TRADITIONAL AND WESTERN MEDICINE: CULTURAL BELIEFS AND PRACTICES OF SOUTH AFRICAN INDIAN MUSLIMS WITH REGARD TO STROKE

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Objectives: To investigate the beliefs of caregivers and traditional healers within the South African Indian Muslim community regarding the etiology and treatment of stroke and the persons likely to be consulted in this regard.

Design: A descriptive case study design was employed which incorporated two groups and was located within a qualitative paradigm.

Setting: Data were collected within the homes of caregivers and the consulting rooms of traditional healers.

Participants: Ten caregivers of persons who had sustained strokes and 10 traditional healers were interviewed.

Interventions: Individual interviews were held with participants.

Outcome Measures: Responses to semi-structured interview schedules were analyzed using thematic content analysis and descriptive statistics.

Results: For both groups, religion and faith in God played a pertinent role in beliefs regarding etiology of illnesses such as stroke. Caregivers used a combination of traditional and Western medicine approaches. For traditional healers, treatment was based on the premise of restoring the balance between hot and cold in the body, which had been placed in disequilibrium by the stroke. Participants expressed disillusionment with referrals to Western healthcare professionals whose treatment was often regarded as culturally inappropriate. They also emphasized the integral role played by family members in the treatment of illness and disease.

Conclusions: Results have implications for: culturally sensitive management of stroke patients in the South African Indian Muslim community; collaboration between Western and traditional healers; involvement of families in the remediation process; and further research. (*Ethn Dis*. 2005;15:548–554)

Key Words: Beliefs, Caregivers, South African Indian Muslims, Stroke, Traditional Healing, Western Medicine

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INTRODUCTION

Individual cultural communities assign different meanings to health, disability, and wellness, which are likely to affect their views regarding the etiology and treatment of various illnesses and disorders.[1] Cultural differences also influence the choice of appropriate persons to provide health care or restore well-being.[2] One community that forms an integral part of the fabric of South African society is the South African Indian Muslim (SAIM) community. This community has been largely neglected in the research literature with little information known about their views on the causes and treatment of stroke, as well as the healers consulted for stroke care.

In the SAIM culture, medicine, natural and spiritual cures, and religion are inextricably intertwined. This factor is evident in the approaches of the SAIM community toward traditional healers, who are believed to possess a certain sense of power and giftedness. Religious beliefs and the community's faith in various cures are so strong that they influence every aspect of people's lives, even among the most affluent and highly educated members of the Indian population.[3] Three main types of Muslim traditional healers exist:

(1) *Hakeems* or Muslim physicians practice Tibb medicine, which is based on humoral processes in the body and has its roots in Islam and India. They provide herbal ointments and mixtures known to have beneficial healing properties.
(2) *Moulanas* are scholars of the Quraan and practice prophetic medicine.
(3) Gift healers are considered to possess the gift to heal.[4]

Research indicates that . . . stroke is the fourth most common cause of death in this country [South Africa].[5]

Research indicates that South Africa has a higher rate of people disabled by stroke than most developed countries and that stroke is the fourth most common cause of death in this country.[5] Although it is difficult to obtain prevalence figures for the SAIM community, Dr. Khalid Ismail[6] states that on the basis of his 40 years of medical practice he has noted that "the incidence of cerebrovascular accidents is high in the SAIM population." He speculates that this may be related to the high incidence of diabetes and hypertension within this community.

The current study endeavored to elicit the beliefs of both SAIM caregivers and traditional healers on: 1) the etiology and treatment of stroke and 2) preferences on the persons who are likely to be consulted for stroke. It was

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anticipated that the information that might emerge from this dual focus would create awareness among healthcare professionals of the sociocultural beliefs and practices surrounding stroke among SAIM families. The intention was also to investigate their views on consulting healthcare professionals either in conjunction with or as an alternative to traditional healers. It was envisaged that this information would be used to enhance professional collaboration and referral systems between the traditional healers and the modern healthcare professionals, thereby facilitating holistic assessment and treatment and promoting improved prognostic outcomes for clients.[7] The assumption underpinning the study was that awareness of such views could foster culturally sensitive counseling and therapy practices.[1]

METHODS

Participants

The researchers interviewed 10 SAIM caregivers of people who had sustained strokes, as well as 10 SAIM traditional healers, who had treated stroke patients.

