

Faith healers and diabetes care in South Asia: Fighting together, moving forward

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Abstract

Faith healing has been prevalent in the South Asian society since time immemorial. This is often coupled with alternative and complementary systems of medicine and attract a large proportion of people belonging to different sects, religions, and organizations. Though based on blinded trust, it does address the psychosomatic component of chronic disorders and hence does make the patient feel better. In this article the authors highlight the significant role of modern medicine in patients with certain endocrine and systemic disorders but also explore futuristic options to utilize these different systems in amalgamation for the better control and treatment of endocrine disorders like diabetes.

Keywords: Faith healers, Alternative medicine, Allopathic medicine, Diabetes management, South Asian region.

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Introduction

Faith is a noun, defined as "complete trust or confidence in someone or something."¹ Faith does not require rationale or expect evidence, it is based on conviction and certainty. From time immemorial, faith has been utilized to provide structure and succour to society. All religions are based on faith, and faith healing has been employed to treat disease and disability.^{2,3} Faith healing involves prayers and practices that elicit divine intervention to heal sick patients. Different religions and organisations have developed their unique styles of faith healing, and some include the use of alternative medication as well.

Complementary Medicine and Faith

Alternative and complementary medical systems, too, exist throughout the world, with varying degrees of acceptance.⁴ While there is little evidence to back most

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claims, there is no denying that alternative and complementary practitioners do provide significant comfort to many people. Many alternative systems involve components of faith healing, non-pharmacological therapy and drug treatment. By doing so, they demonstrate that they understand the concept of psychosomatic illness,⁵ and are able to utilize mind-body medicine as part of their arsenal.

Ignorance is Injurious to Health

Not all diseases have a psychosomatic component. Neither do all bodily diseases respond to mind-related interventions alone. One such condition is type 1 diabetes (T1DM). T1DM has just one basic cause: an inability of the person's pancreas to produce enough insulin. The pancreas contains beta cells, which weigh just 0.8 to 1.2 g in adults, in its islets of Langerhans.⁶ This 1-gram heavy mass manages the entire glucose metabolism of the body. Lack of insulin leads to death.

Beta cell dysfunction may occur rapidly or slowly; it may or may not be associated with immediate metabolic decompensation: it may require varying degrees of medical support; and it may occur with or without other endocrine, medical and surgical diseases.⁷ All these intricacies are ignored by alternative care providers and faith healers, who are blissfully unaware of the pathophysiology and natural history of type 1 diabetes.

Other disorders in addition to type 1 diabetes mellitus within the endocrine domain that can be lethal if not treated properly include hypopituitarism, Addison's disease, congenital adrenal hyperplasia, congenital hypothyroidism, pheochromocytoma, insulinoma, endogenous Cushing's syndrome and hypoparathyroidism. systemic disorders like Systemic lupus erythematosus, acquired immunodeficiency syndrome, pre-cancerous and malignant disorders also need to be recognized and treated effectively.

Misuse of Faith

Some unscrupulous persons take advantage of gullible patients by offering untested and unproven cocktails of alternative therapy, coupled with elements of faith healing, to people with type 1 diabetes [personal observation]. The promise of discontinuation of insulin injections is used as a bait. Symptoms of hypoglycaemia

or hyperglycaemia and its complications are explained as supernatural or divine manifestations of illness. Neuroglycopenic symptoms for example, can be described as "God getting angry at the patient" or "spirits taking sugar out of the body".^{8,9} Such explanations delay seeking of, and acceptance of, appropriate health care, and can be potentially life threatening.

The current day situation

As, endocrine and diabetes care providers, we feel frustrated by such situations, and understandably so. Insulin has been available for a century now but still remains un-accessed and unaccepted by some persons. This leads to poor health, which could easily have been avoided.

As responsible care takers of our society's health, we must act. Five basic factors must be addressed before we do so (The five As)

1. Accept that faith healing and alternative medicine has been, is, and will be an integral part of human society
2. Assess the motivating factors which make faith healers and alternative practitioners act the way they do
3. Address the factors which make the public believe faith healers and alternative practitioners, and explore specific barriers to insulin acceptance and usage
4. Analyze various strategies that can be used to educate individuals with type 1 diabetes and the public at large
5. Accommodate all health care providers, including faith healers and alternative care professionals, as diabetes warriors, making them complementary instead of antagonistic.

Symbiosis: The way forward

Insulin alone is not enough; it has to be administered properly in order to manage diabetes. This analogy can be extended further: insulin administration alone does not suffice; diabetes education is necessary.⁷ It is well known that diabetes is a disease of the family and society. Therefore, insulin education is required not only for the person living with diabetes, but for the entire family and society.⁷ It is also understood that diabetes is a biopsychosocial disorder, which responds to mind-body medicine. It has to be emphasised that the primary treatment of type 1 diabetes is insulin, and psychological support is adjuvant therapy.

Ideally this support should be provided by the diabetes care professional. However, if the patient or family is keen on faith healing or complementary medicine, a

diplomatic solution can be sought. It can be explained that each health care provider will take care of his/her own responsibility. Insulin is modern health care's domain, while psychosocial support can be sought from others. Effective ways of putting this across must be used:

"Insulin is the helmet or the safety belt for your safety; don't stop injections while strengthening yourself through faith"

Faith healing and alternative streams of medicine should be engaged through dialogue and discussion. This should be marked by mutual respect, with an effort to find common ground. The biopsychosocial model of health, and construct of psychosomatic medicine can be used to begin this process. The astute modern diabetes care provider should be well versed with religious scriptures and alternative stream literature, which can be quoted, when appropriate, to buttress one's views. Detailed discourses on such aspects have been published earlier.¹⁰ Religious leaders may be targeted for diabetes education, and their services utilized to spread the good word regarding modern diabetes care.¹¹

There will always be individuals who will put personal gain above societal health, and will continue to propagate mistruths. The only way to tackle such people is by polishing the presentation of our own thoughts, speech and deeds, so that the public develops more faith in us than in them.

There is a major role of using social media to not only disseminate correct information but also correct or denounce (mis)information that can be harmful to patients. A concept of Quinary prevention, that relates to preventing health-related hearsay or misinformation, also needs to be implemented as such information does arise at times from some disciplines of faith healers.¹²

Conclusion

A continued, and concerted effort at public education and social marketing is required to address this challenge. Diabetes care professionals should own the responsibility of awareness and advocacy, apart from focusing on accuracy of management of individual people with diabetes. Table suggests simple rules of the game which will help us win the battle against incorrect treatment of diabetes and other endocrine disorders. Working together with one voice, with one aim, we should be able to ensure that the message of good diabetes care reaches, and is accepted by, every person living with diabetes. It is equally important to use social media both for dissemination of correct information as well as denouncing the false claims.

Table: Managing faith healing / alternative therapy in type 1 diabetes: Rules of the Game.

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- Speak: Collectively, Confidently, Carefully
 - For: good diabetes care, glucose control, insulin usage
 - With focus on: emotional, social, economic well being
 - Without: antagonism, arrogance or "attitude"
 - While: reinforcing the need for monitoring, investigations and follow up
 - Utilizing support from: religious leaders, celebrities and public influence
 - To ensure: acceptance, adherence and appreciation of insulin
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