

Review of the Relationship between Temperament and Qualities in the Predisposition to Illness Conditions

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Abstract: *Identifying and understanding one's temperamental combination provides valuable insight into the predisposition to illness conditions and disease progression. The aim of this study was to 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 study was conducted over a period of six months by qualified Unani-Tibb practitioners at the Tibb Treatment centres in Cape Town. Five hundred (500) patients aged between 8-84 years old were included into the study. A comprehensive consultation was conducted, recording patient's age, gender, and temperamental combination (dominant/sub-dominant) including dominant quality associated therewith. Past medical history, qualities with humoral imbalance associated with presenting signs and symptoms, including western diagnosis, was documented, respectively. The conditions were also identified as acute or chronic.*

The results confirm the hypothesis that an increase in the dominant quality associated with an individual's temperament will lead to illness condition/s having similar quality/ies, irrespective of whether the conditions are acute and/or chronic. 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 after the age of 40 because of the weakening of physis, the body's self-healing mechanism. Significantly, the research also highlighted the role of the Tibb Six Lifestyle Factors as being the cause/s, of both health and disease, within the context of aetiology, pathology, diagnosis, and treatment.

Keywords: *Temperament; Qualities; Predisposition; Illnesses*

1. INTRODUCTION

The temperamental theory is derived from Greek philosophers who hypothesized that everything in the universe is created from four primary elements with

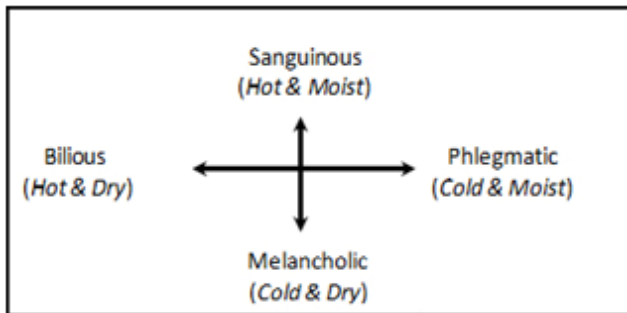
corresponding qualities: Fire (Hot & Dry), Air (Hot & Moist), Water (Cold & Moist), and Earth (Cold & Dry)^{1,2,3,4}. Depending on the ratio of the four primary elements that make up an entity, the opposing qualities in the entity will reach a state of equilibrium resulting in an overall *quality*. This overall quality is known as *temperament*. Every part of creation, be it mineral, plant or animal has an overall temperament. In human beings the concept of temperament extends from cells to tissues to organs and finally to each individual having a unique temperament⁵.

Hippocrates emphasized the importance of identifying an individual's temperament in his famous saying "It is more important to know what sort of person has a disease, than to know what sort of disease a person has". Knowing a person's temperament provides valuable insights into the predisposition of illness conditions as well as the maintenance of health within the context of the application of lifestyle factors in both health promotion and illness management^{5,6}. Galen added to the above concept, whilst recognizing the uniqueness of each individual, he categorized people into four main temperamental types with respective qualities: Sanguinous, Phlegmatic, Bilious (also known as choleric) and Melancholic, each with respective qualities – Sanguinous (Hot & Moist); Phlegmatic (Cold & Moist); Bilious (Hot & Dry); and Melancholic (Cold & Dry)⁷.

Florence Litauer in her description of the personality traits of the four temperamental types mentions that "We need each temperament for the total functioning of the body". This highlights that whilst each person has personality traits/attributes from all four temperaments, each individual has a dominant temperament, less of a second even less of a third and the least amount of the fourth temperament⁸.

Within the context of opposite qualities not existing simultaneously, nothing can be hot and cold; nor moist and dry at the same time, the Institute hypothesized that an individual's temperamental combination will have a dominant temperament, a second less (sub-dominant temperament) that will be adjacent to the dominant temperament, and the least temperament being opposite. For example, a person with a dominant

Sanguinous temperament with Hot & Moist qualities, will have a sub-dominant temperament of either Bilious (Hot & Dry qualities) or Phlegmatic (Cold & Moist qualities) and not a Melancholic temperament with Cold & Dry qualities, as this is opposite to the qualities associated with the Sanguinous temperament⁹.



