

Report

Traditional healers in the Qazvin region of the Islamic Republic of Iran: a qualitative study

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SUMMARY We identified and categorized by method of therapy 15 traditional healers in the Qazvin region. Problem-solving and treatment procedures were observed and recorded by actual patients or by observers simulating a medical condition. The treatment practices of the 15 healers (8 men and 7 women) included herbal remedies (four), bone-setting (five), traditional methods for the treatment of sore throat (two), massage therapy using plant oils (one), cupping (two), and leech therapy (one). Despite an adequate number of physicians practising in the region, traditional healers continue to be consulted. We recommend that the efficacy of their treatments be further studied and that they be encouraged to contribute positively to the broader health objectives of Iranian society.

Introduction

Qazvin is a developing region in the Islamic Republic of Iran with industrial, agricultural, educational and cultural resources. The region is approximately 135 km north-west of Teheran, with a total population of 500 000 (55% urban, 45% rural). The regional health system, like the rest of the country, is based on primary health care. There are 150 general practitioners and 140 specialists in the region, as well as a small number of traditional healers.

As traditional healers practise as “unofficial” health workers in developing countries and are frequently consulted and trusted for their therapeutic methods, it is important to identify their strengths and weaknesses. In developing countries, most births and postnatal interventions are carried out by traditional birth attendants [1]. In addition, an estimated 80% of the world’s population obtain their primary health care from traditional healers [2].

A number of studies have been carried out to investigate the efficacy and influence of traditional healers. Balde and Sterck, in a study of the Casamance region of Senegal, recognized the possibilities for fostering collaboration between modern and traditional medicine [3]. They observed six animist and marabout traditional healers who claimed to treat their patients by writing amulets. Each healer employed a different method, with some claiming to have successfully treated mental patients who had not benefited from modern medicine [3]. Klauss et al. reported that herbal medicines have been effective in ophthalmology, and proposed a synthesis between traditional and modern medicine [4].

A Turkish study reported that traditional bone-setters who are skilful in their job are very successful in their society [5]. Our own study was conducted to identify the procedures and types of medical interventions carried out by traditional healers in Qazvin.

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Methods

Of the 15 traditional healers studied, 8 were men (mean age \pm standard deviation 57.5 ± 4.5 years) and 7 women (mean age = 55.5 ± 4.0 years). In terms of formal education status, 6 were illiterate, 8 had some elementary education and 1 claimed to have a Bachelor of Science degree in Agriculture. Methods of intervention included the use of herbal remedies (4 healers), bone-setting (5), massage therapy (1), cupping (2), leech therapy (1) and traditional methods for the treatment for sore throat (2).

Qualitative research and note-taking were conducted by observation and participation. History-taking, diagnosis and treatment procedures carried out by the traditional healers were observed and recorded by actual patients and in some instances by observers pretending to be patients. On the basis of interviews with key informants and others, 18 traditional healers and 4 grocers who sold traditional drugs were identified. The validity of the primary data was first assessed before the complete data were gathered. We omitted 3 practitioners from the study whom we considered might be fraudulent. Almost all the healers refused to be photographed or video-taped.

Results

We report nine cases covering different methods of healing.

Case 1, herbal therapy

Mr R.A. is a 58-year-old healer who has been prescribing and experimenting with herbal remedies for 36 years. He uses ancient medical books, including the great 10th century philosopher and physician Avicenna's *Canons of medicine*, and claims to have a complete knowledge of the Alam-

out region in the northern part of Qazvin, which he considers to be rich in herbal remedies — a consideration supported by some historical evidence. His clients include both sexes and are drawn from all socioeconomic strata and all age groups. He has achieved relative fame as a herbalist and he attends his clients on the ground floor of his house, in a room consisting of bookshelves, a desk and cushions. Adjacent to this room are herbal and non-herbal remedies. The herbalist first listens to a brief explanation given by the patient, makes his diagnosis on the basis of questions and answers, then prescribes the appropriate herb or compound. Recommended plants include liquorice, garden thyme, willow leaf, sorrel, rose-hip, jujube and melon seed. He never prescribes industrially manufactured pharmaceuticals. He recommends the plant remedies are ingested in the form of stews or oils.

