

Patient Attending in a Tertiary Care Hospital After Receiving Treatment from a Traditional Healer

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Received: March 19, 2024; **Published:** May 03, 2024

DOI: 10.31080/ECPP2024.13.01141

Abstract

Background: Psychiatry aims to address mental health concerns through diagnosis, prevention, and treatment, yet global disparities persist. Despite the presence of modern healthcare facilities, limited access results in 75 - 80% of the rural population relying on traditional practitioners. Bangladesh's healthcare landscape reflects an integration of both traditional and modern systems, embodying a culturally sensitive approach. The coexistence of these approaches contributes to a holistic perspective that considers various aspects of individuals' well-being within a dynamic equilibrium framework.

Aim of the Study: This research aims to offer insights into the prevalence of traditional healing modalities as the primary intervention for individuals with psychiatric conditions.

Methods: A three-year cross-sectional study at Gazi Medical College and Hospital in Khulna, Bangladesh, examined 320 psychiatric patients from January 2021 to December 2023. A semi-structured questionnaire gathered socio-demographic information, with diagnoses based on DSM-5 criteria. Inclusion criteria involved individuals experiencing psychiatric conditions for at least six months, while pregnant women were excluded. The questionnaire explored primary treatment providers and methods, including Traditional Healers. Statistical analysis focused on six-month follow-up data, presented in tables and graphs, utilizing SPSS for analysis. Continuous parameters were expressed as Mean \pm SD and categorical parameters as frequency and percentage.

Result: The study examines 320 patients aged 11 - 30, mostly from urban areas (53.55%) and middle socio-economic backgrounds (47.81%). It outlines psychological issues prevalent among patients, including anger outbursts (66.25%) and suicidal attempts (47.19%). Somatic symptoms like sleep disturbance (90.63%) and headaches (57.81%) are also highlighted. Conversion disorder is the most common diagnosis (81.88%), followed by schizophrenia (52.5%) and bipolar mood disorder (22.19%). Traditional healing methods are widely used, particularly enchantment (92.50%). Dietary advice is given to 25.94% of patients, while massage and herbal interventions are less common. Traditional healing lasts, on average, 2.65 years, with considerable variability.

Conclusion: This study in Bangladesh uncovers a notable scenario where psychiatric patients, mainly young individuals with limited education and access to modern healthcare, seek initial care from Traditional Healers due to deep-rooted socio-cultural beliefs. The high prevalence of anxiety, depression, and interpersonal issues highlights a significant mental health burden.

Keywords: Prevalence; Psychiatric Patients; Initial Care; Traditional Healers (TH); Tertiary Care Hospital