Elaborating on the overall qualities associated with an individual's temperamental combination, the adjacent chart is reflective of an individual with a dominant sanguinous, sub-dominant phlegmatic temperament as indicated with the line marked X. This person will have an overall dominant quality of moistness less heat, followed by coldness and the least amount of dryness. Similarly, an individual with dominant phlegmatic, sub-dominant sanguinous temperament (marked with a Y) will also have an overall quality of moistness but followed with coldness than heat and the least amount of dryness. However, both temperamental combinations have a dominant quality of moistness and the least amount of the dryness quality¹⁰. The dominant quality associated with the individual's temperament is indicative of predisposition to illness conditions having similar qualities. For example, a person with a Sanguinous/Phlegmatic temperamental combination, with a dominant quality of moistness will be predisposed to clinical disorders where moistness is the dominant quality as in Type 2 Diabetes or phlegm related asthma.



The above hypothesis of a dominant/sub-dominant temperament being next to each other, together with the dominant quality associated with the temperamental combination was evaluated in a research project that was included in the Postgraduate

Diploma in Unani-Tibb (PGD-UT) at the University of the Western Cape, by 27 students on 2151 patients in the 2006 academic year, entitled "Correspondence of Qualities and Temperament in patients suffering from hypertension, type 2 diabetes, HIV & AIDS and bronchial asthma"¹¹.

Just as different temperamental types are associated with different qualities, illness conditions are also characterized in terms of qualities, interpreted from the signs and symptoms associated with the particular condition¹⁰. Most, if not all illness conditions, begin with an excess of one of the four qualities of heat, coldness, moistness, and dryness, as well as a second associated quality. An example of this is the common cold which typically develops in the cold season of the year. If this cold imbalance is not corrected, colds and flu like symptoms develop and are often associated with an increase in mucous production such as a runny or congested nose, productive cough etc. Therefore, colds and flu are associated with qualities of coldness with moistness. Similarly, constipation is linked to qualities of dryness with coldness as intestinal motility slows and the level of fluid is low resulting in the formation of dry, hard, dehydrated stools⁹.

Changes to the ideal qualitative state of an individual results from the qualitative effect/influence of the Tibb Six Lifestyle Factors. These include Environmental Air and Breathing; Food and Drink; Sleep and Wakefulness; Movement and Rest; Emotions and Feelings; Elimination, where each of the Lifestyle Factors have specific qualities. For example, weather is either hot or cold, foods such as ginger are heating, sleep is cooling, and physical exercise produces heat. More significantly, an increase in the dominant quality associated with an individual's temperamental combination will have a negative effect resulting in signs and symptoms/illness conditions with similar quality/ies - is indicative of the predisposition of illness conditions linked to an individual's dominant quality¹².

2. OTHER TIBB PRINCIPLES UNDERPINNING THE RESEARCH

Having introduced the concept of temperament, qualities, and lifestyle factors within the context of health promotion and in the management and treatment of illness conditions, a brief overview of the following Tibb philosophical principles are provided below.

2.1. Physis

Hippocrates described physis as "vis medicatrix Natura" or 'the ability of the body to heal itself'¹⁰. Physis is the sum total of the body's natural, instinctive reactions and responses to maintain and where necessary restore homeostasis - it is part of our genetic make-up. Physis is responsible for maintaining homeostasis between the physical, mental, emotional, and spiritual aspects of each person¹³. At a **Physical level:** Physis

controls the millions of biochemical reactions taking place at any instant – for protection, for growth, tissue maintenance, reproduction and repair, **Physiological functions:** Physis ensures that all metabolic functions, between the different organs and systems of the body are efficient and waste/toxins are removed, **Psychological functions:** Ensuring harmony and balance of emotions, and the maintenance of good mental health is regulated by Physis, **Nervous system:** Physis ensures that effective communication to and from the brain - controls all mental, emotional and physical activities - mind, body, interaction, **Defence mechanism:** Ensuring that infections arising from outside do not disturb the body's internal harmony from an efficient immune system. It is important to note that the immune system is only one of the many systems/functions controlled by physis¹³.

