QoL parameters were categorised into five possible responses, ranging from either very poor to excellent. For example, in response to, "Rate your current health status" participants are required to respond to "Very poor, Poor, Moderate, Good or Excellent".

### METHODOLOGY

Six hundred Individualized Care Plan/case studies were completed over one-year, divided into four (4) three-month periods. Each three-month period was divided into three phases: initial phase or *baseline*; phase two or *intermediate* after approximately 30 days' intervention; and phase three or *final* after approximately 90 days' intervention. The case studies were divided into two groups: The Health Promotion group consisting of 120 healthy volunteers mostly below the ages of 40, and free from chronic illnesses; and the Illness Management group consisting of 480 patients, mostly over the age of 40, who had previously been diagnosed with chronic illnesses such as hypertension, diabetes, HIV & AIDS and TB etc.

At the initial phase (both Groups 1 and 2) participant's temperament was evaluated as well as a QoL assessment completed. In the Health Promotion Group, an assessment of the current Tibb Six Lifestyle Factors was completed and the development of an Individualized Care Plan related to the Lifestyle Factors was designed and explained to the clients.

For the Illness Management Group, the patient's medical history and presence of chronic illness, together with an assessment of the current Tibb Six Lifestyle Factors was completed; where after an Individualized Care Plan was designed and explained. The patient was requested to continue with their current/recommended medication as prescribed by their local clinic throughout the study period.

The intermediate phase was introduced to ensure that participant adherence to protocol was satisfactory, and compliance confirmed. A second QoL was also completed at this phase. This was followed with the final phase together with the third QoL assessment completed. The initial and final phases provided the required QoL data that was recorded and reviewed for both groups who participated.

Scoring of the QoL parameters, based on the initial and the final QoL assessment, was either as positive/s or negative/s. For example, in the category of "Rate your current health status", if the change from the initial and the final QoL assessment was from "Very poor to Good" three positives (+++) was allocated. Similarly, if the change from the initial

and the final QoL assessment was from "Good to Moderate" one negative (-) was allocated.

The Individualised Care Plan for the health promotion group was tailored according to the dominant quality associated with the participant's temperament. The plan advised lifestyle factors with opposite qualities to that of the patient's temperament and discouraged lifestyle factors with the same qualities. Similarly, the illness management group, lifestyle advice with qualities opposite to the qualities associated with sign and symptoms/illness conditions was promoted. Listed below is an overview of how the Six Lifestyle Factors were included in the Individualised Care Plan.

**Food and drink:** Initially patient's accessibility and affordability was assessed. This was followed by advice on the preferred foods and the avoidance of others taking into account the qualitative effects of the foods in relation to the dominant quality associated with the temperament or the illness condition.

**Environmental air and Breathing:** Generic advice on appropriate dressing for the seasons, as well as basic food advice e.g. salads (cooling) in summer, and soups (heating) in winter. Two breathing exercises were demonstrated to patients. Fast breathing to increase heat and slow and deep breathing to promote coolness. All temperaments were encouraged to practice slow and deep breathing exercises daily due to the immense benefits experienced from deep breathing.

**Exercise and Rest:** Exercise to varying degrees and intensities were recommended according to the patient's temperament, level of fitness, and illness condition. As exercise is heat promoting, patients with cooler temperaments were encouraged to exercise for longer durations and greater intensities compared to those with hot temperaments. Again, a stepwise approach was adopted with each visit to ensure adherence as well as to condition the patients to exercise.

**Sleep and wakefulness:** Patients were counselled on sleep hygiene practices to promote better quality sleep. As sleep has a cooling and moistening effect, clients/patients with a dominance of dryness and heat were encouraged to get a minimum of 7 hours sleep.

**Emotions and feelings:** The lifestyle advisors were encouraged to provide basic counselling to clients/patients. Other tools of stress relief were also recommended like meditation and prayer.

**Elimination:** The need of eliminating toxins and ensuring regular bowel movement with natural laxatives was advised.

All assessments were carried out and recorded on printed Annexures specially designed for the study. *Note: Details of Annexures as well as results are available on request – info@tibb.co.za*

### RESULTS

Of the 120 participants in the Health Promotion group 88 (73%) were female and with ages of 40 and below being 97 (81%). Of the 480 participants in the Illness Management group 375 (78%) were females and with 74% above the age of 40.

The results listed below were recorded in two cut-off periods i.e. after 6 months, and at the end of the research programme. The results in the Health Promotion group, were further divided into two segments (55 and 65 clients) whereas, the results in the Illness Management group were divided into 244 and 336. Results are listed below:

#### **Overall results in Health Promotion 120 clients**

Of the 120 clients, 116 (97%) reported positive results, in one or more categories, ranged from +1 to +15, totalling 759 positive responses. Of the remaining 4 clients, the first client reported -3 in some categories and +1 in one category (i.e. -3; +1 = -2). The second and third client, both reported -1 in one category and +7 in the other categories (i.e. -1; +7 = +6), adding up to +6 +6 = +12, whereas the fourth client reported no change. Therefore, the overall positives for 120 clients were  $759 - 2 + 12 = 769$ .

The average positive per client was  $769/120$  clients = 6.40 positives.

The above overall results, consolidated from the two periods, are listed below:

#### **Results in Health Promotion - 55 clients**

Of the 55 clients, 53 (96%) reported positive results, ranging from +1 to +13, totalling 310 positive responses. Of the remaining 2 clients, 1 client reported -3 in some categories and +1 in another category (i.e. -3; +1 = -2). The remaining client reported -1 in one category and +7 in other categories (i.e. -1; +7 = +6). Therefore, the overall positives for 55 clients were  $310 - 2 + 6 = 314$ .

