

# Unique collaboration of modern medicine and traditional faith-healing for the treatment of mental illness: Best practice from Gujarat

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## ABSTRACT

**Background and Aims:** Modern psychiatry brings tremendous value to the treatment of mental illness, however, at times is inadequate in providing holistic care within a patient's broader cultural framework. Traditional healing and modern psychiatry together offer a comprehensive, patient-centred approach to treatment, which encompass a patient's spiritual and religious beliefs. In this context, "Dava-Dua" intervention—combination of psychiatric medicine and faith healing—is implemented by the Government of Gujarat at Mira Data Dargah in Mehsana District. The study assesses intervention outcomes, understand implementation challenges and patients' perspectives on the treatment. **Methods:** Using a multi-method research approach, case records from July 2008 to March 2018 were retrieved for secondary analysis of patients' profile and outcomes; 26 patients from three groups: Dava, Dua and Dava-Dua; and 6 mental health service providers were interviewed to assess perspectives of patients and service providers on mental health, implementation barriers and facilitators. **Results:** Despite some implementation challenges, the findings indicate that collaboration of modern psychiatry medicine and faith-based treatment practices certainly benefit patients with otherwise limited access to mental health care thereby protects human rights of patients. **Conclusion:** Dava-Dua model compliments existing primary healthcare services. It provides an access to modern medicine without compromising patients' religious and spiritual practices. It has the potential to scale-up and replicate where faith-healing is the prime treatment modality to cure mental illness provided implementation challenges are proactively addressed.

**Keywords:** Collaborative treatment of mental illness, Dava-Dua, Gujarat, modern psychiatry, traditional healing

## Introduction

Mental illnesses in India are often attributed to the influence of supernatural phenomena. Many patients are subjected to various kinds of *magico-religious* treatments.<sup>[1-3]</sup> Superstition and religious beliefs continue to prevent individuals with behavioural problems and mental illness seeking psychiatric care.<sup>[4,5]</sup> Such beliefs

potentially prevent Religious priests and traditional faith healers are the first contacts of point for many in India.<sup>[6]</sup> Hence, the role of traditional healers in linking patients with modern psychiatric treatment cannot be neglected. Traditional healing and modern psychiatry together potentially offer a more comprehensive, patient-centred approach to mental health treatment, which can encompass a patient's spiritual and religious beliefs.<sup>[6,7]</sup>

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In Gujarat, the Mira Datar Dargah in Unava, a village in Mehsana district of Gujarat, is well known for treating the un-explained ailments related to the world of ghosts and jinns.<sup>[7]</sup> Visitors in

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dargah are treated by the religious faith healers known as Mujavars with traditional healing rituals since centuries. These visitors have the firm belief is that a Holy Saint Hazrat Saiyed Ali Mira Datar with his divine powers heal all ill effects of black magic, unknown mysterious diseases, incurable physical and psychiatric problems.<sup>[7,8-10]</sup> In this context, “Dava-Dua” (Medicine-Prayer) intervention where psychiatric treatment in conjugation with faith healing was conceptualized and is implemented since 2008 by the Government of Gujarat to treat mental illness at the Mira Datar Dargah in Unava.<sup>[7]</sup> This intervention is implemented by ‘Altruist’, an Ahmedabad-based civil service organization working on mental health issues.

Previous qualitative study<sup>[6]</sup> examined demographic and clinical characteristics of the patients accessing services of Dava-Dua centre. This study specifically documents intervention outcomes, captures implementation challenges and the perspective of patients as well as mental health services providers on the mental health and the Dava-Dua intervention.

## Methods

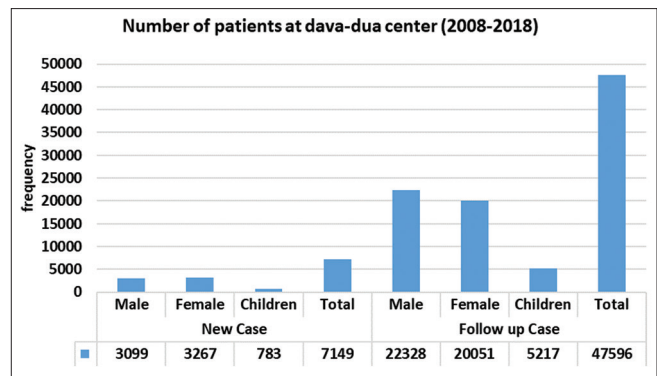
Using a multi-method research approach, case records from July 2008 to March 2018 were retrieved from the centre and extracted socio-demographic profile, past history of illness, their diagnosis, mean duration of illness, and referral source. Patients registered at Dava-Dua centre who were in position to respond to questions were included in the study while patients who were not in a sound state of mind, and drop-outs—those who have left the treatment—for more than a year were excluded from the study. A total of 26 patients from different categories – 9 Dava patients, 8 Dua patients, 9 Dava-Dua patients, and all (6) mental health service providers were interviewed using interview guide to assess perspectives of patients and service providers on mental health, implementation barriers and facilitators.

