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### RESEARCH ARTICLE

#### Validating the link between Aetiology, Pathology, Diagnosis, and Treatment in relation to the Philosophical Principles of Tibb

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#### Abstract

This research project of validating the philosophical principles of physis, temperament, humours, and lifestyle factors within the context of aetiology, pathology, diagnosis, and treatment, has been completed in fifty (50) case studies with emphasis on diagnosis based on the role of lifestyle, the predisposition to illness conditions in relation to the temperamental combination and dominant quality, qualitative and humoral imbalances, interpreted according to pathological processes and pathways in Tibb diagnosis, and identifying the cause/s of illness conditions. With respect to treatment, the comprehensive understanding of the pathological processes in Tibb allows for an accurate diagnosis, facilitating a targeted approach in treatment, to restore qualitative and humoral balance with diet, herbal medication, and cupping where applicable, which has been successful in almost all the case studies. In addition, the research also confirmed the weakening of physis and the development of excess/abnormal Melancholic humours from the age of 40 onwards, as being the cause/s of illness conditions. The holistic approach of the research is in keeping with the Medicine of Hippocrates, Galen, and Ibn Sina that has been practiced for centuries and also includes information on the differences between herbal and Western medication.

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#### Introduction

This research project of validating the philosophical principles of physis, temperament, humours, and lifestyle factors within the context of aetiology, pathology, diagnosis, and treatment, in fifty (50) case studies has been mentioned in the Summary and Concluding Comments of the Institute's published article, "Institute's Contribution to the Medicine of Hippocrates, Galen, and Ibn Sina" (<https://www.tibb.co.za/wp-content/uploads/Published-article-Medicine-of-Hippocrates.pdf>).

The research was evaluated within the following research objectives: a) To assess whether the presenting signs and symptoms/illness condition/s provide insights into the cause/s in relation to poor management of Lifestyle

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Factors (**Aetiology/Causes**), b) To assess whether the link between the dominant quality of an individual's temperament in relation to the presenting signs and symptoms/illness condition/s is indicative of an individual's predisposition to illness/es (**Aetiology**), c) To assess whether the presenting signs and symptoms/illness condition/s are indicative of qualitative and/or humoral imbalances (**Pathology/Diagnosis**), d) To assess the outcomes of the holistic approach of assisting physis in treatment – categorized as: Successful, Partly Successful/Unsuccessful (**Treatment**).

Whilst the research objectives have been mentioned above, a brief overview of the Institute's research projects on the philosophical principles of the Medicine of Hippocrates, Galen, and Ibn Sina is listed below:

1. An increase of an individual's dominant quality from poor management of lifestyle factors could be the cause/s of illness conditions.
2. The identification of an individual's dominant and sub-dominant temperamental combination not only identifies an individual's dominant quality, that is indicative of the predisposition to illness conditions, whereas the temperamental combination, also provides insights of the humoral imbalance and additional qualities, that is also indicative of the predisposition of illness conditions.
3. The identification of the humoral imbalance allows for a targeted treatment approach to restore humoral imbalances at a cellular/subcellular level.
4. Whilst most acute illness conditions below the age of 40 are linked to qualitative and excess/abnormal humoral imbalances, treatment has been successful with medication that included both the teas and other medication, and if necessary dry/wet cupping, because of the effectivity of physis.
5. The weakening of physis from the age of 40 onwards, and the development of excess/abnormal Melancholic humour, will result in excess/abnormal Melancholic humour also being cause/s of illness conditions.

As mentioned in the above 2nd overview of the Institute's research, the identification of an individual's dominant and sub-dominant temperamental combination, not only identifies an individual's dominant quality but also provides insights into the humoral imbalance and additional qualities. Information of "Qualities associated with Illness Conditions in Diagnosis" has been included on page 1489.

Also, with respect to the excess/abnormal Melancholic humour also being a cause of illnesses, as mentioned above, this research project will assess whether poor management of the Six Lifestyle Factors are the only cause/s of illness conditions as mentioned in Ibn Sina's Canon of Medicine.

### **Diagnosis in Tibb**

Diagnosis in Tibb is described within the context of pathological processes of two Pathways. Pathway 1: **Qualitative Imbalance** - provides information on acute illness conditions caused by a qualitative imbalance, which if not addressed will lead to a humoral imbalance<sup>6</sup>. Pathway 2: **Humoral Qualitative Imbalance** - provides information on both acute and chronic conditions from excess and/or abnormal Melancholic humour. However, both Pathways will result in a humoral imbalance that will provide a medium for infection/s. The Pathways have been influenced by the Institute's research of the weakening of physis and the development of the Melancholic humour, from the age of 40 onward<sup>2</sup>.

