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# SPIRITUAL HEALING - A COMPETING OR CO-EXISTING SYSTEM TO ALLOPATHIC MEDICINE

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## ABSTRACT

**Objective:** To explore the concept of spiritual healing and compare its effects with allopathic medicine in terms of disease conceptualization, treatment approach and patient perception and use in community setting.

**Methods:** A qualitative research design with a grounded theory approach was utilized for this study. Semi-structured interviews and focus group discussions were conducted, and data were analyzed using thematic content analysis technique.

**Results:** The explorative of spiritual healing revealed motivation challenges and treatment frameworks. Healers emphasized skills mastery and adherence to values, employing methods like Ijazas and wazaif. Patients reported mixed experiences, with some finding benefit while others expressed their doubt. Comparison with allopathic medicine highlighted drawbacks leading to discussion on preference or potential co-existence.

**Conclusion:** In conclusion, spiritual healing offers a unique perspective on healthcare, while challenges exist, including skepticism and the need for integration with allopathic medicine. The field continues to play a pivotal role in addressing social well being.

**Keywords:** Spiritual Healing; Allopathic Medicine; Healing; Referral System

## INTRODUCTION

In today's modern world, there exist two different approaches to healthcare. One is the predominant and generally accepted one known as Conventional medicine. This is also known as Orthodox medicine or Allopathic medicine. The second category is called Alternative medicine.<sup>1</sup> This category encompasses any healing practice that does not fall within the realm of Conventional medicine. It is usually grouped with Complementary medicine, which refers to when these techniques are used in conjunction with Allopathic medicine, thus generally known as CAM or Complementary and Alternative Medicine.<sup>1</sup> CAM is a broad category that includes many types of healing practices, such as Homeopathy, Herbal medicine, Acupuncture, Traditional Chinese medicine, Meditation, Hypnotherapy, and Spiritual healing.<sup>1</sup>

One of these methods, Spiritual healing, is a prevalent healing practice throughout the world. It is also known as Faith healing or Spiritual therapy. For many people especially in rural areas or where access to Conventional healthcare services is scarce, spiritual healing is the dominant healing practice.<sup>2</sup> In the muslim world, it enjoys a prominent position as it is closely

tied with the religious faith beliefs, and every muslim is supposed to accept it as legitimate regardless of if they practice it or not.<sup>3</sup> Faith healers use a number of methods to cure illnesses; certain practices may involve reciting Quranic verses, doing dam or Darood, visiting holy places, and wearing holy necklaces, rings or bracelets<sup>4</sup>, while other techniques may involve injurious practices such as harming the patient in order to drive the evil spirit out of their body.<sup>5</sup>

Due to the existence of such alternative systems, many different muslim countries usually have a pluralistic healthcare system operating at its core. Allopathic medicine functions at the national level while spiritual healing and several others informally serve the communities. The boundaries of these systems often overlap as people can use them concurrently.<sup>3</sup> But friction arises when Allopathic medicine and Spiritual healing, being based on two different social and ideological frameworks, try to solve the same issues. E.g. In clinical research, value is given to the established diagnosis (e.g. major depression) and its specific treatment.<sup>6</sup> However, healers do not usually concentrate on a specific disease or a range of symptoms but give attention to the 'whole person'.<sup>7</sup> In such circumstances, the decision to follow a certain path can become complex

and can lead to difference of opinions and diverging ways of seeking care and patient treatment. An understanding of people's decision-making process is important if health programs and the overall healthcare system of the country are to be effective.

Currently, the interactions between Allopathic medicine and Spiritual healing are not clearly understood. The framework in which the two systems function around one another and coexist needs further elaboration. Although credible research has explained the aspects of both systems individually, little has been done to unravel the sociological paradigm that exists in the community between Orthodox medicine and faith healing. Exploring this aspect about the two fields can help remove the barriers that exist currently between the users and providers of both systems. Given that the ultimate objective of both modalities is the same — the betterment of community health — it would be beneficial to explore common ground for collaboration, resulting in enhanced services and a greater acceptance of the scientific principles underlying both sectors.

This research aims to explain the questions raised in the preceding paragraphs and tries to shed light on the pluralistic system model between Spiritual therapy and Complementary medicine. The specific objectives of the research are, a) To thoroughly explore the concept of Spiritual healing from an emic perspective. b) To highlight the similarities and differences between Allopathic medicine and Spiritual therapy regarding the concept of disease, the approach to treatment, and the way it is perceived by the patients. c) To explain how both systems are utilized by patients in a community setting.