Case 2, massage therapy

Mr S.R.H. is 70 years old. He has had some elementary education and was previously a farmer. He is now engaged in business with his sons. He is a healer of 50 years experience, having gained his knowledge of massage therapy from his father. His clients are drawn from all strata of society, including highly educated individuals. The client age range is 25–70 years. Mr S.R.H. is well known for the treatment of neck, waist, back and leg pain, and for musculoskeletal aches generally. He attends his patients in a neat, clean room on the ground floor of his house. He was observed during the treatment of a genuine patient who had been suffering severe pain in his knees and lower legs for the past 9 months. In the first of six visits by the patient, the practitioner asked some questions about the history of the pain and examined the area. With the patient's consent, he began therapy. He diagnosed the cause of the pain as resulting

from the sciatic nerve. The therapy consisted of massaging with olive oil and striking the aching muscles. Each side of the body was massaged for about 20 minutes, commencing with the waist and moving down to the toes. More pressure was applied to the aching or insensible muscles. The patient felt much better by the end of the first session. Treatment continued for five more sessions, conducted on subsequent alternate days, until the patient recovered. The practitioner is well aware of the sciatic nerve path and recommended particular physical exercises for his patient. Most patients are well satisfied and introduce him to others. The cost for treatment ranges from 20 000 to 40 000 rials (US\$2.50–5.00) per episode of illness, depending on the amount of time spent on the patient. He prescribes special diets for some of his patients. He claims he is taken to other nearby cities and villages to practice and he named several doctors who send patients to him. He thinks that massage opens up the nerves and vessels and results in better circulation of the blood to the muscles. The observer interviewed at least 10 patients and they were all satisfied with this practitioner's therapeutic measures.

Case 3, leech therapy

Mr M.S. is a 42-year-old tea-shop worker, who has been a leech therapist for the past 20 years. His clients, from all socioeconomic strata, usually consult him in the spring. He inherited his knowledge from his father, and applies leeches on the basis of careful diagnoses. He does not have an office for visiting clients. He gathers the leeches from Teheran and sometimes from Gilan province and keeps them in clean clay jars. The cost for leech therapy is about 30 000 rials (US\$ 3.75) but can vary depending on the number of leeches applied. He says that his therapeutic method is based on particular clinical symptoms,

which he has learned from experience. He was not forthcoming with any further information.

Case 4, bone-setting

Mr H.A. is 57 years old, with some elementary education. He is a bricklayer, and a bone-setter. Mostly workers with pains and traumatic complications such as fractures and dislocations consult him. He has 35 years of experience in bone-setting. He prescribes black date and ground sheep fat to be used as a poultice for skeletal pains and dislocations, and fixes swelling joints with boiled mallow leaves. The observer consulted him complaining of (simulated) palm pain. The bone-setter diagnosed the cause of the pain as dislocation of the bones. While orthopaedic diagnosis indicated otherwise, the treatment of the bone-setter was in fact successful. His neighbours and colleagues trust his therapeutic methods. He emphasized that the mixture of date and fat should not be fixed in place for more than 24 hours, considering it to be harmful for the affected area. He prescribes a mixture of mallow leaves, egg yolk and salt to relieve the swelling of the joints. Unlike many doctors who restrict movement, he encouraged the patient to walk and move, which seemed to be helpful. The cost for each session ranged from 5000 to 15 000 rials (US\$ 0.63 to US\$ 1.88) depending on the materials used and the status of the client.

Case 5, bone-setting

Mr K.A. is a 68-year-old butcher with some elementary education. He has been practising as a bone-setter for 45 years and attends clients in his butchery. He was observed by a "patient" simulating back pain. At the time of the visit, an older man with backache and a university student who had hurt his hand were also attending. His cli-

ents come from all strata of society. In the initial session, he took a history of the pain and carefully examined the affected area. He touched each of the lumbar vertebrae and stroked them. After each stroke he asked whether the patient felt any pain. He then applied a mixture of herbal oils he called "five oils" to the affected area and told the patient not to sleep on a mattress for the coming days. In the second session he examined the patient again and told him that he did not have a serious problem. He prescribed the oil to be applied to the area twice a day. He provided no further information about his healing work. He is well regarded in the neighbourhood for his skill.