The average positive per client was  $314/55$  clients = 5.71 positives.

#### **Results in the Health Promotion - 65 clients**

Of the 65 patients 63 patients reported positive results ranging from +1 to +15 totalling to +449 responses. One patients showed an overall positive (i.e. +7/-1 = +6). The second patient reported no change. Therefore, the overall positives were  $449 + 7 - 1 = 455$ .

The average positive per client was  $455/65$  clients = 7.00 positives.

#### **Overall results in Illness Management 480 clients**

Of the 480 clients, 469 (97%) reported positive results, ranging from +1 to +26, which totalled 4231 positive responses. Of the remaining 11 clients, 2 clients reported no change, whereas 7 patients showed overall positive responses of (i.e. +9/-1 = +8; +7/-1 = +6; +7/-1 = +6; +5/-3 = +2; +10/-1 = +9; +5/-1 = +4; +9/-1 = +8). One client reported an overall -1 (i.e. +1/-2 = -1), another client showed an overall of -17. Therefore, the overall positives for 480 clients =  $4231 + 8 + 6 + 6 + 2 + 9 + 4 + 8; -1 -17 = 4250$ . However, with respect to the patient whose results after the three-month period totalled -17, this patient suffered a stroke between the second and final QoL assessment. Interestingly, this patient showed an improvement between the first and second visit of +4.

The average positive per client was  $4250/480$  clients = 8.85 positives.

The above overall results, consolidated from the two periods, are listed below:

#### **Results in Illness Management - 244 clients**

Of the 244 clients, 237 (97%) reported positive results, ranging from -17 to +26, which totalled 2043 positive responses. Of the remaining 7 clients, 1 client reported no change, whereas 4 patients showed overall positive responses of (i.e. +9/-1 = +8; +7/-1 = +6; +7/-1 = +6; +5/-3 = +2). Of the 2 remaining patients, 1 reported an overall -1 (i.e. +1/-2 = -1) and the remaining patient showed an overall of -17. Therefore, the overall positives for 244 clients =  $2043 + 8 + 6 + 6 + 2; -1 -17 = 2047$ . The patient with an overall of -17 result suffered from a stroke during the second and final QoL assessment – however, this patient showed an improvement between the first and second visit of +4.

The average positive per client was  $2047/244$  clients = 8.39 positives.

#### **Results in the Illness Management - 236 clients**

Of the 236 patients 232 patients reported positive results ranging from +1 to +22 which totalled to +2188 responses. Three patients showed an overall positive (i.e. +10/-1 = +9; +5/-1 = +4; +9/-1 = +8). The third patient reported an overall -4 (+2/-6 = -4) and the fourth patient reported no change. Therefore, the overall positives were  $2188 + 9 + 4 + 8 - 4 = 2205$ .

The average positive per client was  $2188/236$  clients = 9.27 positives.

## **DISCUSSION**

The overall results of 6.40 positives, 97% (116 out of 120 clients) in the health promotion group and 8.85 positives, 97% (469 out of 480 patients) in the illness management group are impressive. This bears testimony to the targeted approach of the Individualised Care Plan based on the Tibb principles of Physis, Temperament, and Qualities.

The results of the average positive per client in the Health Promotion group of 6.40 as compared to the average positive per patient in the Illness Management group of 8.85 suggests that although there is a definite positive impact of the six Tibb lifestyle factors in both groups, understandably the positives are higher in the Illness Management group because the clients in the Health Promotion group are healthy, and for whom the scale of improvement cannot be as great as those in the illness group.

It is interesting to note that the results between the initial six months and the final review recorded an increase in the health promotion group from 5.71 to 7.00 positives per client, and 8.39 to 9.27 positives per client in the illness management group. This indicates that the Lifestyle Advisors interaction with the clients/patients improved during the second half of the study after having gained experience in the development of the Lifestyle Care Plan.

The above results clearly demonstrate the value of the six Tibb lifestyle factors in health promotion and illness management. The Tibb philosophical principles of temperament and qualities, both in relation to the dominant quality associated with an individual's temperament as well as the qualities

associated with the signs and symptoms of various illness conditions, allows for an individualised approach in the application of lifestyle factors.

Western medicine has yet to come to terms with the importance of individualised lifestyle programmes in the maintenance of health and the alleviation of disease. One contributing factor to this unfortunate mind set is the inherent difficulty in quantifying improvements in health. Blood pressure, glucose levels, lipid profiles, CD4 counts, etc., are invaluable tools for tracking improvement in specific disorders, but the confident measurement of lifestyle improvement still remains elusive quantitatively. Giving advice on smoking cessation, weight loss, more exercise, drug and alcohol habits covers but a fraction of options available to improve and maintain well-being. The reason lies with medical training, which has a different model for health and disease, and does not really emphasise the behavioural approach to health.

## CONCLUSION

The results of 97% (116 out of 120 participants) in the Health Promotion group and 97% (469 out of 480) in the Illness Management group are impressive, and bears testimony to the targeted approach of the Six Tibb Lifestyle Factors. Moreover, in healthy individuals adopting a lifestyle in harmony with their temperament will most certainly delay the onset of chronic illnesses which they are predisposed to giving them a better and longer Quality of Life. For patients with chronic conditions, empowerment from the Tibb lifestyle plan will most certainly enable them to better manage their condition with an improved Quality of Life.

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