Unfortunately, in keeping with the circle of life, and as death is inevitable, and, just as our metabolism slows down with age, the efficiency of physis to restore homeostasis becomes weaker from the age of 40 onwards.

2.2. Humours

In his book, "Al-Umur Al-Tabi'yah (Principles of Human Physiology in Tibb)" Hakim Sayed Ahmed describes the role of humours as postulated by Hippocrates:

"The basis of health is the right proportion and specific equilibrium of humours according to their quality (and quantity) i.e. homeostasis in the internal environment. As long as this homeostasis in the internal environment is maintained, the body remains healthy. This is the basis of health preservation and preventative medicine. Second, when the normal proportion and specific equilibrium of humours is altered, the internal environment reaches a state of imbalance, and thus disease develops. This is the basis of aetiology and pathology of disease. Third, when this wrong proportion and altered equilibrium of humours is corrected, health can be recovered. This is the basis of treatment."

Tibb philosophy recognizes that just as each person has a unique temperament, each individual also has a unique humoral composition made up from the four humours: Sanguinous; Phlegmatic; Melancholic; and Bilious. Associated with each humours are the qualities of heat, coldness, moistness and dryness, which results in every person having a unique humoral composition with an overall ideal qualitative state which if it is in harmony with the overall qualitative state of an individual's temperament health will be maintained. Changes to this ideal humoral imbalance occurs from the qualitative effect from Lifestyle Factors, which if beyond the ability of physis to restore homeostasis, will result in signs and symptoms/illness conditions, associated with different humoral imbalances¹⁴.

Whilst extensive literature is available on the different temperaments and its associated qualities, the link between temperament, humoral imbalances, and the predisposition to illness conditions is not clearly defined. The purpose of this research is to identify this link, which could be beneficial in both health promotion and illness management within the context of aetiology, pathology, diagnosis, and treatment.

3. RESEARCH DESIGN

3.1. Research Aim

Based on the above rationale the aim of the research project was to further validate the relationship between an individual's temperament and its associated quality/ies on the predisposition to illness conditions/signs and symptoms.

3.2. Research Questions

- Is the dominant quality of an individual's temperament indicative of a predisposition to illness conditions?
- Do the signs and symptoms of illness conditions vary in relation to the quality associated with an individual's temperamental combination?

3.3. Research Objectives

- To validate the hypothesis that the dominant quality of the temperamental combination is indicative of a predisposition to specific illness conditions.
- To validate the hypothesis that the signs and symptoms of illness conditions vary in relation to an individual's temperamental combination.

3.4. Researchers

The research was conducted over a period of six months by qualified Unani-Tibb Practitioners registered with the Allied Health Professions Council of South Africa (AHPCSA).

3.5. Patient Selection

A total of five hundred (500) patients, aged between 8 and 84 were included into the study.

4. METHODOLOGY

After recording, the patient's age and sex, a temperamental evaluation of the patient's dominant/sub-dominant temperament together with the dominant quality was assessed. This was followed by recording the patient's previous medical history, the presenting signs and symptoms and diagnosis from both conventional/Western perspective as well as from the Tibb humoral perspective.

In keeping with the aim of the research to assess the relationship between an individual's dominant temperamental quality and the predisposition to illness conditions, the following was tabulated.

- Where the quality/ies associated with one or more of the illness conditions were the same as the

dominant quality associated with the individual's temperament, this was recorded as "Yes".

- Where illness condition/s with at least one or more of the qualities associated were the same as the dominant quality and other condition/s not having the same quality - this was recorded as "Yes/No".
- Where none of the illness condition/s had the same quality of the dominant quality associated with the patient's temperament - this was recorded as "No".

