KNOWLEDGE AND ATTITUDES OF THE PUBLIC, PRIMARY HEALTH CARE PHYSICIANS AND OTHER HEALTH PROFESSIONALS, AND POLICY MAKERS TOWARDS RELIGIOUS MEDICAL PRACTICES

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ABSTRACT

Background: *Religious care and support are vital for a holistic patient care. The phenomenon has widely spread in Muslim countries and in the west as well. WHO is showing marked concern and in our Arabic and Islamic region there is a growing concern towards traditional Arabic and Islamic medicine.* ***Objectives***: *1. To explore knowledge and attitudes of the public, primary health care physicians and other health professionals, and policy makers towards religious and spiritual medical practices; 2. To describe the religious and spiritual Islamic medical practices content of Arabic speaking Satellite TV channels.* ***Subjects and Methods***: *The National Center for Complementary and Alternative Medicine in Saudi Arabia has conducted four cross-sectional surveys within the last four years from 2009 to 2012, plus a media analysis survey on religious and spiritual medicine on Arabic speaking Satellite TV channels. Studies targeted policy makers of Ministry of Health (112 participated), health professionals (306 participated), primary health care physicians (113 participated), and the public (518 participated). Also, topics and programs of religious healing practices on the Arabic Satellite TV channels. Data were collected through pre-designed questionnaires some self-administered and some filled through direct interviews. In the media study a comprehensive survey was performed for two weeks covering all Arabic speaking Satellite TV channels. Findings were statically presented and analyzed using SPSS statistical package for windows.* ***Results***: *Religious healing utilization reported high rates reaching 70% in some studies, especially among females, older ages and low educational groups, and in particular for chronic and malignant diseases. Media survey on Arab TV channels revealed religious programs and topics to be the most prominent and more frequently repeated compared to other practices of complementary and alternative medicine.* ***Conclusion***: *There is a health professional and community interest on religious therapies. There is a highlighted need for provision of authenticated information about CAM and religious healing practices to the public and to health professional, provision of educational and training programs for doctors and health care providers, for regulating those practices against quackery and sorcery.*

خلفية: تعتبر الممارسات الدينية من أهم ممارسات الطب البديل والتكميلي انتشاراً في الدول الإسلامية والدول الغربية على حدٍ سواء.وقد بدأت منظمة الصحة العالمية اهتمامًا واضحًا بالطب الشعبي والطب البديل والتكميلي بما فيها منطقتنا العربية والإسلامية حيث يتوجه الاهتمام والطلب على الممارسات الدينية والروحية. **اهداف البحث:** ١. معرفة واتجاه أفراد المجتمع وأطباء الرعاية الصحية الأولية والعاملين بالقطاع الصحي ومتخذي القرار تجاه الممارسات الدينية في

