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## Research Article

### TREATMENT OF HUMORAL IMBALANCES AT A CELLULAR/SUB-CELLULAR LEVEL

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#### ABSTRACT

Tibb is a holistic system of medicine based on the Temperamental and Humoral Theories of the founders of medicine Hippocrates, Galen and Ibn Sina. Medical literature indicates that humours exist at both physical and meta-physical level, therefore at both a cellular and sub-cellular level. Tibb philosophy hypothesises that each individual has their own unique humoral composition in relation to their specific temperamental combination. In order to maintain health, this unique humoral composition needs to be maintained and balanced by physis, the body's self-regulating/healing mechanism. Qualitative changes to the ideal humoral composition occurs from poor lifestyle resulting in imbalances occurring leading to signs and symptoms, affecting different systems of the body. Treatment is therefore aimed at restoring homeostasis, by eliminating excess or abnormal humours. This paper is based on research testing this hypothesis. The treatment approach focussed on restoring homeostasis using specifically designed herbal infusions targeting identified excess or abnormal humours. Where necessary other therapeutic interventions such as cupping, massage and additional herbal medication were employed. In addition, special emphasis was placed on the elimination of excess or abnormal humours via the colon and the kidneys. Patients with a number of common illnesses, both acute and chronic illnesses were evaluated.

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#### INTRODUCTION

Tibb philosophy is firmly based on the temperamental and humoral theories (Azmi, 1995 and Abu-Asab *et al.*, 2003). Gruner (Gruner, 1929) in his commentary of Ibn Sina's Canon of Medicine states that "humours should not be regarded as matter, but more as 'an essence' or 'quasi-material', inferring that humours exists at both the cellular and sub-cellular levels". Tibb philosophy recognises that each individual has their own unique humoral composition in relation to their unique temperamental combination (Bhikha and Haq, 2000). Associated with each of the humours are qualities of heat, coldness, moistness and dryness which results in every person having a unique humoral composition with an ideal combination of qualities, with one quality being dominant. For example, an individual with a sanguinous/phlegmatic temperament will have a dominant quality of moistness. Changes to this unique humoral composition, occurs from the influence of the Tibb Lifestyle Factors, which include food and drink, environmental air and breathing, exercise and rest, sleep and awakening, emotions, and elimination or retention (Bhikha and Saville, 2014). Changes to the humoral composition beyond the ability of physis (Chishti, 1991), the body's inherent wisdom, to restore homeostasis results in pathological processes leading to signs and symptoms, associated with

various illnesses of the body-all resulting from an excess/abnormal humour/s. Al-Abbas in his book al-Malki states that "when the wrong proportion and altered equilibrium is corrected, health can be recovered" (Ahmed, 2009).

In addition to interpreting illnesses as expressions of humoral imbalance, Tibb philosophy interprets the signs and symptoms of illness within the context of qualities. For example, colds and flu which are prevalent in winter are linked to the qualities of coldness and moistness. Tibb philosophy also hypothesises that there is a relationship between the dominant quality associated with an individual's temperament and the inclination to contract particular illnesses, and the nature of their signs and symptoms (Bhikha and Haq, 2000).

Note: This publication is based on the Ibn Sina Institute of Tibb's research entitled: "Evaluating the Impact of Eliminating Humoral Imbalances", which was conducted at the Institute's Treatment Centres (Saartjie Baartman; Langa) in Cape Town during May 2015-September 2016. A summary of the results is available on the Institute website: <https://www.tibb.co.za/wp-content/uploads/2020/07/Evaluating-the-impact-of-eliminating-humoral-imbalance.pdf>.

The researchers were qualified Unani-Tibb practitioners, registered with the Allied Health Professions Council of South Africa.

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## Research Objectives

The research objectives of this pilot study were to assess the clinical impact of eliminating excess/abnormal humours, with specifically formulated herbal infusions.

**Hypothesis** The investigation is based on the hypothesis that restoring homeostasis by eliminating excess/abnormal humours will assist physis in reversing the pathological processes at the cellular or sub-cellular level. By doing so, this will not only address the signs and symptoms of the presenting disorder, but also address the underlying cause/s of the disorder.

**Objectives in detail** The study included the following objectives:

- To assess whether the presenting signs and symptoms of certain illnesses are indicative of an excess/abnormal humour/s in the patient;
- To assess whether the quality/ies associated with the presenting signs and symptoms of an illness corroborate with the dominant quality of the temperament of the patient;
- To assess the value of herbal infusions in relieving the presenting signs and symptoms of specific illnesses associated with excess/abnormal humour/s; and
- To assess whether the treatment with herbal infusion will have an impact in patients who are hypertensive, diabetics and those with high cholesterol (this objective was included in patients 29-100).

**Patient selection** A total of one-hundred (100) patients, aged between 21 and 79 years were recruited into the study, of which seventy-six (76) were female. All patients were administered the herbal infusions, plus the eliminative medications *Laxotab*- for elimination via the colon; and *Renotone*-for elimination via the kidneys. When considered necessary, additional treatment in the form of cupping, massage and/or medication was also prescribed.

**Exclusion criteria** Potential candidates who were seriously ill, who were pregnant, or whose temperament could not be evaluated with confidence were excluded.

**Temperamental selection** Patients falling into the four different temperamental categories (sanguinous, phlegmatic, melancholic and bilious) were identified by random selection. The dominant/sub-dominant temperamental combination of the patient, together with the dominant quality associated with the patient was identified.

**Clinical condition** Patients were included into the study on the basis of their presenting signs and symptoms typical of their illness with evident links to humoral imbalance or excess.

