

# Role of Faith healers: A barrier or a support system to medical care- a cross sectional study

Deepak B. Sharma<sup>1</sup>, Vidushi Gupta<sup>2</sup>, Kanupriya Saxena<sup>3</sup>, Utkarsh M. Shah<sup>1</sup>,  
Uday Shankar Singh<sup>1</sup>

<sup>1</sup>Department of Community Medicine, Pramukhswami Medical College, Karamsad, Anand, Gujarat, <sup>2</sup>Department of Community Medicine, ESIC Medical College, Faridabad, Haryana, <sup>3</sup>Medical Activity Manager, NGO-Doctors Without Borders, Delhi, India

## ABSTRACT

**Background and Aims:** Faith healing is a method of treating illnesses through the exercise of faith rather than medical methods. The current study was done with the objective to find out demographic variables of faith healers, various conditions for which the people approach them, various practices and processes used and to look for scope of integrated approach to healthcare with faith healers. **Settings and Design:** RHTC village was a sub center village of PHC Morad. Hence, for the study, all the villages which comes under PHC Morad were selected. The design of the study was a cross-sectional study. **Methods and Material:** The study was a cross sectional study where faith healers were interviewed based on a semi structured questionnaire comprising of both close and open-ended questions. **Statistical Analysis Used:** Absolute numbers. **Results:** Different reasons for which the persons usually came for ranged from supernatural possession, unemployment, family problems etc., and various different processes were used by these healers to solve the problems included giving charms and amulets, personal sacrifices like “*baddha*” (*Nischay/praan*) and many others. **Conclusion:** The study concludes that faith healers in many conditions and situations became the first point of contact as the faith of the community in these faith healers is deeply rooted.

**Keywords:** Faith healers, PHC, rural, superstition, villages, values and beliefs

## Introduction

Faith healing is a method of treating illnesses through faith rather than medical methods. Faith healing is usually practiced through prayers to gods and deities. All religions have their own faith healing practices.<sup>[1]</sup> Believers in faith healing believed that the healing of disease and disability can be brought about by religious faith through prayer or other rituals that can stimulate a divine presence and power.<sup>[2]</sup> Faith healing refers to terminate an illness or a debilitating physical condition through supernatural

means such as the power of prayer or a Godly intervention through a miracle.<sup>[3]</sup>

Various different techniques such as prayer and other divine interventions of an individual healer can cure illness and it has been popular throughout history.<sup>[4]</sup> Most indigenous healers treat a range of illnesses based on specific cultural conceptualizations of ill health.<sup>[5]</sup> There are different types of indigenous healers. Addy ME described the categories of healers as consisting of those who use herbs, those who use spiritual psychicism, and those who combine these methods.<sup>[6]</sup> Health seeking in many African countries typically involves making use of multiple healing systems, including indigenous and faith systems as well as biomedical healthcare systems.<sup>[7]</sup> Faith healing applies to divine

**Address for correspondence:** Dr. Utkarsh Shah,  
Department of Community Medicine, PramukhSwami  
Medical College, Karamsad, Anand - 388 325, Gujarat, India.  
E-mail: [ukarshshah@charutarhealth.org](mailto:ukarshshah@charutarhealth.org)

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power to cure mental or physical disabilities. Sometimes, their faith may reside in a particular place, which then becomes the focus of pilgrimages for the sufferers.<sup>[8]</sup> Faith healers and temple doctors are by far the most socially acceptable way to try to cure mental illness in India, mentions one article. There are hardly any psychiatrists and a mere 37 mental institutions to serve the country's whole population of 1.2 billion, as mentioned in an article in 2010.<sup>[9]</sup>

Considering the holistic concept of healing, the patient's preferences and essential requests for faith healing should be at the core of the care process with active involvement as the evidence of relationship between faith, spirituality and health is emerging with proof of effectiveness of faith healing practices.<sup>[1]</sup>

In field practice area, it was noticed many a times that the patients took treatment from some local health provider and on asking the disclosed providers used to be the faith healers, so this study was planned where the faith healers were interviewed in detail regarding the conditions for which they provide treatment and to have a dialogue with them to convey our message to them for integration in terms of referral to the centre in time.