Introduction

Psychiatry is the medical specialty dedicated to diagnosing, preventing, and treating deleterious psychological conditions [1,2], encompassing various aspects related to mood, behaviors, cognition, and participation. Mental illness has been intertwined with cultural beliefs and practices, influencing the perception and treatment of psychiatric conditions globally [3]. In many developing countries, including Bangladesh, socio-cultural beliefs attributing mental illnesses to influences such as 'Jinn', 'non-natural spirits', and other metaphysical forces have endured for generations. Consequently, mental disorders pose a significant burden on global health, presenting formidable challenges for health services worldwide [4]. The decision to initially seek care from Traditional Healers is influenced by factors ranging from cultural traditions and historical precedents to personal beliefs and perceptions of mental health [5]. Traditional Medicine is a comprehensive term referring to traditional medicine systems like traditional Chinese medicine, Indian Ayurveda, and Arabic Unani medicine, as well as various forms of indigenous medicine [6]. Studies from various parts of the world highlight a substantial proportion of individuals turning to spiritual and Traditional Healers when facing medical problems, including psychiatric conditions [7]. For instance, studies from India, Nigeria, Malaysia, and the United Kingdom underscore the preference for consulting spiritual and Traditional Healers before seeking professional medical help for mental health concerns [8-12]. A study in Kelantan by Salleh found that 73.1% of outpatients with mental illness had consulted a traditional healer, compared to 25% in the outpatient department [13]. A more recent study demonstrated a similar trend, with 61.7% of outpatients with first-episode psychosis consulting Traditional Healers, compared to 26.7% among patients with epilepsy [14]. Despite the establishment of modern healthcare facilities in Bangladesh, access remains limited, with only 20 - 25% of the population benefiting from them on average [15]. In contrast, a significant majority, ranging from 75 - 80% of the rural population, relies on indigenous traditional medical practitioners for their healthcare needs [16]. According to the World Health Organization (WHO 2013), about 80% of the ailing population in developing countries, including Bangladesh, depends on traditional healing for their primary healthcare needs [17]. Traditional healing practices in Bangladesh embrace a holistic approach, seeking overall well-being by considering the body, self, and society within a framework of dynamic equilibrium [18]. This perspective integrates various aspects of an individual's life, including values, passions, beliefs, social interactions, and spiritual orientation [19]. The coexistence of traditional and modern healthcare systems reflects the adaptive nature of the country's healthcare landscape, where the integration of traditional practices complements the contemporary healthcare infrastructure, contributing to a comprehensive and culturally sensitive approach to health and well-being [20]. This research aims to provide insights into the prevalence of traditional healing modalities as the initial intervention for individuals with psychiatric conditions, coupled with an examination of the demographic characteristics of these patients.

Materials and Methodology

This cross-sectional descriptive study was conducted at the Department of Psychiatry in Gazi Medical College and Hospital, Khulna, Bangladesh. The research spanned three years, from January 2021 to December 2023, during which 320 patients were enrolled and examined. A semi-structured questionnaire was carefully developed to gather pertinent socio-demographic information. The diagnoses were established by psychiatrists utilizing the DSM-5 diagnostic criteria. Most of the patients were attended to the hospital with their parents and informants.

Inclusion criteria

Individuals of any age, encompassing both males and females, are eligible for participation who got treatment from TH. Perspective participants must have experienced a psychiatric condition for a minimum duration of six months.

Exclusion criteria:

- Patients who did not give concern to the study.
- Pregnant women.
- Patients who were diagnosed with malignancies.

In addition to socio-demographic details, the questionnaire delved into aspects such as the primary treatment provider (the initial point of treatment for mentally ill individuals) and the prevalent methods of treatment, including those offered by Traditional Healers. Traditional Healers were defined as practitioners utilizing non-pharmacological methods such as religious practices, rituals, and Kobiraz (a type of Traditional Healer), specifically in the treatments of mentally ill patients.

Statistical analysis

The statistical analysis concentrated exclusively on information derived from patients who had concluded the six-month follow-up. All the data were meticulously arranged in tables or graphs according to their significance, and detailed descriptions were provided for better comprehension. Statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS) program on the Windows platform. Mean ± SD was used to present continuous parameters, while frequency and percentage were employed for expressing categorical parameters.

