Journal Homepage: -www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/16315
DOI URL: http://dx.doi.org/10.21474/IJAR01/16315

ISSN NO. 2320-5407

RESEARCH ARTICLE

DEVELOPMENT OF THE TRAINING OF TIBB DOCTORS IN SOUTH AFRICA

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Manuscript Info

Manuscript History
Received: 20 December 2022
Final Accepted: 24 January 2023
Published: February 2023

Key words:
Training, Tibb Doctors, South Africa

Abstract

The training of doctors in Tibb, was introduced in South Africa by the Ibn Sina Institute of Tibb after obtaining academic support from universities in India and Pakistan, where this system is taught and practiced under the name of Unani Medicine. Within the context of the South African Western environment, and the medical approaches in the country, the Institute identified concerns with respect to the training of Unani Medicine. In this paper, an overview is provided on the Institute's contribution with regards to addressing some of the concerns as well as the extensive research projects conducted between 2003 and 2020 that contributed positively to the philosophical principles of physis, temperament, humours, and lifestyle factors, in the training of Tibb doctors. This paper further details a sequence of events for the training of Tibb doctors at the University of the Western Cape that commenced in 2003, after having obtained formal recognition of Tibb (Unani-Tibb) with the Allied Health Professions Council of South Africa (AHPCSA) in 2001. Also, included are the number of students who completed the 1-year Postgraduate Diploma and the 5-year Undergraduate Degree between 2003 and 2007 and the three (3) reviews of the training curriculum. Unfortunately, the events also include the political and vested interests from other professions in the AHPCSA that had a negative effect on the training of Tibb in South Africa, and therefore the Institute is willing to share the Tibb training of doctors with universities globally.

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Introduction

Having completed an introductory course in Ayurveda aimed at healthcare professionals, in 1994, I visited Hamdard University in Pakistan to request the development of an introductory course in Unani Medicine (Tibb). In November 1997, together with a doctor and a primary healthcare nurse, we completed a short introductory course. To facilitate a comprehensive training course for Tibb doctors, arrangements were made with Hamdard University for Dr (Hakim) Abdul Haq, an expert in Unani Philosophy, to join the Institute. Whilst Dr Haq arrived in November 1998, I visited and requested academic support from Jamia Hamdard University, Aligarh Muslim University, and the Central Council for Research in Unani Medicine, in India.

Reviewing the training of Unani in Pakistan and India, I realised that the primary source of the training and practice of Unani Medicine was Ibn Sina's Canon of Medicine, which remained the reference textbook of this system of

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medicine all over the world until the 17th century[1]. In addition, I also realised that the training and practice of Unani Medicine needed to be changed in the typical South African Western dominated environment.

The training and practice of Unani Medicine in the Indian subcontinent was based on the following philosophical principles included in the Canon of Medicine a) Physis, the body's self-healing mechanism[2], b) The four Elements of Creation, with respective qualities - Earth (Cold & Dry), Water (Cold & Moist), Air (Hot & Moist), Fire (Hot & Dry)[3]. c) Humours, as hypothesized by Hippocrates - phlegm, yellow bile, black bile, and blood, also with respective qualities[4,5]; d) Temperament as hypothesized by Galen, which categorized individuals into four dominant temperamental types, in relation to the four humours, either as an individual having a Sanguinous, Phlegmatic, Choleric, or Melancholic temperament, also with respective qualities[4,6,7,8]; e) Six Lifestyle Factors which influence the relationship between an individual and the environment within the context of health promotion and treatment – include Air/climate, Physical Activity/Body Movement, Sleep and Wakefulness, Physic Movement and Response, Food & Drink and Evacuation and Retention – each having a qualitative effect[9,10].

Reviewing the above, concerns were identified in the current training of Unani Medicine, that included the terminology of one of the humours as "blood" – which in today's understanding that "blood", consists of plasma, different blood cells, platelets etc. Also, there was no correlation between the terminology of the humours and temperaments. With respect to temperament, individuals were categorized into only four dominant temperamental types. Having completed the Ayurveda course, in which temperament, described as "Dosha's" highlighted that individuals can have different combinations of Dosha's/Temperaments, was also of concern. In addition, there was no identified relationship between the principles of Physis, Humours, Temperament, and Six Lifestyle Factors.