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المملكة السعودية. ٢. توجهات القنوات الفضائية العربية حيال الطب البديل والتكميلي وما تتضمنه من برامج وموضوعات خاصة بالممارسات الدينية والروحية. **منهجية وطرق البحث**: أجرى المركز الوطني للطب البديل والتكميلي على مدى أربع سنوات عدد من الدراسات منها أربعة دراسات مسحية مقطعية خلال الفترة ١٤٣٠ - ١٤٣٣ هجرية / ٢٠٠٩ – ٢٠١٢ م، إضافة إلى دراسة مسحية على مستوي القنوات الفضائية العربية لدراسة ظاهرة انتشار ممارسات الطب البديل والتكميلي عمومًا والممارسات الدينية على وجه الخصوص، والعوامل المرتبطة بها. شارك في الدراسات من أفراد المجتمع (٥١٨) ومن أطباء الرعاية الصحية الأولية (١١١٣) ومن العاملين بالقطاع الصحي (٣٠٦) ومتخذي القرار بالمملكة العربية السعودية (١١٢)، وكذلك برامج وموضوعات الطب البديل والتكميلي في القنوات الفضائية العربية. تم جمع البيانات عن طريق استمارات استبيان مختبرة ومعدة مسبقًا ومنظمة تم اعتمادها عالمياً لمثل هذا النوع من الدراسات، احتوت على المعرفة واتجاه ورؤية المشاركين حول الممارسات الدينية وعلى رأسها الرقية الشرعية والذكر والصلاة والدعاء واستخدام الماء المقروء عليه وماء زمزم. تم استعراض النتائج وتحليلها احصائيا باستخدام برنامج التحليل الإحصائي SPSS. **النتائج:** بلغت نسبة استخدام المعالجات الدينية والروحية معدلات عالية وصلت لأكثر من ٧٠% من عينات المستطلعين في بعض الدراسات. أظهرت الدراسات أن معدل الاستخدام كان أكثر بين الإناث والفئات السنية الأعلى والفئات ذات المستويات التعليمية الأقل وخاصة للأمراض المزمنة والأورام السرطانية. أظهر مسح القنوات العربية أن البرامج والموضوعات المتعلقة بالاستشفاء الديني كانت الأبرز والأكثر تكرارًا في هذه القنوات. **الخلاصة والتوصية:** أوصت الدراسات بالحاجة إلى المزيد من المعرفة الموثقةللجمهور وللعاملين الصحيين، وأيضًا للحاجة لعقد الدورات التدريبية التعريفية والتأهيلية التي تقدم للأطباء ولكافة مقدمي الرعاية الصحية لمثل هذه الممارسات، كما أوصت بأهمية دعم وتنظيم هذه المعالجات بما يضمن بُعدها عن ممارسات الدجل والشعوذة والتي قد تصاحبها.

INTRODUCTION

Religious and spiritual care is a vital part of holistic patient care. Awareness of common patient beliefs will facilitate discussions about religion and spirituality. Such conversations are inherently good for the patient, deepen the caring staff-patient-family relationship, and enhance understanding of how beliefs influence care decisions. This is especially clear in an area such as the Middle East, where religious beliefs are strong and widespread.[1]

According to the Islamic faith, suffering plays an important role in life. For the Muslim, sickness and suffering are a part of life, spiritual test from the Almighty Creator. Emotional and physical suffering caused by illness is regarded as a test of faith in God, Allah, expunging the sins of the Muslim.[2] Despite the fact that religion is important for a majority of our patients, yet that need is not supported by the medical team most of the time. As physical health wanes, religion and spiritual health may increasingly play a central role in determining patient well-being.[3]

It's to be assumed that this unmet need by modern medicine practitioners is one of the important factors why more patients now seek alternative healing options.

The National Center for Complementary and Alternative Medicine is a newly established official reference center for complementary and alternative medicine in the Kingdom of Saudi Arabia. From the period from 2009 to 2012, the center has conducted four cross-sectional surveys, plus a media analysis survey on Arabic speaking Satellite TV channels on religious healing practices. Those studies targeted policy makers of Ministry of Health, health professionals, primary health care physicians, and the public. A briefing of those study surveys are presented in this paper, though they were targeting CAM in general, our focus would be towards practices related to religious and spiritual healings.

The National Center for Complementary and Alternative Medicines Studies on Religious Healing: A Brief Description:

1. Perception of Health Professionals and Policy Makers about Complementary and Alternative Medicine in Saudi Arabia: September through December 2009.

Aim: To determine perception and attitudes towards CAM among health professionals

and policy makers.

Subjects and Method: Health professionals and policy makers working in the Ministry of Health and National Guard, deans, vice deans and heads departments in faculties of health and medicine, pharmacy, dentistry, were all targeted. 700 self-administered questionnaires were distributed manually, mailed or posted via express mail services. 112 were returned with response rate of 16%. Data was analyzed using SPSS Statistical Package version 16.