*The current study was done with the aim and objectives:*

1. To find out important demographic variables of faith healers
2. To find out various conditions for which the people approach faith healers
3. To find out various practices and processes used by faith healers
4. To look for scope of integrated approach to healthcare with faith healers.

## Methods

The study was a cross-sectional study where faith healers in the study population were interviewed based on a semi structured questionnaire comprising of both close and open-ended questions after obtaining their verbal consent. This study was approved by the Institutional Ethics committee of PramukhSwami Medical College, Karamsad, Anand, Gujarat. IEC approval was taken from the institute and the date is 02/09/2014.

The Rural health training center of Community Medicine Department, PramukhSwami Medical College, Karamsad was Ardi village at the time of the study. This village comes under Morad PHC. So, it was decided to include all the villages of PHC Morad of which Ardi is one. We approached all the faith healers in all the villages of PHC Morad, and after getting their consent, they were all interviewed.

The participants included all the faith healers in the villages of PHC Morad i.e., Ardi, Morad, Porda, Ravipura, Vatav, Vishnoli. We asked our staff to get the details of all the faith healers in these villages. We totally got a list of 21 faith healers in all of these villages. In Ardi we got 5, Morad -6, Porda -1, Ravipura 2, Vatav -4, Vishnoli -3, making it to 21.

**Table 1: Table showing important demographic variables related to Faith healers**

	No
Age Groups	
15-30	1
30-45	4
45-60	7
>60	9
Gender	
Male	18
Female	3
Education	
Illiterate	5
Primary	10
Secondary	3
Higher Secondary	3
Original Profession	
Farmer	9
Priest	4
Cattle owner	1
Labourer	2
Not doing anything	5
Working as faith healer since (Yrs)	
<5 years	5
5-10	3
10-15	1
15-20	3
20-25	3
25-30	3
30-35	2
>35	1
Addiction	
Alcohol	2
Bidi	8
Oral tobacco products	7
None	4

In this current study, we defined the faith healer as one who is locally identified as "Buaji" and was one who treats any ill condition by prayer in a temple or masjid, using non-scientific means like giving charms and amulets, using mantras, ash, peacock feather, chilly, lemon and using other such materials and where people come because of faith and follow their advices.

## Results

Mostly the faith healers were primarily educated Table 1. Majority of persons who approached the faith healers were from the rural areas and people did come from the urban areas. The faith healers believed in various Hindu and Muslim gods and goddesses. Different reasons for which the persons usually came for ranged from supernatural possession, various diseases, salvage, bad omen, unemployment, family problems etc., and various different processes were used by these healers to solve the problems included giving charms and amulets, personal sacrifices like "baddha" (*Nischay/praan*) and many

**Table 2: Table showing Deities followed, reasons for seeking help from faith healers and processes used by Faith healers**

Followers of Deities			
Name of Deity	Faith Healers	Name of Deity	Faith Healers
Hanumanji	1	Meldi Mata	1
Dasha Mata	4	Muthisagau Mata (Goddess of tidal waves)	1
Bhathiji Maharaj	2	Shiv Bhagwan	1
Allah/Quaran	1	Ramdev Pir	1
Chichargad Maharaj	1	None specific	8
<b>Reasons for seeking help from Faith healers</b>			
Supernatural influence	9	Financial problems	4
Estranged soul (Salvation of forefather)	3	Spirits	2
Unfulfilled wishes	4	Body pains	2
Evil eye	8	Dental pain	2
Burning eyes/watering eyes	2	Joint pain	2
Bad omen	2	Headache	1
Stepped on chilly and lemon	3	Routine illness	1
Marriage	3	Psychiatric illness	16
Unemployment	3	Visa problem	3
Lost items	3	Fever	9
Want of a son	7	Snake bite	1
Persistent/Inconsolable cries of child	4	Infertility	9
Decreased breastfeeding of child	2	Seizures	2
Family problems	6	Cancer	2
Kidney problem	1	Cardiac problems	1
Illness in cattle	1		
<b>Processes used by Faith healers</b>			
Charms and amulets	6	By neem leaves	1
By suggesting to keep badha	6	Treatment by goddess approval	1
Praying and doing rituals by using incense sticks	16	By putting coins over doors	1
By putting lemon and chillies over doors	5	Offering lord (Wheat/jaggery/coconut)	1
By using jowar (millet) seeds to take decision	1		

others Table 2.