#### ***Pathway 1: Qualitative Imbalance***

An example, of an acute condition associated with Pathway 1 is, if an individual goes from a warm environment out into the cold without being warmly dressed, he/she will most likely experience symptoms of the common cold - runny nose, watery eyes, and shivering. If this cause is addressed with a warm environment, physis will restore homeostasis. If not addressed, the overall qualities of the humours will be affected, and lead to illness conditions associated with excess/abnormal humours.

#### ***Pathway 2: Humoral Imbalance from excess/abnormal humours with associated qualities***

Poor management of diet will lead to excess humours, which if similar to the patient's dominant quality will result in acute illness conditions having a similar quality to the patient's dominant quality – in patients below the approximate age of 40.

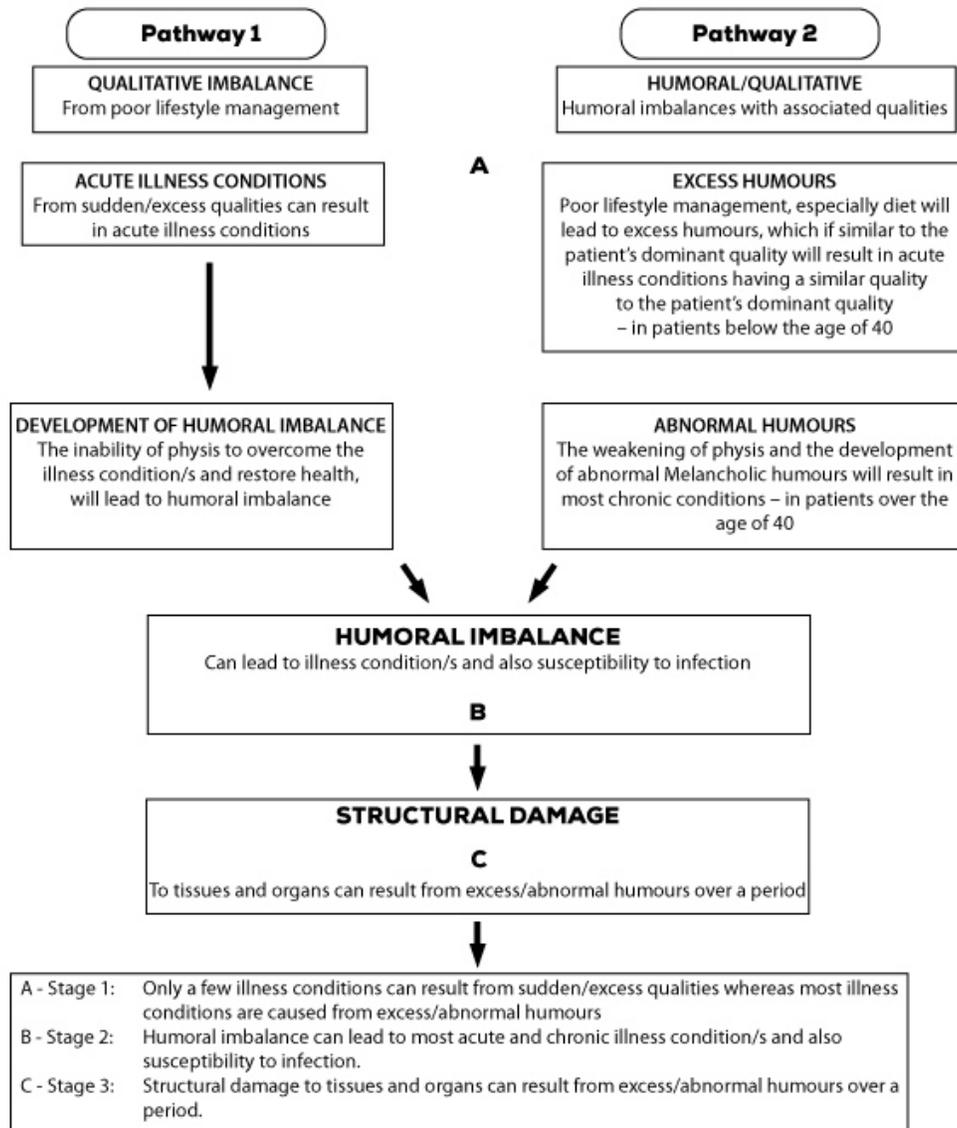
The weakening of physis and the development of abnormal Melancholic humour, will result in most chronic conditions – in patients over the approximate age of 40.