## METHODOLOGY

The information in methodology section

has been written keeping the ISSM Consolidated Criteria for Reporting Qualitative Research (COREQ) in mind.

This study was of exploratory nature and utilized a Qualitative study design for the purpose. A constructivist research paradigm was utilized to get an emic perspective about the field and how it works. Emic perspective is also known as the Insider's perspective. This approach focuses on the internal elements of a culture, where the perspective about the topic at hand comes from within the community.

The study was conducted in the outskirts villages of Mardan district in the KPK province of Pakistan. Majority of the people of these rural areas utilize the services of Spiritual healers for their day-to-day health issues.

Ethical clearance for this study was taken from IERC of Health Services Academy, Islamabad on 24<sup>th</sup> Oct 2022 (protocol No. 7-82/IERC-HSA/2022-38). Semi structured interview guide (SSI) was used to conduct fifteen interviews and two Focus group discussions (FGDs) between the months of Oct-Dec in 2022. All interviews were conducted face to face. The number of interviews and FGDs were decided based on saturation of data and available resources and time constraints. Out of these, five interviews were with Spiritual healers who were located through snowball sampling. The first healer was identified through word of mouth and subsequent healers were identified through contacts of the healers. Ten interviews were conducted with patients who were visiting these healers or were located through personal contacts. FGDs included patients only, with five patients per group. These groups were homogenous and based on age and gender. Gender of participants in both FGDs was male since organizing a female group was not possible due to cultural restrictions. One group was composed of middle-aged

participants and the other was composed of elderly patients.

Careful participant selection strategies were implemented in this research. Participants were included in the study only if they fulfilled the inclusion criteria of having utilized both Allopathic medicine and Spiritual healing for their issues at least once, were older than 18 years of age and consented to be audio recorded. Consent was verbally taken from all participants and the objectives of the study were explained to them. We utilized private and neutral settings for our interviews and used open-ended questions to reduce response bias. All interviews were audio recorded after approval for later analysis and stored securely in one place with restricted access. Some field notes were also made during the interviews. No transcripts were returned to participants for second comment due to time and financial constraints.

On average, each In-depth Interview lasted for around 45 minutes while FGDs for around 30 mins. Majority of interviews were conducted in the healers working place, in a quiet room be it their home, or office with some patient interviews conducted in their individual homes. One Spiritual healer declined to partake in the interview after knowing that they would be audio recorded. Further explanation was provided to them regarding participant identity preservation and censoring of data, but consent was still not provided.

This research used a grounded theory approach for data collection and analysis. This approach helps us to collect data without any preconceived notions or theoretical frameworks and generate ideas and concepts as we collect the data. It also helped us to assess when data has reached saturation and conducting further interviews would be unnecessary. All audio recordings were transcribed inside MAXQDA version 2020 soft-