**Study regimen** The herbal infusions were prescribed, based on the patients presenting signs and symptoms and directed at specific humours. Every patient was requested to consume the specially prepared herbal infusion at specified times. The dosage range of ½ to 1 teaspoon, 2 - 3 times a day, was determined according to the clinician's assessment, intuition and experience. Cupping, massage and/or additional medication were administered to patients requiring more assertive treatment according to the practitioner's clinical judgment. Together with the herbal infusions, *Laxotabs* and

*Renotone* were prescribed for each patient to encourage elimination via the bowel and kidney respectively.

**Clinical assessment** Clinical assessment included: a) patient initials, sex and age; b) temperament of the patient (dominant/sub-dominant); c) whether the qualities associated with the sign and symptoms were in keeping in the dominant quality of the patient; d) diagnosis (conventional); e) humoral imbalance (whether excess/abnormal); f) treatment protocol; g) treatment period/number of consultations; h) outcome of case study; and i) summary of comments. In patients 29-100 blood pressure, cholesterol and glucose levels were recorded. The patients were assessed at every convenient opportunity.

## RESULTS

One-hundred patients provided meaningful data from which relevant information was collectively derived. Of the 100 patients treated, success was achieved in 74 (74%) of the patients, partial success in 19 patients (19%) whereas treatment in 7 patient's (7%) was unsuccessful.

Also noted is that 55 of the 100 patients (55%) were treated with only herbal infusions, whereas the remainder were treated with infusions, together with either/or medication, massage or cupping.

### *Clinical signs and symptoms and the presence of excess or abnormal humours*

In all patients, the Tibb practitioners were able to identify the excess/abnormal humour/s from the presenting signs and symptoms.

### *Relationship between the qualities associated with the presenting signs and symptoms and the dominant quality of the temperament of the patient*

With respect to this relationship the results show that of the 100 patients, in 54 patient's (54%) the qualities associated with the signs and symptoms was the same as that of the dominant quality associated with the temperament of the individual. This percentage increased in patients under the age of 40 to 74% (20/27), and up to 92% (11/12) in patients under the age of 30. The results also indicate that 56 out of 78, (72%) of the patients over the age of 40 presented with a Melancholic (Cold & Dry) imbalance.

**Impact of herbal infusions in patients with either/or hypertension, diabetes and high cholesterol** Patients were considered only if their readings were above the following: HTN (BP > 130/90 mmHg), Diabetes (BG: Blood Glucose - random > 7 mg/mL), and Chol (> 5 mmol/L). The results on hypertension revealed that the blood pressure of 23 of the 25 patients was reduced, whereas in 2 patients the blood pressure increased. Of the 22 patients with hypercholesterolemia the cholesterol level decreased in 20 patients whereas in 2 patients there was a slight increase. With respect to patients with diabetes, of the 17 patients, the glucose levels decreased in 14 patients - this may not be a true reflection as it was random testing. None of the above patients were prescribed additional medication for the above conditions during the period of the study.

## DISCUSSION

The study was designed to answer the following questions:

**Do the presenting signs and symptoms of the disorders indicate excess/abnormal humours?**

As all clinical disorders arise from excessive or abnormal humours manifesting in signs and symptoms, this was identified with ease, given the experience of the Unani-Tibb doctors.

**Do the qualities of the presenting signs and symptoms corroborate with the dominant quality of the temperament?**

Of the 100 patients, 54% showed a link between the dominant quality of the temperament in the context of the signs and symptoms of the illness having the same quality. This percentage increases to 74% in patients below the age of 40, and more significantly, increases to 92% in those below the age of 30. This clearly indicates that the predisposition to illness is closely aligned to the dominant quality of the temperament- especially in the early life during which physis functions optimally. Obviously with age the ability of physis to restore homeostasis weakens, resulting in the accumulation of not only excess but also abnormal humours.

Confirmation of this hypothesis has important implications for health promotion and wellness maintenance. Being aware of the dominant quality associated with an individual's dominant/sub-dominant temperament allows for appropriate management of their lifestyle factors to avoid excess of the dominant quality - thus ensuring optimum health.

**What is the benefit of herbal infusions, alone or combined with other therapeutic modalities, in relieving the signs and symptoms of disorders linked to humoral abnormality or excess?**

Of the 100 patients treated, success was achieved in 74 (74%), partial success in 19 patients (19%), whereas treatment in only seven patient (7%) was unsuccessful. The results indicate the effectiveness of the infusions, especially as 55 (55%) patients were only treated with herbal infusions.

**What is the effect of herbal infusion in patients who are hypertensive or exhibit raised blood cholesterol or glucose?**

The results on patients (from 61-100) show a similar trend as the previous results (patients 29-60).

Interestingly, all four infusions had a positive impact on reducing elevated blood pressure, cholesterol and blood glucose levels. The question arises as to how each of the different infusions had an impact on blood pressure, cholesterol and blood glucose levels? The only conclusion that we can come to is that all illnesses begin when there is an imbalance at a humoral level, as hypothesised by the founders of medicine Hippocrates, Galen and Ibn Sina. As humours exist at both the physical and meta-physical levels and therefore at a cellular and sub-cellular level, restoring humoral imbalances should be the primary objective in treatment. This approach addresses not only the symptoms but also the cause/s of the illness.

**CONCLUSION**

This pilot study demonstrates the value of herbal infusions either on their own, or with cupping, massage and/or medication in the management and treatment of a range of common illnesses which are the consequence of excess/abnormal humour/s. The success of the infusions in addressing illness across various systems and also influencing elevated blood pressure, cholesterol and blood glucose levels, bears testimony that humours exist at both a cellular and sub-cellular level.

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