Enrolment of the study participants was voluntary, and they could withdraw at any time. Written informed consent was gained from participants after the study objectives, research methods and data collection techniques were explained and understood by participants.

## Results

The case records of new and old patients (7149 patients) were extracted from the Dava-Dua centre from July 2008 to March 2018. The data included cases consisting 3099 males, 3267 females and 783 children from 8 to 18 year of age. Follow-up cases were also included which making a grand total of 47596 cases. Figure 1 presents details of cases. Majority of the cases (60%) were in the age group of 25 to 50 years, 16% were above 50 years, and 13% were 19-24 years. Figure 2 presents age-wise distribution of patients.

Case records revealed 74 types of illnesses, which were classified into 12 categories using DSM-5 classification. Figure 3 shows that



**Figure 1:** Gender-wise distribution of the patient population

around 52 per cent of mental illnesses fall into three categories schizophrenia, psychosomatic disorders and depression. Other categories were bipolar mood disorders, anxiety, epilepsy, psychosis, somatic symptom disorders, intellectual disability, substance use and other mental disorders. Out of 66 substance abuse cases, only one was female. On the other hand, the proportion of female patients were more in depression, psychosis, psychosomatic disorders and somatic symptom disorders.

Patients those who have visited the center, the mean duration of onset among males was 30.63 years and in females was 32.93 years. The age-range of the onset of mental illness varies from 8.8 years to 37 years. Figure 4 shows the mean age of onset of mental illnesses in the sample.

The analysis for the referral cases was done. As per the data, 48.20 per cent patients referred through the mouth to mouth publicity like relatives and friends while 37.04 per cent referred through mujavars from the dargah. Surprisingly, 11.74% of the patients referred through IEC activities like medical camps in the locality, field visits by staff and awareness hoardings. Other referral sources were Anganwadi workers, Government school teachers, private doctors, Govt. hospitals and other faith healers. However, trend analysis revealed that referral from Mujavars is decreasing. Figure 5 clearly shows that the referral source from the mujavars is declining and the mouth to mouth patient referral has increased significantly.

## Perspectives of patients on treatment of mental illness

Patients from 3 categories shared their perspectives on the treatment of mental illness. A structured qualitative interview elicited their perspectives toward modern psychiatric treatment and faith healing for mental illnesses.

### Only Dava patients (n = 9)

Most of the patients (7) reported that they came to know about Dava-Dua center from ones who had either previously treated or any of their family members. A patient shared, “*My friend advised me to visit Dava-Dua centre for the treatment...so I visited the centre and take medicines...it is helpful.*” Another one stated,

*"I came to know about the Dava-Dua center by my family doctor so I started medication from here...person from my village also got treated from here... so I have a faith in the treatment."*

There were few patients (2) who earlier went to traditional healers but did not find any benefit and then visited Dava-Dua centre. One patient expressed, *"I spent a lot for the dora-dhaga [religious practice of wearing sacred thread from priests or religious healer] and bhuvagiri [Hindu traditional healers who cast off evil-eye and remove black magic] but did not get any relief. When I came to Dava-Dua centre, I realized that I was suffering from mental illness...[and] immediately started the treatment."*

Another patient shared that her symptoms of fear, anger, sleeplessness, bad dreams were not reduced even after going to bhuva and visiting the dargah. She believed that she is the victim of black magic. After all, she got some benefit from medication. After failure from faith healing the patient develop the hope and belief in the modern medicine which is reflected very well from the following verbatim:

*"I came to this center because one patient from neighboring village got treated... prior to the treatment, I had more faith in BHUVAGIRI but now I realize the importance of the treatment."*

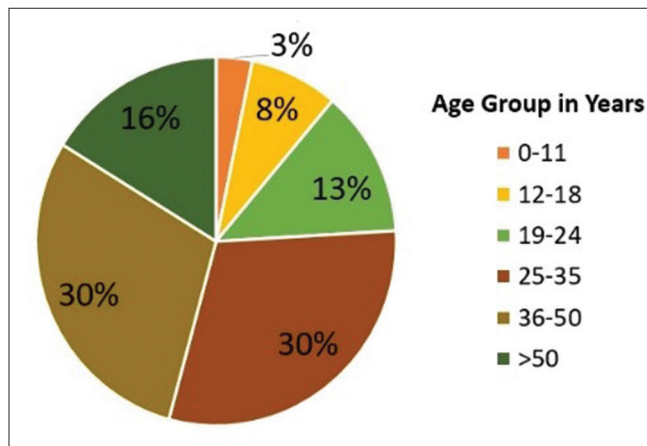


Figure 2: Age-wise distribution of patients' population

Most patients (7) believed psychiatric treatment is beneficial and recommend others for the same. Two of them had accessed traditional healing practices but were unsuccessful in relieving symptoms of mental illnesses and medical treatment was found effective.