**Infections from virus or bacteria**

Tibb physicians had a different viewpoint on infection compared to Western medicine. However, they were fully aware of the nature of infection or, as they termed it, putrefaction. Tibb considers that infection is only possible when Physis is weakened and overwhelmed. Infective micro-organisms will only thrive, multiply, and infect our body when a humoral imbalance provides a fertile medium. This explains why some people are susceptible to infection and others are resistant.

The table below provides a summary of the Pathological Processes and Pathways in Tibb:

**Table 1: Summary of Pathological Processes and Pathways in Tibb Diagnosis**



The above description of the Pathological Processes and Pathways in Tibb Diagnosis, provides a comprehensive understanding of how illnesses develop, from qualitative and/or humoral imbalances, that can lead to possible infection/s and structural damage.

### **The role of Physis during Pathological Processes and Pathways**

It needs to be noted that during the pathological processes and pathways, physis continuously attempts to restore homeostasis<sup>7</sup>. An example of a physis response is the increase in the body's temperature (fever) to fight infection and also, symptoms of vomiting or diarrhoea, to restore homeostasis in the gastrointestinal tract.

Physis not only attempts to restore homeostasis at every step of the disease process, but also acts to minimise the possible damage that might ensue. If there is an accumulation of toxins in the body, physis will move the toxins towards the surface of the skin to protect the internal organs. Unfortunately, research has confirmed the weakening of physis commences from the age of 40 but may vary in patients who are healthy and well until the approximate age of 50<sup>2</sup>.

It is interesting to note that the implication of the weakening of physis can be interpreted from the qualitative changes from infancy to old age. Whilst an individual's temperamental combination is fixed, there is an influence of the qualitative changes from infancy to old age<sup>8</sup>. This gradual change is from Cold & Moist in infants/babyhood, to Moist & Hot in childhood/teenagers followed by Hot & Dry in youth/adulthood, and Dry & Hot in late adulthood, and finally Cold & Dry in old age.

### **Qualities associated with illness Conditions in Diagnosis**

It is important to note that just as qualities are used to describe temperament, humours, lifestyle factors, and illness conditions are also interpreted with qualities in diagnosis.

Historically, most reference books refer to two (2) qualities associated with all illness conditions with one (1) quality being dominant – as mentioned below by Al-Jawziyya<sup>9</sup>:

*"... repelling harmful effects of the cold with the hot, the hot with the cold, of the moist with the dry and the dry with the moist - this is the basis of all treatment, even more, the whole science of medicine makes use of this principle..."*

Based on the Institute's research with respect to an individual's temperamental combination of a dominant/sub-dominant temperament and dominant quality, an individual with a **dominant Sanguinous/Phlegmatic temperamental combination** will have a dominant quality of **Moistness** with associated qualities of **Heat & Coldness**. Similarly, an individual with a temperamental combination of **Melancholic/Bilious temperament** will have a dominant quality of **Dryness** with associated qualities of **Coldness & Heat**. The dominant, as well as the two associated qualities, can also be linked to the predisposition of illness conditions. For example, an individual with a dominant quality of Moistness can be diagnosed with Diabetes associated with Heat and/or Coldness<sup>10</sup>. Also, it needs to be noted that the temperamental combination is related to the humours, that provides insights of the humoral imbalance linked to illness conditions.

Whilst all the Institute's books have also allocated only two qualities to illness conditions, over the past 2-years, based on the Institute's research, the qualities associated with illness conditions have included a **dominant quality** and **two other associated qualities**.

Although, associating qualities to signs and symptoms of illnesses may be obvious in some conditions, it is important to note that qualities associated with illnesses, are not absolute, as there are multiple causes associated with certain illnesses, linked to different qualities, as indicated below:

- *Dizziness* can be caused by: (a) excessive menstrual bleeding associated with **Heat** with Moistness & Dryness; (b) anaemia and low blood pressure from **Coldness** with Moistness & Dryness.
- *Diarrhoea* can be caused by: (a) food poisoning; unwise mixing of foods with **Moistness** with Coldness & Heat. (b) colon cancer with **Dryness** with Heat & Coldness; (c) irritable bowel syndrome with **Heat** with Moistness & Dryness.

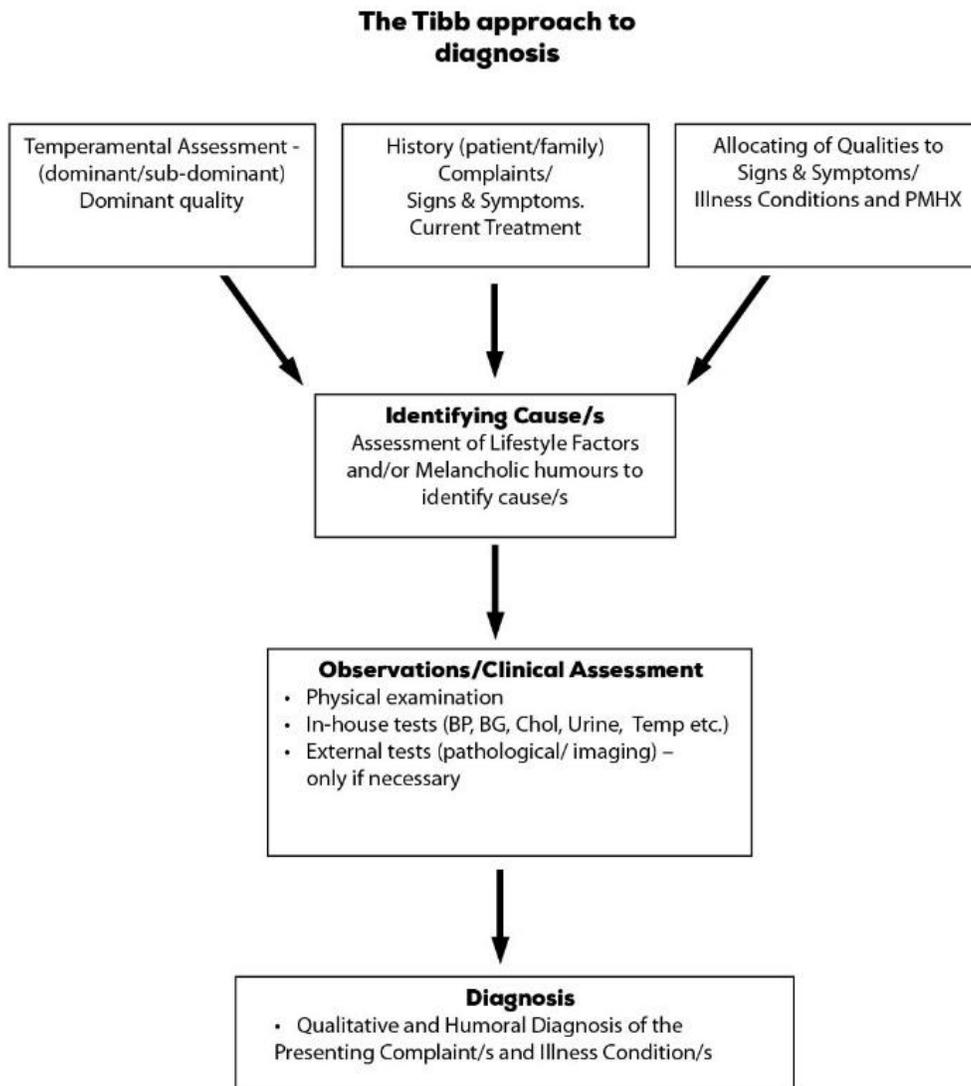
The above information on the pathological processes of qualitative and humoral imbalances provides the basis for an accurate diagnosis.

**The Tibb Approach to Diagnosis**

The Tibb approach to diagnosis includes a stepwise procedure of a) identifying the patient’s temperament and dominant quality, b) the patient’s history, complaints, signs and symptoms, and current treatment, c) allocating qualities to signs and symptoms/illness conditions and previous medical history, that provides a basis of identifying the cause/s of the illness condition/s from lifestyle factors and/or the Melancholic humour. This is followed by observation and clinical assessment including physical examination and in-house tests - BP, BG, Chol, etc. This procedure will complete the diagnosis of qualitative and humoral diagnosis of the presenting complaint/s and illness conditions<sup>2</sup>.

The table below provides a summary of the Tibb approach to diagnosis:

**Table 2: Summary of the approach to diagnosis: Stepwise diagnostic procedure**



## Treatment in Tibb

The comprehensive understanding of the pathological processes in Tibb allows for an accurate diagnosis, facilitating a **targeted approach in treatment**, to restore a **qualitative and humoral balance**. This unique approach addresses not only the **signs and symptoms/illness conditions but also the cause/s of the illness condition/s**<sup>2</sup>.

The treatment options over the centuries of this system of medicine included **pharmacotherapy** of thousands of herbs and natural ingredients, **eliminative regimental procedures**, including Cupping, Venesection, Massage, Emesis, Cauterization etc., **lifestyle and emotional therapies** including the Six Lifestyle Factors - especially diet, meditation, psychotherapy, counselling, etc., and **limited surgical procedures** including cauterisation of haemorrhoids/wounds, and amelioration of eye problems<sup>11</sup>.

With the establishment of Tibb in South Africa over the past twenty-years, treatment options were limited to the Six Lifestyle Factors, Cupping (Dry/Wet), Massage, and Tibb/Unani-Tibb medication.

## Tibb/Unani-Tibb Medication in South Africa

The importing of Unani-Tibb medication in South Africa began with the establishment of the Tibb clinic in 1999. Initially the Medicines Control Council (MCC) issued permits to import Unani medication from companies in Pakistan and India. In 2002, the Complementary Medicines Committee (CMC) of the MCC, accepted package inserts of all complementary medicines and allocated reference numbers, that allowed for the importation of Unani medicine into South Africa.

In 2014, the South African Health Products Regulatory Authority (<https://www.sahpra.org.za/>), previously known as MCC, required completed dossiers with clinical efficacy trials for registration of all complementary medicines. Unfortunately, this resulted in only a few Tibb products available in South Africa.

This led to further research in treatment with emphasis on medication aimed at restoring a humoral imbalance. This research was influenced by O.C. Gruner's description of humours in the Canon of Medicine "*Humours should not be regarded as matter, but more as 'an essence' or 'quasi-material'*", inferring that humours exist at both cellular and sub-cellular levels for the maintenance and restoration of health. Based on this philosophy, the Institute hypothesized that targeting the humoral imbalance at a cellular/sub-cellular level with locally manufactured infusions/teas could be effective. A research project entitled "Treatment of Humoral Imbalance at a Cellular/Sub-cellular level" that was conducted in May 2015 on 100 patients at the Institute's clinic in Cape Town (<https://www.tibb.co.za/wp-content/uploads/2022/04/Treatment-of-humoral-Imbalances-at-a-cellular-sub-cellular-level.pdf>). As 55 (55%) patients were successfully treated with only the teas, highlighted the effectivity of targeting humoral imbalances at a cellular/sub-cellular level and its cost effectiveness in treatment<sup>12</sup>.

Based on the above research, and the limited range of medication available, the treatment at the Institute's clinic over the past few years, focused on targeting the qualitative and humoral imbalance with Melancholic, Phlegmatic, and Bilious teas, limited medication, dry/wet cupping, and diet.

Being aware that the teas, included in treatment over the past few years at the Tibb clinic, are locally manufactured, the availability of the teas globally is of concern. Therefore, in a few case studies in patients with acute conditions, no teas were included in the medication, and still had positive outcomes because of the effectivity of physis. These case studies are included in the results.

## Treatment Approach in the Case Studies

Treatment is in keeping with **allopathic (opposite) approach** of the **qualities of the Lifestyle Factors, especially Food & Drink**, and as far as possible even the medication, to be opposite to the **qualities** associated with the **signs and symptoms/illness condition/s**, and also include dry/wet cupping, if necessary<sup>2</sup>.

Treatment in patients with **acute conditions** mostly under the approximate age of 40-50, is aimed at targeting the qualitative and/or humoral imbalance with Food & Drink, and medication to address the signs and symptoms and if necessary, also Dry/Wet Cupping. Treatment for patients with **chronic conditions** due to the weakening of physis, mostly from above the age of 40-50 onwards is aimed at **identifying and eliminating excess/abnormal humours**,

including the **Melancholic humour**, with Food & Drink, and medication including teas, and if necessary, dry/wet Cupping.

The treatment approach was included in the fifty (50) case studies under the heading “Treatment/Management Plan” with details of the Food & Drink recommended, medication prescribed, and whether dry/wet cupping will be done, to address the cause/s of the illness condition and restore the qualitative and/or humoral imbalance.

### **Research Aims and Objectives and Methodology**

The overall aim of the research was to investigate the effectivity of diagnosis and treatment in Tibb, interpreted within the Tibb principles of – physis, temperament, humours, lifestyle factors – that allows for an accurate diagnosis and a targeted treatment approach, within the context of aetiology, pathology, diagnosis, and treatment.

The research objectives mentioned earlier was evaluated within the context of research questions at the end of every case study, in a “Summary/Discussion” on each question as either “Yes”, “Yes/No” or “No”.

- Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors? This research question will include the cause/s of illness conditions associated with excess/abnormal Melancholic humour.
- Is the dominant quality associated with an individual’s temperamental combination indicative of the individual’s predisposition to illness condition/s?
- Are the presenting signs and symptoms/illness condition indicative of qualitative changes and/or excess/abnormal humours?
- What is the outcome of assisting physis in treatment – categorized as: Successful, Partly Successful, or Unsuccessful?

In addition, to obtaining results with respect to the research questions, the research project also assessed the effectivity of physis.

#### ***The effectivity of physis above the age of 40***

To assess, in which case studies of patients with acute conditions, from the age of 40 onwards, physis is still effective enough to assist in the treatment protocol and successfully resolve the acute condition.

### **Researchers**

The fifty (50) case studies were completed by five (5) registered Unani-Tibb practitioners on patients attending the Institute’s clinic in Cape Town. The process of diagnosis based on the pathological processes and Pathways, and treatment as mentioned earlier was included in each of the case studies. The duration of treatment as well as number of consultations, was at the discretion of the Tibb doctor.

Based on the results of the fifty (50) case studies, a Summary/Discussion included information of this holistic system of medicine based on the philosophical principles of physis, temperament, humours, and lifestyle factors, especially diet within the context of aetiology, pathology, diagnosis, and treatment.

### **Results**

***Listed below are the results in Table 3 of the two (2) research questions mentioned above:***

With respect to the results of the four research questions, the table below provides information with respect to research Question 1: “*Do the presenting signs and symptoms provide insights into the cause/s of illness conditions in relation to Lifestyle Factors?*”, also included the cause/s of illness conditions from the excess/abnormal Melancholic humour as mentioned in the Introduction (page 1) under section A of the table.

With respect to Question 2: “*Is the dominant quality associated with an individual’s temperamental combination indicative of the individual’s predisposition to illness condition/s?*”, under section B in the table, the “Yes” column

includes case studies wherein one or more of the presenting complaint/s were linked to the patient's dominant quality. The "Yes/No" column includes case studies wherein one or more of the conditions of the patient's previous medical history, were also linked to the patient's dominant quality. This column also includes the case studies wherein, one of the two associated qualities of an individual's temperamental combination is the same as the dominant quality of the patient's illness condition/s.

The "No" column includes the case studies where none of the qualities linked to the illness conditions are the same as the dominant quality of the patient's temperamental combination.

**Table 3: Results of Research Questions 1 & 2**

Age group: number of patients	A. Causes associated with Lifestyle Factors or excess/abnormal Melancholic humour:			B. Predisposition to illness conditions:		
	Description of different age groups	Yes: Lifestyle Factors (Case Study No's)	Yes: Excess/Abnormal Melancholic humour (Case Study No's)	Yes (Qualities = dominant temp quality) (Case Study No's)	Yes/No (Only one or more dominant quality) (Case Study No's)	No (Case Study No)
0-19 (6)	Children to Young adult	29, 20, 26, 48, 30, 21		29, 30, 21	20, 26, 48	
20-29 (4)	Young adult	31, 36, 28, 11		28	31, 36, 11	
30-39 (8)	Mature adult	10, 35, 44, 1, 12, 25, 6, 16		10, 35, 12, 6	44, 16	1, 25
40-49 (13)	Middle-age adult	9, 39, 14, 32, 46, 2	43, 27, 50, 41, 33, 37, 40	41, 33, 40	9, 39, 14, 32, 43, 46, 27, 2, 50	37
50-59 (3)	Senior adult		23, 45, 34	34	45, 23	
60-69 (7)	Older adult		8, 15, 7, 24, 4, 17, 5	4	8, 15, 7, 24, 17, 5	
70-89 (9)	Aged adult		47, 18, 49, 3, 22, 38, 19, 13, 42	18, 3, 22, 19,	47, 49, 38, 13, 42	
50		24/50 = 48%	26/50 = 52%	17/50 = 34%	30/50 = 60%	3/50 = 6%
<b>Total: 50 case studies</b>			<b>Total: 50 case studies</b>			

The above results with respect to most of the cause/s of illness conditions being linked to the Six Lifestyle Factors, in patients below the age of 40, whereas most illness conditions linked to excess/abnormal Melancholic humour are in patients above the age of 50 (age group 50-59). However, it is interesting to note that in the age groups 40-49, the causes of illness conditions are linked to both lifestyle and excess/abnormal Melancholic humour. This confirms the weakening of physis from the age of 40 onwards and the development of excess/abnormal Melancholic humours from the age of 40 onwards, as mentioned in the Institute's previous research projects.

With respect to the above results on the predisposition to illness conditions, the allocation of the different case studies was completed as mentioned above (table 3), in the paragraph "With respect to Question 2".

It also needs to be noted that the above results in the "Yes + Yes/No" column of  $17 + 30 = 47/50$  (94%) with respect to the predisposition to illness conditions, is similar to the previous results of 97.4% in the research project "Review of the Relationship between Temperament and Qualities in the Predisposition to Illness Conditions".

The response to Question 3: “Are the presenting signs and symptoms/illness condition indicative of qualitative changes and/or excess/abnormal humours?” – based on the Tibb philosophical principle, that changes to an individual’s ideal qualitative and humoral balance, will lead to signs & symptoms/illness conditions, has been confirmed in every case study, resulting in a response of 50/50 - 100% response to Question 3.

With respect to Question 4: “What is the outcome of assisting physis in treatment – categorized as: Successful, Partly Successful, or Unsuccessful?”. Of the fifty (50) case studies 44 were Successful, 5 were Partly Successful (10, 44, 37, 38, 19), and only 1 (22) case study was Unsuccessful.

#### **Treatment of case studies without teas**

Listed below are the case studies in patients with acute conditions where despite no teas being included in the medication, still had positive outcomes due to the effectivity of physis:

**Table 4: Includes the Case Study No’s, Age of Patients, and illness Conditions treated without Teas**

Case study no:	Age	Illness condition/s
29	1yr 6mnts	Skin rash. Runny nose and productive cough
20	5	Itchy eyes, peri orbital swelling, left eye sclera red.
26	5	Upper respiratory tract infection with Productive coughing, nasal congestion, and rhinorrhea.
30	11	Influenza presenting with - Frontal headache, pain radiating into the eyes, sore throat, vomited once today, productive cough, nasal congestion, and fever.
31	26	Skin infestation by <i>Sarcoptes scabies</i> var. <i>hominis</i> resulting in intensely pruritic, fine, popular rash on the hands and arms for three weeks.
36	26	Cold and flu, presenting with body aches, nasal congestion, frontal headaches, and dry facial skin.
28	28	Request for wet cupping. Feeling drained, poor energy levels/fatigue, urinary frequency, and weak bladder.
35	30	2/7 Gastroenteritis presenting with nausea, diarrhoea and LLQ abdo cramping on passing stool. Also presenting with sinusitis accompanied by frontal headache.
39	41	Irregular menses; bloated abdomen; since diagnosis and post cancer treatment has been having anxiety.

#### **The effectivity of physis above the age of 40**

The results of the effectivity of physis in the treatment of patients with acute conditions from the age of 40 onwards includes: a) In case study 9, the 40-year-old patient, b) In case studies 14 and 39, the 41-year-old patients, c) In case study 32, the 42-year-old patient, d) In case study 46, the 43-year-old patient, e) In case study 2, the 45-year-old patient.

The above results in the research project of only fifty (50) case studies highlights that between the age of 40 and 45, physis was still effective enough. This result could be further researched in a larger number of case studies.

#### **Discussion**

Whilst the overall results of the four (4) research questions in the fifty (50) case studies has validated the link between Aetiology, Pathology, Diagnosis, and Treatment in relation to the philosophical principles of Physis, Temperament, Humours, and Lifestyle Factors, the results also confirmed that the excess/abnormal Melancholic humour can be the cause/s of illness conditions. In addition, the research also confirmed the weakening of physis and the development of excess/abnormal Melancholic humours from the age of 40 onwards, as mentioned in the Institute’s previous research projects.

More significantly the overall Successful results of 44 case studies, 5 Partly Successful case studies, and only 1 of the Unsuccessful case study **needs to be elaborated on**. This system of medicine based on the philosophical principles of Hippocrates, Galen, and Ibn Sina and many other physicians/philosophers, has been practiced over the past few centuries in most parts of the world until the end of the 19<sup>th</sup> century. In addition, the Institute's contribution to this system of medicine has further developed the theoretical principles, resulting in a comprehensive understanding of the pathological processes, allowing for an accurate diagnosis of the qualitative and humoral imbalance of illness conditions, and facilitating a targeted approach in treatment<sup>13</sup>.

