



Epilepsy Care in Traditional and Professional Health Care Economy

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Abstract *Epilepsy is regarded as a superstitious phenomenon in various cultures of the world. Because of these superstitious convictions, the infected families try other methods to cure epilepsy rather than medical treatment. The study was conducted in Rawalpindi from November 2018 to February 2019. The survey method was used to gather in-depth data from 40 patients with epilepsy. Data were analyzed by using IBM SPSS Statistics version 25. There are two segments in the society that essentially related to the treatment of the epileptic sufferers; one is biomedicine and the other is ethno medicine. At the end of the findings, it became clear that patients in the community sought help from both segments. Stigma about the epileptic patients is widely prevalent in the society which may lead to seeking different treatments of patients by their families. It depends on people's choice which treatment they like.*

Key Words: Health Economics, Anthropological Economics, Stigma, Treatment

JEL Classification:

Introduction

Epilepsy is a neurological disorder that a person confronts when the messaging cells in the brain stop working properly. This can be a result of head trauma, viral encephalitis, tumors or strokes, autism or brain injury before birth. However, we are living in the kind of world where illness is directly linked with the superstitions, established beliefs and ages old myths especially in under-developed countries. Due to insufficient information, stigma is still present in under-developed countries especially in Pakistan.

[Riasi et al., \(2014\)](#) states that 'stigma is an attribute which socially built up when someone got some awkward attribute which is unacceptable in the eyes of society'. Stigma also causes to raise different kinds of norms and beliefs which change the perspective of one's life. Once epilepsy is diagnosed, life of patients and their family members become miserable. The worry leads them to find an immediate cure to epilepsy and that leads the epileptic patients and their families to search and then use different treatments along including medical treatment.

Basically, there are two health sectors that exist within our society for treatment of any physical or mental disorder. One is 'traditional sector and the other one is professional sector' (Pool & Geissler, 2005). According to [Pool & Geissler \(2005\)](#) 'popular sector definition is based on the people's medical choices of different systems for cure of

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their illness. It also included a person's personal choices. Professional sector consists of 'organized professional citizens who help in healing patients by medicines' (ibid).

With professional medical system, traditional sector also works for the health of local people. Traditional sector 'consists of non-professional persons' (ibid). People seek help from unlike sectors for getting treatment that could lead them to recover from adverse health. Traditional sectors make up of traditional healers or folk healers that include homeopathic doctors, diviners, spiritual or faith healers. Traditional healers are the respectable members of the society and the community has faith and trust in the treatment they provide.

They provide treatment by using natural resources like plants and herbs, animals or mineral products along with amulets, threads and Quran verses. According to [Sorketti \(2008\)](#), 'folk healer is characterized by WHO as an individual perceived by the community in which he has his accommodation as skilled to give medicinal services utilizing plants, creatures or mineral items, or utilizing any strict or social techniques adequate by the populace in the community where he lives'. People obtain help from folk healers primarily to get rid of their illness.

Traditional sector is more active in the poor resource countries than developed countries. [Suswardany, et al., \(2015\)](#) states that 'traditional medicine/traditional healer practice is conspicuous among populace in poor financially constrained countries and comprises a significant issue impacting and possibly testing successful, sheltered and facilitated avoidance and treatment procedures. Along with the traditional sector another sector that is closely working for community's well-being is biomedicine.

People like to take advantage of these systems because they feel considerable relaxation and comfort but it must be kept in mind that people in developing countries do not have adequate access to the professional system. The other problem besides lack of access is that they found medicines very costly. Patients with serious epileptic problems cannot perform daily tasks smoothly because of too frequent attacks. Therefore, they need expensive medicines that are literally out of their reach making them to ponder over the choices of treatments.

Ultimately, they have no other choice rather but to refer to the folk healers, as they find it unable to purchase expensive medicines. The objective of the study is to explore different treatments that are extended by traditional healers in various cities of Pakistan. The null hypothesis of the study is that epileptic patients use traditional methods with professional system. An alternative hypothesis of the study is that epileptic patients do not use traditional methods with professional system.