Also included was whether the illness conditions were "Acute", "Chronic", or "Chronic/Acute" in the different age groups. This provided information on the types of conditions that presented during the ages from infancy to aged adult, in relation to the dominant quality of an individual's temperament.

The table below reflects a sample of patient's details of the five hundred patients.

Table 1: Patient details, Temperament (dominant/sub-dominant), Overall Dominant Quality of patient, Diagnosis/ Signs & Symptoms/Medical History, Humoral link to S&S/illness/es, S&S linked to Dominant Quality, Acute/ Chronic / or both

Patient Initials, Sex, Age	Temperament: Dominant/Sub-dominant	Overall Dominant Quality of Patient	Diag/S&S/Previous Medical History/Qualities Associated with Illness/es	Humours linked to Signs & Symptoms	S&S/Illness/s linked to Overall Dominant Quality of Patient	Acute (A)/Chronic (C) or Chronic + Chronic / Acute (C+C/A)
LL.(M), 11	P/S	<u>Moist</u>	Influenza (tonsillar enlargement, fever) Moist& Cold	Phleg/Sang	Yes	A
M.P.(F), 41	S/B	<u>Hot</u>	UTI (ubg, Hb, leucocytes) Hot& Dry, Myositis (MSK) (backpain) Cold & Dry. Pmhx: HPT Hot& Moist	Sang/Bil/Mel	Yes/No	C/A
A.S.(F), 61	P/S	<u>Moist</u>	Myositis (MSK) (back pain) Cold & Dry	Phleg/Mel	No	C

Upon completion of the five hundred patients, a critical assessment of the results and discussion within the context of the research aim and objectives were completed. Complete details of the 500 patients, as mentioned above are available on the Institute's website, <http://www.tibb.co.za>

5. RESULTS

Five hundred (500) patients were included into the study, ranging from 8-84 years of age, of which 197/500 = 39% were males and 303/500 = 61% were females. As the research was completed during the wet and cold climate in Cape Town, it is interesting to note that the breakdown of the dominant quality of the illness conditions associated with the five hundred patients include 197 Moist, 135 Cold, 99 Hot and 69 Dry, reflecting the influence of weather on illness conditions. The illness conditions identified in the

research with **Cold & Moist** qualities included Upper and Lower Respiratory Tract Infections, Influenza, Sinusitis, Asthma, Otitis media, Tonsillitis, Lymphadenitis, PCOS, Nausea and vomiting and Diarrhoea whereas those associated with **Cold & Dry** qualities Myositis, Osteoarthritis, Carpel tunnel syndrome, Nerve entrapment, Sciatica, Gout, Renal Calculi, Xeroderma, Angina and Cholesterol. Illnesses associated with **Hot & Dry** qualities includes Allergic rhinitis, Laryngitis, Bronchitis, Gastroenteritis, Gastritis, Stress, Dermatitis, Furuncle, Scalp infection, Pyelonephritis and Menorrhagia. Illness conditions associated with **Hot & Moist** Qualities included Hypertension, Diabetes, Scabies and Urinary Tract Infection.

Listed below is the results of qualities in relation to the dominant quality of patients in different age groups and whether conditions were Acute or Chronic

Table 2: Results of illness qualities in relation to the dominant quality of patients in different age groups and whether conditions were Acute or Chronic

Age group	Description of different age groups	Yes	Yes/No	(Yes + No)	No	Acute	Chronic + Chronic/Acute
0-19 (14)	children to young adult	14/14 = 100%	0	14/14 = 100%	0	14/14 = 100%	0/14 = 0%

