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Review Paper



A Review of Traditional Healing Methods' Efficacy in Treating Mental Disorders

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ABSTRACT

In India, traditional medicine has a long history and is still commonly practiced, including for mental health conditions. A significant portion of the global mental health workforce is made up of traditional healers. For the majority of indigenous populations, traditional healers are the first line of defense and initial point of contact. Faith healing is a common practice among patients in mental health facilities. Aim to assess the traditional healers and faith healing in management of mental disorder. The study reviewed literatures on the traditional healing and faith healing Practices in managing of mental illnesses. Literature has been searched the both electronic databases including PubMed, Google Scholar and manual searches for this. Traditional treatments serve a significant part in satisfying the need for mental health therapy. Since most of the faith healer visits were by uneducated people of a rural background, it is recommended to make the public aware of various psychiatric problems, their presentations and their causes. Villages should adopt community-based strategies to address mental health issues and dispel stigmas and myths surrounding mental health. Prioritizing mental health is important, and local religion healers shouldn't be trusted with it.

Keywords: Traditional Healing, Faith Healing, Mental Health

ental illness
According to WHO (2005a), mental health is a state of well-being in which a person is aware of their own abilities, able to manage everyday stressors, able to work effectively and efficiently, and able to give back to their community. However, according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR) published by the American Psychiatric Association (APA) in 2000, a person's level of distress, incapacity, and elevated risk of harming others or themselves are what constitute mental illness or disorder.

It means that a mental health issue is only classified as a disorder if it is a clinically significant behavioral or psychological syndrome or pattern that is frequently linked to an uncomfortable symptom (distress) or a functional impairment in one or more domains. The conditions and behaviors associated with mental discomfort listed in the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, are

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referred to as "mental illnesses" (World Health Organization, 2013). In general, a variety of factors, such as societal shifts, occupational stress, prejudice, social isolation, unhealthy lifestyles, danger of violence, and physical ailments, are linked to mental health issues (WHO, 2014). A mental illness is a medical condition that profoundly alters a person's feelings, thoughts, and behaviors, making it harder for them to deal with day-to-day challenges. According to Linyua and Njagi (2013), the most prevalent mental illnesses include post-traumatic stress disorder, depression, panic disorder, phobias, generalized anxiety disorder, social anxiety disorder, and obsessive-compulsive disorder.

This is especially true in the case of mental illness, where social and cultural factors are more significant. It makes sense to combine the efforts of official and informal providers to develop a mental healthcare model that reflects patient preferences for help-seeking, as the widespread use of traditional healers appears to be increasing. Aligning the narratives of sickness between professionals and laypeople can also enhance favorable clinical outcomes; hence, patient care should be improved by customizing the healthcare system to meet user expectations (Lakes, 2006; The Health Foundation, 2014).

According to Usman Shah HB et al. (2018), there is a belief in India that spiritual possession, invisible entities, or supernatural powers are the source of mental disorder symptoms. According to Choudhry FR et al. (2016), a society's belief system has been found to have a significant influence on treatment delays. When mental illness first appears, individuals in the community go to traditional healers or religious healers rather than doctors (Sahu A et al 2019). When seeking treatment for a mental illness, patients with such conditions or their primary caregivers often choose to see conventional or spiritual healers. The choice of care provider for psychiatric illness also depends on a number of factors, including cost, ease of use, careseekers' trust in providers, knowledge of illness, and social stigma related to mental illness in the community (Jain N et al., 2012).

Nearly 90% of people with serious mental disorders do not receive treatment, making access to mental healthcare in low- and middle-income countries (LMICs) one of the biggest public health concerns of our day, according to the World Health Organization (WHO, 2015, p.8). A increasing amount of studies in low- and middle-income countries (LMICs) shows that community health workers or laypeople can receive training to provide psychosocial therapies for individuals with a variety of mental disorders. Psychiatric cares are either in short supply or too expensive. According to estimates by Lora A et al. (2012), about 75% of individuals with schizophrenia disorders in low- and middle-income countries do not obtain medical treatment. However, patients and families are likely to continue seeking out traditional and spiritual healing even while professional mental health services have developed in some situations (Ojagbemi A, Gureje O, 2020& van der Watt ASet al 2018). It is commonly known that there are many different ways that people can seek help for mental illness, and that many people perceive traditional and religion healers as important community resources that can bridge the "treatment gap" in low- and middle-income nations (Patel V, 2011).