Non-probability, purposive sampling was used to obtain participants for the study. The sample size was based on the fact that qualitative research usually employs smaller sample sizes than quantitative research as the focus is on obtaining descriptive information.[8] Within the purposive sampling paradigm, ''snowball sampling,'' was also used whereby prospective participants within the SAIM community were approached. They, in turn, were asked to first obtain permission from other potential participants prior to giving names and contact details to the researchers.

Research Instrumentation

A semi-structured interview schedule was designed by the researchers.

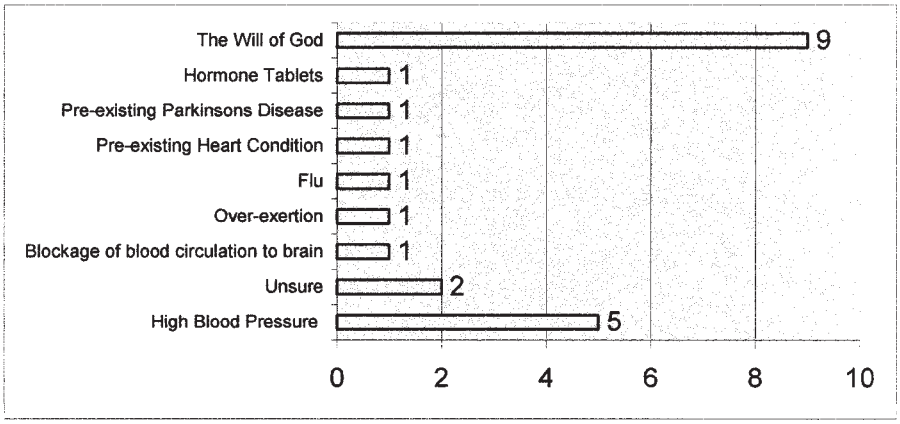

Fig 1. Caregivers' personal beliefs regarding the etiology of stroke (*N*=10). Note: The numbers do not add up to 10 as several participants mentioned a number of factors.

Interview items included questions on personal and cultural beliefs on: the origin of stroke; treatment approaches adopted; traditional healers; medical and paramedical practitioners consulted; and collaboration between traditional and Western medicine.

Research Procedure

The research proposal, information sheets, consent forms, and interview schedules were submitted to the University Human Ethics Committee in accordance with the Code of Ethics for Research on Human Subjects, which is designed to protect participants' dignity and physical, social, and emotional welfare.

In order to ascertain if the proposed interview schedules were suitable, applicable, and practical, a pre-test was conducted on a smaller group of people, with similar characteristics to the target group. After amendments were made to the wording of the schedules, these were administered individually to research participants.

Data Collection and Analysis

Interviews lasting approximately one hour were conducted in home or office environments that were convenient for the participants and at times suitable for them. The data from the open-ended items were analyzed by using a form of content analysis, which incorporated both the qualitative and quantitative paradigms. Closed-ended questions were used when obtaining demographic information such as age and gender. Data for the closed-ended questions were analyzed by using descriptive statistics, which allow for the descriptions of quantitative data in manageable forms. After collecting the data, the researchers attempted to extract the relevant themes expressed. Once agreement had been reached between the two researchers regarding the categorization of themes, these themes were quantified.

RESULTS

Beliefs Regarding the Cause of Stroke

Caregivers

Caregivers' beliefs regarding the etiology of stroke in their family members are depicted in Figure 1. Almost all caregivers (n=9) believed that the will of God was important in the etiology of stroke; a smaller number (n=5) believed that hypertension played a role. Cultural beliefs held by the caregivers were found to be inextricably linked to beliefs held by the community. The common belief shared among all the participants was that all

illnesses were from God and it was not their place to question God's will. This belief is a highly prevalent belief within the SAIM community and relates to all illnesses, from influenza to strokes to death.[9] However, despite the existence of this belief, the caregivers also felt that it was imperative that patients were well cared for and that those caring for them, ensured that a certain quality of life was maintained.

Traditional Healers

The most frequent cause of stroke mentioned by eight of the traditional healers was an imbalance between hot and cold in the body. This imbalance was referred to by the Hakeems as a disequilibrium in the body's humoral systems. According to Kleinman, Eisenberg, and Good,[10] healing emphasizes righting the disequilibrium that threatens to affect and hamper the intactness of a person. Two healers maintained that the imbalance was created through the depletion of energy, which then makes the body susceptible to illnesses, such as stroke.