## Discussion

The faith healers were followers of deities and includes various Hindu and Muslim God and Goddesses. The Islam faith users viewed faith healing in two ways, one is the application of Holy Quran for healing and the other one is consultation of Islamic leader [Malam] for instructions and prescriptions to deal with a health problem and they described faith healers as Muslim leaders who assist people in dealing with health challenges.<sup>[10]</sup> According to one article, the temple at Hanumanthapuram in Tamil Nadu is always packed with worshippers. Persons travel from different parts of India for long periods by various means including bullock cart to this rural part of Tamil Nadu as here the powerful Hindu deity, an incarnation of God Shiva purge evil spirits.<sup>[9]</sup> Balaji temple at Mehndipur in Rajasthan is another such temple where people suffering from mental health problems came for treatment given by the priests.<sup>[11]</sup> Muslim clerics use Islamic text and traditions to heal and the Pentecostal Christian pastors use holy oils, holy water and other aids to perform healing. These healers typically work within communities where they are known to their patients.<sup>[7]</sup>

In this study, we found that the faith healers didn't charge any

money for the services given to the community. If the person wanted to give, some might take the money, while some refused to take or said to donate in the temple. Some also gave gift to these faith healers, if work was accomplished, that is, if the person was cured, the problem solved or the wish fulfilled.

In this study, we found various different reasons from the faith healers for which the persons usually came for. These were supernatural possession, various diseases, for salvage, bad omen, stepping on chillies and lemon, marriage problem, unemployment, lost items, family problems, headache, cancer, psychiatric illness, visa problem, infertility seizures and many others. As per an article by Thacore VR and Gupta SC many individuals particularly those belonging to the lower socio economic classes took not only their psychiatric problems, but also their personal and social problems to the spiritual healers.<sup>[12]</sup> Peprah P *et al.* in their paper mentioned about diseases which have been healed through faith included mental problems, malaria and typhoid fever, sexually transmitted infections, infertility, chicken pox, menstrual problems, sexual weakness and many more.<sup>[10]</sup> According to Arora RS *et al.*, faith healing practices may be resorted to by those expecting a miracle cure for conditions like cancers where effective treatment might not be available through the regular treatment modalities.<sup>[13]</sup> Study by Qidwai W *et al.* found that people might also seek help from faith healers for conditions like infertility, which might make them

feel embarrassed to discuss in a medical setting.<sup>[14]</sup>

As per the responses from the faith healers, people from both urban and rural background came with their problems because ultimately it's a question of faith. Studies by Trivedi JK *et al.*, Lahariya C *et al.*, Bathla M *et al.* suggested that persons were more of rural background<sup>[15-17]</sup> Sethi BB and Trivedi JK found that persons were from urban background.<sup>[18]</sup> According to Schoonover J *et al.* individuals from both rural and urban residence seek services of faith healers.<sup>[19]</sup>

In a study by Chakraborty K *et al.* preference for religious remedies and alternative non-professional healing was noticed.<sup>[20]</sup> In a study by Rishi J, it was mentioned that large number of clients and their family members have strong beliefs in supernatural powers as causative agents of mental illness. He has mentioned that people generally believe that mental illness is caused by black magic, evil spirits, witchcraft, and of similar type.<sup>[21]</sup> Important reasons to seek help from different sources included easy accessibility, belief in the faith healing system or particular healer and good reputation as per the study conducted by Mishra N *et al.*<sup>[22]</sup> Study by Kishore J *et al.* indicated that prayer or pooja or hawan as a method to reduce the bad effects and that the ghost can be removed by *tantriks/ojha* is believed by large numbers of clients. In all sections of the society such belief system is there and this belief prevented the patients from coming forward to seek psychiatric help when they suffer. The other reasons not to seek psychiatric care is adverse attitude towards psychiatry and psychiatrists.<sup>[23]</sup> Studies by Kishore J *et al.* and Campion J *et al.* suggested that utilization of such practices seems to be more common in the lower socio-economic strata or where access to other forms of treatment is difficult.<sup>[23,24]</sup>

