

The traditional practices in neurology, Neurology Department experience, Chu Mohammed Vi, Marrakech, Morocco

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Abstract

The traditional medical practices interfere more with the work of biomedical doctors in general. In our study, we were interested in traditional medical practices in neurology. In this article, we will support some examples of traditional practices in neurology made by patients before consulting our neurology department at the Mohammed VI Hospital in Marrakech. The methodology consisted of a survey of patients and their families who had recourse to traditional practices before their administration in the neurology department of the Mohamed VI University Hospital in Marrakech, Morocco. Several traditional practices were reported by patients as the use of *maraboutage* (Islamic spiritual healers) and *roki*a (recitation of the Quran), the visit of saints and mausoleums, the wearing of amulets, the *hadra* (worship gatherings), the consultation of herbalists, the application of fire points and *baraka* (spiritual blessings). In this paper we have described these traditional practices, and we have answered why the use of these practices, and their consequences of delaying medical treatment. Awareness and making medicine affordable are solutions and this requires multidisciplinary efforts.

Resumé

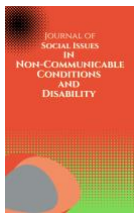
Les pratiques traditionnelles interfèrent davantage avec le travail des médecins en général. Dans notre étude, nous nous intéressons aux pratiques traditionnelles en neurologie. Dans cet article, nous allons étayer quelques exemples de pratiques traditionnelles en neurologie effectués par des patients avant de consulter notre service de neurologie à l'hôpital Mohammed VI de Marrakech. La méthodologie a consisté en une enquête auprès des patients et de leurs familles qui ont eu recours à des pratiques traditionnelles avant leur administration dans le service de neurologie du CHU Mohamed VI de Marrakech, au Maroc. Plusieurs pratiques traditionnelles ont été relevées chez ses patients comme le recours au maraboutage et au ROKIA, la visite des saints et des mausolées, le port d'amulettes, la HADRA, la consultation d'herboristes, l'application de points de feu. Dans cet article nous avons décrit ces pratiques traditionnelles, et nous avons répondu aux raisons de l'utilisation de ces pratiques, et leurs conséquences sur le pronostic thérapeutique. La prise de conscience est le point clé pour éliminer ces pratiques et cela nécessite des efforts multidisciplinaires.

Key words

*roki*a, *maraboutage*, the points of fire, *hadra*, *baraka*, ignorance

Key points

1. Patients with epilepsy use of *maraboutage* (Islamic spiritual healers) and *roki*a (recite the Quran).
2. They visit saints and mausoleums, wear amulets, do *hadra* (worship gatherings) and consult herbalists.
3. The challenge with these practices is that they delay medical treatment of epilepsy.
4. More awareness, education and making medicines affordable will help.



Introduction

The traditional medical practice in neurology is a phenomenon that survives to this day. However, the deficit of medical culture and certain false beliefs lead the patient to turn to mystico-religious considerations, hence the delay in therapeutic management and the recourse to these practices. The traditional practices in neurology will be cited as an objective, and why people have recourse to these practices. To realize this evaluation, a methodology of information collection was applied. The methodology consisted of exploring the experiences of some patients who had recourse to traditional practices before their administration in the Neurology Department of the Mohamed VI University Hospital in Marrakech, Morocco.

Results

The WHO defines traditional medicine as the summation of all knowledge, skills and practices based on culturally specific theories, beliefs and experiences that are used to maintain human health and to prevent, diagnose, treat and cure physical and mental illness [1]. In some countries, the terms alternative or complementary medicine are synonymous with traditional medicine. They refer to a large set of health care practices that are not part of the country's tradition and are not integrated into the mainstream health care system [1].

Having recourse to *maraboutage*

Marabouts are Islamic religious leaders or spiritual guides, who have knowledge of indigenous practice and the Quran. They use this knowledge for healing. The socio-economic level and the low level of knowledge about epilepsy are the main reasons for having recourse to *maraboutage* and non-medical practices. In more than three quarters of the cases, these practices were used. Cultural heritage, beliefs and the transmission of word-of-mouth experiences maintain these practices.

This recourse is sometimes made at the same time as medical visits to clinics or hospitals, but more often than not before any consultation, thus prolonging the delay between the onset of crises and medical care; a delay which is of course detrimental to the patient's health. In fact, two studies, one in Casablanca in 1999 and the other in Marrakech in 2003, have reported that recourse to *maraboutage* occurs at least once before medical consultation in 66% and 74% of cases respectively [2] [3].