Results: Most common traditional practices reported were honey and bee products 88.6%, Roquia (spiritual healing) 87.6%, medical herbs 81.4%, Hijama 63.7%, body massage 60.1%, and nutritional supplements 57.5%. These practices were positively perceived by most in view of safety and effectiveness [Table 1]. Quackery was the most feared threat by 82.3%. Reasons reported for use included social and inherited habits (85.9%), poor response to conventional treatment (83.1%) and poor physician patient communication (79.6%), and religious beliefs (78.7%)

2. Knowledge and Attitude of Health Professionals in Riyadh Region, Saudi Arabia, towards Complementary and Alternative Medicine.

Aim: To identify knowledge and attitude of health professionals in Riyadh region towards CAM.
Subjects and Methods: Through a cross-sectional survey and multistage random sample selection, a total number of 306 health professionals (physicians, other non-physician specialists, technicians) working in 19 hospitals in Riyadh city and surrounding governorates participated. Data collected through a self-administered questionnaire.
Results: 88.9% had some knowledge about religious healing/CAM. Source of information was mass media (60.1%), followed by family, relatives and friends (29.08%), and educational institutions (14.71%). Most common practices positively perceived by participants were: prayer (spiritual healing) 90.5%, honey and bee products 85%, medical herbs 76.9%, Hijama 70.6%, medical massage 61.8%, nutrition and nutritional supplements 61.4%, cauterization 55.9%, acupuncture 55%, and camel milk and urine 52.5% [Fig. 1].

3. Public Knowledge, Attitude and Practice about Complementary and Alternative Medicine in Riyadh Region, Saudi Arabia:

Aim: To identify knowledge, attitude and practice of people in Riyadh region, about CAM.
Subjects and Methods: A total number of 518 individuals from the public in Riyadh city and surrounding governorates were surveyed and selected by a multistage random sample technique and a cross-sectional study design. Data were collected through direct face-to-face interviews using pre-designed questionnaires.
Results: Saudis represented 70% of the sample and 30% non-Saudi nationalities. Religious therapies represented the most used practices: medical herbs (58.89%), prayer (54%), honey and bee products (54%), hijama (35.71%), cauterization or medical massage therapy (22%) [Fig. 2]. Main users were: females, housewives, illiterate or just read and write individuals, and those aged 60 years and more. Mass media e.g. (T.V., newspapers and radio) and family, relatives and friends

represented the main sources of knowledge (46.5% and 46.3%) respectively.

4. Knowledge and Attitude of Primary Health Care (PHC) Physicians towards Complementary and Alternative Medicine in Riyadh Region, Saudi Arabia

Aim: To assess PHC physicians' knowledge, attitude and believes regarding CAM and to identify factors that might influence them.
Subjects and methods: All physicians working in primary health care centers in Riyadh region affiliated by MOH and Ministry of Defence were studied through a cross-sectional survey. A total number of 1113 physicians responded and answered the self-administration questionnaire; forty four physicians were excluded from the study due to incomplete answering of the questionnaire. Data were collected through a self-administrative pretested questionnaire modified after adaptation from Dietlind L.[4]
Results: Physicians were significantly using CAM and religious therapies for themselves or their families (51.7%), with female physicians more than males (56.58% versus 49.53%). Of a long list of CAM practices provided in the questionnaire, physicians were significantly more familiar and somewhat comfortable with religious therapies than other non-religious ones: Roquia on top (51.8%) followed by honey and bee products (48.9%), dietary supplements (47.1%), medical herbs (40.8%), cupping (39.5%), and cauterization (32.7%) [Table 4]. The majority of studied physicians (85.1%) agreed on the need for acquisition of good knowledge about religious and other commonly used CAM therapies in the region. 67.4% of studied physicians believed that patient's religious beliefs and practices were important for healing, and 61% of them believed that physicians' religious beliefs and practices were important for healing patients by 61%.