In our study, it was told by faith healers that people do have a good amount of faith and follow the instructions properly and in a guided manner. Sethi BB and Trivedi JK found that it's a belief of the community people that faith healers are gifted with an ability to control evil phenomenon, therefore seeing to the social and economic needs, the people find it easy to report to the nearest healer.<sup>[18]</sup> In India -- where there is one psychiatrist per 500,000 people and only one psychiatric nurse per 2 million, according to World Health Organization (WHO) figures, faith healers are commonplace. Shoba Raba, Director of Policy at the Indian branch of Basic Needs, an international mental health and development charity, mentioned that faith healers are everywhere and they are almost always the first and only person in a community to treat psychiatric disorders.<sup>[11]</sup> Bathla M *et al.* mentioned that the healers occupy desirable and prestigious position in the society.<sup>[17]</sup>

In this study, the faith healers told us that the people found it easy to come to them location wise and according to their own time. Similar findings were also mentioned in the study by Upadhyaya SK *et al.* where they found that easy accessibility followed by trust in faith healers are good reasons to access the faith healers.<sup>[25]</sup> In a study by Pal SK *et al.* regarding various types of treatment

strategies adopted by families of patients with epilepsy in north western India found that families did adopt some culturally prevalent methods to control involuntary movements during seizures. The authors have deduced that trust in faith healers exists strongly.<sup>[26]</sup> Qidwai W *et al.* mentioned in their article that insistence or suggestions by relatives and well-wishers as a reason for seeking services by faith healers.<sup>[14]</sup> Article by Chadda RK *et al.* found that a wide range of services were used by the study participants, from professional care to faith healers. Important reasons for choosing a particular facility depends on trust, easy availability, accessibility, recommendations by others and belief in supernatural causation of illness, so sociocultural factors appeared to influence the help seeking behaviour.<sup>[27]</sup> Biswal R *et al.* stated in their article that factors which are important in taking help from a particular healer are a set of sociocultural beliefs, background of the patients along with the family members followed by accessibility and availability of such healers.<sup>[28]</sup> In a study conducted by Trivedi JK and Jilani AQ, they found that it is the cultural beliefs which determine selection of first help.<sup>[29]</sup> According to one article by Sethi BB *et al.* important factors for seeking help from traditional healers are many which includes familial health in traditional healing, a successful exposure to faith healing before seeking medical help, fear of social stigma, economic problems, failure of medical treatment, easy accessibility of faith healer.<sup>[30]</sup> Patients with mental health problems seek help from multiple sources including both from medical professionals and faith healers for multiple reasons.<sup>[19]</sup> Grover S *et al.* emphasized that those who first contacted faith healers believed in one of the supernatural causations.<sup>[31]</sup>

The present study found that the interventions or the processes adopted by faith healers by which solution is sought didn't involve any risky intervention such as using heated iron rods (damm) which are used to treat cases of pneumonia in many places. In this study, we found that the processes which were told by the faith healers did not put the individual at risk, but yes, it delayed the treatment seeking as some faith healers denied to take treatment from the appropriate medical personals. In Indian society, where there are so many deeply rooted beliefs and values, one cannot really shun any one not to go to the faith healers because ultimately it is a matter of faith. According to an article, prayer may be supported by varying degrees of faith and may therefore be associated with all the benefits that have been associated with the placebo response.<sup>[32]</sup> Different processes which were used by these faith healers to solve different problems included giving charms and amulets, personal sacrifices like "baddha" (*Nischay*), providing solution by praying through incense sticks and other things of such type. Sarkar S *et al.* has considered faith healing as community accepted specific rituals carried out by designated figures with the aim of relieving symptoms of distress. In their accepted definition of faith healing, they mentioned about the procedures that were carried out by faith healers which included a wide range of activities like performing elaborate rituals (puja), recommending amulets (Tabeez), suggestion for wearing specific rings, branding with rods, chaining in temples, exorcism of jinn and ghosts, animal sacrifices and other similar practices.<sup>[33]</sup>