20-29 (133)	Young adult	125/133 = 94%	7/133 = 5%	132/133 = 99%	1/133 = 0.75%	120/133 = 90%	13/133 = 10%
30-39 (92)	Mature adult	76/92 = 83%	16/92 = 17%	92/92 = 100%	0	72/92 = 78%	20/92 = 22%
40-49 (83)	Middle-age adult	58/83 = 70%	21/83 = 25%	79/83 = 95%	4/83 = 5%	31/83 = 37%	52//83 = 63%
50-59 (97)	Senior adult	51/97 = 52%	39/97 = 40%	80/97 = 93%	7/97 = 7%	10/97 = 10%	87/97 = 90%
60-69 (45)	Older adult	18/45 = 40%	26/45 = 58%	44/45 = 98%	1/45 = 2%	2/45 = 4%	43/45 = 96%
70-89 (36)	Aged adult	13/36 = 36%	22/36 = 61%	35/36 = 97%	1/36 = 3%	0/36 = 0%	36/36 = 100%
				Average 97.4%	Average 3.6%		

As can be seen in the above table in the “Yes” column, there is a steady decline in patients whose signs and symptoms/illness conditions have at least one or more quality/ies similar to the dominant quality of the patient’s temperament from 100% children/young adults to 36% in aged adults, whereas in the “Yes/No” column there is an opposite trend of an increase from 5% to 61%. However, and more significantly the column “Yes” and “Yes/No” an average of 97.4% patients also had at least one or more illness conditions with a similar quality to the patient’s dominant quality. Whereas in the “No” column only an average of 3.6% of patients did not have any condition with quality/ies similar to the dominant quality of the patient.

Also, noted in the table, is that in “Acute” conditions, there is a decrease of illness conditions from 100% to 0%, whereas there is an increase from 0-100% in “Chronic + Chronic/Acute” conditions. It is interesting to note that in the acute conditions there is a gradual decrease of 10% in patient’s (from 100-90%) in ages 20-29, followed by a decrease of 12% (from 90-78%) in ages of 30-39 with the same opposite increase in chronic + chronic/acute conditions. However, and more

Table 3: Headaches: Relationship between headaches and dominant quality of temperament

No of patients and Overall Dominant Quality	Description of headaches	No. of patients/%
Moistness (20 patients)	Headaches (Frontal)	17/20 = 85%
	Headaches (Temporal)	3/20 = 15%
Coldness (13patients)	Headaches (Frontal)	9/13 = 69%
	Headaches (Occipital)	4/13 = 31%
Dryness(2 patients)	Headaches (Unilateral)	1/2 = 50%
	Headaches (Occipital)	1/2 = 50%
Heat (4 patients)	Headaches (Temporal)	3/4 = 75%
	Headaches (Frontal)	1/4 = 25%
Total No of patients = 39		Total No of patients = 39

Valuating the relationship of headaches and the dominant quality associated with the patient’s temperamental combination. It is interesting to note that of the 39 patients who presented with headaches 20 patients had a dominant quality of moistness. Of these 17/20 (85% presented with frontal headaches, and the remaining 3 had temporal headaches). Also, of the 39 patients with headaches 13 patients had a dominant quality of coldness of which 9/13 (63%)

significantly there is a spike in the decrease/increase of both “Acute” and “Chronic + Chronic/Acute” conditions of 41% (78-37%) in ages of 40-49 and 27% (37-10%) in ages of 50-59, with a combined total of 68% (41+27%). This highlights that between the age of 40-59, there is a substantial decrease in acute conditions and an increase in chronic conditions.

5.1. Relationship between the Signs and Symptoms in Relation to an Individual’s Temperamental Combination

Below are the results of the relationship between signs and symptoms in relation to an individual’s temperamental combination with respect to headaches and coughs.

5.1.1. Headaches

Below is a table of 39 patients in the research, with headaches included in the signs and symptoms, associated with the respective illness condition/s. The headaches have been classified into four types Frontal, Temporal, Occipital and Unilateral.

presented with frontal headaches and the balance of 4/13 (31%) presented with occipital headaches. Of the remaining 6 patients 4 patients had a dominant quality of heat of which 3 presented with temporal headaches and 1 with a frontal headache, whereas the 2 remaining patients with a dominant quality of dryness 1 presented with a unilateral headache and 1 with an occipital headache.