To address the concerns mentioned above, as well as obtaining official recognition of this system of medicine with the South African Department of Health and the facilitation of the training of Unani-Tibb doctors at the School of Natural Medicine (SoNM), University of the Western Cape (UWC) (https://www.uwc.ac.za/), the Ibn Sina Institute of Tibb (Waqf/Public Benefit Organization: PBO No. 930 008 393) was established in 1997.

Addressing identified concerns and developing the training curriculum of Tibb doctors

The addressing of the above concerns is highlighted in the Institute's publication "Institute's Contribution to the Medicine of Hippocrates, Galen, and Ibn Sina" that was published in January 2023 in the International Journal of Advanced Research (IJAR) (https://www.tibb.co.za/wp-content/uploads/Published-article-Medicine-of-Hippocrates.pdf)[11].

Whilst the publication includes seven (7) research projects, that were completed by Postgraduates students at the SoNM, UWC and at the Institute's clinics in Cape Town between 2003 and 2019, the Institute addressed the concerns of the terminology of humours and temperament and more specifically identification of an individual's temperament being a combination of a dominant/sub-dominant temperament with an overall dominant quality, before 2003. These changes were included in the Institute's first reference textbook for Tibb students in 2000 entitled "Tibb – Traditional Roots of Medicine in Modern Routes to Health"[12].

The importance of identifying temperament was inspired by the famous saying of Hippocrates, "It is more important to know what sort of person has a disease, than to know what sort of disease a person has", which highlights the uniqueness of an individual (temperament), with respect to predisposition of illness conditions; as well as an individual's relationship to the environment (Six Lifestyle Factors). This was extensively researched from 2000 onwards, wherein the link between an individual's temperamental combination and dominant quality in relation to the qualities associated with the Six Lifestyle Factors, especially diet, were conducted in healthy living workshops. These workshops were based on the Institute's book "Cooking for your Body Type"[13] as well as in the "4 Temperaments 6 Lifestyle Factors"[14] book that includes eight (8) Personalized Lifestyle Programmes for the eight temperamental combinations.

Further research of the relationship of an individual's temperamental combination and dominant quality, with respect to predisposition to illness conditions having a similar dominant quality was confirmed by the Postgraduate Diploma in Unani-Tibb (PGD-UT) students at UWC in two research projects, included in the above publication "Institute's Contribution to the Medicine of Hippocrates, Galen, and Ibn Sina"[11] in 2003 under the heading of "Relationship between an individual's temperament and the predisposition to illness conditions" and in 2006

"Correspondence of Qualities and Temperament in groups of patients suffering from Hypertension, Type 2 Diabetes, Bronchial Asthma, and HIV & AIDS"[15].

Having confirmed the importance of identifying an individual's temperamental combination and dominant quality in relation to the predisposition of illness conditions and also with respect to the qualities associated with the illness condition, the Institute initiated further research projects to address the concern that there was no identified relationship in Unani medicine between physis, temperament, humours, and lifestyle factors.

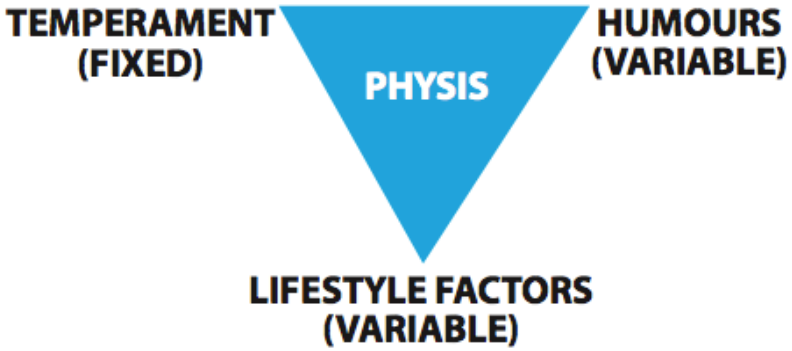
The first research project to identify this relationship between the above principles of Tibb was completed in September 2016 and published in August 2017, entitled "Treatment of Humoral Imbalance at a Cellular/Sub-Cellular Level" (https://www.tibb.co.za/wp-content/uploads/Treatment-of-humoral-Imbalances-at-a-cellular-sub-cellular-level.pdf)[16]. This research not only confirmed that signs and symptoms/illness conditions, were indicative of excess/abnormal humours and that illness conditions also have similar qualities to an individual's dominant temperamental quality, especially in patients below the age of 40. This research also highlighted the weakening of physis from the age of 40 onwards, and that 72% (56 out of 78) of the patients over the age of 40 presented with a Melancholic (Cold & Dry) humoral imbalance, associated with chronic illness conditions.