Tension and stress were also noted as being among the causes of stroke. Four of the healers felt that tension and stress contributed to the blockage of blood supply to the brain. Curses from other people, also known as Jaadu, and evil spirits, known as Jinn, were believed by two of the participants to be the cause of stroke. In support of these findings, Hall[11] explains that some people are believed to have inherent powers, through the use of charms or medicine, to hurt others. Two of the participants also believed that diet, especially the high-cholesterol food consumed by the SAIM community, was responsible for strokes. However, none of the participants felt that there were any beliefs about the etiology of stroke that were specific to their culture.

Participants also mentioned that no particular belief regarding the cause of stroke was applicable to all people who came to see them. The healers said that each individual was assessed on an individual basis and the person's lifestyle was taken into consideration before a decision was made about the cause of the stroke. Diagnoses were made by either feeling the patient's pulse, assessing his or her aura, looking at hands, praying from the Quraan, or asking patients to hold an amulet.

Beliefs and Practices Regarding the Treatment of Stroke

Treatment Approaches Adopted by the Caregivers

Nine of the 10 participants used pigeon blood to treat stroke. They described the idea of using the heat from the pigeon blood to compensate for the cold caused by the paralysis. Only one participant stated that instead of using the pigeon blood, she wrapped her mother's arm in red cellophane and seated her in direct sunlight. She felt that this procedure served the same purpose as the pigeon blood. This particular participant also stated *"Even though I didn't do the pigeon blood, I told all the older family members I did, just in case."* This response highlights the importance of cultural beliefs and practices and the need to be seen as conforming to such socially acceptable practices.

Six of the participants reported that they obtained "parelo paani" (prayed on holy water) for their family members who had sustained strokes. One participant used Ahario, which is a seed that is used in a porridge form. Two people mentioned grating onions and placing the onion juice on the affected sides of the face of the person who had experienced a stroke. However, one participant also stated that this remedy did not work for her family member, as it was "too hot." Three people used various oils, which were rubbed on the affected areas, in order to balance the cold caused by the paralysis with the heat from these products. One participant also described how she placed gold bangles on the family member's hand as well as in the mouth to counter the damage caused by the stroke. Most of the participants also informed the researcher that many of the remedies they used were passed down from older members of the community.

Approaching Traditional Healers. Six out of the 10 caregivers who were interviewed, stated that they had approached traditional healers for help with the treatment of stroke in a family member. The healers had recommended: the use of holy water, which had been prayed on; the use of amulets; and the application of fresh pigeon blood onto the paralyzed parts of the body to balance the cold caused by the stroke with the warmth of the pigeon blood.

Of the four participants who did not use the services of traditional healers, only one person felt that treatment should be left to a medical doctor. The other three participants reported that they did not consult with traditional healers as older family members had advised them what to do. They did, however, carry out the same procedures as were recommended by the traditional healers.

Approaching Paramedical Professionals. Of the 10 participants interviewed, eight reported using the services of physiotherapists. Six persons stated that they had approached speech therapists to assist in the remediation process of their family members. Among the six who attended speech therapy, all had subsequently terminated treatment. Two experienced success in therapy, while four voiced their disappointment. Examples of verbatim responses that reflect this dissatisfaction included: *"I didn't think it was effective as my mother needed to learn how to pray again, not to read alphabets!" "She didn't make much progress, so therapy was stopped." "The recommendations given by the therapist didn't suit her lifestyle. We didn't find it practical" and "The therapist was un-*

aware of what was considered inappropriate and offensive to our belief systems. Therapy was often conducted using animals such as the pig, which we found insulting."

