Yashfeen Journal of Health Innovation & Practice
ISSN Online: 2959-5800

Research Article

TRADITIONAL HEALTH PRACTICES AMONG MUSLIM PSYCHIATRIC PATIENTS IN LAHORE

Hamza Asghar[a], Aiman Riaz[a], Zarish Suhail[a]*

Abstract

Pakistan, a South Asian country with a population of 240 million, has Islam as the predominant religion. In Pakistan, mental illnesses are often stigmatized and attributed to supernatural causes. This study aims to investigate the role of indigenous health practices among psychiatric patients. The sample consists of psychiatric patients of both sexes. According to self-reported case history interviews, patients pursued various traditional curative methods, including Naturopathy (Tibb), Homeopathy, Sorcery and Islamic Faith Healing, before consulting licensed psychiatrists. Patients with different psychiatric disorders, such as anxiety disorders, schizophrenia, personality disorders, mood disorders and somatoform disorders, engaged in various traditional curing practices. Notably, more men than women utilized these practices, and the frequency of visits to traditional healers was higher among men. The greater reliance on multiple healing practices among men may be linked to gender-based differences in mobility and societal taboos surrounding women's consultation of male traditional healers.

Keyword: Indigenous Health Practices, Mental Health Services, Pakistani culture norms

INTRODUCTION

Traditional mental health care system comprises significant elements which have not been adequately understood(1). Religion is viewed as the fundamental source of legislative principles, shaping traditions that have been faithfully followed and passed down through generations. The belief system of disease, creator, death, creation, human nature, life and universe influence by helicicultural rituals(2). In Pakistan, helicicultural traditions are a best way to encourage health-related practices. This review article seeks to examine the traditional health practices utilized by Muslim psychiatric patients in Lahore, Pakistan (3). This promotes the understanding of healing practices used by Muslims of Pakistan at international level. The Pakistani community have very strong Islamic faith and values by which they interpret the mental health related illness(3). It has long been observed that in Pakistan, as well as in many other countries, mental illnesses are often misunderstood and consequently mishandled (3)(2)(1). For example, a person who is mentally ill, that person has been distort by factors like, demons and supernatural powers, resulting from ‘evil eye’, ‘black magic’ or ‘bad deeds.’(4) Due to traditional beliefs, a person without an active mental illness perceived inaccurately labelled. The misinterpretation of symptoms and the inadequate management of both mentally ill and healthy individuals have affected how people in Pakistan and other regions approach local mental health services when they or their family members exhibit signs of possible mental illness(5). There are many traditional healing approaches, these are the treatment from ‘jinn’,

[a] *Institute of Allied Health Sciences, University of Health Sciences Lahore.*

Corresponding author:

Email Address: daniela.bismal@yes.edu.pk

‘jadu/tona’, ‘peeri/faqeeri’, ‘taweez’. ‘Jinn’ is the powerful supernatural being which alter the mood, thinking and behavior of an individual(6)(7). ‘Jadu/tona’ is the person’s ability to do events by using supernatural power with the aim of causation of destruction or devastation(8)(9). The healing from ‘jinn’ and ‘jadu/tona’ has done by indigenous spiritual faith healer, they get rid of the supernatural being which supposed as monitoring the mind of the affected individual. ‘Peeri/faqeeri’ includes several spirituals
methods which treat individuals troubled by ‘jinn’, most common methods are ***ruqyah*** and ***dhikr***(10)**.** ‘Taweez’ involves the faith healer, who give the paper (wrapped up in skin, cloth and plate with washable ink) on which verses of Quran are written, give to affected individuals, who wash the cloth, take a bath and drink that ‘taweez’(11). In addition, there are many other healers including exorcism, sham strangulation, use of herbal remedies and physical punishment.

Helicicultural Traditions of Pakistan:

Pakistan includes almost 150 million known Muslims who follow to Islamic belief. In Pakistan, people consider submission to the will of Allah (God) to be fundamental to their lives and believe that fostering a strong moral conscience is vital for the healthy personality development(2). Most of the Pakistanis adhere to the knowledge of Hadith and the Holy Quran in their daily lives. The word "Islam" is derived from the Arabic language word “Salaam” (Peace) and interprets to "Surrender," meaning the devotion to submit oneself to Allah’s will. This involves accepting all that occurs in life with trust and serenity, embracing life’s events as they unfold, and attending with optimism to its knowledge.