To confirm the link between excess/abnormal Melancholic humour and chronic conditions, the Institute initiated a further research project on 1000 patients that was completed in May 2018 and published in August 2019, entitled: "Is Excess/Abnormal Melancholic Humour the Cause of Chronic Conditions?" (https://www.tibb.co.za/wp-content/uploads/IS-EXCESS-ABNORMAL-MELANCHOLIC-HUMOUR-THE-CAUSE-OF.pdf)[17]. The results confirmed the gradual development of chronic conditions associated with excess/abnormal melancholic humours in patients from the age of 40 onwards from 56% (40-49); 71% (50-59); 78% (60- 69); to 100% over the age of 70 (70-79). The results also highlighted a limited increase of chronic conditions in patients with a Melancholic imbalance from 0% to 18%, in patients below the age of 40, with a noticeable increase of 56% in the age group of 40-49, confirming the weakening of physis to restore homeostasis from the age of 40 onwards.

To confirm the role of the Six Lifestyle Factors in both health promotion, and being the cause/s of illness conditions in relation to an individual's dominant temperamental quality, a research project that was completed by Clinic Health Promoters and Community Healthcare Workers, in 23 clinics in one of the regions in the City of Johannesburg, who were trained as Tibb Lifestyle Advisors, in May 2018 and published in July 2018 entitled: "Impact of Tibb Lifestyle Factors in Health Promotion and Illness Management" (https://www.tibb.co.za/wp-content/uploads/Impact-of-Tibb-LF-in-HP-and-M.pdf)[18]. The research included 120 'well' individuals (mostly below the age of 40) in a health promotion group, and 480 patients (mostly above the age of 40) with pre-diagnosed, chronic conditions, in an illness management group. The research assessment was reflected by changes in Quality of Life (QoL) parameters that were categorised into five (5) possible responses ranging from "very poor" to "excellent" for the two different groups and designing Individualised Health Care Plans based on the Six Lifestyle Factors, for both groups.

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, in the illness management group, lifestyle advice with qualities opposite to the qualities associated with sign and symptoms/illness conditions was included.

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, not only confirms the positive impact of the lifestyle factors, and makes complete sense as the clients in the Health Promotion group are healthy, and for whom the improvement cannot be as great as those in the illness group. This bears testimony to the targeted approach of the Tibb principles of Physis, Temperament, Humours, and Lifestyle Factors with respect to health promotion and illness conditions, within the context of an individual's temperamental combination and dominant quality, as indicated below.



The scheme (above) illustrates the constant interplay between temperament, humours, lifestyle factors and physis. Although an individual's temperament is fixed, humours fluctuate constantly as a result of the qualitative effect from the lifestyle factors, especially diet. This dynamic relationship influences the humoral balance quantitatively and qualitatively, especially in relation to an individual's temperamental combination and dominant quality – with Physis constantly striving to restore homeostasis. The inability of Physis to restore homeostasis inevitably leads to pathological processes and illness conditions[19].

To further confirm this link between the above Tibb principles, the Institute completed a research project in 2019, that was published in 2020 entitled: "Review of the Relationship between Temperament and Qualities in the Predisposition to Illness Conditions" (https://www.tibb.co.za/wp-content/uploads/Review-of-the-relationship-between-Temperament-and-Qualities.pdf)[20]. This research included five hundred (500) patients, aged between 8 and 84, and was completed over a period of six months at the Institute's clinic in Cape Town.