One participant mentioned that, although his family approached a speech therapist, they were told that nothing could be done to help their father. Participants also stated that language was a problem in therapy as the older members of the family who had sustained the stroke were not native English speakers. Of the two participants who experienced successful therapy, one stated that, "*She gave my wife self-confidence and a lot of practice so that she could regain her speech."*

Of the four persons who did not approach speech therapists, two stated that they were not informed about the services that a speech therapist offered. *"We didn't know, but even though he doesn't talk, we just guess what he wants."* The other two participants felt that relying on traditional methods and folk remedies helped their respective family members to recover their speech. For example, one participant stated that she placed a gold bangle in her grandmother's mouth, immediately after the stroke and that within two days, she had recovered her speech. Another participant stated that a family member suggested *"chewing gum, blowing bubbles, and placing onion juice on her face with a hot water bottle placed over it."* She believed that this procedure helped her to regain her speech. However, it should be noted that any objective improvement in the client's status could be attributed to the brain's spontaneous recovery, rather than as a result of treatment effects.[12] Nine out of the 10 participants were unaware of the fact that speech therapists also dealt with swallowing disorders.

Approaching Medical Doctors. All the participants reported having approached medical doctors as they felt that a stroke was a medical problem and needed to be dealt with immediately by a medical practitioner. Four of the participants stated that their family doctors insisted on hospitalizing the patient so that the damage could be minimized.

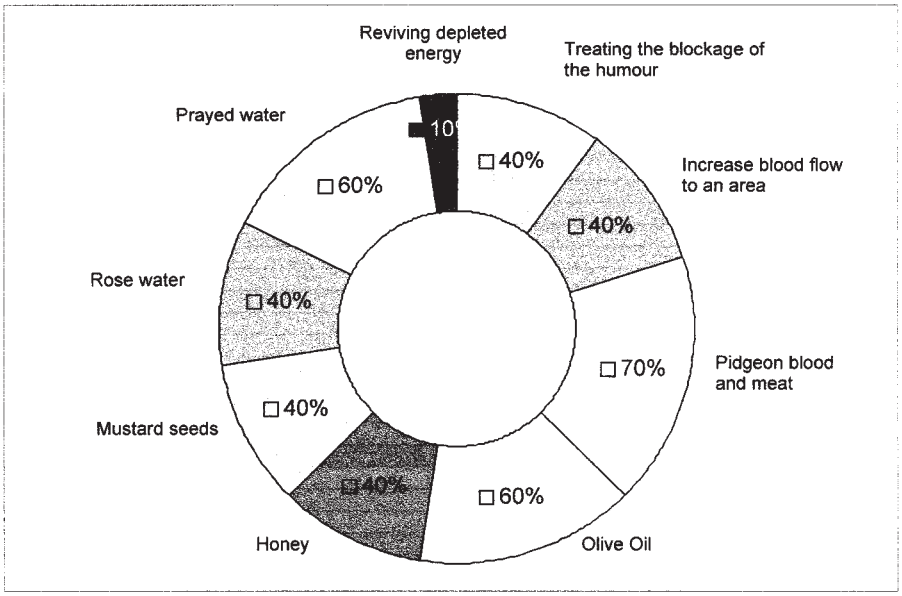

Fig 2. Treatment of stroke used by traditional healers (*N*=10). Note: The numbers do not add up to 10 as participants combined and made use of more than one treatment for stroke.

Two participants who took their family members to a hospital claimed that they found the experience very impersonal and expensive. Four of the participants also mentioned that the doctors at the hospitals told them that nothing could be done for their family members. Participants also reported feeling more comfortable about going to practitioners who understood their culture and their beliefs in other remedies. For example, *"I think it's easier to use doctors that understand our culture, as the other doctors stopped us from using all our herbal medication."* This viewpoint also influenced their approach to speech therapists.

The researchers found that even though participants reiterated that immediate attention needed to be given by a modern medical doctor, the subsequent treatment was dependent on what the patient wanted and often included both traditional and Western medicine. From the responses, it seemed that participants were looking for the best possible care and treatment for their family members and were willing to try all methods in order to improve their family members' quality of life including conventional medicine (Western doctors), alternative medicine (Hakeems or Moulanas) and/or self treatment (advice from family and friends).

Treatment Approaches Adopted by the Traditional Healers

All the healers stated that treatment was dependent on the cause of the stroke and both the diagnosis and treatment were highly individualized. The healers maintained that all their treatments were holistic and took into consideration the person, the effect of the illness, and the patient's community and social interactions. Figure 2 describes the various treatments used by the traditional healers who were interviewed.

Four of the participants explained that treatment could only be started once the total effect on the body could be established. All four of the Hakeems mentioned that they would assess which

humor was blocked or not functioning properly and would then treat that humor. Most of the healers (n=7) referred to the use of pigeon blood and meat when a person had sustained a stroke. Healers used oils by applying them to the face and other affected areas. Most healers believed the use of the oils created heat, which balanced the cold in the body. The Moulanas also mentioned the use of holy ''prayed on water,'' which they made and gave to all their patients.

Six of the healers informed the researcher that they used remedies and ingredients recommended in the holy Quraan. *"Honey is stated in the Quraan as being the cure for 70 illnesses."* All the healers stated that the success of all medication, whether traditional or modern, was dependent on God's will. They all recommended that their patients pray as prayer forms a substantial and integral part of the healing process.

Positive results were noted by many of the healers, whether they treated the stroke when it occurred or after a period of time. The healers also emphasized that recovery was due to a combination of factors, such as treatments, remedies, and prayer. However, the spontaneous recovery period was not taken into consideration and may be the reason for many of the recoveries that occurred.[12]

The Traditional Healers' Attitudes Toward "Modern" Western Medicine. Eight of the healers stated that patients consulted them because they had had no success with medical professionals. One healer stated that he did refer patients to medical doctors but felt that the referral sources were not acknowledged or reciprocated. This underlying notion of a lack of respect was mentioned by all the healers interviewed and was attributed to the lack of knowledge about the their training and the services they provide. These findings are consistent with those documented by Dagher and Ross[13] who found that traditional healers from the Black community also felt that Western practitioners tended to denigrate their beliefs and practices.

All the healers stated that a combination of remedies and treatments would speed up the patient's recovery process. Four healers maintained that by looking at the person's palm, they were able to tell if the sickness, in particular the stroke, could be attributed to natural or unnatural causes. Appropriate referrals and treatment were then recommended. Another healer stated that his traditional medicine was not always adequate for all patients. This healer indicated that he was eager to work more closely with professionals in the ''modern'' medical field as he felt that the patient's best interest should be paramount.

Three of the healers stated that they did not refer to anyone else as they felt that their medication helped their clients. Most of the healers interviewed were unwilling to refer to speech therapists. Four of the healers mentioned that they often referred patients who had sustained strokes to physiotherapists, while three referred to acupuncturists and reflexologists once the blockage had been cleared.

As many of the healers were unaware of the role of speech therapists or the services offered by them, the researcher asked what was done for patients who presented with speech and swallowing problems that were not ''cured'' by their remedies. In response to this query, the healers stated that they would then usually refer the patients to their general practitioners.

Views of the Traditional Healers Regarding Reasons for Being Selected

The traditional healers who were interviewed believed that they were often approached because they had been recommended due to the results they had achieved in treating previous cases or because the patient wanted to be treated holistically. Many of the healers felt that they were more holistic in their approach to each individual and incorporated both physical and spiritual dimensions, whereas ''modern'' medicine grouped symptoms and made a diagnosis based on ''why'' and ''how.'' Eight healers mentioned that they were often approached by people from diverse cultures. It was usually due to *"the familiarity and shared beliefs in a Supreme Being."*

Collaboration Between Traditional and Western Medicine

The main theme that emerged was the respect that needed to be shown when trying to collaboratively treat a patient who had sustained a stroke. This theme was encapsulated in the following response: *"The only time that this can be achieved is when there is respect for one another across the board."*

Six of the healers stated that they felt that they needed to know what the doctors and therapists were doing so as to ensure maintenance, carryover, and complimentary approaches on their part. Four of the traditional healers who were interviewed felt that they did not need to work with other professionals as they felt that people would not understand or appreciate what they did. This idea has been documented by Paul and Miller[14] who maintain that misunderstandings often arise from false expectations on both sides, based on different theories of etiology, different techniques of cure, and different conceptions of the role of the healthcare worker or physician.

Researchers Abdool Karim, Ziqubu-Page and Arendse[7] assert that the two medical systems, ''Western'' or ''modern'' and ''traditional,'' are complementary and practitioners should be encouraged to work as members of a team. Although modern medical institutions exist in every country, most people still continue to rely on humoral theories and practices. In countries such as India, China, and Japan, folk practitioners or

traditional healers work with medical professionals to provide a successful, comprehensive, medical system.[15] However many of the healers who were interviewed were not very forthcoming as to how this approach would work in South Africa, although they were eager for it to happen.

DISCUSSION

Against the backdrop of these findings, a critical evaluation of the research and its procedures revealed several limitations that need to be acknowledged. First, the fact that the researcher who conducted the interviews was a member of the community made it difficult to ascertain exactly what remedies were used, as the participants took it for granted that she already knew about these remedies. The caregivers were also more disposed to share their experiences with medical doctors rather than speech therapists as it was presumed that this approach was more socially acceptable and appropriate for a research project of this nature. Second, the caregivers initially furnished socially desirable responses with regard to the use of doctors, but as the interviews continued and they felt more comfortable with the researcher, they expressed their disillusionment with certain aspects of the medical system. Consequently, some of the initial responses may have reflected social desirability bias, rather than being a true reflection of their views.

Nevertheless, despite these limitations, the study has important implications for community awareness, clinical practice of paramedical professions such as speech therapy, and future research. The finding regarding the lack of community awareness of speech therapy services that emerged from the study highlights the need for speech therapists to ensure that their services are made known, and readily offered by doctors and paramedical staff at hospitals, from the time that the patient is diagnosed with having a stroke. Information regarding stroke, potential risk factors, causes, and treatment options should be discussed with the community so that a greater awareness is achieved and people are then armed with information in order to make informed decisions regarding the treatment and management options available to them.

It is also important for clinicians working with patients who have experienced strokes, to understand the various beliefs that may arise with regard to the cause of this condition and the role that traditional healers and extended family members play. When giving therapy to clients from the SAIM community, the following factors need to be taken into consideration: 1) In terms of cultural practices, inclusion of extended family members is imperative. 2) In relation to religious beliefs, if, for example, one is using an animal theme in therapy, the pig is considered offensive. 3) In regard to communication style, therapists need to use appropriate greetings, and accord people deferential treatment according to their status in the community, for example, show respect for older persons, and adopt appropriate questioning strategies.[16] 4) The belief that all illnesses, such as stroke, are due to God's will also needs to be taken into consideration when treating people from within this community, as well as when dealing with healers from this community. 5) In the interests of the SAIM community, it is important to foster greater collaboration between traditional and Western medicine.

Participants also reported that language was a problem in therapy as the older members of the family who had sustained the stroke were often non-native English speakers. This factor may affect the use of interpreters and procedures adopted in therapy. Many of the elderly clients with strokes are likely to be bilingual, speaking both English and Gujerati. The therapist needs to take the bilingualism factor into consideration for both assessment and management. Very few formal assessments of aphasia are available in other languages and some of the tests have too many subtests to make them appropriate clinical tools in their entirety. Hence, family members could play an important role in this respect.

The main conclusion that emerged from the study was that . . . they [all participants] concurred that all illnesses were due to God's will.

Finally, future research needs to focus on the awareness of the role of speech therapists within different cultural communities to increase knowledge of the speech therapists' functions, particularly in relation to stroke.

CONCLUSION

The main conclusion that emerged from the study was that, although the participants, including both the caregivers and traditional healers, described a number of different beliefs regarding the etiology of stroke, they all concurred that all illnesses were due to God's will. Many of the caregivers stated that they used cultural remedies in order to treat the person who had sustained the stroke. These remedies were either recommended by traditional healers or by older family members. Six of the caregivers who were interviewed had approached traditional healers who felt that they were usually approached because of their reputation of success and level of comfort felt by members of the SAIM community. All the caregivers stated that they had approached medical doctors, but were given very little information as to therapeutic steps that

could be followed. The traditional healers felt that very little information was known by doctors and therapists about their fields and thus, a lack of respect was perpetuated with regard to their approaches to healing. The participants expressed their disappointment with speech and language therapy, which was perceived to be culturally inappropriate. Although participants seemed to be aware of the role of other paramedical professionals, such as physiotherapists, very little information about the role of speech and language therapists seemed to be available within the community. Participants emphasized the vital role of family members in the remediation process as well as the importance of their culture being understood and accepted.

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AUTHOR CONTRIBUTIONS

Design and concept of study: Bham
Acquisition of data: Bham
Data analysis and interpretation: Bham, Ross
Manuscript draft: Bham, Ross
Administrative, technical, or material assistance: Bham, Ross
Supervision: Ross