Traditional Health Systems and Public Policy

Proceedings of an International Workshop, Ottawa, Canada, 2–4 March 1994

Edited by
Anwar Islam and Rosina Wiltshire
Traditional
Health Systems
and Public Policy

Proceedings of an
International Workshop,
Ottawa, Canada, 2–4 March 1994

Edited by
Anwar Islam and
Rosina Wiltshire

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE
Ottawa • Cairo • Dakar • Johannesburg • Montevideo • Nairobi • New Delhi • Singapore
Islam, A.
Wiltshire, R.


/Traditional medicine/, /primary health care/, /indigenous knowledge/, /health programmes/, /health policy/, /developing countries/ — /gender/, /cultural factors/, /policy making/, /research needs/, /case studies/, /conference reports/, bibliographies.

UDC: 615.89  

A microfiche edition is available.

Material contained in this report is produced as submitted and has not been subjected to peer review or editing by IDRC Public Information Program staff. Unless otherwise stated, copyright for material in this report is held by the authors. Mention of a proprietary name does not constitute endorsement of the product and is given only for information.
# CONTENTS

- **FOREWORD** .......................................................... v

- **WORKSHOP REPORT**
  - Preamble ................................................................. 1
  - Goals and Objectives .................................................. 2
  - Session 1: Workshop Opening ....................................... 3
  - Session 2: Traditional Health Systems — Issues and Concerns ........ 6
  - Session 3: Health Systems — Traditional/Western Dichotomy ........ 10
  - Session 4: Gender and Indigenous Knowledge Issues ................ 15
  - Session 5: Traditional Health Systems in Different Cultures ........ 19
  - Session 6: Research and Policy ..................................... 23
  - Session 7: Future Directions ........................................ 29
  - Summary and Conclusions ........................................... 31

- **TRADITIONAL HEALTH SYSTEMS — ISSUES AND CONCERNS**
  - Law and Traditional Medicine in Kenya .......................... 33
    *Arthur Okoth-Owiro*
  - Traditional Knowledge and Gender: the Caribbean Experience .... 58
    *Jeanette Bell*
  - Models of Health Care Pluralism ................................... 62
    *David E. Young*
  - Understanding Traditional Health Care Systems:  
    A Sociological Perspective ...................................... 71
    *Anwar Islam*

- **HEALTH SYSTEMS — TRADITIONAL/WESTERN DICHOTOMY**
  - Traditional Health Systems and the Conventional System in Uganda ........ 86
    *S. Amooti-Kyomya*
  - Developmental Therapeutics Program at the Division of Cancer Treatment: A Short Description ........ 91
    *Gordon M. Craig*
  - Traditional Health Care and Public Policy: Recent Trend ............ 96
    *Gerard C. Bodekar*

- **GENDER AND INDIGENOUS KNOWLEDGE ISSUES**
  - Traditional Health Systems: Challenges in the Philippines .......... 110
    *Ma. Chona L. Segismundo*
TRADITIONAL HEALTH SYSTEMS IN DIFFERENT CULTURES

Ayurveda — Fundamentally Based on the Study of Substances .......................... 115
   P.K. Warner

The Unani System and Traditional Health Systems in Bangladesh ..................... 121
   Hakim Azizul Islam

The Indigenous Health System of the Peruvian Amazon .................................. 129
   Juan Reategui S.

RESEARCH AND POLICY

Traditional Health Systems and Primary Health Care .................................... 131
   Vanaja Ramprasad

WHO’s Policy and Activities on Traditional Medicine ..................................... 139
   Xiaorui Zhang

Traditional Health Systems: National Policy Issues and Directions .................. 143
   Hakim Mohammed Said

Quranic Concepts for Eliminating Negative Emotions: Another Aspect
   of the Healing Effect of the Quran ................................................................. 148
   Ahmed Elkadi

Traditional Health Services in the Middle East: Spiritual Aspects
   of Healing and their Scientific Bases ........................................................... 168
   Ahmed Elkadi

LIST OF PARTICIPANTS .................................................................................. 175
Traditional Health Services in the Middle East: Spiritual Aspects of Healing and their Scientific Bases

by

Ahmed Elkadi, M.D.

Institute of Islamic Medicine for Education and Research
340 West 23rd Street, Suite E, Panama City, Florida, U.S.A.
Introduction:

Traditional health services in the Middle East are primarily of two kinds: herbal treatments, and treatments using the Quran—the revealed scripture of Muslims. Quranic treatments are given in various ways; usually the healer recites certain verses of the Quran to the patient or Quranic verses are recorded on a tape which is played and listened to at certain times. This may or may not be associated with the laying on of hands, which is called "Ruqyah". Today I am not going to elaborate on the herbal treatments since the concept is quite familiar to all of you, and herbal principles are quite similar in most countries although the choice of herbs may vary from one place to another. I am going to concentrate on the Quranic treatments since the subject is more "mysterious" and less understood to most of us. Since the Quran is the revealed word of God, I use the term "spiritual aspects of healing" for any healing achieved through the use of the Quran.