The requirement of the study is to explore different kinds of treatments that are used by the patients and their families to cure epilepsy along with the use of professional system. People have supernatural beliefs and stigma which compel them to take help from traditional sector. This study explores the cultural beliefs and the kind of treatments people use with or without professional treatments and what are the reasons of showing positive behavior towards traditional sector.

Review of Literature

According to the reports, approximately '50 million people have epilepsy around the world and nearly 80% live in low income or middle income countries' ([Megiddo, et al., 2016](#)). According to one of the reports of the World Health Organization (WHO), around

50 million people suffer from epilepsy globally 'epilepsy accounts for 1 per cent of the global burden; 80 per cent of developed countries' face the risk of epilepsy' (WHO, 2004).

Epilepsy is amongst the most common important medical circumstances. In developed countries, about '80 percent of people live with epilepsy' (Wahab, 2010). In fact, '80-90% of epileptic patients in these countries have trouble receiving care' (ibid). The 'treatment gap is due to inadequate and unequal delivery of healthcare services, medication rates, cultural values and antiepileptic drug unavailability' (ibid). In developing countries, the issue is still surrounded by the misconceptions and stigmas, especially in Pakistan.

In Pakistan, there are very few appropriate studies in the context of epilepsy that throw ample light on the current situation and highlight medicines deals with deficiencies in the treatment of epilepsy. According to Dawn (2015), the health experts opined that 'more than two million Pakistanis suffer from epilepsy, which constitutes about five per cent of the world's epilepsy population'. Pakistan has a high occurrence of epilepsy and still a higher extent of low financial foundation and soaring treatment gap.

With the superstitious beliefs, Pakistan also lacks facilities for treatment of epilepsy but still the main issue is the lack of neurologists. Khatiri, et al., (2003) describes that 'the total number of neurologists trained in Pakistan is estimated at under 30'. Based on the available data, 'an estimated 1.38 million people suffer from epilepsy in Pakistan, making it available to one neurologist for every 46200 epilepsy sufferers' (ibid).

In the study of Ullah, et al., (2018) they mention that 'many of the patients were of low socio-economic status. Low patient SES is also a compliance challenge and leads to weak clinical response. Low SES also accounts for a significant care gap'. People also consider it as a 'sin committed by their ancestors' (Tin, 2015). Adanir & Cihan (2018) illustrates 'like other diseases in ancient times, epilepsy was considered a supernatural disease and perceived as a punishment of God'.

A common belief among Pakistanis is that this is due to supernormal activities and this is because of 'lack of awareness; people in Pakistan prefer to consult healers instead of taking proper medications and treatment' (Aziz, Akhtar, & Hasan, 1997). One of the reasons why 'people prefer going to healers is because they feel immediate relief from pain as compared to doctors' treatment, which is a long and tedious treatment procedure' (APP, 2017).

In every culture, peoples rely on two types of medicines leaving their choices open as it is the matter of their health and demands a quick recovery. The two types of medicines refer to one which is prescribed by medical doctors (biomedicine) and the other is given by healers (ethno medicine). Community people rely on both health sectors from which they feel relaxation and relief.

According to Winkelman (2009), 'biomedicine provides proof of the disease. It provides empirical content. But ethno medicines deal with rituals, religious beliefs, fraud, superstitions etc. They provide inner healing to the patient'. Folk healers have a close concern with human's well-being. Non-western medicines help people to cure from their disease both mentally and physically. In the past era, people went to preachers, sit with them and requested them to pray for relief from disease.

They got relief from mental and physical condition that troubled them in their daily lives and made it miserable at times. The time when a patient has a strike of seizures,

he prefers to rush to healers due to his availability even at odd hours and trust in their ability to cure the disease at its onset. [Ismail, et al., \(2005\)](#) explained that 'beliefs lead to different, and mostly wrong, choices for treatment'.