The aim of this study was to further validate the relationship between an individual's dominant temperamental quality in relation to qualities associated with illness conditions, as an indicator to the predisposition to illness/es. The results confirmed the hypothesis that an increase in the dominant quality associated with an individual's temperamental combination will lead to illness condition/s having similar quality/ies. There was also a definite gradient between the dominant quality of the patient's temperamental combination, with respect to acute and chronic conditions, where acute conditions were higher in children and young adults, whereas chronic conditions increased with age. The results also highlighted a substantial increase in illness conditions, especially chronic conditions after the age of 40, because of the weakening of physis. Significantly, the research also highlighted the Tibb philosophical principles of physis, temperament, humours, and lifestyle factors within the context of aetiology, pathology, diagnosis, and treatment, as summarised below:

Aetiology within the context of Health Promotion and Illness Prevention

The Institute's research projects confirmed, that whilst an individual's predisposition to illness conditions is linked to an individual's temperamental dominant quality, management of lifestyle factors that will not increase the dominant quality will most certainly prevent illness conditions, especially in individuals below the age of 40. The research also highlights that whilst poor management of the Six Lifestyle Factors are directly linked to the cause/s of illness conditions, however, well managed lifestyle factors can also be the 'cause/s' of health promotion/illness prevention especially in young individuals.

Pathology and Diagnosis

The significance of the above research in pathology and diagnosis confirms an accurate diagnosis of illness condition/s. In addition, the Institute's contribution to the humoral theory highlights the importance of identifying excess/abnormal humours, for a better understanding of pathological processes and diagnosis of illness conditions.

Treatment

The quality/ies associated with medication and lifestyle factors should be opposite to the dominant quality associated with the illness condition. Also, the inclusion of medication aimed at restoring humoral imbalances would most certainly address the cause/s of the illness conditions at a cellular/sub-cellular level.

Whilst the summary of the above provides information into the significance of the Institute's contribution to the philosophical principles of temperament, humours, and lifestyle factors within the context of aetiology, pathology,

diagnosis, and treatment, the effectivity of physis to maintain and restore health, has always been an important consideration in Tibb.

To further validate the relationship between the Tibb philosophical principles within the context of aetiology, pathology, diagnosis, and treatment, the Institute's current research project on fifty (50) case studies, includes the following research objectives:

1. To assess whether the presenting signs and symptoms/illness condition/s provide insights into the cause/s in relation to poor management of **lifestyle factors** (Aetiology/Causes).
2. 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).
3. To assess whether the presenting signs and symptoms/illness condition/s are indicative of qualitative and excess/abnormal **humoural** imbalances (Pathology/Diagnosis).
4. To assess the outcomes of the holistic approach of assisting **physis** in treatment – categorized as: Successful, Partly Successful/Unsuccessful (Treatment).

Summary of the Institute's contribution to the training of Tibb doctors

The summary of the Institute's contribution to the training of Tibb doctors, was based on the concerns that were identified in the Introduction of this paper. These concerns included the terminology of the humours, in relation to the terminology of temperament, as well as the limited information of identifying an individual's temperament with respect to the predisposition of illness conditions. More significantly there was no link between physis, temperament, humours, and lifestyle factors. The research projects conducted over the past twenty-years have addressed the above concerns by a) being aware of the link between humours and temperament, the same terminology was used for both temperament and humours; b) the Institute's identification of an individual's temperament being a combination of a dominant and a sub-dominant temperament with a dominant quality, not only provided insights into the predisposition of illness conditions, having similar qualities but also the role of the Six Lifestyle Factors as being the cause/s of both health and disease. The Institute's contribution has also identified the relationship between the Tibb principles of physis, temperament, humours, and lifestyle factors within the context of aetiology, pathology, diagnosis, and treatment.