### Only Dua patients (n = 8)

The patients' perspectives show a positive impact of religious and spiritual faith on perceived relief from symptoms of mental illnesses. Patients shared firm belief that their illness will be cured by the healer. One patient shared, *"I went to many places for treatment, changed many doctors but all failed...[if I got relief at all] relief was temporary...after [all experiments] I came to the Dargah. I feel some superstition power inside me which made me ill. After my stay here, I felt good..I will improve now."*

Many patients (5) echoed the perception that - traditional healing is the final destination when medicine fails to treat. One patient stated, *"I am tired of taking medicines... I took many 'desi dava' [traditional medicine] but not relieved from problems. Now I believe my problems will be resolved as Mujavar is removing bad spirit from me."*

Few patients (2) had magical-experience which intended them to visit "Dargah" for relieving illness. A patient said, *"I visualized this place in my dream and [therefore] came to the dargah."* One patient from Dua group believed that traditional healing is better than medical treatment. One dropped out patient from medical treatment shared that he had stopped medical treatment as he did not experience any effect of medicine and resorted to Dargah. Some of the culture-bound spiritual experiences who came to Dargah for the healing were evil-eye resulted into illness, illness due to black-magic performed by enemies, and super-natural experience of jinn. Patients strongly believed that all these negative experiences can be sorted by traditional healing only.

Amusingly, two patients expressed that they have neither benefited from modern treatment nor experienced relief from the dua at present. Yet both of them had a strong faith that their

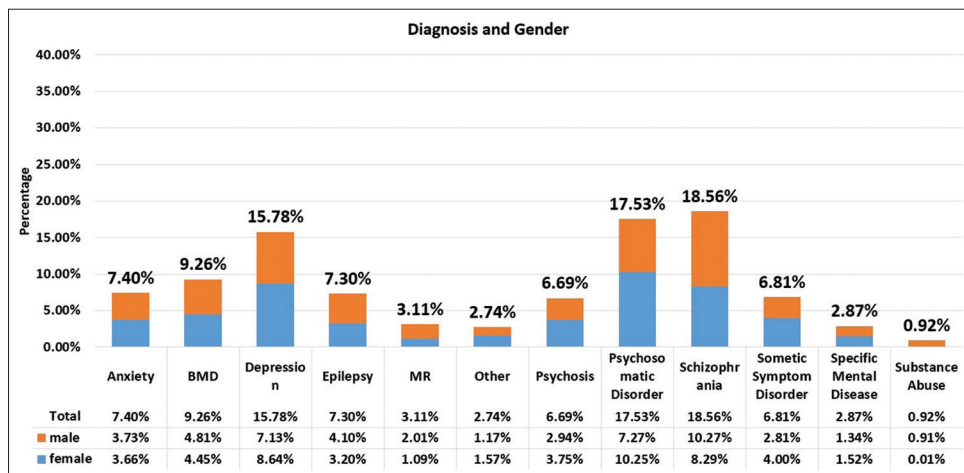


Figure 3: Spectrum of mental health conditions

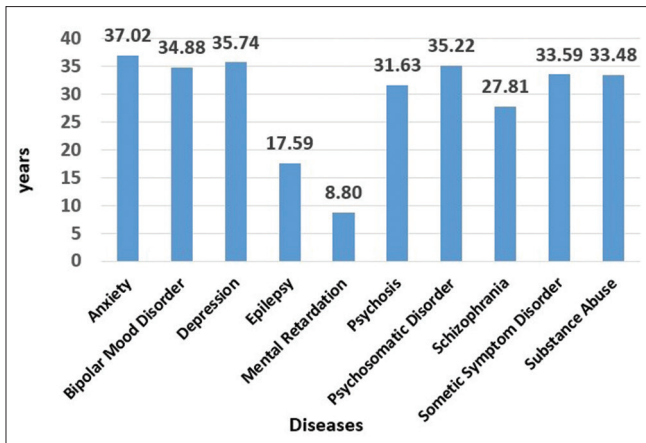


Figure 4: Mean age of onset of illness

illnesses will be cured by removing evil spirit within the body. One of the patient shared,