People who are mentally ill or experiencing emotional distress—including psychosis—frequently visit Muslim, Christian, or Hindu religious centers. There are some perceived therapeutic advantages to temples. Ethnographic research is frequently used in studies of these temples; nevertheless, little is known about the mental health of those who visit or the clinical results. In a widely referenced study, Raguram et al. (2002) describes spiritual healing at a Tamil Nadu Hindu temple. Those with severe mental diseases frequently seek

recovery at the Muthusamy Temple, which is situated in the village of Velayuthampalayampudur. Visitors typically stay there for a few days and are frequently joined by their families. It is encouraged of them to take part in the everyday tasks, such as cleaning. The brief stay at this Temple led to notable improvements in clinical measures of psychopathology, according to the authors' assessment using the Brief Psychiatric Rating Scale. There was a nearly 20 percent reduction in the Brief Psychiatric Rating Scale scores. The authors observe that the clinical gains were comparable to those resulting from the use of several psychotropic medications, including the more recent atypical ones. Furthermore, relatives generally reported observable improvements in their relatives. In this context, the Gujarati government conceived and began implementing the "Dava-Dua" (Medicine-Prayer) intervention in 2008 to treat mental illness at the Mira Datar Dargah in Unava. This strategy combines psychiatric treatment with religious healing (The Altruist, 2018). 'Altruist', a civil service group focused on mental health concerns and based in Ahmedabad, is implementing this intervention.

The World Health Organization (2012) recommends four approaches to incorporate traditional practices into primary care:

- Tolerant: a select group of traditional practitioners are allowed to practice in some capacity;
- Inclusive: traditional healers are recognized but not integrated into policy, regulation, or education;
- Parallel: both traditional and conventional forms of healing are practiced simultaneously in the healthcare system;
- Integrated: the healthcare and medical education system incorporates both traditional and conventional practices.

Faith healing-

In India, where faith healing methods coexist with contemporary mental health care, they are acknowledged as providers of curative, rehabilitative, and restorative benefits. In the delivery of mental health treatments, faith healing modalities and techniques are important but contentious (Centre for Advocacy in Mental Health, CAMH, 2006). Family members urge them to see a faith healer since they are readily available to them, despite their lack of understanding of mental illness and their inadequate knowledge of how to treat its signs and symptoms (Lata K et al.,2022& Peprah P et al 2018). Studies conducted around the world have revealed that a large number of people think that mental diseases are "spiritual illnesses" brought on by witchcraft, demonic or spirit possession, or the evil eye (Karanci, 2014; Ross et al., 2013; Stefanovics et al., 2016; Tajima-Pozo et al., 2011).

It used to be believed that those who were known as "faith healers" were the best authorities on holistic health. Because they were believed to possess unique skills that may aid individuals in maintaining a healthy balance, they were greatly sought after by the community (Ontario Aboriginal Health Advocacy Initiative, Manual on faithhealers-1999). There is a broad spectrum of attitudes regarding faith healers, ranging from unwavering adoration to severe skepticism in the absence of solid evidence.

Despite past attempts by mainstream culture to eradicate them and replace them with Western medical concepts of health, faithholistic conceptions of health and healing techniques are becoming more and more popular worldwide (Ontario Aboriginal Health Advocacy Initiative, Manual on faithhealers-1999). A significant portion of the global

mental health workforce is made up of traditional healers, especially in indigenous communities (Meisner, 2004).

Even in regions where mental health services are readily available, people prefer not to travel there in order to take use of them, despite the fact that mental health services are scarce in many parts of the world, particularly in developing nations like India. Patients with mental illnesses receive psychiatric therapies after obtaining nonpsychiatric care services, such as services from faith healers (Sharma DB et al 2020).

According to Bathla et al. (2015), a study conducted on mental hospitalized patients in Northern India revealed that around 88% of the patients had consulted faith healers more than once. However, only 2.12% of the patients reported any improvement after receiving treatment from faith healers.

Traditional healing

In India, traditional healers play a significant role in mental healthcare (Biswal et al., 2017). There are few psychiatric facilities, and traditional healing methods and Orthodox medical therapy for mental illnesses sometimes conflict. A traditional healer, on the other hand, is a layperson or educated person who professes to have the ability to heal people and treat illnesses. He may have developed a reputation in her or his own community or elsewhere, and he may possess a special ability to treat particular complaints or ailments. A few decades earlier, in 1976, the World Health Organization defined African traditional healers as:

Competent to provide healthcare utilizing plant, animal, and mineral resources as well as specific additional techniques based on the social, cultural, and religious backgrounds and the general knowledge, attitudes, and beliefs about the causes of illness and disability in the community as well as the physical, mental, and social well-being. pp:1