From the above there is a dominance of frontal headaches in individuals with dominant moist qualities of which 17/20 (85%), as well as those with dominant cold qualities (63%). It is interesting to note that most patients with headaches have Cold and Moist qualities (33/39 = 85%) and are associated with the phlegmatic dominant/sub-dominant temperamental combination.

5.2. Upper and Lower Respiratory Tract Infection

Recognizing that the signs and symptoms associated with Upper Respiratory Tract Infections (URTI) include

Table 4: Relationship between coughs and the dominant quality of temperament in patients with URTI and LRTI

No of patients and Overall Dominant Quality	Patients with Productive cough - %	Patients with Dry cough - %
Moistness (47 patients)	46/47 = 98%	1/47 = 0,02%
Heat (22 patients)	8/22 = 36%	14/22 = 64%
Coldness (31 patients)	29/31 = 94%	2/31 = 6%
Dryness (10 patients)	4/10 = 40%	6/10 = 60%
Total No of patients = 110	Total = 87	Total = 23

Of the 110 patients 87/110 = 79% had a productive cough whereas 23/110 = 21% had a dry cough. Of the 87 patients with a productive cough, the number of patients with a dominant quality of Moist (46) together with Cold (29) = 75 which translates to 75/87 = 86% of the patients with a productive cough. These patients have a dominant/sub-dominant phlegmatic temperament associated with Cold & Moist qualities. Similarly, of the 23 patients with a dry cough the number of patients with a dominant Dry quality (6) together with the Hot quality (14) which translates to 20/23 = 87% of the patients with a dry cough. These patients have a dominant/sub-dominant bilious temperament associated with Hot & Dry qualities.

Whilst both the results of Headaches and Coughs have highlighted that patients with a dominant/sub-dominant phlegmatic temperamental type are more inclined to frontal headaches as well as a productive cough, the Cold & Moist weather in Cape Town has influenced the above results.

6. DISCUSSION

6.1. Is the Dominant Quality of the Temperamental Combination Indicative of a Predisposition to Illness Condition?

Interpreting the results from Table 2 where 97.4% patient's in the "Yes" and "Yes/No" column have at least one or more conditions with quality/ies similar to the patient's dominant quality, confirms that hypothesis that a patient's dominant quality is indicative of a predisposition to illnesses with similar quality/ies. This is further corroborated by the results of an average of 3.6% of patient's not having similar quality/ies associated with condition/s as the patient's dominant quality, irrespective of whether the condition/s are "Chronic/Acute".

Interpreting the decrease of illness conditions linked to the dominant quality in the "Yes" column with a

sore throat, nasal congestion, headaches, tonsil enlargement, inflamed tonsils etc., and the main signs and symptoms of Lower Respiratory Tract Infection (LRTI) include wheezing and tight chest are associated to the lungs, both conditions may include a cough which may either be productive or dry.

The results below are a summary of the relationship between coughs and the dominant quality associated with the temperamental combinations divided in patients with a productive or dry cough.

corresponding increase of illness conditions in the "Yes + Yes/No" columns, can be explained within the context that physis weakens with age to restore homeostasis resulting in illness condition/s arising from qualities other than the dominant quality of the patient. This also highlights the importance of lifestyle management to be taken into account in relation to the dominant quality of an individual, where avoiding an increase in the dominant quality will not only prevent illness conditions having the same quality but also delay the inevitable chronic conditions associated with age and the weakening of physis¹⁵.

Interpreting the decrease/increase of the results with respect to the "Acute" and "Chronic/Acute" conditions where between the age of 40-59, the decrease in "Acute" conditions and an increase in "Chronic/Acute" conditions of 68%, bears testimony to the diminishing effect of physis to restore homeostasis after the age of 40, as hypothesized in Tibb.

6.2. Do the Signs and Symptoms of Illness Conditions Vary in Relation to the Quality Associated with an Individual's Temperamental Combination?