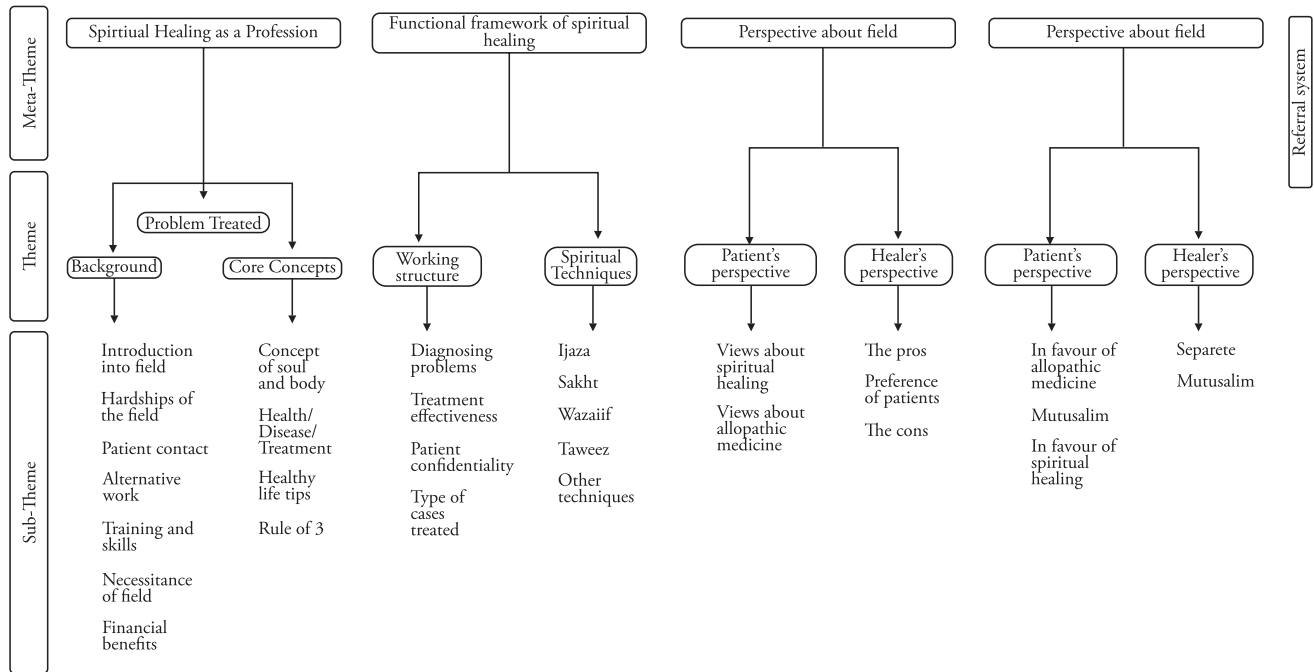


Figure 1. Meta Themes, Themes, And Sub Themes

ware. MAXQDA is a qualitative data analysis software which facilitated us in transcription of our audio recordings. It also allowed for the organization of transcripts into codes which were then categorized into themes.

The main researcher NK analyzed the data and developed codes from it. Before analysis, all identifying features were removed from the interviews and patients were assigned pseudonyms to ensure confidentiality. A total of 202 codes were generated as a result of Verbatim coding. Thematic content analysis was undertaken to analyze the codes. The codes were then arranged into themes. Five meta themes and several themes and subthemes were developed which have been discussed further in the results section. During data analysis, we remained vigilant against confirmation bias by systematically examining contradictory evidence and trying to validate our findings. Participant quotations have been presented in two ways, one in the form of stand-alone quotes and secondly inside quotation marks (“ ”). Stand-alone quotes have been selected on the basis that they can be understood without any context and provide valuable in-

sight into the topic being discussed. Inside quotation marks technique has been used where it was necessary to justify an inference that had been made but not feasible to present the quotes individually. This helps avoid oversaturating the study with stand-alone quotations and allows us to use actual words of the participants in justifying our inferences. Figure 1 provides a visual framework of all meta themes, themes and sub themes for this study.

## RESULTS

We started off by probing the spiritual healers to gather thorough background information about their field. To get an emic perspective, it was necessary to focus on a constructivist paradigm and let them explain how everything ‘flows’ in their line of field.

The starting point of discussion developed around how healers come into contact with the spiritual field which for the majority was centered around a “passion” feeling. Healers felt that they were “inspired” or “wanted to gain more knowledge” or “were introduced through their teachers” although

some argued that the motives could be on different ends of the spectrum as well such as “wanting fame” or “want people to respect them” and it depends on the individual goals of each person.

*As in the allopathic field, there are instances when people join, some may have a goal to become a good doctor and help people or someone might be joining for the monetary benefits. So, it's like that, everyone has their own goals and objectives.*

Many healers were involved with their local mosques or Madrassahs and were in charge of teaching the students about the Quran and Islamic studies. Some were also responsible for leading the prayers in their mosques and although they would receive a salary for these duties some healers revealed that they did not charge for their healing practices. Most of the time, it was at the patients will and judgment if they wanted to pay the healers through cash or any offerings such as food items or rations. Although, one healer presented the argument that they were allowed to ask for payment for their services through a history example.