Religious beliefs, supernatural abilities, personal experience, and apparent ancestry can all serve as foundations for the abilities and methods of traditional healers (Birhan et al., 2011). According to Kar (2008), before receiving official biological psychiatric therapy, two-thirds of individuals with mental illness and their families consult with traditional healers and hold strong beliefs about the spiritual cause of their condition. India is a country of medical pluralism, with allopathic and traditional physicians coexisting in the same medical facilities. These include allopathic medicine, folk medicine, healing in temples, and Ayurveda. According to data from rural Gujarat, patients and families who received care from both a physician and a traditional healer largely preferred biomedical treatment, believing that medications significantly improved their condition (Schoonover et al., 2014). The majority of respondents said that traditional healers were ineffective in treating mental health issues. According to Ramashankar, Deb, and Sharma's (2015) paper, traditional healers in the northeast fall into a variety of groups, including herbalists, bone-setters, diviners, and birth attendants. The authors stress that in order to revive traditional knowledge, "scientific validation" and "recognition of traditional healing medicines" is desperately needed. Nonetheless, there are notable differences in the methodology, resources employed, and communities' acceptability of using traditional healers to treat mental illness or lessen psychological suffering (Nortje et al., 2016). 54.7% of the patients in a different Indian study by Shidhaye & Vankar (2011) in a tertiary care facility in Western India had visited a traditional healer prior to visiting the psychiatric hospital. Examining the contemporary function of traditional healers in treating mental diseases and their acceptance by the general public becomes crucial given the rise of modern psychiatry and the

prevalence of Christianity in Nagaland, in northeastern India. Medical care was given at an Islamic shrine (dargah) in Gujarat, India (Saha Set al., 2021). In Ghana, the official mental health policy has sanctioned working with healers. Mental health professionals are visiting traditional and religious healing places more frequently as a result of this, along with the growth of community mental health services (Kpobi L et al., 2023). Several innovative practitioners in Indonesia are using rituals and traditions from Catholicism, Hinduism, and Islam into mental health treatment (Setiyawati D et al., 2023). Although there isn't much published research, this might be truer in the case of mental illness. According to a Nigerian study, 13% of patients consulted spiritual healers, 19% contacted traditional healers, and 47% contacted general practitioners first (Mbwayo et al., 2013). According to a study conducted on the help seeking habits of mental health patients at a tertiary care facility in North India, about one-third of the patients had sought advice from a traditional faith healer at some time during their illness (Mishra et al., 2011). These ideas may be able to for many people in India, their initial point of contact is with religious priests and traditional faith healers (Shields L et al, 2016). Therefore, it is imperative that traditional healers play a crucial role in connecting patients with contemporary psychiatric care. Combining modern psychiatry and traditional healing may result in a more all-encompassing, patient-centered approach to mental health care that takes into account a patient's spiritual and religious beliefs (Shields L., 2016& The Altruist, 2018). Since the 1990s, traditional healers have been effectively included into HIV care as counselors and educators (UNAIDS, 2006, p. 10). The ability of traditional and faith healers to interact with and address common spiritual and cultural beliefs, their relative accessibility and affordability, and the availability of social, emotional, and psychological support are some of the theories put forth to explain their enduring popularity (Gureje O et al., 2015). Collaboration between traditional and faith healers (TFHs) and biomedical services is becoming more popular in the context of mental health treatment (Pham TV et al., 2021). Concerns about abusive practices, such chaining and forced fasting, have also led to requests for regulation and control, even if traditional and faith healers may help meet psychosocial, cultural, and spiritual needs (Sharma K, 2020& Ojagbemi A, Gureje O, 2020). "Capitalizing on the positive aspects of the care and support they provide while at the same time working to stop the use of coercive practices," according to the World Health Organization (2021) (p. 191), is how they recommend that the role of traditional and faith healers be taken into account in the development of community mental health.

Traditional medicine

By definition, traditional medicine is "the whole of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the prevention, diagnosis, improvement, or treatment of physical and mental illness," according to the World Health Organization (2008).

The World Health Organization (WHO) defines "traditional medicine" as a range of indigenous medical systems and practices, such as Arabic Unani medicine, Indian Ayurveda, and Traditional Chinese medicine (WHO Faith Medicine Strategy 2002). Indigenous conceptions of health and wellbeing take into account not just the physical aspects of health but also its psychological, spiritual, and emotional dimensions. This holistic approach to health is widely recognized and employed in indigenous communities through the use of traditional medicine, healing rituals, and practices (Ontario Aboriginal Health Advocacy Initiative, Manual on faithhealers-1999).

In Africa, up to 80% of the populace uses TM to help with healthcare concerns. People in Asia and Latin America continue to practice traditional medicine (TM) as a result of past experiences and cultural beliefs (WHO FaithMedicine Strategy 2002). In many parts of the world, the cost of complementary and alternative medicine (CAM) and conventional medicine (TM) is not only high but also rapidly increasing (WHO FaithMedicine Strategy 2002).

People from various cultural backgrounds have used various herbal plants, plant extracts, animal products, and mineral substances as a means of managing, treating, and/or preventing illness since prehistoric times, long before modern scientific methods of disease prevention and treatment emerged (Gyasi et al., 2011). Traditional medicine, a term used to characterize a collection of medical procedures and supplies with a lengthy history of use, is commonly used to refer to this native method of providing healthcare.

There have been numerous definitions put up for traditional medicine due to its heterogeneous character. A working definition has been proposed by the World Health Organization (WHO) in its traditional medicine strategy 2014–2023, in response to the organization's observation that it is challenging to identify a single accurate definition that encompasses the wide range of components that define traditional medicine (WHO, 2013a). Which could be used as needed:

The entirety of knowledge, abilities, and practices—whether explicable or not—derived from indigenous theories, beliefs, and experiences of many cultures that are applied to the preservation of health as well as the avoidance, detection, enhancement, or treatment of physical and mental disease pp:15

According to the World Health Organization's (WHO) definition, traditional medicine encompasses a wide range of goods and methods, including herbal remedies, animal products like snake fats or oils, skeletons, beliefs, and meditations, as well as practices that are inexplicable like spiritual healing. The term "traditional medicine" often refers to knowledge created by indigenous cultures that combine manual techniques, spiritual therapies, and plant, animal, and mineral-based medicines to treat illness or maintain wellbeing (WHO, 2003). This type of healthcare system is vital to the health of millions of people worldwide, especially in developing nations like Ethiopia.

Many of the fundamental principles of traditional medical treatments are similar. A holistic and highly individualized approach to treatment, a focus on maximizing the body's natural capacity for healing, patient participation in their own care, addressing the physical, mental, and spiritual aspects of a disease, and a strong emphasis on wellness and prevention are characteristics of these practices (WHO 2013b).

This method of providing healthcare is ingrained in every culture and has been passed down from generation to generation (WHO, 2013b). For many generations, tribes, civilizations, and indigenous people from all over the world have developed this system of traditional medicine. Communities have found the majority of these medicinal practices to be beneficial and reasonably priced, and they continue to rely on them for their healthcare requirements. Many individuals increasingly rely on traditional medicine for their primary, secondary, or supplemental healthcare requirements due to its increasing global popularity (WHO, 2002). Traditional medicine is used to prevent, diagnose, treat, or improve physical and mental health issues in addition to maintaining overall health. Eighty percent of the population in various Asian and African nations receives their primary care from traditional medicine

(WHO, 2002), which has a proven track record of use in preventive, curative, and rehabilitative care.

Worldwide, the use of traditional medicine is growing in both developed and developing nations (WHO, 2001b). According to WHO estimates, up to 80% of people in the African region rely on traditional medicine for some aspects of primary health care, either on its own or in conjunction with contemporary biomedical care. Approximately 60% of the world's population uses traditional medicine to treat illnesses. The proportion of people who use traditional medicine, however, differs by nation.

It has also been demonstrated that it is becoming more significant in many developing nations, including Rwanda 70%, Benin 70%, India 70%, Tanzania 60%, Uganda 60%, and Ethiopia 90% when it comes to primary health care for individuals and communities (Leonard 2008; WHO, 2002; WHO, 2001b). The use of traditional medicine is not only common in developing nations but is also increasing in developed nations (WHO, 2001b). For example, the percentage of people in certain developed nations who use traditional medicine for healthcare is 70% in Canada, 31% in Belgium, 42% in the USA, 48% in Australia, and 49% in France (WHO, 2001b and WHO, 2002).

For most people in sub-Saharan Africa, African traditional medicine is the main, and frequently the only, easily accessible form of healthcare (WHO, 2001b). Before the first Europeans introduced a biological approach to health to the continent, this system had been in place and serving the people of Africa for countless centuries. (Abulahi, 2011; Romero, 2002).

Globally, interest in traditional medicine is expanding for a variety of reasons, including as its perceived effectiveness, affordability, and cultural acceptability (WHO, 2013b; Yineger & Yewhalaw, 2007; Kassay, 2006). Other factors that contribute to the increased use of traditional medicine include the inaccessibility of modern health services in terms of time, cost, or geography; the lack of skilled modern health professionals; the need for an alternative; and the frequent resistance of some chronic diseases against modern medicine (WHO, 2002; FMOH, 2012).

Traditional healer types include:

The term "traditional medicine" refers to a variety of indigenous practices, depending on the disorders in which they specialize and the healing services they offer (WHO 2013b). Different traditional healers approach health issues in different ways, including herbalists (Medhanit Awaki), bone setters (Wegesha), birth attendants (Yelimd awalji), tooth extractors, witch doctors (like debteras and tenquay), and spiritual healers (like Wuqabi, Kalicha, and Atmaki). Within a single type of traditional healer, however, a variety of techniques and healing philosophies are frequently blended with more physical and psychological approaches, proving that they are not mutually exclusive. As a result, the section that follows discusses many traditional healers who are used in Ethiopia in connection with mental illness.

1.) People who use herbal medicine-

Herbalists learn their abilities and knowledge from family members via instruction and oral tradition. They function generally on a permanent basis, have herbs for practically all mental diseases, and may be called to treat patients in an emergency. In order to maximize the effectiveness of these medicinal plants, clients are typically instructed to refrain from

specific behaviors (such as having sex or going to work) as well as meals and beverages (such as coffee and alcohol) during the administration of the plants (Samuel & Chalmer, 2011). The production of the herbs involves a number of physical and biological procedures, including extraction, fractionation, purification, and concentration (WHO, 2013b).

2.) Healers of the Spirit-

Since all facets of a person are interconnected, the majority of healers consider their spiritual, emotional, mental, and bodily well-being. Some people refer to their work as interacting with energy, the mind, and the spirit. Those who use spiritual and divination techniques to diagnose and treat patients are specifically referred to as spiritual healers. The history of Ethiopian traditional medicine, according to Dejene (2008), demonstrated that practitioners placed a high value on supernatural power. Traditional healers frequently link their expertise back to religious teachings, which is one of the main reasons why healing is frequently related with spirituality (Fekadu et al., 2015; kahsay, 2015; Dejene, 2008; Kassay, 2006).

In particular, holy water (Tsebel) is the main widely used traditional religious-magical healing method for all Orthodox Christians in Ethiopia (Ragunathan & Solomon, 2009). In the Church, holy water is used to bless anything or whatever disease is desired to be blessed. In the Ethiopian community, holy water, or tesebel, is preferred above contemporary medical treatment for mental illness since it is said to be caused by spirit possession. According to Anderson (2007), there is a belief that spirits can enter an individual's body at specific times of the day or when they harbor unclean ideas. It is thought that these ghosts are most likely to enter a person's body at night, particularly if they are by themselves and away from home (Anderson, 2007).

Anderson (2007) did a study in Ethiopia and found that spiritual healing has its own unique therapeutic approach, philosophy, and methods. Anderson describes these aspects of his research as follows:

Holy Water is used in the exorcism of demons. Holy Water is occasionally brought to a sick man to drink, to pour over his hands, and to spray over his face and body. When holy water is sprayed on someone, it sanctifies them, releases them from impurities and demonic attacks, and ensures that they are safe from disease and Satan's snares (Anderson, 2007).

It is recommended to consume Holy Water for a minimum of seven days in a row and up to 21 days. If a person is not cured after one week, they should continue for a further week or two, if needed. Drinking the holy water is said to drive out the evils that are thought to cause illness, causing the body to physically excrete urine, excrement, sweat, and vomit (Anderson, 2007).

Similar to holy Water by itself, this combination is believed to eliminate the negative energies residing within the body (Anderson, 2007).

In Ethiopia, prayer and the marks of the cross are integral parts of all spiritual healing rites. If prayer and the cross are not used in the right proportion, materials like Emnet, Kiba Kidus, and Tsebel cannot heal; also, people who reject church healing will not benefit from it (Anderson, 2007).

3.) Traditional Attendants during Birth-

One of the most often used traditional medical specialties in Ethiopia is midwifery. The majority of the traditional midwives, also referred to as "yelmid awalajs" (traditional birth attendants) in Amharic, are between the ages of 50 and 70. Depending on the situation, traditional birth attendants may or may not use herbal remedies in their practice.

These birth attendants either learned their powers through spirit possession or through long experiences with family members. They mostly treat postpartum depression and puerperal psychoses as mental health issues. Additionally, they offer couples counseling when they are having marital problems as well as health education on issues like the right nutrition for mothers and how to take care of themselves after childbirth (Samuel & Chalmer, 2011).