However, this concept of "surrender" in Islam does not imply a passive acceptance but rather an active, intentional effort to align oneself with the eternal truths centered around Allah. This profound acceptance of one’s relationship with Allah and it is believed that Allah promotes health and has healing powers. In Pakistan, it is thought that living in harmony with Allah’s will helps transcend concerns about success, wealth and power. For the Muslims, proposal to Allah is considered the moral path to achieving optimal mental health and enduring happiness. Additionally, Pakistani culture encompasses a rich blend of traditions, folk beliefs and rituals that reflect this holistic approach to life.(1). A lot of these rituals and traditions are based on Islamic teachings taken from the Hadith and the Quran. Consequently, beliefs in the existence of ghosts, jinns, spirits and demons—both benevolent and malevolent—are prevalent. Practices such as miracle healing, veneration of saints, witchcraft, and pilgrimage also play significant roles in this cultural framework.

Traditional Pakistani explanations for fortune, luck, health, and illness often draw on these beliefs. This includes interpreting dreams and premonitions, using charms (taweez) for protection or luck, and understanding signs of bad luck (such as the black color). Furthermore, folk beliefs and ceremonies related to death, burial and funerals are common. The Pakistanis believe that Sufis, traditional healer, have the power to connect with nature's spirits, provide both physical and spiritual healing, and access supernatural forces through practices like fasting and ecstasy(12).

Several factors contribute to the persistence of folk beliefs and rituals in Pakistan, such as exorcism, voodoo death, and ancestor worship. These include the profound influence of Hinduism on Pakistani Muslims for over two centuries before the 1947 partition,

misconceptions about Islamic teachings due to factors like poverty, ignorance, economic and political instability, inadequate formal teaching and low literacy rates. Additionally, there is a tendency to attribute personal failures to supernatural forces, coupled with the absence of accessible psychological health facilities, particularly in the remote rural areas. Consequently, these folk beliefs manifest in material and cultural practices, such as voodoo dolls, various carvings and relics of saints. The followers often undertake journey to holy groves, shrines and graveyards, which are as well considered sources of belief healing.

Islamic Healing Perception Role

Most Pakistanis adhere to the Islamic view of the self and metaphysical concepts that underpin Existential and Humanistic theories. They hold the belief that humans are shaped in "ahsan-ultaqvim" (the greatest of forms) but, are also endowed with the free will to choose between good and evil, potentially falling to a lower state. By following the education of the Hadith and the Quran, individuals can discern between what is right and what is wrong.(1). From an Islamic perspective, a normal person is seen as an active member of society rather than a recluse. Their needs are addressed within a spiritual and moral framework that aligns with Islamic principles. Mental illness, according to Islamic faith, is understood as resulting from doubt and disconnection, often due to personal desires or external pressures that conflict with the teaching of the Quran and the Prophet(2).

As internal conflict and doubt increase, individuals might exhibit symptoms of psychological illness. To maintain both mental and physical health, many Pakistanis follow fundamental Islamic practices, such as belief in Allah and the last Prophet Muhammad (peace be upon him), Zakat, Hajj, daily prayers, fasting, and other essential practices related to gender roles, diet, dress, family values and interpersonal relationships. However, cultural, national and ethnic alterations can impact the psychological health, status, and role of Islamic women across various Muslim communities. In Pakistan, there is a critical lack of licensed and trained clinical psychologists and psychiatrists in the public hospitals. Consequently, many Pakistanis seek reasonable traditional and spiritual treatments from Aamils, Hakims, folk healers, Pirs, palm readers, magicians and other unlicensed practitioners rather than pursuing care from licensed medical, psychological, or psychiatric professionals. The high cost of private medical and psychiatric services makes them inaccessible for most people. Standard medical and psychiatric facilities are limited to a few large hospitals in major cities like Lahore, Karachi, and Islamabad, leaving traditional healers to fill the gap in remote areas where mental health services are almost non-existent. The most commonly used traditional healing practices in Pakistan include Homeopathy, Naturopathy (Tibb), Acupuncture, Chiropractics (Jerrah), Islamic Faith/Spiritual Healing, Sorcery, and Danyalism. Homeopathy relies on the principle of using minute doses of substances that cause symptoms similar to the disease being treated. Naturopathy (Unani Tibb) employs herbs based on their dominant qualities and pharmacological actions to counteract imbalances in the body. Islamic Faith/Spiritual Healing emphasizes aligning with Allah’s will and the teachings of the Quran and Hadith, with Sufi practices fostering empathetic understanding and insight into personal and interpersonal issues.