*Once the companions of the Prophet (SAW) were travelling when they met a group of people and asked them for some food. The people refused their request. Incidentally, the leader of the group got bitten by a snake. The companions healed the person in exchange for some food. When this matter was brought to the Prophet (SAW), he said that they did not do wrong as they had a share in their food.*

In order to excel in the spiritual field, the healers had to abide by certain values and rules and would need to master several skills to be capable enough to heal others. They were expected to “always stay clean” and “be in a state of ablution 24 hours” and would need to “perform ‘Tahhajud’ (midnight prayers) daily along with certain Wazaif (repeat an incantation or offer special prayers)”. The healers had to develop a connection with the spiritual field and be sincere to it and work hard. They also had to acquire certain skills such as ‘Ijazas’ and ‘Wazaif’ and had to “approach a good teacher, become his pupil and learn from him”.

*My teacher used to say that for spiritual healing, you must repent from all kinds of sins, you must offer midnight and after sunrise prayers along with the 5 times mandatory prayers and you must not make this field as a source of your income.*

Of course, the field is not without its own challenges and hardships as well. The healers identified several challenges that they had to face consistently be it in their personal life matters or while performing their healing processes. One serious concern that was raised was around the monetary benefits from the field with the opinion generally being that they “hardly earn enough money to fulfil their basic needs”.

*It is very hard to fulfill the demands of this field while the reward is very little, monetarily speaking.*

There were also challenges that they had to face relative to their practices as it commonly “involves encountering disputes with entities which you cannot see” or “performing Wazaif in graveyards or uninhabited areas”. The healing practices also have a “reflecting aura” as they affect the one who does the healing, similar to a side effect of a medicine.

*It's like a battlefield, if you are going to enter a battlefield you must have proper training and cover yourself so that you don't get hurt. So that you can fight and protect yourself also.*

During our discussion, we came to know about certain concepts that were present at the core of spiritual field. One such concept was that of the essence of soul and body. A person has a physical body and a soul. The physical body was made from Earth and its nutrition comes from the earth as well. The soul came from above and its nutrition comes from above. The nutrition of the soul is “in the remembrance of God, prayers, and good deeds”. So a person who “spends his life according to the teachings of religion”, will be less prone to get ill.

Another important concept related to bodily health and diseases is the ‘Rule of 3’. According to this rule, “the stomach is the center point of all diseases.” The stomach has 3 portions for three different things,

*We follow the rule of 3 parts, one part for food, one for water, and one for air. When you keep all three in proportion, you will stay safe from diseases. Nowadays, people eat till they can't fit in anymore. They consume carbonated drinks as well.*

Lastly, there exists a concept explaining the type of diseases that the spiritual plain deals with. According to this, there are three main types of spiritual diseases, the first is ‘Evil eye’ which happens because of one

person visualizing some item or a trait of another that he/she desires. The second is ‘Sehr’ or magic which is done by one person on another, for different motives. And the third is ‘Jinns’, which are extra-worldly beings that exist in the world, but we cannot see or feel. According to some healers, these three are the only things “for which we can treat effectively, and healers don't need to try to treat physical ailments as well”. But there were others who presented a counter argument to this and said that physical ailments come under the umbrella of treatment also.

*Spiritual healing has two sides, one focuses on healing of the spiritual problems which include Jinns, Sehr and Evil eye, and the other focuses on pragmatism, the translation of the healing into physical world problems. Some healers focus on one while some focus on the other.*

This section explored spiritual healing as a profession, outlining the motivations and challenges encountered by healers. It emphasized the necessity for mastering skills, adhering to values, and facing personal and professional hurdles.

The field of spiritual healing has its own unique way of administering treatment, be it from diagnosing patients and treating them all the way to healer-patient confidentiality. The field utilizes several methods to ensure patients are satisfied by the end of their session and are confident enough to return again if needed.

Relating to diagnosis of ailments, healers have a set of tools at their disposal which can help them identify the problem but also let them know if “the problem is of a physical nature or a spiritual one”. Some aspects of the diagnostic method were like that of Allopathic medicine in the sense that the healers first checked in with their patients to see what they had to say about their problem. Then they would run certain tests to identify

where the problem lies. Per some opinions, there were close to 50 methods of identifying diseases.

*The most easy and simple one that I use includes making a mark on the wrist of the patient using some kind of length measuring tool, some people use a ruler or a cloth I use my 4 fingers length, then I read some verses on the patient to see what kind of influence is on him. Then you make another mark on the patient's wrist in the same way and see if the length has increased or decreased from the original. If the length increases, it means the person is under the influence of 'Jinns', if it decreases, he/she is under the influence of magic. If it stays the same, then it is a physical ailment.*

The healers were also able to tell “if their patients were getting better from their treatment or not”. A simple way was to observe the patient if they show signs of improvement or inquire about any change in their condition. But there were also other aspects to it.