The conviction that epilepsy is a supernatural phenomenon and that its treatment is a matter of exorcism leads people to multiply the methods used to expel the spirit from the possessed body. Most often, this involves reciting Koranic verses while placing the hand on the head of the epileptic, who is sometimes strapped down; this practice is known as *roquia* or *rokia*. Note: *roquia* is used in almost all neurological diseases: migraine, stroke, lombosciatalgia. These verses are recited by Fquihs, Imams or simply by a family member. Another practice, always involving the Qur'an, is to drink or bathe with water known as 'Qur'anic water'. This is water put in a container and presented to a Fquih to bless it with the *baraka* of the sacred text by reciting some Quranic verses.

Visiting the various saints and mausoleums

People visit these places for quick healing (*sar'â*). For example, the Ben yeffou in the commune of Oualidia, province of El Jadida, Morocco and the Bouya Omar, in the vicinity of Kelâat Sraghna and others. They have become mythical in the popular imagination. Some patients have been going there in vain for several years and are subjected to mistreatment: chained in small cells that serve as rooms, they sleep on the floor ... with all the consequences that can arise from the occurrence of a crisis in a patient attached [3].

Image 1: Ritual of exorcism, Ben Yeffou [4]



Sacrifice an animal

Sacrifice a black sheep or goat and make the patient eat its raw liver or hold a black rooster by the head and make it spin until it dies; the choice of animal will depend on the power and importance of the spirit. These practices are part of the panoply of subterfuges offered to our patients by charlatans. These charlatans live on the account of these mausoleums and demand many donations (sugar, candles, chickens or others).

The wearing of amulets

The 'hunting of spirits, can also be done, according to Moroccan tradition, through amulets that our interviewees report putting under the patient's pillow or around his neck. Amulets that our interviewees report putting under the patient's pillow or around his neck. Burning incense is said to have the same virtue. The two methods are sometimes combined: talismans written on sugar bath paper are soaked in incense and the patient is asked to inhale the fumes.

The hadra

It designates in our Moroccan culture the collective trance such as it is practiced during the ceremonies of religious brotherhoods to as the Aïssawas and the Gnawa. In Arabic, *hadra*, from the words *hodour* means presence and *istihdar* means call, that is call to spirits [5]. It is also called *lila* because the ritual lasts all night. It is one of the methods practiced by some families to exorcise the epileptic who is believed to be possessed.

The consultation of herbalists

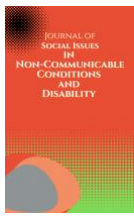
It also figures on the list of practices to which the participants in our work have recourse to. Other practices aimed at food (proscribe the consumption of goat meat, consume the seeds of parsley ...) or consisting of the application of various lotions based on henna, oils, salt water and other substances were developed in our patients [3].

The points of fire

In Morocco, a category of people still believe that paralysis is due to bad luck, a kind of witchcraft by giving a person substances to eat in order to bewitch him: this is called in the Moroccan dialect (Toukal). To remedy this, people have recourse to points of fire on the paralyzed limb or limbs.

Image 2: on the left, points of fire on the path of the sciatic nerve in a patient with a narrow lumbar canal, and on a paralyzed limb in case of a stroke on the right.





Discussion

What are some of the reasons these practices are used and what could be done. This discussion provides some information.

Ignorance and stigma

A study reported that 50% of people consider epilepsy to be possessed by evil forces, with 37% considering it to be a very serious health problem. Forty-one (41%) have never entered an educational system. Only 5% have pursued a university education. [3,6] Reactions to patients with epilepsy could manifest as hyperprotective behaviors, the imposition of prohibitions by their caregivers, designed to protect patients from triggers and aggravating factors. This could lead to a limitation of patients' freedom and to marginalization and social stigmatization, ultimately creating problems in education, work and marriage.

Inadequate social coverage

Less than 30% of Moroccan citizens had social coverage before 2005. With the launch of the OMA (obligatory medical assistance) in 2005 and the establishment of the medical assistance program (RAMED) in 2011, economically disadvantaged people benefit from basic medical coverage and services available in public hospitals. The program was previously preceded by a pilot project started in 2008 in the region of Tadla Azilal. RAMED has a 60% potential for Moroccans to have social coverage in the next few years [6,7].