Result

In this cross-sectional descriptive study, a total of 320 patients underwent examination and enrollment. Predominantly, the study population fell within the age bracket of 11 - 30 years, representing 68.12% of the total cohort (Table 1). Gender distribution indicated that over 50% were male, while 45.31% were female, and a minor portion of 2.19% identified with other genders (Figure 1). Urban residents constituted 53.55% of the patients, while the remaining 46.45% hailed from rural areas (Figure 2). Socio-economic status analysis revealed that 44.06% belonged to lower, 47.81% to middle, and 8.13% to upper socio-economic strata (Figure 3). Table 2 delineated the occupational and educational profiles of the participants, with 30.00% being students, 29.28% unemployed, and 16.56% homemakers, respectively. Educational attainment indicated that 40.00% had education below the primary level, while over 17% were graduates (Table 3). Patients’ Signs and symptoms highlighted psychological and somatic aspects (Table 3). Psychological issues such as pseudo seizure (55.63%), anger outbursts (66.25%), and spouse conflicts (82.81%) were prevalent, indicating a high occurrence of mental health challenges. Additionally, suicidal attempts (47.19%) and family disharmony (38.44%) underscored critical mental health issues. Somatic symptoms included sleep disturbance (90.63%), headache (57.81%) and weakness/lethargy (31.88%). Figure 4 illustrates the types of diagnoses observed within the study population, with conversion disorder being predominant at 81.88%, followed by schizophrenia (52.5%) and bipolar mood disorder (22.19%). obsessive-compulsive disorder (OCD) and major depressive disorder (MDD) accounted for 11.25% and 4.06%, respectively. Traditional healing methods were commonly practiced, with enchantment being the most prevalent (92.50%), followed by holy water (77.81%) and talisman/amulets (65.35%) (Table 4). Dietary advice was provided to 25.94% of individuals, while massage and herbal interventions were less frequent at 10.94% and 7.50%, respectively. The mean duration of traditional healing was 2.65 years, with a standard deviation of 1.85, reflecting variability in the duration of these practices, ranging from 1 to 10 years.

Age group (in years)	Frequency (n)	Percentage (%)
0 - 10	7	2.19
11 - 21	105	32.81
21 - 30	113	35.31
31 - 40	57	17.81
41 - 50	26	8.13
> 50	12	3.75
Total	320	100
Mean ± SD	26.85 ± 11.98	

Table 1: Age distribution of the study population (N = 320).

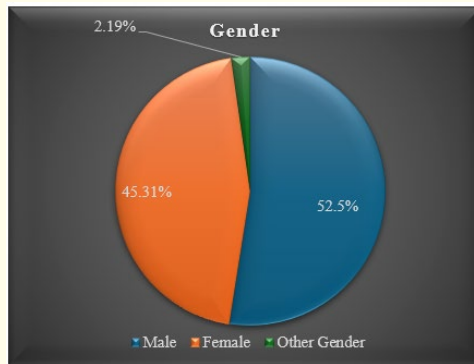


Figure 1: Gender distribution of the study population (N = 320).

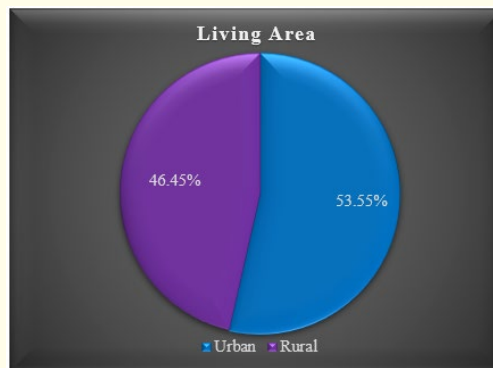


Figure 2: Living of the study population (Rural/Urban) (N = 320).

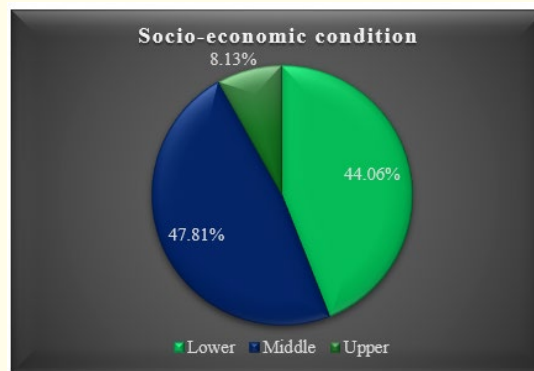


Figure 3: Socio-economic condition of the study population (N = 320).

Variables	Frequency (n)	Percentage (%)
Occupation		
Unemployed	94	29.38
Student	96	30.00
Housewife	53	16.56
Job holder	45	14.06
Farmer	8	2.50
Others	24	7.50
Educational status		
Below primary	128	40.00
Under S.S.C	45	14.06
SSC	55	17.19
HSC	33	10.31
Graduate	56	17.50
Others	3	0.94

Table 2: Occupation and educational status of the study population (N = 320).