According to Gillon R, some may consider special prayers and service as faith healing, other construe it to be specialized rituals that are completed in a specific manner.<sup>[34]</sup> Thacore VR *et al.* in their study mentioned that it has been observed by the clinicians, before taking psychiatric consultation, patients have tried various indigenous methods ranging from magic and witchcraft to using charms and amulets.<sup>[12]</sup>

They can be a good source of referral for chronic diseases and various forms of mental diseases so they should be encouraged to send the patients after completing their part of non-harmful practice and directly in many conditions where they feel that they will not be able to do anything. As a community health physician, such situations are daily encountered and working together will be the best way out in such conditions where the first contact may be someone else and if not properly counselled, the person treatment may be delayed and may result in adverse outcome owing to delayed contact with an appropriate medical professional which is very much applicable in certain emergency conditions like snake bite, dog bite and also chronic illnesses, mental illnesses, diabetes, cancer and many more of such type. We learnt from these faith healers that some of them usually deny people from taking medicines, so such healers as well as others should be taken into confidence to send the patients to health care center for treatment at the earliest. Mubbashar M H in his study found that by educating faith healers and social congregations at mosques can lead to improved rates of detection of mental illness for utilization of primary care services.<sup>[35]</sup>

Hamdan A in his study mentioned about the need to integrate the religion into mental health treatment.<sup>[36]</sup> Pal SK *et al.* in their study found that some families concurrently visited modern hospitals and occult healers seeking a cure for the disease, epilepsy.<sup>[26]</sup> Schoonover J *et al.* stressed that the traditional faith-based healers are an integral part of their communities. Therefore, the collaboration between traditional healers and medical practitioners would result in significant outcomes.<sup>[19]</sup>

According to a recent article by Read U M, mental health workers in Ghana are expected to collaborate with traditional and faith healers sensitizing them with community engagement efforts along with education on the signs and symptoms of disease and guiding them where to seek treatment.<sup>[37]</sup>

In their mental health action plan, WHO stressed on a greater collaboration with “informal” mental health care providers which includes families, religious leaders, faith healers, traditional healers, school teachers, police officers and local nongovernmental organizations.<sup>[38]</sup>

The Dava and Dua Project (DDP), initiated in 2008, has ensured that almost half of the visitors to the shrine of Hazrat Sayed Ali Mira Datar also consult a psychiatrist and accept a mix of faith and science to treat their mental illnesses. This was one of the pioneering and a very important initiative creating a model of social psychiatry. The medical superintendent of the Hospital

of Mental Health, Ahmedabad said that the model has already been implemented at shrines in Erwadi in Tamil Nadu and Hyderabad in Telangana and others. The organizations have even recommended the project's replication in other places.<sup>[39]</sup> In a first of its kind initiative in the state of Gujarat, the government, Altruist, a NGO, and the trustees of the Dargah have come together to help the mentally ill who come to the shrine for relief.<sup>[40]</sup> The project specifically outlined various different activities for the integration.<sup>[41]</sup>

## Conclusion

The study concludes that faith healers in many conditions and situations became the first point of contact as the faith of the community in these faith healers is deeply rooted.

## Recommendations

The study recommends that the faith healers, if properly counselled to refer patients in time while continuing their own healing process which should only be non-harmful practice can set a good example of secondary prevention which includes early diagnosis and prompt treatment. There can be good close association of faith healers with providers of modern medical treatment. The study concludes with a new message that there can be good integration of faith healing practices and medical practitioners at the local level which can be done through social dialogue and this will very fruitful in terms of early referral and initiation of right treatment.