*“I was taking medication from childhood and also have a problem with bajri [superstitious activity] and it can still appear sometimes. I came here [dargah] for the treatment... [but] not relieved from the symptoms yet... the evil within me is very strong and will leave my body one day. I must continue faith-healing.”*

### Dava-Dua patients (n = 9)

Some patients (3) were dissatisfied with their experiences with traditional healers, and hence accessed psychiatric treatment at the Dava-Dua centre along with continued healing practices. Patients (9) accessing both psychiatric treatment and healing practices believed in psychiatric treatment as well as in the faith-healing. Patient deliberated that both medicine and healing are an essential part of treatment. One patient who perceived himself as a victim of black magic shared, *“I came here [dargah] to get rid of evil spirit within me... I started medication at the same time healing for removing black-magic effects from my body. I got relief from pain as well as attacking evil spirit in the body... medicine alone cannot help... the evil spirit is so powerful...”*

Relief from medication develops faith and share their positive experiences with others. Therefore, almost half of the total patients visited the centre were referred through patients, families and relatives. Some patients also have faith in Allah and attribute access to Dava-Dua centre to Allah’s wish.

*“I came to dargah for dua since a long time in-between I got ill and I believe that my illness was a Upar Ni Asar [superstitious event]. I was aware of the dava dua centre so I started medication from there. I feel that Allah showed me the path for the treatment.”*

Patients also expressed better treatment adherence. One patient stated, *“...I got relief with the help of medicine, but when I stop medicine, my condition worsens. Thus I take medicine regularly.”* Another patient said, *“...it is common in our community for praying, dora-dhaga, and bhuvagiri... these practices are very well known and we have faith in them. We got treatment from both sides –Dava-Dua. I never*

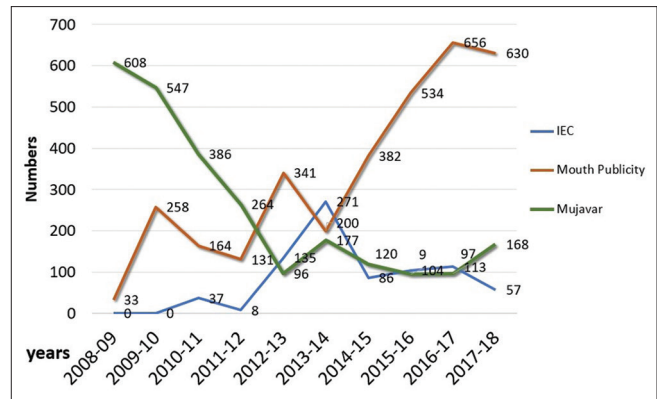


Figure 5: Referral trend of Dava-Dua project

*stop the medicine, if the medicine has any adverse effect like sleepiness than [I convey to a doctor and] doctor change medicines.”*

Healers are such integral parts of the communities and so commonly sought out, healing is an incredibly first-line practice. Such a combination of treatment models facilitates access to medical treatment and aid recovery from mental illnesses. Furthermore, a positive experience of the treatment develops faith in the modern medical system.

### Perspectives of service providers

Mental health service providers of the Dava-Dua project shared their perspectives of providing services and challenges faced during the implementation of the project.

### Routine practices of Dava-Dua centre

The Dava-Dua centre operates out-patient department where patients are diagnosed and treated; counsel patients and their caregivers for helping them understand the importance of psychiatric treatment, available treatment services, and treatment adherence; educates priests (Mujavars) on mental health and build referral network between Mujavars and Dava-Dua centre; empowers dargah management team for improving hygiene and sanitation of dargah; reaches out community to generate awareness and educate general people and key stakeholders on mental health.

One of the challenges is the treatment adherence of outstation patients. Patients across the country visit the dargah and once patients leave dargah, follow-up for psychiatric assessment and medicines becomes challenging. Although the centre provides medicine through courier based on the psychiatrist’s prescription. It is not possible to courier medicines to those patients who don’t communicate with the Dava-Dua centre. Another challenge is the discontinuation of the treatment once patients start improving, they don’t perceive the need for medicines and believe “dua” will help them recover. They return to the centre only when symptoms become beyond control. The time of relapse was found to be varied from a few months to a few years, which delay the recovery.

## Promotion of modern psychiatric treatment

The study found that outreach work has improved awareness and increased the patient flow. This effect can also be contributed to two more initiatives – District Mental Health Programme (DMHP) implemented by Government of Gujarat and Atmiyata project, implemented by Indian Law Society in collaboration with Government of Gujarat.