5. A Survey on CAM Programs at Arab Satellite TV Channels and Topics 18th to 28th Oct 2010.

Aim: To identify CAM specialized, religious and other TV channels, CAM programs and topics, and to clarify nature of those programs.
Study Methods: All Arab TV channels specialized in or have programs about CAM been included namely: Arab Sat, Nile Sat, Hot Bird. All religious TV channels which present CAM programs were surveyed. All programs about Prophetic medicine, Roqia, bee products and bee honey, medical herbs, Arabic medicine, Chinese medicine, were surveyed. Qualified media bachelor and master holders personnel were trained for the mission of observing Arab Satellite and TV channels all round 24 hours day and night. Content analysis study design was adopted for analyzing CAM programs and topics. Survey started on the 10th of Dual Qaida 1431 H (18th to 28th Oct 2010), and continued for two weeks. Two questionnaires were developed: TV channels survey questionnaire, and CAM programs analysis questionnaire. Data were analyzed by SPSS version 18, descriptive statistical methods; Chi-square test and P-value 5% were employed.
Results: 119 channels presented in one way or another CAM topics. 1151 CAM programs/topics repeatedly appeared within the two weeks study. Herbal medicine programs were on top (23%), followed by Prophetic medicine and religious Roqia (18.5%), then aromatherapy (15%), then dietary therapy (11.5%), then Bee honey programs (10.3%) and bee products (10.3%), and then rest of CAM practices. 11 CAM topics were presented, some frequently, some occasionally.

Table (1): Religious therapies top the list of CAM practices used in Saudi Arabia from Health Professional and Policy Makers Perspective in Saudi Arabia

Common CAM practices	*Usually (>50%)*	*Sometimes (10-50%)*	*Total use*	*Rarely (<10%)*	*Never (0%)*	*Total non-use*	Z	p
1. Honey and bee products	45.2	43.4	88.6	4.4	7	11.4	8.03	0.000*
2. Roqia (spiritual healing)	71.7	15.9	87.6	2.7	9.7	12.4	7.84	0.000*
3. Medical herbs	29.2	52.2	81.4	9.7	8.9	18.6	6.52	0.000*
4. Hijama	17.7	46	63.7	27.4	8.9	36.3	2.74	0.003*
5. Body massage	21.2	38.9	60.1	28.3	11.6	39.9	1.98	0.02
6. Nutritional supplements	23	34.5	57.5	30.1	12.4	42.5	1.42	0.07
7. Aromatherapy	11.5	28.3	39.8	39.8	20.4	60.2	1.23	0.11

*** Significant at level of 0.05**

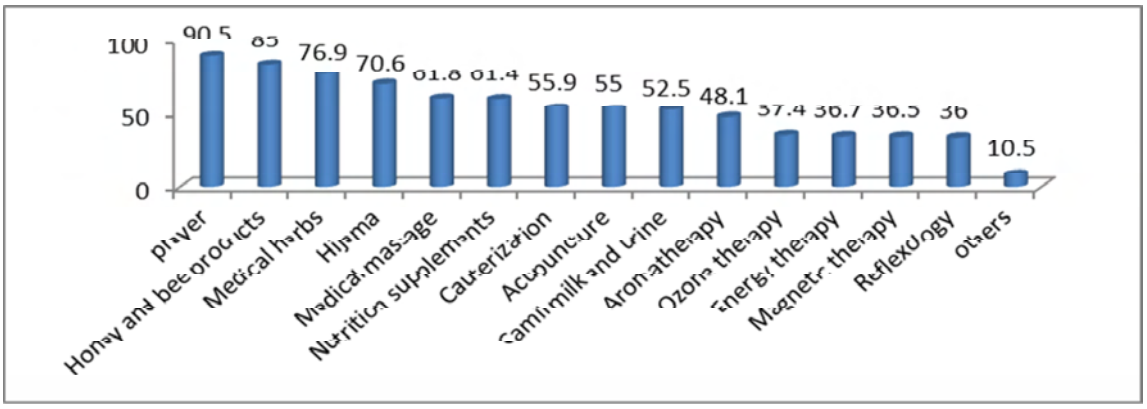


Figure (1) Religious practices are the most likely used CAM practices as to Health professionals in Riyadh Region