Variables	Frequency (n)	Percentage (%)
Psychological and behavioral problems		
Pseudo seizure	178	55.63
Anger outburst	212	66.25
Feeding abnormality	90	28.13
Spouse conflict	265	82.81
Other neurotic symptoms	247	77.19
Other disturbed behavior	167	52.19
Suicidal attempts	151	47.19
Family disharmony	123	38.44
Poor academic performance	66	20.63
Other organic symptoms	51	15.94
Fits/alterations of consciousness	28	8.75
Psychotic symptoms	13	4.06
Somatic symptoms		
Sleep disturbance	290	90.63
Headache	185	57.81
Weakness/lethargy	102	31.88
Loss of weight	85	26.56
Dizziness	73	22.81
Fever	47	14.69
Abdominal pain	42	13.13
Back/Chest pain	28	8.75
Dhat syndrome	40	12.50
Genito-urinary symptoms	26	8.13
Other somatic symptoms	13	4.06

Table 3: Patients signs and symptoms.

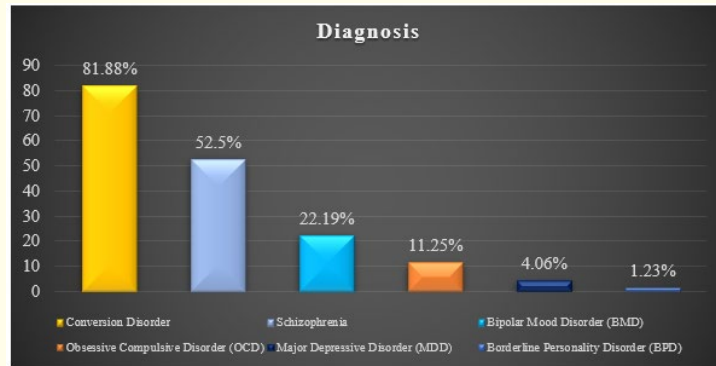


Figure 4: Type of diagnosis of the study population (N = 320).

Type	Frequency (n)	Percentage (%)
Enchantment	296	92.50
Holy Water	249	77.81
Talisman/Amulet	107	65.35
Dietary Advice	83	25.94
Massage	35	10.94
Herbs	24	7.50
Duration of TH (In year)	Mean ± SD	Range
	2.65 ± 1.85	1 - 10

Table 4: Type of equipment used for traditional healing (N = 320).

Discussion

In the context of traditional treatment, influenced by cultural, educational, and socio-economic factors, formal education tends to diminish support for beliefs in supernatural forces [21]. Despite this, traditional healing remains effective for mental illnesses by aligning with cultural beliefs and offering a meaningful understanding of psychiatric disorders, often associated with religious faith and spirituality [22]. Examining our study’s demographic profile, most patients (68.12%) fell within the age range of 11 to 30 years. This contrasts with another study by the Bangladesh Association of Psychiatrists, where the maximum number of patients was 20 to 40 years (63.64%) [23]. Gender distribution in our study indicated a higher number of males compared to females (52.5% vs 45.31%), and 2.19% are identified as another gender, while a study by Islam, *et al.* (2009) reported a higher number of females than males (61.36% vs 38.64%) [23]. Analyzing socio-economic factors, our study revealed that most patients were students (30%), and a significant proportion (40%) were educated below primary. Similarly, a study by Haque MI, *et al.* found that up to 50% of their study population lacked formal education [24]. Despite this, lower (44.06%) and middle (47.81%) income individuals collectively constituted 91.87%, presenting challenges for the study population in accessing psychiatrists and fostering a preference for Traditional Healers. The prevalence of lower education levels and the dominance of lower to middle-income brackets underscore the difficulty in contacting psychiatrists, emphasizing the preference for traditional healers [25]. Table 3 outlines prevalent psychological and behavioral problems in our study, with 55.63% pseudo seizure issues, 66.25% showing anger outbursts, and 82.81% facing spouse conflict. These findings align with existing literature, highlighting the substantial mental health burden in our cohort [26]. The high prevalence of suicidal attempts (47.19%) and family disharmony