Danyalism is a type of Shamanism practiced in the northern Pakistan. A research was conducted in the traditional village of Gilgit in Chaprote, focusing on the curative practices of a local spiritual figure called a ‘Danyal’(13). This role is given to a villager who, later undergoing a selection process, becomes expert at invoking spirits through traditional methods. In Chaprote, where spiritual beliefs often take precedence over social norms, the Danyal holds a position of great significance. In this northern part of Pakistan, the Danyal serves as a spiritual guide, a healer of both psychological and physical conditions, and a seer who predicts future occurrences(3).

Method Research Design

For this study, an ex post facto research design was used. Ray (2003) defined it as 'to use empirical procedures for suggesting meaningful relationships between events that have occurred in the past'. Elmes, Kantowitz, and Roediger (2003) argued that the ex post facto study design, 'the results generally have occurred because of some naturally going on events and are not the outcomes of direct manipulation by a pseudoscientist(14). So, the researchers classify or evaluates the data and then reviews for relationship.

In this study, the groups are naturally as seemed thon their diagnosis and gender, so, an *ex post facto* design is the most suitable. Goodwin (2003) also stated that, 'groups are formed after the fact of their already existing subject characteristics(15).

Participants and Setting

A goal-directed sampling procedure was used, which resulted in a sample of 87 psychiatric patients (38% male patients and 62% female) who were hospitalized during a period of 7 months, in the psychiatry departments of different public hospitals in Lahore City. Lahore is Pakistan's largest city. The hospitals included the Services, Mayo and Jinnah Hospitals. Goaldirected sampling was used because of accessibility, economy of time, and money. A probability sampling strategy could not be used due to the lack of a sampling frame applicable to Pakistani public hospitals and the high risk of erosion due to the stigma attached to psychiatric disorders in Pakistan. The inclusion criteria for the participants were adult psychiatric patients, treatment by a psychiatrist at a public hospital in Lahore city at the time of this study, and those who volunteered to participate in the project.

All of the patients had been diagnosed for affective disorders, schizophrenia, anxiety, somatoform, or personality/conduct disorders by their treating psychiatrists. However, at the time of interview the patients' psychiatric symptoms were in decrease.

Instrument

A Case History Interview Schedule (in Urdu) and hospital records (in English) were used to gather a range of information. However, in this article only the information about demographic data, the type of traditional healing practices/ methods sought, and the number of times each traditional healer had been visited per week prior to receiving the psychiatric treatment are presented. The interview was conducted in Urdu, which is the local language and was well understood by the patients. It is the language used in Pakistani's public hospitals. Shaughnessy, Zechmeister, and Zeichmester (2003) argued that 'case histories are a source of hypotheses and ideas about normal and abnormal behavior'. However, observer biases in data collected through case history interview can lead to incorrect understandings of case history outcomes. To control for this bias in the current research, hospital medical/psychiatric records were used to verify the data in relationship to diagnosis collected by Case History Interview Schedule. The hospital records were accessed by the author to verify the diagnosis and demographic data of the patients. Written notes were made to record the diagnosis.

Procedure

The researcher pursued official written permission from the administration of the abovementioned hospitals to include their hospitalized patients in the study. The interviewers sought verbal informed consent (in Urdu) from each of the patients. Verbal consent was sought because most of the patients had very little education and would have felt more comfortable with this mode of communication. The interview was held by the 3 Master level students of applied psychology who are specialized in clinical psychology also are student of University of Punjab, Lahore. The interviews held at the bedsides of patient in the wards and private rooms in various hospitals. Uniform questions based on the Case History Interview Schedule were

asked and the interviewers wrote the responses of the patients exact on to the interview Schedules.

Data Analysis

Statistical Analysis done by using SPSS (version 19.0). The patient's responses were matched as per their selections for six types of responses associated with the additional healing practices (Traditional Healing Practices, Sorcery, Faith Healer, Tibb)(16). The value label to above healing practices is 1, 2, 3 and 4. Bar chart of Gender differences in type of healing practices uses and number of visits per week to the healer's place. Choice of healing differences of different psychiatric group and of male and female patients were established

Results

All the participants have shown that they had pursued some type of traditional healing practices prior to looking for their existing treatment. Female patients be more numerous than male patients in the use of Multiple Traditional Healing Practices. Table 1 indicates that more men than women pursued Homeopathy (7% versus 2.5%). This is an interesting finding given that Homeopathy is considered comparatively more advanced and expensive method of treatment for psychiatric patients than Tibb, Islamic Faith Healing, or Sorcery. Certainly, more women than men pursued Tibb (8.5% versus 4.8%), Islamic Faith Healing (7.1% versus 3.3%), Sorcery (9% versus 1%), and Multiple Traditional Healing Practices (37% versus 29%) for their psychiatric disorders. Multiple Traditional Healing Methods were sought likely to mental disorders. The probability of selecting for more than one traditional healing method showed a gradual decline for those with Schizophrenia (70%), Affective Disorders (68%), and anxiety disorders (55%) in this study. Unfortunately, anxiety disorders are the most under-diagnosed and under-treated of the mental illness in Pakistani society because they are supposed to be a consequence of the patients' 'weak will-power'. The regularity of question and visits to the healers for every week, the statistics show that the frequency of male visits is greater than their female visits to the healers(17). This might be due to the men agility and financial sovereignty in the male-controlled culture of Pakistan.

Table 1: Distribution of Traditional Healing Practices

Type of Traditional Healing Practice	Male (n=31)	Female (n=57)
Homoeopathy	7%	2.5%
Tib	8.5%	4.8%
Islamic Belief Healing	7.1%	3.3%
Necromancy	9%	1%
Several Healing Practices	37%	29%

Discussion

This study examined the various traditional healing practices used by Muslim psychiatric patients receiving treatment in the public/Govt. hospitals in the Lahore city in Pakistan. The problem also studied gender variances among different psychological conditions in terms of the types of healing approaches employed and the frequency of official visit to traditional healers before seeking hospital treatment. The findings indicate that traditional healing practices are widely used among Pakistani psychiatric patients. Unfortunately, these practices were more commonly utilized by female patients, who are often uneducated, vulnerable,

underprivileged, and more suggestible in Pakistan.(18). Male patients visit traditional healers more frequently because Pakistani men tend to be more educated, mobile, secure and economically independent compared to women. Additionally, since most traditional healers are men, Pakistani women are often reluctant to consult them due to cultural shyness and reservation about discussing personal and psychiatric issues with male practitioners.

This study was confined to psychiatric patients from public hospitals in Lahore City, so its results cannot be generalized to the broader Pakistani society or the Muslim population at large. Future studies should involve larger samples from both public and private hospitals, representing diverse religious and ethnic groups, and spanning rural and urban areas across different provinces of Pakistan. Pakistani Muslims have cultural similarities with other developing South Asian nations, where discussing physical, mental or personal issues outside the family is commonly discouraged. Shame and guilt frequently reinforce family norms, potentially leading to depression and anxiety. Emotional challenges can cause embarrassment for a family, potentially discouraging them from seeking assistance from licensed mental health professionals. In such situations, traditional healers may be the favored choice for addressing mental disorders in a religiously conservative country like Pakistan.

In clinical experience, I have noticed that affective and anxiety disorders are some of the most frequently under-treated and under-diagnosed psychological health conditions. Individuals with these disorders are often criticized for being weak-willed or for failing to follow Islamic and cultural norms. Conversely, schizophrenia, somatoform, and personality/conduct disorders usually present as more chronic and debilitating, causing significant impairment in daily functioning. As a result, families are more likely to turn to various traditional healing methods for these severe cases.

Conclusion

Healthcare professionals in Pakistan need to be aware of the religio-cultural backgrounds of the patients with the psychological illness and recognize both the benefits and limitations of the traditional healing practices. This knowledge can help in providing care that encounters less resistance from patients and their families. Notably, many Pakistani traditional healers offer treatment that aligns with the patient's religio-cultural context and is available at a lower cost. Consequently, patients often opt to consult traditional healers rather than pursue timely yet costly treatment from well-trained psychiatrists(19). Traditional healers often promote their services through newspapers and graffiti, without oversight from Pakistani law enforcement agencies. As a result, further research is needed to explore why patients tend to seek treatment from traditional healers, especially spiritual healers and sorcerers, for their mental health concerns.

Questions persist regarding how Pakistani traditional healing practices compare to modern psychotherapeutic and pharmacological treatments within the framework of evidence-based medicine(20). There is ongoing debate about whether consulting spiritual or traditional healers might delay patients from obtaining timely diagnoses and appropriate care through modern Western medicine and psychiatry. In the current age of information technology, promoting cooperation between spiritual healers and Western healthcare professionals could be advantageous. A positive collaboration between these two approaches could potentially improve mental health and well-being in both Eastern and Western settings(9).

REFERENCES

1. Saeed K, Gater R, Hussain A, Mubbashar M. The prevalence, classification and treatment of mental disorders among attenders of native faith healers in rural Pakistan. Soc Psychiatry Psychiatr Epidemiol. 2000;35(10):480–5.
2. Farooqi YN. Traditional healing practices sought by Muslim psychiatric patients in Lahore, Pakistan. Int J Disabil Dev Educ. 2006;53(4):401–15.
3. Javed A, Khan MS, Nasar A, Rasheed A. Mental healthcare in Pakistan. Taiwan J Psychiatry. 2020;34(1):6.
4. Al-Krenawi A, Graham JR. Spirit possession and exorcism in the treatment of a bedouin psychiatric patient. Clin Soc Work J. 1997;25(2):211–22.
5. Dein S, Alexander M, Napier AD, Dein S, Alexander M, Napier AD. WestminsterResearch. 2008;
6. Shah I, Khalily MT, Ahmad I, Hallahan B. Impact of Conventional Beliefs and Social Stigma on Attitude Towards Access to Mental Health Services in Pakistan. Community Ment Health J [Internet]. 2019;55(3):527–33. Available from: http://dx.doi.org/10.1007/s10597-018-0310-4
7. Al-Bahrani M, Aldhafri S, Alkharusi H, Kazem A, Alzubiadi A. Age and gender differences in coping style across various problems: Omani adolescents' perspective. J Adolesc [Internet]. 2013;36(2):303–9. Available from: http://dx.doi.org/10.1016/j.adolescence.2012.11.007
8. Littlewood W. The task-based approach: Some questions and suggestions. ELT J. 2004;58(4):319–26.
9. Choudhry FR, Mani V, Ming LC, Khan TM. Beliefs and perception about mental health issues: A metasynthesis. Neuropsychiatr Dis Treat. 2016;12:2807–18.
10. Hanley J. Possession and Jinn [2]. J R Soc Med. 2005;98(11):486.
11. Johnsdotter S, Ingvarsdotter K, Östman M, Carlbom A. Koran reading and negotiation with jinn: Strategies to deal with mental ill health among Swedish Somalis. Ment Heal Relig Cult. 2011;14(8):741–55.
12. Mubbashar MH, Saeed K.

Development of mental health services in Pakistan. East Mediterr Heal J. 2001;7(3):392–6.

13. Gadit AA. ORIGI NAL ARTICLE SHAMANIC CONCEPTS AND TREATMENT OF MENTAL ILLNESS IN PAKISTAN. :33–5.

14. Kantowitz BH. Experimental Psychology (NINTH EDITION).

2009. 551 p.

15. Goodwin RD. Association between physical activity and mental disorders among adults in the United States. Prev Med (Baltim). 2003;36(6):698–703.

16. Begum R, Choudhry FR, Khan TM, Bakrin FS, Al-Worafi YM, Munawar K. Mental health literacy in Pakistan: a narrative review. Ment Heal Rev J. 2020;25(1):63–74.

17. GALDSTON I. International psychiatry. Am J Psychiatry. 1957;114(2):103–8.

18. Javed A, Lee C, Zakaria H, Buenaventura RD, CetkovichBakmas M, Duailibi K, et al. Reducing the stigma of mental health disorders with a focus on low- and middle-income countries. Asian J Psychiatr [Internet]. 2021;58(February):102601. Available from: https://doi.org/10.1016/j.ajp.2021.102601

19. Regu M. State of mental health in India. J Int Med Sci Acad. 2004;17(1):44–7.

20. 20. Raja U, Johns G, Ntalianis F. The impact of personality on psychological contracts. Acad Manag J. 2004;47(3):350–67.