Case 6, traditional methods for the treatment of sore throat

Mrs Z.K. is a 60-year-old, illiterate woman known for treating throat aches. She learned her skills from her mother and is now teaching her daughter-in-law. Her clients are children brought to see her by their parents. The observer was the mother of a genuine patient, a 5-year-old boy presenting with sore throat, diarrhoea, vomiting and lack of appetite for the past 3 days. He had undergone serum therapy for 24 hours. She observed the patient and referred to the eyes, puffiness and anaemia. She then examined the tonsils and massaged the neck with oil. She bent the patient on his legs, moved his head up and down, stroked an area between the shoulders and extracted a foreign object from his mouth. When the child returned home, he was well. The parents of the child and other clients are satisfied with her work.

Case 7, cupping

Mr A.S. is 50 years old. He is illiterate, a barber, who also does cupping. He does not have an office to attend clients, so he is taken to their houses. Mostly elderly people

with high cholesterol, hypertension and problems of overweight refer to him, for which he recommends cupping every year or every other year. He prescribes only a few dates, water, sugar or syrup during cupping. His working instruments are dry cups, cotton, alcohol and a razor. To carry out the procedure, he firstly chooses an area between the shoulders (5–6 cm inferior to the last cervical vertebra) and cleans it with alcohol. He then scratches a few lines (2–3 cm in length) on the skin, places the dry cup on the area and commences to suck to draw out blood. He repeats the procedure once. Usually 200–300 mL of blood are sucked. He removes the cup, cleans the area with alcohol and places a sterile gauze over it. He recommends cupping to be done in the spring, as in ancient medical practice.

Case 8, cupping

Mrs H.N. is 70 years old and has about 50 years' experience in cupping. Her clients are mostly younger people (age range approximately 17–25 years) who consult her to get rid of their acne. They are referred to her by friends or relatives. She does not prescribe any drug or particular diet. Her instruments are the lid of a teapot, or a glass, and a razor, cotton and alcohol. She learned the technique from her mother and has no apprentice. She says that cupping is most effective in spring and recommends the procedure every 3–4 years. She commences by choosing an area between the shoulders (4 cm inferior to the last cervical vertebra), cleans it with alcohol, makes a few scratches, presses a clean glass on the area and sucks 10–15 mL of blood. She then removes the glass and cleans the area. The observer interviewed three of her clients all of whom were satisfied with the efficacy of her therapy.

Case 9. herbal therapies

The A.H. brothers are grocers who also sell a large variety of traditional and herbal remedies in their store. They gained their initial knowledge from their father and have subsequently added to that knowledge through their own enquiries. They provide the remedies to people in Teheran and the outskirts of Qazvin. Their father used ancient books to identify the drugs. The drugs are prescribed separately or as a compound. They sell the drugs on the advice of traditional healers, physicians, and according to their own observation of clients. Their clients, drawn from all strata of society, continually consult them for herbaceous waters. The brothers recommend such things as liquorice for stomach ache, cherry stalk and ear of corn for kidney and urinary tract lithiasis. Approximately 70% of the drugs are collected from within the Islamic Republic of Iran and the remainder from India, Pakistan and Afghanistan. Ancient medicine categorizes herbal remedies according to their nature and the brothers prescribe according to the client's condition. With the exception of a small number of drugs, such as camel hump's fat, the drugs are usually herbal. Their clients are usually people who, having derived no benefit from industrially manufactured pharmaceuticals, have (re)turned to herbal remedies. The observer presented to the brothers complaining of mental anguish, for which they recommended a dosage of one or two glasses daily of decoction of valerian and borage, to be taken before retiring at night.

Interpretation and conclusion

With one exception, the traditional practitioners in our study were illiterate or had only elementary education. They were

mostly over of 50 years of age and had learned traditional medicine from a parent and/or from their own experimenting. The traditional healers and their therapies have considerable credibility in their communities. In some instances, their clients (usually those who have not benefited from modern medicine) are willing to pay up to twice the price for their services, compared to what they would pay for a visit to a doctor practising modern medicine. Indeed, for fractures, dislocations and joint complications, clients are more likely to consult bone-setters before anyone else. Research by Tatar and Hatipoglu in Turkey, revealed that people with no formal education consistently consulted bone-setters and rarely sought help from an orthopaedic specialist [5]. A Cameroon study also noted the high prevalence of referring to traditional healers were frequently consulted in West Africa — especially so when the healer used recitation of a sacred text as part of the therapy [1].