(38.44%) underscores the severity of mental health challenges. Compared with other studies, our results provide unique insights into prevalence rates, emphasizing the need for targeted interventions. Additionally, the significant occurrence of somatic symptoms, such as sleep disturbance (90.63%), headaches (57.81%), and weakness/lethargy (31.88%), underscores the intricate link between mental and physical well-being, supporting the call for a holistic approach to mental health care. A study by Girma, *et al.* corroborates our findings, emphasizing the crucial role of anxiety (95.1%) and depression (93.8%) in their study population, with a focus on sleep disturbances as significant somatic symptoms [26]. Moreover, a study by Phang CK, *et al.* reported that Schizophrenia (30%) and Substance-Induced Psychosis (26%) constituted their DSM-IV Diagnostic categories for patients with first-episode psychosis [27]. In contrast, our study identified Conversion Disorder at 81.88%, signifying a high prevalence of psychosomatic symptoms, followed by Schizophrenia at 52.5%. Bipolar Mood Disorder is noted in 22.19% of cases, while OCD and MDD represent 11.25% and 4.06%, respectively. BPD occurs less frequently at 1.23%. In our research, we discovered that the average duration of traditional healing (TH) among psychotic patients is 2.65 ± 1.85 years, with a treatment range spanning from 1 to 10 years. This result aligns with a study by Imdadul, *et al.* 2018, which reported that 47% of patients had been undergoing TH for over ten years [24]. Notably, a significant level of enchantment was observed among our study participants. Additionally, we observed the prevalence of other traditional healing practices, such as holy water, talisman/amulet and dietary advice, which are commonly employed in Bangladesh and were consistent with the findings of previous studies [8,24,27].

Limitations of the Study

Although the research offers significant insights into the frequency of psychiatric patients initially seeking treatment from Traditional Healers at a tertiary care hospital in Bangladesh, it acknowledges certain limitations. The study's reliance on data from a single center hinders the extent to which the findings can be generalized to the broader population. Moreover, by concentrating on patients seeking care within a hospital setting, individuals who depend solely on Traditional Healers and do not engage with formal healthcare services can be excluded.

Conclusion and Recommendations

This study reveals the significant prevalence of psychiatric patients seeking initial care from Traditional Healers in Bangladesh, reflecting the deep-rooted influence of socio-cultural beliefs on mental health-seeking behaviour. The demographic profile highlights a higher representation of younger individuals, predominantly students, with lower education levels and limited access to modern healthcare. The high prevalence of anxiety, depression, and interpersonal problems underscores the substantial mental health burden. Traditional healing methods, particularly enchantment, are widely utilized, emphasizing the coexistence of traditional and modern healthcare systems. The study calls for targeted interventions to bridge healthcare gaps, enhance mental health awareness, and foster collaboration between traditional and professional healthcare providers. The prevalence of patients seeking traditional healers is primarily influenced by the choices of their parents or caregivers who take them there for treatment. Invest in further research to explore the efficacy of traditional healing methods and their integration into the broader mental health care framework.

Funding Support

No funding sources.

Conflict of Interest

None declared.