*If its 'Jinns' that are on a person, then when we remove them, the person gets up and feels well immediately. If its magic, then it takes time to remove the effect. The person starts feeling well in about 3 days, but we notice its effect after 15 days.*

An interesting aspect was that of disease confidentiality regarding which majority of

healers believed it was not suitable to reveal the diagnosis to patients as it can cause issues. Sometimes relatives of the patient would tell them “Not to reveal the diagnosis to the patient as it can cause unnecessary stress on them” or there would be female cases which would “inquire about their condition but when told, they would start interrogating about who was the culprit behind the problem”.

*Generally speaking, telling a patient about his disease is not a good thing. It creates unnecessary stress and fear in the patient's heart. A healer's job is to treat the patient not entice fear in him. He is not a scarer; he is a healer. He needs to strengthen the resolve of the patient.*

When it comes to solving problems with which patients present, several treatment methodologies exist which could be utilized. These include, Ijaza, Wazaif, Sakht, Taweez, Others.

Ijaza comes from the word Ijazat, which means to gain approval. Since it is given by someone who has it already, only then can it be acquired. These are passed down “from pious people to others” and the source of their strength comes from the holy book. When a person “truly understands it and applies the holy book into his life, that is what gives him the power to do these things”. Ijazas can be used for several purposes such as to gather information about the condition

or to heal people, thus many kinds of Ijazas exist for different purposes all the way from “healing a bee sting to treating cancer”.

Wazaif are verses of the Book that are read as part of a treatment. These and Ijazas both use verses but the difference “lies where Wazaif can be read by anyone, and it would work while Ijazas can be used by only those to whom its given”. ‘Sakht’ refers to Quranic verses in writing most commonly on a piece of paper which can either be read as part of a treatment protocol or mixed in water till the paper dissolves and then the water is drank for healing. While ‘Taweez’ refers to amulets that are worn on the wrist or around the neck and contain written scriptures mostly tied in a piece of leather. Some other methods also exist which utilize candles or sticks to perform treatments. Table 1 provides a brief overview of various medical problems and their treatments in the spiritual field.

This section showed the operational framework of spiritual healing, encompassing diagnostic approaches, patient confidentiality, and treatment modalities. Healers employ diverse diagnostic tools, prioritize patient confidentiality, and utilize treatments like Ijaza, Wazaif, Sakht, and Taweez to address various health issues.

We conducted interviews and FGDs with patients who were visiting the spiritual healers and were available to discuss these

Table 1: Issues and their treatment in Spiritual Healing

Non-spiritual Health Issue	Treatment Method
Diabetes	Ijaza / Wazaif
Hypertension	Ijaza / Sakht / Wazaif
Kidney disease (Commonly Kidney stones)	Ijaza
Psychosis	Ijaza / Sakht / Wazaif / Taweez
Cancer	Ijaza / Wazaif (On oil) / Taweez
Atrial Septal Defect (ASD)	Wazaif
Family issues (i.e. marriage problems)	Wazaif / Taweez
Monetary issues	Wazaif

topics with us. Our aim was to bring forth another side to the argument and to open new doors for discussion. Most of the patients were middle aged men who belonged to the rural villages nearby. The common occupation was that of farmers and shopkeepers while some were unemployed. Some patients were young adolescent girls who had come with their guardians. Educational level for most was below Intermediate (grades 11 and 12).

Most of the patients that we interviewed had remarkable contrast in the issues for which they had visited the healer. The individual problems included Kidney pain, mental illnesses with or without psychotic episodes, spine issues, fever and cough, and even brain tumor. The female participants in our study predominantly visited for conditions related to mental state and family issues. For men, the most common cause of visit was kidney disease and monetary problems related to their occupation. Some patients clearly had alternative reasons for visiting, such as one patient had visited only “to avoid surgery” that had been advised for his condition by doctors and he was not in favor of undergoing it due to the major risks involved while another was tired of using medicines day and night for his ailment and was having compliance issues with his regimen. These patients served as examples that allopathic treatments were not ideal in every case. The treatments that they reported to have received from spiritual healers more or less matched the description of different methodologies that were given to us by healers beforehand.