## Key Messages

The study concludes with a new message that there can be good integration of faith healing practices and medical practitioners at the local level which can be done through social dialogue and this will very fruitful in terms of early referral and initiation of right treatment.

## Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient (s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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## Conflicts of interest

There are no conflicts of interest.

## References

- Gopichandran V. Faith healing and faith in healing. *Indian J Med Ethics* 2015;12:238-40.
- Village A. Dimensions of belief about miraculous healing. *Mental Health Religion Culture* 2005;8:97-107.
- <https://www.encyclopedia.com/philosophy-and-religion/other-religious-beliefs-and-general-terms/religion-general/faith-healing>. [Updated on 2020 May 14].
- Barrett S. "Some Thoughts about Faith Healing" Quack watch 2009 Dec 27. Available from: <https://quackwatch.org/related/faith/>. [Last accessed on 2020 April 5].
- Hampshire KR, Owusu SA. Grandfathers, Google and dreams: Medical pluralism, globalization and new healing encounters in Ghana. *Med Anthropol* 2013;32:247-65.
- Addy ME. Putting science into the art of healing with herbs. Accra: Ghana Universities Press; 2003.
- Kpobi L, Swartz L. Indigenous and faith healing in Ghana: A brief examination of the formalising process and collaborative efforts with the biomedical health system. *Afr J Prm Health Care Fam Med* 2019;11:e1-5
- <https://www.britannica.com/topic/faith-healing>. [Last accessed on 2020 April 5].
- Kennedy M. India's mentally ill turn to faith, not medicine. NPR 24-hour program stream, 2010 Aug 10. Available from: <https://www.npr.org/templates/story/story.php?storyId=126143778>. [Last accessed on 30<sup>th</sup> Apr].
- Peprah P, Gyasi Razak M, Adjei PO, Agyemang-Duah W, Emmanuel Mawuli Abalo EM, Kotei JNA. Religion and health: Exploration of attitudes and health perceptions of faith healing users in urban Ghana. *BMC Public Health* 2018;18:1358.
- Webster G. Seeking comfort from faith healers in India. CNN 2011 Apr 1. Available from: [edition.cnn.com/2011/WORLD/asiapcf/04/01/mental.health.faith.healers/index.html](http://edition.cnn.com/2011/WORLD/asiapcf/04/01/mental.health.faith.healers/index.html). [Last accessed on 2020 April 30].
- Thacore VR, Gupta SC. Faith healing in a North Indian city. *Int J Soc Psychiatry* 1978.
- Arora RS, Eden T, Pizer B. The problem of treatment abandonment in children from developing countries with cancer. *Pediatric Blood cancer* 2007;49:941-6.
- Qidwai W, Azam SI, Ali SS, Ayub S. The utilization of services of health care providers among patients presenting to family physicians at a teaching hospital in Karachi, Pakistan. *J Pak Med Assoc* 2002;52:269-72.
- Trivedi JK, Sethi BB. Motivational factors and diagnostic break up of patients seeking traditional healing methods. *Indian J Psychiatry* 1979;21:240-6.
- Lahariya C, Singhal S, Gupta S, Mishra A. Pathway of care among psychiatric patients attending a mental health institution in central India. *Indian J Psychiatry* 2010;52:333-8.
- Bathla M, Chandana S, Bathla J, Kalolya GS. Faith healers in modern Psychiatric practice: Results of a 4 years study Delhi Psychiatry Journal 2015;18:48-53.
- Sethi BB and Trivedi JK. Sociodemographic variables and manifestation of ill health of the patients who attend traditional healers' clinic. *Indian J Psychiatry* 1979;21:46-50
- Schoonover J, Lipkin S, Javid M, Rosen A, Solanki M, Shah S, *et al.* Perceptions of traditional healing for mental illness in rural Gujarat. *Ann Glob Health* 2014;80:96-102.