From 'wealthy landlords to menial workers, Pakistanis regularly turn to spiritual healers to heal diseases ranging from cancer to epilepsy, seeking marriage advice, or even deal with overly talkative girls-in-law' ([Symington, 2014](#)). The problem is that 'people don't find it a disease and go to supernatural healers and quacks, assuming it's some form of superstitious phenomenon' ([Bhatti, 2015](#)).

Epileptic patients and their families know about folk healers from their ancestors. It was a known fact that their ancestors had the highest level of trust in the folk healers and their treatment methods. [Islam \(2009\)](#) describes that 'the knowledge of traditional healers is first learned from their parents, kin and forebears and is continuously practiced'.

The mindset of ancestors was locked with the old beliefs that folks were healers sent by God to cure the disease. Moodley and his colleagues say that 'conventional medication is intently attached to the universe of spirits, and the traditional healers are usually believed to have the strength of gods or spirits' ([Moodley, et al., 2013](#)). In the society, everyone has his own belief system. Belief system is the inner satisfaction of each individual.

For seeking the inner satisfaction, the individuals experiment different health sectors and continue to do so until he finds cure and recovers from the disease. Islam (2009) illustrates that 'this is especially common in social orders where one medicinal framework alone can't enough meet the well-being needs of the whole populace'. Ismail, et al., (2005) described that 'South Asian communities (UK based) commonly used the alternative system'.

According to the researcher, 'the patients turn to these systems for attainment of better health and healthy mind and body. These therapies are not effective for the reduction of seizures but they are necessarily helpful in overcoming psychological problems such as coping with stress and depression reduction' (ibid). [Tedrus et al., \(2014\)](#) described that 'religious practices and beliefs empower the person to look at his health carefully and stops him from choosing a risky situation'.

Materials and Methods

This study is conducted by using survey method. The respondents were selected by using purposive sampling. Purposive sampling is a technique of non-probability sampling. Usually, the researchers use non-probability sampling because they have no idea how much the sample size will be required for the data collection. [Crossman, \(2018\)](#) illustrated that 'purposive sampling is a sampling that the researcher uses to find out about specific population. The other names of purposive sampling are critical, choosy and individual sampling'.

By applying purposive sampling, the researcher knew that she had to select only those patients who had epilepsy. The researcher applied survey method after the target sample was selected to dig out more suitable information from the respondents. A survey is a basic research technique which is mostly used in social sciences. Survey forms consist of several questions whose purpose is to gather basic information from targeted

population. [Leeuw, et al., \(2012\)](#) defines survey in such a way that ‘keeps away from or reduction in identifying mistakes.

Surveys provide general information about the researcher’s targeted variables. It’s inconceivable to gather information from the entire population. So to solve this issue, the researcher selects samples from the population. [Marsden & Wright \(2010\)](#) define that ‘survey draws on test which comprise of people who encompassed comparative attributes. The purpose of the survey was to collect a large number of ideas, attitudes, and behaviors of people in a short time.

In this study, the researcher collected, using socio-economic form, an in-depth data from the respondents about their treatment preferences along with the basic demographic data. The researcher also established a healthy connection with respondents through use of socio-economic form. The study was held from November 2018 to February 2019 in Rawalpindi. The head of department endorsed the research and ethical approval was taken from the participants of study. Data was collected from 40 participants.

Out of these 40 participants, 23 were male and 17 females. The sample size was calculated by using scientific calculator. The researcher took into account ‘95% confidence level and confidence interval were 15.5. At this point estimated sample size was drawn from 40 participants’ (Survey System, 2012). The ages of participants varied from 6 to 50 years. The researcher had no particular restriction on the degree of education and the origin of background of the participants so as to generate broad perspectives and results.

The researcher used survey method and the tool of survey method was socio-economic survey forms through which she collected the required data. By using socio-economic survey forms, the researcher gathered accurate information in a short time. By using this tool, the researcher collected self-report data from the participants. Data were analyzed by using IBM SPSS Statistics version 25.