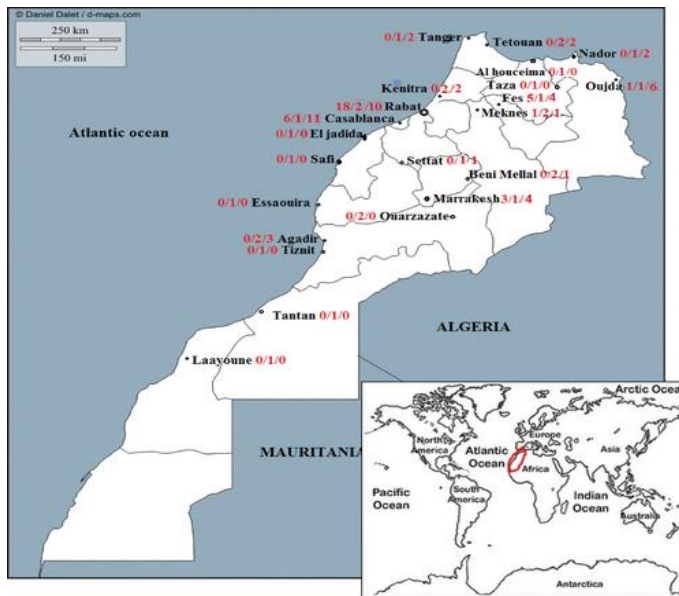
Lack of care infrastructure

Epilepsy has not been considered a public health priority, despite the magnitude of the problem and the lack of availability of effective therapies, [6,8,9]. The budget for health care is meager and the resources allocated are skewed towards other diseases such as diabetes, hypertension and depression [7].

Insufficient and unevenly distributed neurologists

The current number of neurologists does not exceed 180 and the majority are located in Casablanca and Rabat. The access to a specialized consultation is not given to everyone and everywhere. A program of proximity medicine has been launched by the health authorities, but it seems insufficient to reach a population dispersed over vast territories (Figure 1).

Figure 1: Map of geographical distribution of neurologists in Morocco: a/b/c. a: CHU, b: public sector, c: private sector

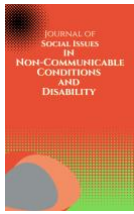


Consequence of traditional practices on the therapeutic prognosis

Certainly, that an inappropriate treatment has serious consequences sometimes mortal at the same time on the physical and psychic health of the patients, we quote the examples of some complications noted as a result of traditional practices. Epileptic patients have been seen at the consultation only after accidents of burning of the face, the hand, craniofacial trauma, with aesthetic and psychic consequences. Many cases of hepatic cytolysis were seen after the prolonged use of medicinal plants as therapeutic means for many pathologies: migraine, convulsions, paresthesias, sciatica.

The patients, especially adolescents and children, do not receive a correct care with a psychological support of their disease, which has a negative impact on the quality of their life, stop schooling, underestimation of the self, false beliefs. A person with epilepsy can die from a status epilepticus and it is not the evil eye. A narrow lumbar canal or a herniated disc can be the cause of a handicap in the absence of adequate treatment and it is not the medicinal plants or the bath more or the points of fire that will treat the patient.

A stroke is an emergency, the first 4 to 6 hours of which determine the prognosis. If a patient is seen late because the environment wants to try a traditional practice, the patient may miss a thrombolysis in case of ischemic stroke and therefore a chance of recanalization and a high probability of disability for life. The use of traditional practices delays management and therefore puts at risk the prognosis of recovery.

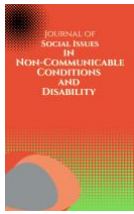


How can we bring the public to consult a doctor instead of resorting to traditional practices?

Awareness is the key; we must create programs to improve information and social integration as well as the understanding by the patient and his environment that neurological diseases are universal and curable. For this, we need to call upon potential partners such as the mass media, religious institutions, schools, and civil society actors in order to make information accessible to everyone. The creation of new academic centers properly equipped with modern equipment such as video-EEG and MRI. Increase the number of neurologists and health infrastructures. The health authorities are making an effort in this direction through proximity medicine as well as telemedicine by offering remote consultations, in order to reach a large number of regions in Morocco.

Conclusion

Lack of knowledge of the various aspects of the disease and the false image of it, combined with economic and financial obstacles, are the main factors in having recourse to *maraboutage* and non-medical practices. Moreover, there is no unconditional anchoring in tradition: the choice to have recourse to these methods also depends on the availability and accessibility of these treatment methods, their cost, and the lack of a local health infrastructure.



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