When inquired about how they felt about spiritual healing and the treatments, some patients expressed that they “had been quite beneficial” or they have “seen quite a lot of improvement” or that they were “very satisfied overall”. One patient revealed that the treatments have “enabled them to work and be capable”.

*I feel a lot better. It has been a great experience. Walking and sitting was really painful for me, now it's a lot better.*

But the case of satisfaction was different for a minority of patients, one of whom stated that this healing process was “more for my heart's satisfaction”. Another patient had an interesting say in this matter,

*But a person who is drowning tries to grab every straw he can get his hands on to save himself. Similarly, I as a patient will try to find any way to get better.*

Some issues related to the spiritual field were identified during the interviews which were of concern to the patients. A patient reported that there were “many fake healers in this field nowadays” who had no or little prior knowledge of the scriptures and were presenting themselves as experts. There were those that “corrupted the beliefs of the people by saying they are the ones producing the healing, although it is God that is doing the healing and not them”. Some patients said that the treatment “did not take their pain away” and the “pain returns when the treatment effect ends”. One patient refuted the status of the field by saying it was outdated and not suitable for today's world. He explained that “healers coerce people to accept the methods without providing any solid explanation as to how the treatment works”. Another patient said that most people including himself visit these healers only because their elders still believe in it and “force you to visit them”.

*As far as Spiritual Healing is concerned, I would say that it worked in a time but now that time has passed.*

Regarding the field of Allopathic medicine, the patients had some good things to say about the working process such as “they better diagnose a disease” and the doctors would let them know “what the problem was

and where it lied in their body”. This contrasts with what the healers' concept was about revealing their problems to patients. Some patients also explained that Allopathic medicine nowadays was “more advanced and their treatments are more effective”. New methods and machines have been developed that can identify your disease very precisely and help patients to understand how the disease is progressing. Some even said that with time they are able to understand how the diagnosing and treatment process works and they can order tests and ask for medicines from the pharmacies without even going to the doctor. A few issues were also identified with Allopathic medicine particularly around the side effects of drugs. Effectiveness of treatments was challenged in certain cases that they “had not felt much change in their condition” and certain exercises advised by doctors were “ineffective in solving their problems”. Patients also articulated the adverse effects of risky surgeries and the pain that was associated with them.

*When I first found out about my disease, I went to a doctor, I underwent surgery. But I had so much pain that I was bedridden for almost 3 years.*

Just as we probed patients for their opinion about both fields, we asked similar questions from the healers to gain insight into their viewpoint. To avoid bias, we did not take healers perspective regarding Spiritual healing rather we focused on their views related to Allopathic medicine. The consensus, relating to Allopathic medicine, was skewed towards the negative side with many drawbacks pointed out about the field. The healers argued that they have had many testimonials from patients about their disappointment in the medical side. They said that a lot of the patients have affectively been “sucked dry” of their time, effort and resources. They pointed out that with Allopathic medicine, the patients usually faced “more disability” and “more financial charges” as compared to

Spiritual healing. Patients had to pay “hefty doctors’ fees” and had to undergo “expensive diagnostic tests” before they could be treated. The necessitance of Spiritual field was articulated in this time,

*Sometimes there are problems which do not get cured from allopathic medicines so then you need to use spiritual healing.*

When asked about who their patients visited first, healers said that “90% of patients use Allopathic medicine first, then when they get tired from it, they come to us”. This point was also used to back up the claim against allopathic medicine saying that “if allopathic medicine could solve everything, why would all these patients come to us in the end?”. According to them this served as a proof that patients are losing their trust in the medicines and are starting to look for alternative sources.

This section presented contrasting perspectives on spiritual healing and allopathic medicine from patients and healers. Patients, mainly from rural areas, reported diverse experiences with spiritual healing, while healers critiqued allopathic medicine, citing concerns over its cost, side effects, and perceived ineffectiveness, often positioning spiritual healing as a complementary or alternative approach after failed allopathic treatments.