Sequence of events for the training of Tibb doctors in South Africa at the University of the Western Cape

As mentioned in the Introduction having completed a course in Ayurveda in November 1994, I visited Hamdard University, Pakistan, and requested an Introductory training course in Unani-Tibb, that I together with a doctor and a primary healthcare nurse attended in November 1997. As the course was not appropriate within the South African Western environment, I arranged with Hamdard University for Dr (Hakim) Abdul Haq to join the Institute.

Whilst Dr Haq arrived in November 1998, I visited and requested academic support from Jamia Hamdard University, Aligarh Muslim University, and the Central Council for Research in Unani Medicine, in India, the Institute commenced with the development of the training material for Unani-Tibb doctors and published the first reference textbook for Tibb students in 2000 entitled: "Tibb – Traditional Roots of Medicine in Modern Routes to Health". In recognition of the importance of identifying temperament in healthy living and the predisposition to illness conditions, "Cooking for your Body Type" and "4 Temperaments 6 Lifestyle Factors" were published.

I was appointed by the Minister of Health as a Community Representative of the Allied Health Professions Council of South Africa (AHPCSA) (https://ahpcsa.co.za/)in September 2001. At the first meeting of the new council members of the AHPCSA, the inclusion of Tibb known as Unani-Tibb was approvedas the 11th Modality in the AHPCSA, together with other modalities including Homeopathy, Naturopathy, Chiropractic, Phytotherapy, Chinese Medicine, and Ayurveda etc. As the doctors of this system of medicine (Unani) were only being trained in the Indian subcontinent, and to ensure that the training in South Africa was in keeping with international standards and having academic support from universities in India and Pakistan, the name of Tibb was officially changed to Unani-Tibb.

Being a member a of the AHPCSA, in November 2001, I facilitated the inclusion of the training of Unani-Tibb, at the School of Natural Medicine (SoNM), at the University of the Western Cape (UWC) at both a 1-year Postgraduate Diploma (PGD (UT), and a 5-year Undergraduate Degree, and the approval through UWC structures and the Council for Higher Education (CHE).

After finalising the contents of the Unani-Tibb training at UWC, in November 2002, the Unani-Tibb training modules were reviewed by Prof Hanaan (Hamdard Pakistan), Prof Ahmad (Jamia Hamdard, India) with comments from Prof Ansari (Advisor – Unani: Central Council for Indian Medicine, Govt of India). Also, arrangements were made with Dr Rina Swart (Head of SoNM), for the intake of Unani-Tibb students. In January 2003, the first batch of twenty-four (24) students enters the PGD (UT), and the first six (6) Undergraduate Degree students started training.

In January 2003, Prof Pretorius (Deputy Vice Chancellor) and Prof Mpofu (Dean of the Faculty of Community and Health Sciences) from UWC, accompanied me to Hamdard University, Pakistan where a Memorandum of Understanding (MoU) was signed between the two universities. Upon our return to South Africa, Prof Pretorius facilitated the registration of my PhD with the Department of Education at UWC. My dissertation was entitled: "African Renaissance in Health Education: Developing an Integrative Programme of Unani-Tibb Training for Health Care Professionals in Southern Africa" (https://www.tibb.co.za/wp-content/uploads/FINAL-THESIS-2004.pdf). The aim of the PhD was to assess the development of the PGD (UT) training course with respect to the effectiveness and appropriateness within the context of South African healthcare. From the participants' feedback, there was sufficient evidence to establish that the training course was well received, the philosophy understood by the participants, and the integration of Tibb not only possible, but successful.

Between 2003 and 2007, 110 PGD (UT) students and the first 6 Undergraduate students graduated. To assist UWC with the practical training, the Institute established Tibb clinics in Manenburg, Langa, and Surrey Estate in Cape Town between 2005 and 2008.

Unfortunately, because of the growth of Tibb, due to political and vested interests from other professions in the AHPCSA, the training of the PGD (UT) was stopped in 2008, and the beginning of the phasing out of the Unani-Tibb Undergraduate training. The Tibb Institute together with the South African Tibb Association (SATA) initiated litigation against the AHPCSA and UWC with the aim of UWC re-instating the Undergraduate programme. Whilst the Undergraduate programme was reintroduced in 2010 the litigation compromised the relationship between the Institute and UWC, with the Institute not being directly involved in the training of Unani-Tibb at UWC.