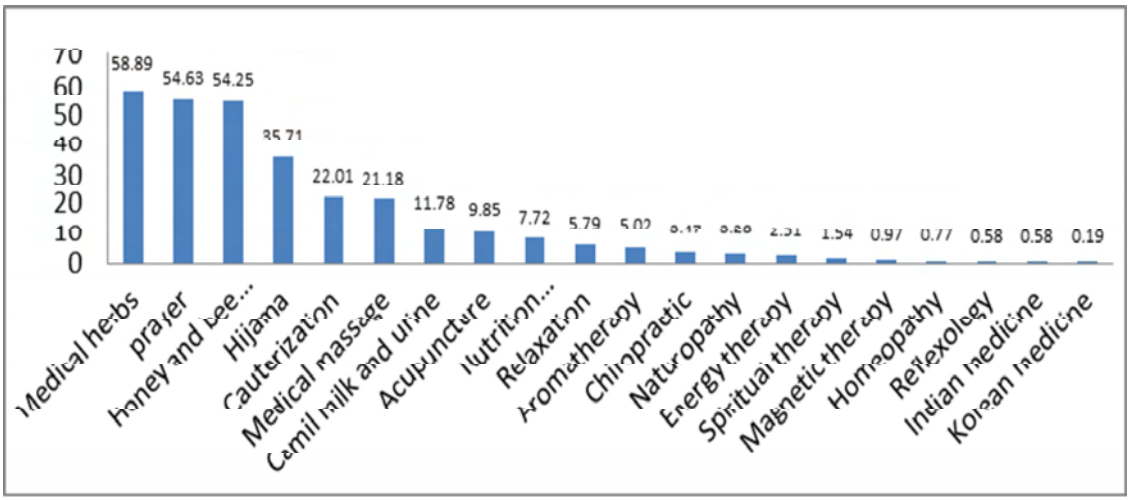


Figure (2): Attitudes of the Public in Riyadh Region towards CAM: Religious practices mostly used.

Herbal medicine appeared most (31.37%), then Prophetic medicine & Roqia (18.43%), then dietary therapies (15.69%), then aromatherapy (14.51%), then bee honey and bee products (12.6%), while the remaining six only appeared so limited.

Table (4) Distribution of studied population and familiarity with religious healing practices

Religious healing practices	***Understand it and feel somewhat comfortable about counselling patients % among 1113 studied physicians***
Roquia (Spiritual healing)	51.8%
Honey and bee products	48.9%
Dietary supplement	47.1%
Medical herbs	40.8%
Hijama-Cupping	39.5%
Cauterization	32.7%

DISCUSSION

As to WHO, an estimated 80% of the population in the developing world relies on traditional systems of medicine, and 70-80% of the population in developed countries have used some form of alternative or complementary medicine.[5] Herbal treatments are the most commonly utilized form of traditional medicine, and are lucrative in the international marketplace yielding $5 billion US in revenues in Western Europe, $14 billion US in China and $160 million US in Brazil.[5] Existing data, however, sparse as they are, reveal that the frequency of use of a spiritual healing or reliance on the prayers of others may exceed almost every other CAM therapy.[6] This finding has been validated across racial and ethnic groups in the U.S.[7] The World Health Organization defines traditional medicine as "the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses".[5] Two examples are widely known traditional systems of medicine, namely Traditional Chinese Medicine (TCM) and Ayurvedic medicine,[8] however, Arabic Islamic/Prophetic traditional system of medicine is another vibrant and expansive system of healing traditions thriving and pervading modern life in the Arab and Muslim world,[8] that need to be highlighted internationally. In Saudi Arabia, CAM therapies are attracting attention of all, the public, media, medical community and governmental agencies. A 2008 national survey on prevalence, costs, and patterns of use of alternative and complementary medicine clearly demonstrated the extensive use of traditional Arabic and Islamic healing practices. Qur'anic healing, honey use and black seeds were the most frequent practices.[9] Idioms used to connote such Islamic and Arab healing traditions, and which are sometimes used interchangeably, include Graeco-Arabic or Unani medicine, Islamic Medicine, and Prophetic Medicine or Tibb Nabawi (medicine of the Prophet).[8] Despite an extant, though finite, literature on the various practices of these healing traditions, no clear and concise model exists to distinguish and organize their multiple, intertwined elements.[8] In the kingdom of Saudi Arabia, the national center for alternative and complementary medicine is a newly established official reference for everything concerning CAM practices. Though having a multitude of tasks, research studies and surveys to analysis the situation in the kingdom are some of its important tasks. Many surveys have been conducted during this mean time to describe people's traditional medicine practices outside the official modern medicine domain, their attitudes and their knowledge. Results of surveys to date revealed vividly an increased interest, knowledge and a positive attitude and