- Chakraborty K, Das G, Dan A, Bandopadhyay G, Chatterjee M. Perceptions about the cause of psychiatric disorders and subsequent help seeking patterns among psychiatric outpatients in a tertiary care centre in Eastern India. *German J Psychiatry* 2013;16:7-14.
- Rishi J. Myths, misconceptions, stigma and discrimination: Causes for delay and underutilization of psychiatric treatment in India. *Academic Journal of Science* 2012;1:27-35.
- Mishra N, Nagpal SS, Chadda RK, Sood M. Help seeking behaviour of patients with mental health problems visiting a tertiary care centre in north India. *Indian J Psychiatry* 2011;53:234-8.
- Kishore J, Gupta A, Jiloha RC, Bantman P. Myths, beliefs and perceptions about mental disorders and health-seeking behaviour in Delhi, India. *Indian J Psychiatry* 2011;53:324-9.
- Campion J, Bhugra D. Experience of religious healing in psychiatric patients in south India. *Soc Psychiatry Psychiatr Epidemiol* 1997;32:215-21.
- Upadhyaya SK, Raval CM, Sharma DK. The sociocultural factors and patterns of help-seeking among patients with mental illness in the sub-Himalayan region. *Ind Psychiatry J* 2018;27:279-84.
- Pal SK, Sharma K, Prabhakar S, Pathak A. Psychosocial, demographic and treatment-seeking strategic behavior including faith healing practices among patients with epilepsy in northwest India. *Epilepsy Behav* 2008;13:323-32.
- Chadda RK, Agarwal V, Singh MC, Raheja D. Help seeking behaviour of psychiatric patients before seeking care at a mental hospital. *Int J Soc Psychiatry* 2001;47:71-8.
- Biswal R, Subudhi C, Acharya SK. Healers and healing practices of mental illness in India: The role of proposed eclectic healing model. *J Health Res Rev* 2017;4:89-95.
- Trivedi JK, Jilani AQ. Reply to queries raised on the article 'the pathway to psychiatric care'. *Indian J Psychiatry* 2012;54:398-401.
- Sethi BB, Trivedi JK, Sitholey P. Traditional healing practices in Psychiatry. *Indian J Psychiatry* 1977;19:9-13.
- Grover S, Patra BN, Aggarwal M, Avasthi A, Chakrabarti S, Malhotra S. Relationship of supernatural beliefs and first treatment contact in patients with obsessive compulsive disorder: An exploratory study from India. *Int J Soc Psychiatry* 2014;60:818-27.
- Andrade C, Radhakrishnan R. Prayer and healing. A medical and scientific perspective on randomized controlled trials. *Indian J Psychiatry* 2009;51:247-53.
- Sarkar S, Sreekanth, Kattimani S. Ethical issues relating to faith healing practices in South Asia. A medical perspective. *J Clin Res Bioeth* 2014;5:190.
- Gillon R. Medical ethics: Four principles plus attention to scope. *BMJ* 1994;309:184-8.
- Mubbashar MH. Development of mental health services in Pakistan. *Int Psychiatry* 2003;7:392-6.
- Hamdan A. Mental health needs of Arab women. *Health Care Women Int* 2009;30:595-613.
- Read UM. Rights as relationships: Collaborating with faith healers in community mental health in Ghana. *Cult Med Psychiatry* 2019;43:613-35.
- Mental health Action plan, 2013-2020, WHO 2013. Available from: [https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf). [Last accessed on 2020 Jun 16].

39. Science of the soul: Dava and Dua Project creates wonders to mental illnesses and how! Parth Shastri Times News Network. [Updated on 2016 Jul 18]. Available from: <https://timesofindia.indiatimes.com/city/ahmedabad/Science-of-the-soulDava-and-Dua-Project-creates-wonders-to-mental-illnesses-andhow/articleshow/53255284.cms>. [Last accessed on 2020 Apr 9].
40. <https://www.dnaindia.com/india/report-medicine-takes-a-leap-of-faith-at-gujarat-s-miradatar-dargah-1646412>
41. Foundations in Public Mental Health 2.0. Dava and Dua Project (DDP), Public Mental Health Model. Available from: [www.augmentahealth.com/fpmh](http://www.augmentahealth.com/fpmh). [Last accessed on 2020 April 9].