The holistic approach recognises that human beings are “body and soul”, and health is impacted physically, mentally, emotionally, and spiritually<sup>14</sup>. The practice of this system of medicine for centuries included the importance of diet as emphasised by Hippocrates, herbal medication, and other therapeutic options including cupping.

### ***Diet, herbal medication, and cupping***

#### The importance of diet

Listed below is an extract from case study 48, that is also included in all the case studies under the heading of “Treatment/Management Plan”. This extract highlights the importance of diet in treatment:

*“The treatment/management plan is aimed at increasing Heating qualities, by following a diet of Hot & Moist and Hot & Dry, Food & Drink, to counteract the excess Coldness with Moistness & Dryness associated with the accumulation of the excess Phlegmatic humoral imbalance.”*

#### Herbal medication

The information in this section includes research of herbal medication, and also provides information on the difference between herbal and Western medication, that has only developed over the past 150-years.

Recent research has confirmed that herbs have many different categories of active ingredients, including amongst others, alkaloids, anthraquinones, minerals, mucilage, phenols, tannins, vitamins, etc., with each category having different active ingredients, that allows for a wide range of pharmacological activity, across multiple physiological systems of the body<sup>15</sup>. In the past, Garlic was known as only an invigorating heart tonic, a reliable laxative, and as a topical anti-microbial agent. Latest research has confirmed Garlic's ability to reduce raised blood pressure, prevent stroke, lower cholesterol, control inflammation, counteract skin and intestinal infections and reduce tumour progress<sup>16</sup>.

Western pharmacology emerged from two distinct lines of scientific endeavours. The first being the identification, extraction and modification of active ingredients found in plants, including morphine, quinine, aspirin, atropine, and reserpine etc. Being active ingredients from plants, the pharmacological action of these ingredients were effective, with limited side-effects.

The second endeavour was the development of synthetic organic chemistry drugs that was introduced by John Newport Langley (1852-1926)<sup>17</sup>, on the basis of visualizing that a cell receptor could be turned off and on by specific drugs. This led to “new to nature chemicals”, based on the receptor theory, that stimulates, inhibits, or blocks receptors as a prelude to pharmacological action, and interferes with the body's normal biochemical, physiological pathways, resulting in major side effects, and physis not being able to restore homeostasis.

#### Cupping therapy

Cupping has been practiced since ancient times. Hippocrates describes both dry and wet cupping in his *Guide to Clinical Treatment*, and Galen also included cupping in his practice. During the Islamic Golden Era cupping was extensively researched and practiced<sup>18</sup>.

To promote the practice of cupping in South Africa, a pilot research project was conducted at the University of the Western Cape, entitled: Therapeutic Cupping as Adjunctive Therapy in the Treatment of Diabetes, Hypertension,

and Osteoarthritis” by six (6) Undergraduate students of Unani Tibb during 2007 and the report completed in April 2008 (<https://www.tibb.co.za/wp-content/uploads/Rep-cupping.pdf>). The objective of the research was to assess the effectivity of including cupping as adjuvant therapy in the treatment of the above patients<sup>18</sup>.

Based on the success of the research project, dry/wet cupping has been included in the Institute’s clinic, where applicable, together with diet and medication over the past fifteen years.

### Summary and Concluding Comments

The above information on the Tibb approach of diagnosis and treatment in the fifty (50) case studies based on research objectives of validating the link between aetiology, pathology, diagnosis, and treatment in relation to the philosophical principles of Tibb has been confirmed. In addition, the research also confirmed the weakening of physis and the development of excess/abnormal Melancholic humours that has also been the cause/s of illness conditions, in patients from the age of 40 onwards.

More significantly, this research project also provided information of the holistic approach on the Medicine of Hippocrates, Galen, and Ibn Sina with respect to the diagnosis based on the role of lifestyle, the predisposition to illness conditions in relation to the temperamental combination and dominant quality, and qualitative and humoral imbalances. With respect to treatment, restoring qualitative and humoral imbalances with diet, herbal medication, including the teas, and cupping where applicable, has been successful in almost all the case studies.

The completed fifty (50) case studies together with Annexures of the Guidelines on Identifying a Patient’s Temperamental Combination and Dominant Quality, Diet Charts, Formula’s of the Teas, Cupping Charts, and Qualities Associated with Illness Conditions are available on the Institute’s website (<https://www.tibb.co.za/tibb-diagnosis-and-treatment-50-case-studies/>).

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