Upon discussions with patients inquiring about which field they preferred in general, a series of arguments emerged for both sides. Patients that preferred Spiritual healing stressed that they had visited many doctors before and used their medicines but “this was where we got our relief from”. Several patients expressed that they got a great sense of satisfaction and peace of mind from the healing process. A patient explained that the “healers are very supportive and help you battle your anxiety and struggles, plus they listen to your problems more attentively

as well”. Most of the patients who favored spiritual healing explained it to be a more accommodating and individualized experience. They also highlighted that the essence of spiritual healing “stems from the Holy book and we know that nothing is above the holy scriptures”.

*In my sister's case, we have been using Allopathic medicine for 2 months but there was no change. But the Spiritual treatment has had quite a noticeable effect.*

Counter arguments also had a similar standpoint in relation to effectiveness of treatment. Some argued that Allopathic medicine was efficient in “diagnosing diseases and thus explains the problem more openly”.

A third side of the argument was that which favored both methodologies, this argument stressed that both these fields can work together for the benefit of people and “can go hand in hand”. A patient said that they “use allopathic medicines and visit a spiritual healer as well” proving that “both of these can co-exist”.

*I go to the hospital and undergo their treatment and I also go to healers to get their blessings and receive their treatment.*

Healers that were against a coexisting model explained that it was too unrealistic due to barriers that exist between the two fields in general. They pointed out that “some doctors are too modern to accept this field and reject any such kinds of treatments”. There are differences in viewpoints between both sides and it was hard to come to the same conclusion. A healer said that he would advise against using Allopathic medicine if he sees that Spiritual healing can solve the problem to avoid potential side effects of drugs.

*I don't think so. I don't think that would*

*work. The government would never allow both together. Although if it happens that would be very good. But the government and the mindset that people have, they would never allow it.*

The ones who were in favor of a coexisting framework highlighted the benefits that would be gained from the system. They explicated that “there are conditions that Spiritual healing can't treat and there are conditions that Allopathic medicine can't treat”. If both systems work together then “the effect would be doubled” and patients would get better faster. A healer told that if he got ill, he would use allopathic medicine himself. One healer even pointed out an example of a case in which both methodologies had been used mutually for the benefit of the patients.

*I have heard of an instance where in a hospital, patients who were critically ill were being played holy scriptures through audio to get benefit of spiritual healing. It was done in a hospital in Karachi, and it was given the name of "Rehman Therapy".*

Weighing the arguments, we asked about opinions on a hypothetical referral system that could refer patients to and from both sides. Healers explained that such a system does exist from their side, although informally. They said that if a patient “does not have a spiritual condition, then we refer him to a doctor”. Also, there are instances where patients have issues of both sides and after treating them for the spiritual problem they would be referred to doctors for further treatment. One healer provided an example for this, a case of a young girl who according to their family was possessed by Jinns and showed irrational behavior at certain times. The healer examined the patient and treated her for the problem. Afterwards, he found that some residual symptoms remained thus he referred the girl to a local psychiatrist to receive further treatment.

They healers pointed out that a similar approach should be taken from the other side as well, where patients that do not have any physical conditions should be referred to healers. This could save them very unnecessary costs of treatments and would help avoid side effects of drugs which would not help alleviate their conditions. But certain concerns were also expressed regarding this matter with some healers saying that to implement such a system, the medical field would need to change their perspective towards the spiritual field. They would need to be more welcoming and accept that their science is not all there is to healing as is currently the predominant opinion. One healer expressed his dissatisfaction towards how the “doctors considered their work as subpar and with no realistic base”.

*When a doctor diagnoses a patient, and he finds out that this is a patient of another specialty, he refers the patient to them. I think a similar system should exist, where the patients are referred to healers when needed. If a system is made that incorporates Spiritual healers into the hospital system, that would prove very beneficial.*

## ■ DISCUSSION

This research took an in-depth dive into the field of spiritual healing explaining aspects that are vital to understanding the whole picture. Through our discussions with healers and patients, we elaborated on the healing concept and the interactions that take place within this area.

The faith healers have an elaborate set of frameworks on which they base their healing practices. Ahmad K et al<sup>6</sup> explained two types of ritual specialists in Islam (a) Mullahan and (b) Aamel, which carry out healing practices. Ibrahim et al<sup>9</sup> discussed that healers have specific reasons for joining the field such as to gain the respect of their followers, to increase their power, or for monetary

benefits. Our discussions revealed similar motives with an inclination towards gaining knowledge in general. The healers we interviewed were mostly living a simplistic life with very few materialistic possessions. Patients had to pay comparatively less fees than allopathic doctors to avail their services, which shows why the rural communities visit these healers in a considerable number.