perception towards religious healing therapies compared to other CAM therapies, among studied subjects, whether physicians, health professionals, policy makers, or the public. Roquia (healing through reciting on patients specific Qur'anic verses or Prophetic supplications), prayers, honey and bee products, medical herbs, Hijama (cupping), nutritional supplements, were the most frequently used, understood and felt comfortable about of all CAM practices. They were as well on top of CAM programs and topics in Arab Satellite TV Channels. Studies included community members, primary health care physicians, health professionals and policy makers, and also what's happening in the media. Conceptually, Islamic religious and Arab traditional healing practices are lacking a scientific working definition as well a conceptual model of representation. A few of such propositions and innovations have now started to show on the scene. Azaizeh et al. recently proposed the term Traditional Arabic & Islamic Medicine, given it "TAIM".[10] Conceptually, though neither a definition nor a conceptual model was proposed, this encompassing term recognizes traditional Arabic and Islamic medicine as one system to embrace the entirety of the historical roots and breadth of practices, and represents an innovative step forward. Al-Rawi S & Fetters, gave a push forward to advance clinical and academic applications of this healing tradition, proposing a working definition of TAIM, and presenting a conceptual framework to delineate its scope.[10] They have weaved on the same patterns and taxonomy of the already formalized theoretical frameworks of traditional healing systems, such as traditional Chinese medicine (TCM) and Ayurveda, as well as Complementary and Alternative Medicine (CAM) in developed countries,[11] which incorporate manipulative and massage techniques, herbal medicine, dietary practices, meditation, and exercise.[12] A useful structure for characterizing TAIM and organizing its elements was then presented. Al-Rawi & Fetters have defined Traditional Arabic and Islamic Medicine as "a system of healing practiced since antiquity in the Arab world within the context of religious influences of Islam and to be comprised of medicinal herbs (e.g. black seed), dietary practices (e.g. bees honey, Zamzam water, observing a fast), mind-body practices (e.g. Islamic ritual prayer, Dhikr) spiritual healing (e.g. Quranic healing, recitations, devotions, supplications, Rugia) and applied therapy (e.g. cupping-hijama, hydrotherapy, massage), and whereby many of these elements reflect an enduring interconnectivity between Islamic medical and prophetic influences as well as regional healing practices emerging from specific geographical and cultural origins.[9] From the results of our study surveys, we can conclude that TAIM practices, if we can borrow that recent definition, are on top of CAM practices that attracting the interest in the Kingdom, and they are as well fitting into that newly proposed conceptual model of medicinal herbs, dietary practices, mind-body practices, spiritual healing, and applied therapy.

The studies have generally came out with some important recommendations to mention: need for further CAM's situation surveys, strict regulation, blockading sorcery and quackery, education and provision of evidence-based information to the public and professionals, and integration of CAM in medical and health education curricula and in the health care system.

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