Bibliography

1. Backes KA., *et al.* "First-year medical student objective structured clinical exam performance and specialty choice". *International Journal of Medical Education* 4 (2013): 38-40.
2. Alarcón RD. "Psychiatry and its dichotomies". *Psychiatric Times* 33.5 (2016): 1.
3. Link BG., *et al.* "Public conceptions of mental illness: labels, causes, dangerousness, and social distance". *American Journal of Public Health* 89.9 (1999): 1328-1333.
4. World Health Organization. World mental health report: transforming mental health for all (2022).
5. Schioldann E., *et al.* "Why snakebite patients in Myanmar seek traditional healers despite availability of biomedical care at hospitals? Community perspectives on reasons". *PLoS Neglected Tropical Diseases* 12.2 (2018): e0006299.
6. Zhang Q. "Traditional medicine: definitions". World Health Organization (2015).
7. Longkumer N. "Traditional healing practices and perspectives of mental health in Nagaland".
8. Shidhaye R and Vankar GK. "Prevalence of traditional healing practices in Psychiatric outpatients". *Archives of Indian Psychiatry* 13.2 (2011): 20-26.
9. James CC and Peltzer K. "Traditional and alternative therapy for mental illness in Jamaica: patients' conceptions and practitioners' attitudes". *African Journal of Traditional, Complementary and Alternative Medicines* 9.1 (2012): 94-104.
10. Girma E and Tesfaye M. "Patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia: a hospital based study". *BMC Psychiatry* 11.1 (2011): 138.
11. Subu MA., *et al.* "Traditional, religious, and cultural perspectives on mental illness: a qualitative study on causal beliefs and treatment use". *International Journal of Qualitative Studies on Health and Well-being* 17.1 (2022): 2123090.
12. Razali SM and Yasin MM. "The pathway followed by psychotic patients to a tertiary health center in a developing country: a comparison with patients with epilepsy". *Epilepsy and Behavior* 13.2 (2008): 343-349.
13. Salleh MR. "The consultation of traditional healers by Malay patients". *The Medical Journal of Malaysia* 44.1 (1989): 3-12.
14. Razali SM and Mohd Salleh MA. "The pathway followed by psychotic patients to a tertiary health centre in a developing country: a comparison with patient with epilepsy". *Epilepsy and Behavior* 13.2 (2008): 343-349.
15. Connell J. "Contemporary medical tourism: Conceptualisation, culture and commodification". *Tourism Management* 34 (2013): 1-13.
16. Pan SY., *et al.* "Historical perspective of traditional indigenous medical practices: the current renaissance and conservation of herbal resources". *Evidence-Based Complementary and Alternative Medicine* (2014): 525340.
17. Haque MI., *et al.* "Traditional healing practices in rural Bangladesh: a qualitative investigation". *BMC Complementary and Alternative Medicine* 18.1 (2018): 62.
18. Begum F. "Women's reproductive illnesses and health seeking in a Bangladeshi village". (Doctoral dissertation, University of British Columbia).
19. Canda ER., *et al.* "Spiritual diversity in social work practice: The heart of helping". Oxford University Press, USA (2019).

20. Patwardhan B and Partwardhan A. "Traditional Medicine: Modern Approach for affordable global health". Switzerland: World Health Organization (2005).
21. Yidana A. "Socio-religious factors influencing the increasing plausibility of faith healing in Ghana".
22. Mitchell-Macaulay D. "Exploring spirituality, religion and traditional healing as protective factors in transcultural mental healthcare".
23. Islam MT, *et al.* "Treatment practices by traditional healers in treatment of psychiatric patients-A community centre study". *Bangladesh Journal of Psychiatry* 23.2 (2009): 30-35.
24. Haque MI, *et al.* "Traditional healing practices in rural Bangladesh: a qualitative investigation". *BMC Complementary and Alternative Medicine* 18.1 (2018): 62.
25. Fleku EB. "Perceptions of mental health care in Ghana: A descriptive study". (Doctoral dissertation, Ashford University).
26. Girma E and Tesfaye M. "Patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia: a hospital based study". *BMC Psychiatry* 11.1 (2011): 138.
27. Phang CK, *et al.* "Prevalence and experience of contact with Traditional Healers among patients with first-episode psychosis in Hospital Kuala Lumpur". *Malaysian Journal of Psychiatry* 19.2 (2010): 59-67.

Volume 13 Issue 2 February 2024

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