4.) The sorcerer-magician-

These practitioners are believed to be either directly possessed by the devil or to be in communication with the spiritual realm. They are able to learn about a person's past, present, and future through their communication with the spiritual realm. According to Samuel and Chalmer (2011), the diviners are said to be experts at divination in a supernatural setting, which endows them with the capacity to predict the origin of disease and bad luck. The most significant middlemen between the supernatural and mankind are diviners. They consider themselves to be the ancestors' servants, and thus they answer their call. The focus of diviners is on explaining the inexplicable. They decipher the ancestors' messages and examine the reasons behind particular occurrences (Samuel & Chalmer, 2011).

Based on their theological beliefs, two categories are created out of the more well-known diviners. The Debtera, a group of traditional healers who are highly educated in Kene, songs, and hymns, and who even take part in church services, are members of the Orthodox Christian clergy (Jacobsson, 2002). The Muslim community known as the Kalicha is one of the other groups. According to Samuel and Chalmer (2011), these practitioners are believed to be either directly in communication with the devil or, at the very least, in contact with the spiritual realm and capable of becoming possessed.

Debteras typically view mental illnesses as the result of demonic possession; hence, the primary methods of treatment are prayer and, in the end, the patient's exorcism of the demonic spirit. Debteras are well-known for their degmit prayer, which they offer on behalf of their clients. In addition, they make kitab amulets with written script and holy water (tsebel). On the opposite side, a kalicha is a religious figure who can look into the causes of a condition and give the patient advice through an ecstatic ceremony. They perform rituals that involve burning incense, such as myrrh and frankincense (etan), which produces a lot of smoke. Like the debteras, the kalichas make their own type of kitaba for their patrons to wear in order to ward off evil spirits (Jacobsson, 2002).

5.) Spiritual and/or traditional consoler-

Ragunathan and Solomon (2009) state that traditional healers are typically elderly and knowledgeable, with the ability to listen to and communicate with their patients holistically. They might offer insightful commentary, insightful advice, or explanations. This can lessen or eliminate people's guilt, anxieties, and other unpleasant emotions, such as those felt during family disputes, when experiencing death, or in perplexing and complex circumstances (Ragunathan & Solomon, 2009).

Mentally ill people can experience agitation, fear, delusions, or hear voices that are not there. Particularly those who are miserable and really unhappy, feel that they are worthless, have no hope, and may even wish to commit suicide, may laugh and sing a lot and sleep very little. As of 2000, the APA Traditional and spiritual healers can help people understand and sift through these problems, which is why counseling can sometimes make these symptoms go away. Most of the time, people respect the counsel of traditional healers and have faith in them. In particular, the soul-father, or Yenets-abbat, is a type of family spiritual healer who visits the house frequently, providing healing services as needed as well as guidance and counseling (Ragunathan & Solomon, 2009).

S.no	Authors	Year	Finding
1.	Anbesaw T et al	2024	The reasons of mental disease are explained by traditional healers in a number of ways, including biological, psychological, and spiritual ones.
2.	Al Shelali M et al	2024	Overall, the literature indicates that Arabs continue to rely heavily on religion healers as beneficial options when it comes to managing mental health issues.
3.	Kudi SR, Lata K.	2023	86% of patients saw a faith healer at some point while they were ill, compared to 41.5% who made their initial contact. 47.2% of patients saw a faith healer for less than six months, 21.1% for six to twelve months, and 17.9% for more than thirteen. There was a 22.8% exchange between faith healers, an 18.7% exchange between psychiatrists and faith healers, and a 27.6% exchange between medical professionals and faith healers.
4.	Ngubane NP, De Gama BZ.	2023	The knowledge, diagnosis, and treatment procedures of traditional health practitioners (THPs) with relation to mental diseases, particularly schizophrenia, are the subject of a quantitative evaluation in this research. Schizophrenia symptoms were given extra consideration because they appear to coincide with bewitchment and ancestral calling symptoms. One hundred traditional health practitioners in KwaZulu-Natal's Harry Gwala District were given self-made questionnaires. There were many black female middle-aged traditional healers who were also known as diviners. They contributed to the identification and treatment of mental illnesses by reflecting knowledge about them. Prescription medication was the most often recommended course of treatment.
5.	Bhaskar M et al	2023	The findings showed that 58.5% of the patients in this study sought the advice of a spiritual healer, regardless of their illness. The majorities of participants were young adults (35.1–10.8), males with intermediate and secondary education, and had not sought medical attention prior to their visits. Psychotic, bipolar, and dissociative disorders were the most prevalent mental health conditions among research participants; the remaining individuals experienced depression or anxiety disorders in addition to other psychiatric conditions.
6.	Okafor IP et al	2022	In general, just 26% of respondents had positive attitudes on mental health and sickness, while just over one-third (35%) of respondents had adequate knowledge. About 45% of respondents said that 'the traditional manner' should be the primary line of treatment for mental illness, while 47% believed that cooperation between orthodox and unorthodox healthcare providers was unnecessary for mental disease.
7.	Anjorin O, Wada YH.	2022	This article reviews the current state of traditional healers' provision of mental health services in Nigeria and outlines next steps for policymakers, the government, and other stakeholders. Among these are the requirements for a policy direction on the establishment of an enhanced hospital system of psychiatric and mental health services that would promote accessibility, affordability, and cultural acceptance. Furthermore, policies must be put in place to promote mental health services in primary health clinics, minimize detrimental avoidance, and create long-term directions and sustainability for documentation of traditional healers' actions. Because traditional healers are essential to the

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			delivery of mental health care, efforts must be made in concert to enhance programs like behavioral modification, capacity building, and referral practices, which have the potential to save more lives and lessen the severity of consequences.
8.	Nwagbo CA, Moses T	2022	According to the study, traditional healing techniques are widely accepted in the communities and are successful in treating mental illness. On the other hand, the widespread prevalence of false healers and the absence of dosage standards are frequently cited as weaknesses in the conventional medical system. In order to improve societal health in Africa, it is advised that traditional healers be incorporated into the country's mainstream healthcare system.
9.	Khosla M, Goel Y	2021	The results offer important guidance for creating integrative interventions that combine conventional healing techniques with medical procedures in the most efficient manner to promote patients' overall and successful healing.
10.	Longkumer N, Rao P	2021	Traditional healers were almost always the first choice for consultation and were highly popular, especially in rural areas as opposed to cities. Aside from hard labor and herbal remedies, psycho-spiritual therapy was the mainstay. Numerous mental illnesses, including as mood disorders, epilepsy, and psychosomatic issues, were addressed. Particularly with regard to the younger demographic, the healers were unable to address substance misuse and associated mental health issues.
11.	Saha S et al	2021	The results showed that, in spite of certain implementation issues, the combination of contemporary psychiatry medicine and faith-based treatment methods benefits patients who would not otherwise have easy access to mental health care and upholds their human rights.
12.	Amin R.	2021	The majority of the guests came from lower socioeconomic classes (70%) were married (77%), female (63%), illiterate (72%), unemployed (60%), and had insufficient social support (72%). Additionally, 67% of them were from rural backgrounds. Additionally, 70% of them are in the 18–40 age range. Eighty percent of patients reported seeing a faith healer at some point throughout their illness. Additionally, the authors discovered that opinions on faith healing techniques were split in our region of the world, with 44% of respondents continuing to follow a faith healer even after seeing a psychiatrist. Of those who saw a faith healer, just 28% said they felt better, and the majority of those people had dissociative disorders. Thirty percent of the guests were brought to a faith healer by someone else.
13.	Green B, Colucci E.	2020	The results indicate that both traditional healers and biological practitioners acknowledge that patients can benefit from a combination of both approaches and show a clear willingness to collaborate, despite their different conceptualizations of the cause of mental illness. Traditional treatments raise questions about patient safety and human rights, and some healers question the efficacy of Western psychiatric drugs.
14.	Sharma DB et al	2020	These healers employed a variety of techniques to address the issues that the clients typically brought to them, such as offering amulets and charms, making personal sacrifices like "baddha" (Nischay/praan), and many more. The clients' typical reasons for coming included supernatural possession, unemployment, family issues, and more.
15.	Ningsangrenla L, Rao PS.	2019	A traditional healer was contacted by nearly 30% of people—34.8% in rural areas and 16.5% in urban areas. A total of 58.9% said the result was satisfactory. Because they are skilled and use culturally appropriate techniques, traditional healers are still well-liked for mental health, according to 60% of rural and 24% of urban respondents.
16.	Van der Watt AS et al	2018	It was found that sixteen articles satiated the requirements for admission. The papers revealed that, despite methodological constraints, stakeholders believed that faith-based and/or traditional healing might effectively cure mental illness, particularly when combined with medical care.
17.	Biswal R et al	2017	A significant portion of the discourse surrounding mental illness has