After the UWC decision to phase out the training of Unani-Tibb on 30th May 2009, the Institute approached the Cape Peninsula University of Technology (CPUT), who welcomed the opportunity to offer the PGD (UT). The application of the PGD (UT) at CPUT was approved by the Council for Higher Education (CHE) and, also registered as a qualification with the South African Qualifications Authority (SAQA). Unfortunately, as the application to commence the training had to be approved by the AHPCSA, who registers the Unani-Tibb doctors to practice in South Africa, this application was unethically obstructed by the AHPCSA.

Whilst the training of the Undergraduate programme at UWC, continued in 2010, because of the unethical and obstructive activities of the AHPCSA, the training of not only Unani-Tibb but also Chinese Medicine, Naturopathy, and Phytotherapy was phased out, from 2018 onwards at UWC. Therefore, currently there is no training of Unani-Tibb in South Africa, now. However, for information purposes, currently the unethical and obstructive activities of the AHPCSA may be investigated by the National Department of Health during this year, which may allow for the training of Tibb within the next few years to be re-established.

Review of the Institute's training curriculum of Tibb doctors

In addition to the review of the training curriculum in November 2022, by Prof Hanaan (Hamdard Pakistan), Prof Ahmad (Jamia Hamdard, India) with comments from Prof Ansari (Advisor – Unani: Central Council for Indian Medicine, Govt of India) mentioned earlier, because of the phasing out of the Unani-Tibb training in 2008 the Institute arranged a two-day Curriculum Review Workshop in May 2010, to ensure that the PGD (UT) training at CPUT was in keeping with international standards. Before the workshop, the training Modules were sent to international experts at Hamdard University, (Pakistan), Aligarh University, Jamia Hamdard University and Bangalore Unani Foundation from India, who sent comments and recommendations. Academics from the University of Kwa-Zulu Natal, Cape Peninsula University of Technology, and the University of Johannesburg as well as representatives from the Allied Health Professions Council of South Africa also participated in the workshop.

Due to the recognition of the Institute's training of Tibb doctors, since 2003 on the Institute's website, Dr Barrie Oldham from the Centre for Bio-Regulatory Medicine, requested assistance, in establishing the training of a 2-year part-time Postgraduate Diploma in Athens, Greece. This led to a Memorandum of Understanding being signed on the 10th November 2017.

In preparation for the training request and being aware of the extensive research projects with respect to the Institute's contribution to the Tibb philosophical principles, the Institute published a reference textbook for the training of Tibb doctors in January 2018 entitled: "Theoretical Principles of Tibb". This book was reviewed by the names listed below and included on the back cover:

1. Dr Ghazala Javed, Central Council for Research in Unani Medicine (CCRUM), Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy (AYUSH), Government of India.
2. Prof M. M. Wamiq Amin, Dean, Faculty of Unani Medicine, Aligarh Muslim University, India.
3. Prof Hakim Abdul Hannan, Prof Tasneem Qureshi, Faculty of Eastern Medicine, Hamdard University, Pakistan.
4. Prof Shakir Jamil, Jamia Hamdard University, India; Former Director General of the Central Council for Research in Unani Medicine.

Unfortunately, due to lack of student numbers the training in Greece did not materialize.

Concluding Remarks

As is evident from the above information, the Institute's contribution to the training of Tibb doctors at both a 5-year Undergraduate Degree and a 1-year Postgraduate Diploma (for medical doctors/diagnostic healthcare professionals), over two decades has been extensive and significant.

Being aware of the global interest in this holistic system of medicine and as a Public Benefit Organization, the Institute is willing to share our in-depth training modules with Universities both locally and internationally, and thereby continue the study and research for future generations in this system of medicine, that over the centuries was known by many different names including Greek Medicine, Unani Medicine, Greco-Arab Medicine, Prophetic Medicine, Persian Medicine, Anatolian Medicine, and Western Herbal Medicine, and can also be named as the Medicine of Hippocrates, Galen, and Ibn Sina.

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