Although awareness has improved, one of the biggest challenges is to communicate patients who are coming from different parts of the country and the world due to language barriers. Cultural and language diversity make it difficult for convincing patient and their caretakers for taking up psychiatric treatment. A Psychiatric Social Worker shared, “...convincing the Dava patient for the dava (medicine) is hard work...hence we first convince the [Mujavar] priest that his client [the patient] needs treatment with the Dava...if Mujavar to agree than only he sent the patient for medication at the centre.”

In addition, communicating and convincing Mujavars is also a challenge. Traditional healers vary in their interest and willingness to collaborate with modern psychiatric treatment services. Many traditional healers welcome the opportunity to educate patients and refer their clients to Dava-Dua centres, however, at-times, Dava-Dua team don't receive support from the old and orthodox Mujavars. They also influence other young Mujavars to avoid supporting Dava-Dua centre, which remains a great challenge for the sustainability of the initiative.

## Human resource and financial constraints

Programmatically, high employee turnover is a concern. Interrupted fund flow to the project disturbs outreach activities and affects the overall functioning of the centre including day care centre. For example, one mental health service provider stated, “for the parivartan daycare centre...providing regular work to Sakbi Mandal is challenging due to interrupted fund flow.” Sakbi Mandal is a self-help group of women with mental illness. One more constraint is unavailability of psychiatric medicines on a regular basis. Administrative process delays the access of essential psychiatric medicines. Moreover, adequate spaces for the centre is a problem. The Dava-Dua centre is operated in a room allocated in the panchayat building which doesn't allow the team to exercise privacy.

## Discussion

Traditional healing especially faith healing has a long history in India and still, these practices are widely used for physical as well as mental illnesses especially in rural areas.<sup>[9,11]</sup> Previous studies show that if patients perceive that faith healing to be effective they will continue to seek care from this system regardless of alternative biomedical evidence.<sup>[11-14]</sup>

## Patient religious and spiritual experience and the psychiatric discourse

Divergent cultural practices, contrasting models, different beliefs, dissimilar religious and spiritual experiences, and complex

patient-mental health practitioner interactions impact the therapeutic process and recovery.<sup>[11]</sup> Attempting to understand the religion-cultural and scientific causes of mental illness, engage patient perspectives, go beyond the traditional biomedical model of treatment and negotiate a shared plan for treatment are serious challenges for universal access to mental health services. Dava-Dua intervention addresses these challenges by appreciating patient reality and negotiates a shared plan of treatment. Documenting counseling experiences of the service providers would be insightful in drawing barriers for accessing mental health treatment services, treatment adherence as well as improving outreach services of the Dava-Dua intervention.

## Evidence of collaborative treatment model

Collaborative treatment model such as “Dava-Dua” concept act as a bridge between the mentally ill patients and psychiatric service providers. There are several efforts have been documented in this direction in low- and middle-income countries.<sup>[1-6,11-14]</sup> Dava-Dua intervention is successful in delivering the psychiatric treatment services to the patients with mental illness visiting Dargah but for sustaining this initiative, building trust and respect between faith healers and service providers is essential. The study revealed that referrals from the mujavars declining significantly from 2008 to 2018, which poses a concern for the long-term sustainability of this intervention. It is necessary for medical service providers and faith healers to continuously engage in respectful open dialogue to reduce the inherent mistrust of enhancing and strengthening collaboration.

## Convergence

The initiative works as a vertical intervention missing horizontal linkages with District Mental Health Programme (DMHP), programmes under National Health Mission and standalone community mental health projects. Also, this initiative has scope for addressing culture-bound symptoms at primary healthcare level. While some causes are structural, many causal factors of mental illness are attributed to religious beliefs, spiritual experiences, cultural norm, and social practices. Patients with religion-bound symptoms or spiritual experiences need to be properly understood at the community level. Integrating learning of this initiative in the training curriculum of DMHP team, Community Health Officers from Health and Wellness Centre under Ayushman Bharat Scheme as well as medical officers at Primary Health Centre under National Health Mission would be useful. Furthermore, this model compliments comprehensive healthcare services and has the potential for scale up nationally.

In conclusion, the collaboration between faith healers and medical practitioners bring benefit to patients and has the potential to scale-up and replicate where faith healing is the prime treatment modality to cure mental illness. Awareness of potential ethical issues that can arise when providing traditional treatment, including dual roles and boundaries are essential. Future studies on assessing the effect of the religious

and spiritual beliefs and practices on mental health outcomes, treatment compliance and patient satisfaction can provide more insights on this topic.

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### Conflicts of interest

There are no conflicts of interest.

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