The results on patient's with Headaches, as well as Coughs in patients with Upper Respiratory Tract Infections and Lower Respiratory Tract Infections confirms that signs and symptoms with illness conditions are influenced by the temperament of the patient as mentioned in the above results where most patient's with a frontal headache have a dominant/sub-dominant phlegmatic temperament. Also, most patient's with dominant/sub-dominant phlegmatic temperament will present with a wet cough due to their innate Cold & Moist qualities whereas patient's with a dominant/sub-dominant bilious temperament will have a dry cough with their innate qualities of Hot & Dry.

7. SIGNIFICANCE OF THE RESEARCH

Significance of the research and the above results highlights the importance of the recognition and appreciation of the relationship between temperament and qualities and the predisposition to illness conditions in aetiology, pathology, diagnosis, and treatment.

7.1. Aetiology within the Context of Health Promotion and Illness Prevention

Historically, Tibb literature review records that poor management of the main Six Lifestyle Factors, is the cause/s of most illness conditions. However, from the above research that highlights the predisposition of illness conditions being associated with an individual's dominant quality, management of lifestyle factors that will not increase the dominant quality will most certainly prevent illness conditions especially in individual's below the age of 40 as physis is still efficient in restoring homeostasis. The research therefore highlights that whilst poor management of the Six Lifestyle Factors can be the cause/s of illness conditions, however, and more significantly well managed lifestyle factors can also be the 'cause' of health promotion/illness prevention especially in young individual's. Research validating this approach of including the Tibb Six Lifestyle Factors in Personalized Lifestyle Programmes was designed for 120 healthy clients, by Ward Based Outreach Teams in the City of Joburg's Health Department, measured in Quality of Life parameters – confirming that the Six Lifestyle Factors are ultimately the cause/s of both health and disease¹⁵.

7.2. Pathology and Diagnosis

The significance of the above research to pathology and diagnosis is that an understanding of the predisposition of illness conditions linked to an individual's temperament provides insights into the progression of the pathological process, which allows for a more accurate diagnosis of the illness condition, based on the humoral and temperamental theory¹⁰.

7.3. Treatment

With respect to the significance of the above research in treatment, recognition of the qualities, especially the dominant quality associated with illness conditions allows for a targeted approach to treatment in keeping with the traditional approach of allo-pathic medicine, where the word *allo* is the Greek term for opposite⁹. Therefore, treatment in Tibb is opposite to the quality/ies associated with the illness condition. This approach is confirmed by Ibn Qayyim al-Jawziyyah:

*"In short, the one is hot and the other cold. Each of them contains rectification for the other and can prevent most of its ill effects. This is the basis of all treatment, and a basis for the preservation of health; even more the whole science of medicine makes use of this principle"*¹⁶.

Treatment based on the concept of opposites is relevant to both pharmacotherapy and the Tibb Lifestyle Factors. For instance, medication formulated to treat a cold and flu will not only include the pharmacological action that will counter/be opposite to the symptoms of a Cold and Flu but also has qualities that is opposite to the signs and symptoms of flu. For example, the pharmacological action of *Zingiber officinale* (ginger) is often included in common cold formulations, as it counteracts the specific symptoms of runny nose, fever/chills; however, it also has Heating qualities which oppose the Cold & Moist symptoms⁵.

Similarly, Lifestyle Factors in treatment of colds and flu is to overcome the Cold & Moistness associated with colds and flu by increasing Hot & Dry qualities from the lifestyle factors, especially diet. Research on the impact of Lifestyle Factors in treatment was included in Individualised Care Plans, that was developed in the management of pre-diagnosed mostly chronic illnesses, measured in Quality of Life parameters on 480 patients, with positive results¹⁵.

8. CONCLUSION

The above research confirms that there is a definite relationship between an individual's temperament and its associated qualities on the predisposition/signs and symptoms to illness conditions. More importantly the research provides insights into the importance of this relationship within the context of aetiology, pathology, diagnosis, and treatment.

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