People in our region allocate a part of their income to herbal remedies, such as dried herbs, herbaceous waters, oils and ointments. There are at least 10 formal groceries selling herbal remedies in Qazvin. If informal groceries are added, the total exceeds 100. The quantity of imported herbal remedies is very high, and can be a burden on a country's economy. However, there exists a strong demand for traditional healing services from clients from vastly differing backgrounds to complement the services of doctors and specialists of modern medical practice.

Research into the pharmaceutical and biomedical properties of traditional remedies and practices can often point to the bases for their efficacy. Traditional practices, such as massage therapy, bone-setting and leech therapy, are sought out by many people for whom modern medical

practice has not proved to be beneficial to their particular condition. Although there are instances of inadequate treatment by bone-setters, with the consequent harmful impact on the patient, in cases of minor pains and dislocations, the therapeutic methods of bone-setters seem to be sufficient and effective. That bone-setters appear to be able to successfully treat minor pains and dislocations strengthens people's trust in them and the services they offer. In African countries, the role of traditional healers, especially bone-setters in fixing fractures and dislocations, is pivotal to many communities [6]. A study of tuberculosis patients in Malawi, for example, showed that 37% of them referred to a traditional healer for assistance before seeking modern medical relief [7].

Given the status of traditional healers in many communities, attempts have been made, as far back as 1989, to train traditional healers in basic aspects of modern primary health care to take on a wider role, incorporating both traditional and contemporary approaches to treatment [8,9]. The World Health Organization believes that this may contribute to better health outcomes for communities. In some developing countries, traditional birth attendants have been trained to desist from some harmful practices previously widespread, and to be able to recognize risk signs in pregnant women, and so refer them in plenty of time to the nearest health centre capable of dealing with complications in pregnancy and childbirth.

In the Islamic Republic of Iran, despite the presence of urban and rural health centres, traditional healers are still patronized by some of the population. The reasons for this include:

the inability of modern medicine or industrially manufactured pharmaceuti-

cals to improve the condition of some patients;

- geographic or economic barriers for some of the population to access health centres;
- lack of follow-up of patients in health centres;
- strongly held and widespread traditional beliefs about healing and healers;
- the repudiation by modern, technology-based biomedicine of the efficacy of some traditional remedies.

Almost all the traditional healers in our study, with only a few exceptions, attended their patients in their (the healers') homes, in a room specially set up for their work, indicating a steady stream of referrals (on average 5–10 clients daily). All except one were illiterate or had received only elementary formal education. Only two practitioners and two herbal remedy sellers had read ancient texts on traditional medicine. Most of the patients were people whose conditions had not benefited from modern medicine. The exception to this was bone-setters, who people consulted first, as opposed to seeing an orthopaedic specialist.

People do not usually disclose openly their use of traditional healers. This is generally only revealed when a patient refers to a medical centre as a result of inadequate or harmful treatment from a traditional healer.

Based on the findings of our study, we recommend that a committee of interested physicians be established to develop ties with traditional healers, to investigate the efficacy of different traditional therapies and to encourage traditional healers to share their experiences and the knowledge and skills handed down to them by previous generations. It is recognized that establishing such a relationship will not be without difficulties, especially because of the prevailing view among practitioners of

technology-intensive modern medicine that theirs is the only paradigm of value in health and healing, and of the very low value they generally ascribe to traditional therapies. In contrast to this, the example of China in pressure medicine, acupuncture and the establishment of traditional medicine academies has had positive effects. In societies with traditional social structures, this procedure seems to work well, with modern medical practice working in collaboration with traditional healing to increase awareness of the advantages of both

[5,10]. Many ethnic groups in the United States of America, for example, are known to use traditional healers, often in conjunction with modern medicine, combining treatment regimens and medical advice as they see fit [11]. Recent research on leech therapy in plastic surgery is but one example of the modern applications and benefits traditional methods can provide. Collaboration between modern and traditional medicine might increasingly be considered a more effective approach to therapy [12].

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