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			focused on cultural differences in relation to healthcare methods. Medical pluralism is a result of the various health-care practices available. This diversity in medicine is evident in India in the range of healers and treatment modalities available. Any health-care approach that is influenced by culture includes both contemporary and traditional, indigenous methods that are ingrained in the nation's healing culture. This medical pluralism covers many perspectives on illness perception, explanation, and management in addition to offering a variety of therapeutic modalities. However, the decision to consult with a certain healer is influenced by a variety of sociocultural ideas, the patient's and family's background, as well as the healer's accessibility and availability. The current work attempts to demonstrate how the health-care system in mental illness also embodies the kaleidoscope of medical pluralism by examining the prevalence of many healers and their healing techniques toward mental disease from the earlier research in India. The writers have also put out a novel theory of mental disease called the "eclectic healing model."
18.	Nortje G et al	2016	Although studies on this topic are often of low quality and the published literature is varied, certain findings do appear more consistently. Traditional healers may be able to offer a successful psychosocial solution, according to some research. Their treatments may lessen discomfort and enhance minor symptoms of common mental illnesses like anxiety and depression. Nevertheless, there is scant evidence to support their claim that they alter the trajectory of severe mental illnesses including psychotic disorders and bipolar disorder. However, it's possible that qualitative changes—which traditional rating scales struggle to adequately capture—are just as significant as the quantitative improvements examined here.
19.	Musyimi CW et al	2016	Authors identified four dominant themes such as; (i) basic understanding about mental illnesses, (ii) interaction and treatment skills of the respondents to mentally ill persons, (iii) referral gaps and mistrust among the practitioners and (iv) dialogue formation among the practitioners. Despite having encountered mentally ill individuals in their daily work and being familiar with the terminology of mental illness, the participants lacked fundamental knowledge regarding the origins and classifications of mental illness. Clinicians who dismissed traditional and religion healers, labeling them as "dirty," made people feel dehumanized. Following a variety of conversations, the majority of practitioners expressed a desire to work together and said they had entered the conversation to engage with others who were devoted to enhancing the quality of life for patients.
20.	Gureje O et al	2015	Traditional and complementary systems of medicine include a broad range of practices, which are commonly embedded in cultural milieus and reflect community beliefs, experiences, religion, and spirituality. Two major components of this system are discernible: complementary alternative medicine and traditional medicine, with different clientele and correlates of patronage. Evidence from around the world suggests that a traditional or complementary system of medicine is commonly used by a large number of people with mental illness. Practitioners of traditional medicine in low-income and middle-income countries fill a major gap in mental health service delivery. Although some overlap exists in the diagnostic approaches of traditional and complementary systems of medicine and conventional biomedicine, some major differences exist, largely in the understanding of the nature and cause of mental disorders. The treatments administered by practitioners of complementary and alternative medicine, particularly traditional and faith healers in low- and middle-income nations, may occasionally fall short of widely accepted standards for human rights and compassionate care. However, in the treatment of individuals with mental illness, cooperative interaction between conventional biomedicine and traditional and complementary

			medical systems may be possible. The requirements of a nation's current mental health system must determine the appropriate methodology for fostering that collaboration. In order to establish the viability of this kind of partnership, define its parameters, and determine whether or not it improves patient outcomes, research is required.
21.	Schoonover J et al	2014	Patients who received care from both a physician and a healer stated that most of them would choose a doctor to a healer. Nearly everyone who received pharmacological treatment saw an improvement in their health. Regarding traditional healing, many participants said it may be helpful and that patients should first see a healer for their issues. Many believed that healers were dishonest and of low quality, and that they should not be used to treat mental disease.
22.	Ndetei DM.	2013	Community members visit traditional healers when they have mental health issues. They can identify various mental illnesses, especially those associated with psychosis. They are, nevertheless, insufficient, particularly for prevalent mental illnesses.
23.	Sorketti EA et al	2013	The authors conducted interviews with 129 patients who were admitted to and discharged from traditional healers' centers and had psychotic disorders. After a mean stay of 4.5 months, there was a substantial decrease in the PANSS score (p = .0001). At admission, the mean PANSS score was 118.36, and upon release, it was 69.36.

CONCLUSION

The review's findings imply that conventional therapeutic methods significantly reduce the indications and symptoms of psychotic illnesses. More people adhere to traditional healing methods for general illnesses than for mental health issues. Indeed, faith healers play a significant role in the medical system, particularly for those with mental health issues. Fundamental weaknesses in the conventional healing system are noted, including the absence of a set dosage and the prevalence of fraudulent healers. Depending on the etiology of the condition, the complete treatment used in traditional healing may involve either natural or ritualistic practices, or both. It also includes curative, protective, and preventive elements. To begin with, a significant section of the Indian populace sought treatment for their mental health issues from traditional healers. Lack of knowledge about the warning signs and symptoms of severe mental disease and misconceptions about the causes of mental illness were the main causes of the investigated patients' delayed consultations. The majority of people who use traditional healing indicate that their condition improved as a result of receiving traditional therapies for mental health issues.

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Conflict of Interest

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