Our research explained the three main types of spiritual diseases that healers treat, Jinn (spirits), Evil eye, and Sehr (magic). But the umbrella of faith healing also incorporates physical diseases under its care. The healers we interviewed treated patients suffering from a variety of conditions. Several healing techniques were utilized to treat these conditions. Kalhor et al<sup>10</sup> showed that in UK, spiritual healing was considered the first line of care for psychosocial illness, and imams were considered the primary support network. Similarly, Lagziel et al<sup>11</sup> conducted a study in Germany showing that healing practices were associated with positive body sensations, greater relaxation and well-being as short-term effects while patients in pain described a reduction of pain intensity due to interventions. These findings along with ours show that while traditional medicine fail to accept the ideological framework of CAM, these alternative techniques can have a net positive effect on patients. The significant number of patients still visiting these healers should pose the question in researcher's minds as to why these methods are gaining popularity in the 21st century. Especially important is the fact that many patients after utilizing allopathic medicine for their conditions and not seeing any improvement, tend to go for CAM to receive healing<sup>12,13</sup>.

Although Allopathic medicine and Spiritual healing are different concepts, it does not mean that both can't work together for the benefit of the patient. The US national academies press<sup>5</sup> showed how spirituality can help in patient's health improvement in three

aspects, Mortality, coping and recovery. Puchalski et al<sup>14</sup> presented three interventions that health practitioners could utilize in their practices, Meditation, Counselling and Forgiveness. In our interviews, patients reported some positive findings with the use of spiritual healing for their ailments. Although the conceptual approach of the two fields differ, research has shown that inclusion of the spirituality of the patient can lead to much better outcomes in general. A study conducted by Qidwai<sup>15</sup> revealed that religious belief showed substantial positive correlation with life satisfaction, and religious activity and connections were significantly correlated with both happiness and life satisfaction. In Pakistan, a significant number of the general population still use CAM for their day to day health matters.<sup>15,16</sup>

A study conducted in UAE showed that 44.8% of patients consulted faith healers before visiting a GP.<sup>17</sup> This is a significant number of patients that are not availing healthcare services directly and can be an area for health promotion interventions. A similar study by Teut et al<sup>18</sup> showed that 84% of patients consulted other carers before they arrived at a MHP (medical health practitioner) and the range of delay was 8–78 weeks.

A system that can bring the CAM models and Allopathic medicine to a collaborative standpoint might prove beneficial to consumers utilizing both systems.<sup>19</sup> A positive relation between the modalities can harness the patient referral pathway and reduce the unnecessary delay in receiving proper care for the patients. Several of the healers in our interviews reported utilizing the referral pathways to help patients get access to the proper care they needed. Further efforts are needed to develop these referral pathways between healers and the healthcare system. A collaborative system between Allopathic medicine and spiritual care may also be useful in the palliative care side of allopath-



ic medicine.<sup>20</sup> Patients who are not suitable candidates for receiving treatments that are highly demanding on the body, can make use of spiritual techniques to lower their pain levels and improve their life satisfaction, which would be hard to achieve with just Allopathic medicine.<sup>20</sup>

This research highlighted the commonalities and differences between two healing methodologies that are in use in Pakistan and several other muslim countries or faith communities. Since this study was undertaken in a muslim country, the generalizability of practices and concepts are limited to only such contexts. The practices of healing may change with a changing faith thus further research into this aspect can prove useful.

## CONCLUSIONS

This study has offered a thorough exploration of spiritual healing from an emic perspective, shedding light on the intricacies of this practice and its relationship with allopathic medicine. The findings underscore the potential benefits of a collaborative healthcare system that integrates both allopathic medicine and spiritual therapy, catering to the diverse preferences and needs of patients. Moving forward, further research is needed to delve deeper into the dynamics of collaborative healthcare systems and to explore additional avenues for improving patient health outcomes through integrated care models.

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#### Author's Contribution

NUK conceived the idea and designed the study. NA and AM helped in data collection and performed data analysis. HU helped in the write up of the manuscript. All authors made substantial intellectual contributions to the study.

#### Conflict of Interest

Authors declared no conflict of interest

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None

#### Data Sharing Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.