Results

40 epileptic patients were chosen to collect data about their preferred treatment to cure epilepsy. The fact is that not enough research work has taken place on epilepsy, its current situation, impact and implications in Pakistan. There are four parallel systems that have been triggered in Pakistan for the treatment of epilepsy and these are: pir faqir, dum drood, herbal and home remedies. In the aftermath of the study, the facts and figures show that out of 40 patients, 35 preferred to avail parallel medical system.

Though the epileptic patients could not only get traditional treatment but could also seek help from the professional medical system. Both treatments go parallel with each other. Only 3 patients reportedly relied on the treatment of pir faqir along with the medical treatment. Out of 40 patients, 11 preferred the system of dum drood. 17 patients used both pir faqir and dum drood systems to cure epilepsy and this figure was higher than other systems.

Table 1. Treatments used by Epileptic Patients

	Preferred Treatment of Epileptic Patients		Total
	Professional	Both	
Pir Fqir	0	3	3

Epileptic Patient's	Dam Drood	0	11	11
Traditional	Herbal Medicines	0	2	2
Methods	of Pir Faqir & Dam Drood	0	17	17
Treatment	Dam Drood & Home Remedies	0	1	1
	Dam Drood, Herbal Medicines & Pir Faqir	0	1	1
	Others	5	0	5
Total		5	35	40

Table 2. Reasons of using Traditional Medicines

Gender * Reasons of Using Traditional Medicines Cross Tabulation						
		Reasons of Using Traditional Medicines				Total
		Relaxation	Got Cure	Follows Different Advices	Other	
Gender	Male	5	11	4	3	23
	Female	8	5	2	2	17
Total		13	16	6	5	40

Table 1 shows that 5 individuals did not have belief in any parallel system to cure epilepsy. From the beginning of illness, they desired professional medical system, consultation with medical practitioner and they found relief from medical treatment by using the medicine. In table 2, the researcher tries to understand why epileptic patients were inclined towards parallel medical system.

By using socio survey method, the researcher discovered that there are many reasons of using parallel medical system; 5 percent patients in table 2 could not avail parallel medical system. They had no belief in the veracity of pir faqir and dum drood. They just relied on professional medical system. 13 percent patients' expressed relaxation from parallel medical system and out of these 13 patients 5 were males and 8 females.

In the table 2 it can be seen that females were more than males which only indicated that females were more relaxed and comfortable than males. But this fact became dominant in the next point which clearly illustrated that males had upper hand in getting cure from folk healers than the females. Only 4 percent followed advice of different people for cure of epilepsy.

After listening to neighbors, relatives and friend's advice the epileptic patients preferably opted for folk healers for the cure of their illness and interestingly they got relief by using folk healer's treatments. The analysis of facts and figures of data it becomes clear that male patients have got cure from epilepsy by using parallel treatments while females found mental and physical relaxation by using parallel treatments.

Discussion

The majority of patients with epilepsy live in underdeveloped countries as discussed on page 4. A large part of them does not get adequate treatment care as Wahab discussed on page 4. Different ideas and beliefs circulate related to prevalence of epilepsy in developing countries especially in Pakistan. These emanate from decades of practices

that have now taken firm root in their social milieu. Epilepsy does not just affect the patient's physique and mind but also his social life.

Epileptic patients cannot resist or absorb the fact that they got epilepsy, such as the crude reality. One person, who was quite healthy before becoming a victim of epilepsy, confessed that this onset of epilepsy completely altered his thoughts and his status in society underwent a marked and visible change. Before the illness, he enjoyed the freedom of doing anything at any time without any restriction, but now his entire routine had been inhibited, he preferred solitary confinement and was unable to do anything according to his choice.

Patients also involve their parents as their supporters and caretakers but unfortunately the other family members do not have enough knowledge about epilepsy, its implications or treatment. The people do not know about the causes of epilepsy as well as the symptoms and how to manage the patient during the epilepsy attack.

Traditionally, epilepsy is considered to be caused by ancestral spirits or possessed by evil spirits as Adanır, S. S., & Cihan discussed on page 5. The families take it as a spirit possession and also link it with various superstitious beliefs like it is caused by moon changing, black magic and also an evil eye. Because of these superstitious beliefs, they try different methods except medical treatment to cure epilepsy.

With passage of time, these ill beliefs got strong and people were forced to consult folk healers even if they were not willing or wanting to do so. They got idea about using parallel medical system from their relatives, friends and family members and here we have Pool and Geissler who labeled this sector as a popular sector as described on page 3. Winkelman discussed the similar idea about ethno and bio medicines on page 5.

Ethno medicines involve: the shamanisms, spiritual healers and herbalists, midwives, bone-setting experts etc; however, the researchers identify in this study that respondents and their families invariably follow these systems to cure epilepsy that also specifically include pir faqir, dum drood, home remedies and homeopaths. The folk healers cure patients by giving them amulets and Quranic verses for recitation, Holy water for drinking as well as for sprinkling on their bodies is provided as additional method of cure.

The third kind of system is called a system of homeopathic medicine but the numbers of patients are very few in this category. People usually do some kind of treatments at their homes also instead of going for traditional treatment. They use these kinds of treatments to get relief, relaxation and cure. Another aspect of the study is that the number of people who preferred to visit the spiritual healers like dum drood and pir faqir.

They also used professional system with parallel medical system and if they got relief from medicines, they would continue their treatment as per discussed by Ismail and his colleagues on page 6. Religious practices give patients necessary strength since they rely on the Almighty for keeping them away from illnesses. They feel encouraged because they trust Allah for curing them and giving them strong impetus to seek Allah's mercy.

They express their emotions in front of God. They feel relaxed and encouraged as discussed by Tedrus on page 6. Rural people believe in traditional methods and tend to perform homemade remedies. These people do not believe in western medicines as they are accustomed nor their percentage of success. On this basis the two cultures are

separate and have peculiar features, while one is based on folk, customs and tradition and other is a professional culture but they live with each other collectively and mutually.

Both cultures clash with each other but at one point they meet and perform in form of popular culture. Similarly, patients belonging to both professional and folk cultures suffer from epilepsy to equal degree but within the dominant and popular culture. The patients sometimes are shy and avoid discussing with anyone due to embarrassment and negative response of the people. It is quite common that people talk behind one's back and in case of some illness, they rely on rumors and the first allegation is that the patient must have got possessed by spirits or he/she had become insane.

So, the worried family's first preference is to take the patient to prevalent parallel medical system comprising of saint or a hakim. But when the illness cannot be treated by the folk healers then they have no choice but to approach the medical system. The patient or patient's family normally gets the cure from different people like traditional folk healers, friends, relatives and neighbors.

The patients preferably use parallel medical system because of its convenience of diagnosis and subsequent treatment which has greater chances of recovery, though they have their own reasons for choosing every method of treatment. One reason is that these patients and their family members find the medical treatment expenses and they find it difficult to digest the fact that they have to take medicines for their whole life.

After discussion, this point was clear that people misunderstood epilepsy as the spirit possession because both had similar symptoms. Such superstitious practices have been prevalent since many years within the society. The patients and their families mistakenly take epilepsy as spirit possession or black magic but when they fail to determine that it is the work of evil forces, they rush towards the parallel medical system for immediate treatment of epilepsy.

Conclusion

This research is aimed at studying the preferred choice treatment of the epileptic patients. By using socio survey technique, it has been concluded that epilepsy is a neurological disorder yet when it is incorporated with the culture and society; it takes a serious shape that endangers human life. In our culture and society, the people take epilepsy as a spirit possession, God given or magic performed by the relatives.

This is still perceived as an unwavering phenomenon in the society and culture. This leads to the health disparity and challenges the patient's choices of treatment. The patients still prefer to seem access to the parallel medical system rather than professional medical system because of lack of knowledge. The other reason is that the patients feel mentally relaxed and cured from parallel medical system. The dependency on parallel medical system still prevails in the society and people have a high sense of belief in this system.

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