Over the past ten years we—at the Institute of Islamic Medicine for Education and Research—have conducted several studies for better understanding of the healing effects of the Quran, in addition to other alternative treatment modalities. There is a statement in the Quran that the Quran has a healing effect. Although we were convinced that this statement is true, we did not know the target organs—whether the body or the mind, the mechanism of action; nor did we know other details related to usage, such as how much, for how long, and whether to use the Quran by itself or in combination with other modalities.
Now, although our knowledge is still very limited, we already know of at least three different aspects of the healing effect of the Quran on the human body: The direct effect of sound of the Quranic words; the direct effect of the legislative aspects of the Quran; and the indirect effect of the Quranic concepts which lead to the elimination of negative emotions.

1. **The direct effect of the sound of the Quranic words (1,2):**

   We found that listening to recitation of the Quran results in certain physiologic responses that can be recorded using a variety of electronic monitoring parameters such as EMG (Electromyography), PPG (Photoplethysmography), EDR (Electro-Dermal Response), HR (Heart Rate), and others. These physiologic responses are of the type that is usually associated with stress reduction and with the healing process in general. The same response was present in the majority of volunteers who were non-Muslims, non-Arabic speaking, had no understanding of the Quranic words, and had no prior exposure to the Quran. This response could not be elicited in the same volunteers when similar recitation of Arabic taken from general Arabic literature was substituted for Quranic phrases. At no time were the volunteers aware of whether or not the recited material was part of the Quran. These results indicate that the sound of the Quranic words has a certain physiologic effect on the human body that is commonly associated with the healing process. We plan to conduct similar studies in the near future--God willing--to evaluate the effect of the Quran on the aura of the healer and the patient using electrophotography (Kirlian Photography).
2. **The direct effect of the legislative aspects of the Quran (3)**:

We have learned from modern scientific discoveries that numerous legislations in the Quran have a direct effect on physical health. These are either prohibitions of certain matters or practices that have proven to be hazardous to health; or injunctions of health promoting practices. Prohibitions include alcohol, excessive eating and drinking, sexual promiscuity, anything that leads to the destruction of crops and offspring, and many others. Injunctions include: Prayers, fasting, and breast feeding, among others.

3. **The indirect effect of the Quranic concepts (teachings) leading to the elimination of negative emotions**:

We also realize that the Quran contains certain teachings that are very effective therapeutic modalities dealing with some fundamental aspects of the patho-physiology of disease in general. These are the Quranic concepts that have proven to be very effective in helping the patients get rid of harbored negative emotions.

A few examples of these concepts will be presented today. However, for the purpose of the proceedings of this meeting a separate paper dealing with this subject will be attached, and should be considered a part of this presentation (4). We strongly feel that the emotional and spiritual condition of a person has a profound effect--positive or negative--on his or her electrical and
Elkadi - Traditional Health

and electro-magnetic make up. These submolecular changes will consequently affect the chemistry and physiology of the cells, tissues, and organs of the body.

**Role and type of research:**

Traditional health services usually depend on age-old experience passed on from one generation to another, and traditional health practitioners often consider modern scientific experimental research as unnecessary, wasteful, and sometimes even harmful. Although there may be some truth in such a skeptic view, I still feel that scientific research has an important role to play in the traditional arts of healing. Scientific evaluation of a certain traditional practice or treatment modality will give us a better understanding of how the treatment works. Such an understanding will lead to a better utilization. In addition, the results of scientific evaluation will serve as a common language for communication between traditional health practitioners and the modern "scientific" medical community that only understands control studies, statistical analysis, and the like. Unless we, the ones who believe in the value of traditional health services can communicate our valuable information to the members of the conventional modern medical community in a language they understand, millions of patients who seek the help of conventional practitioners will continue to be deprived of the valuable traditional treatment. It should be kept in mind that "scientific methodology" may have to be revised and made more realistic. For example, our evaluation of herbal remedies does not have to be restricted to the study of purified single active ingredients but should possibly include the whole plant. The same can be said about single modality treatment vs. a multimodality approach, and so on. The use of tools to measure
or monitor changes of the submolecular energy level may add new dimensions to our understanding of the subtle changes in health and disease, and of the intricate correlation between body, mind, and spirit.
References:


