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Integrating Traditional Healing Practices with Allopathic Medicine for Treatment of Mental Disorders in Nagaland, India

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Abstract: Most indigenous populations prefer traditional medicine developed over generations before the era of modern medicine. Nagaland, one of the states of North Eastern India, has a large tribal population, high literacy rates but low health indicators. In-depth household interviews of a representative random sample of 510 rural households and 300 urban households on seeking traditional healing for mental health affirmed the wide popularity of traditional medicine but with limited success for mental disorders as well as declining trend in urban areas.The challenge today is to integrate the best of the different healing traditions to meet the healthcare needs of contemporary society, especially for mental disorders.While traditional healers are still popular in Nagaland, their number is decreasing and also their capacity to deal with increasing substance abuse, stress disorders and younger clientele.Hence, the best possible therapy for Nagaland and similar indigenous populations would be a careful, scientific, acceptable and affordable integration of both systems of healing. A Community-Based Participatory Approach (CBPA) involving the communities and community-based health care providers along with trained culture-sensitive counsellors seems to be the ideal strategy to address this current problem. Critical data and observations for specific strategies for implementing integration of traditional medicine with alternative allopathic or other systems of medicine which seems urgent and necessary are thus highlighted in this paper.

Key words: Mental Illness, Traditional healing, Integration, Allopathy, Nagaland

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I. INTRODUCTION

Globally the burden of mental illness has assumed grave proportions, more so in low and middle income countries as well as among indigenous populations (Thornicroft et al, 2017). The World Health Organization has selected the theme of Depression, which constitutes 30% of all mental illness, as its annual theme and called for concerted action for preventing and managing mental dorders(WHO, 2012). In poor resource countries suffering from poverty, illiteracy and disease with limited access to modern psychiatric care, the general public invariably turn to local vaidyas, kopiraz or traditional healers who are a diverse group of practitioners ranging from folk herbalists, to diviners and magic witch doctors (Gureje, 2015;Sorsdahl et al, 2009;Incayawar,2009). Recently, a major research project on traditional healing practices for mental health in Nagaland affirmed the wide popularity of traditional medicine but with limited success for mental disorders as well as declining trend in urban areas (Longkumer &Rao, 2019). India is rich in successful traditional and alternative systems of medicine for several diseases and the people generally visit a traditional healer or local practitioner as the first or final step in the treatment of any disease before seeking other systems of medicine (Chowdhary et al, 2014;Albert &Porter,2015). Although traditional medicine has many strengths for healing mental illnesses , there are inadequacies as well and there is a need to scale up (Chrisholm et al, 2007). Inappropriate, irrational or inadequate use of any medicines can have negative or dangerous effects especially in healing mental illnesses, and the communities need to access the best of any system (Jorm, 2012; Drew et al, 2011). Thus, integrating traditional medicine with alternative allopathic or other systems of medicine seems urgent and necessary in populations with poor resources and limited psychiatric care (WHO,2000;Hanlon et al, 2010; UN, 2006) .

Successful integration requires thoughtful strategies, committed leaders and cooperation of all the stakeholders including the public (Israel et al, 2012; Kohrt et al, 2018). Despite much debates and some international research on different models of integration, there still remains much confusion on the precise methodolo-

gy, clarity on what integration entails and how the community, especially the mentally affected and their caregivers will benefit (Sarris et al,2013;WHO, 2000). The key roles of Counsellors familiar with traditional medicine (Adekson, 2016) can be utilized in developing a community-based participatory approach towards integration and ensuring that the transition will be smooth benefitting the mentally affected (Wane &Sutherland, 2010; Hanlon et al, 2014). A clear picture of ground realities is fundamental to starting the process and hence a major population based research was carried out in Nagaland during 2017 to 2019. In this paper, we highlight critical data and observations for specific strategies for implementing integration in Nagaland based on a recent research in Nagaland. We hope the strategies identified would lead to great benefit of all stakeholders.

II. MATERIAL AND METHODS

Nagaland is one of the seven states in northeastern region of India which was made autonomous in 1972. It has a population of 1,980,602 according to India national census in 2011, with 573,741 (28.97%) living in urban areas, mostly in Dimapur. It claims an overall literacy rate of 80% with over 90% in urban areas.

Nagaland has a very rich cultural heritage and is well known for its versatile traditional medicine (Devi& Singh, 2015; Shimray, 1985). One urban district Dimapur and two rural districts Mokokchung in the north-west and Kiphire in the south-east were chosen and based on a multi-stage representative random cluster samples of 510 rural households and 300 urban households were selected. An in-depth household Interview schedule was developed to gather relevant information on mental health problems in their family during the past one to five years and treatment taken including traditional methods. Ethical clearance was obtained from the Martin Luther Christian University Research Ethics Committee. Data were codified and entered into the excel sheets and analyzed using the Statistical Package for Social Sciences (SPSS).

III. FINDINGS

A total of 383 mental disorders were reported, 256 in rural and 127 in the urban. Nearly half were mood disorders, mainly depression, in both rural and urban areas. In the rural, nearly 15% reported organic disorders as compared to only 4.7% in the urban. On the other hand nearly 40% reported neurotic, stress-related and somatoform disorders in the urban as compared to only 16% in the rural.

About 35% in the urban as compared to only 17% in the urban consulted a traditional healer for their mental disorder as seen from Table 1.

Table 1: No. of households consulting traditional healers in rural and urban samples

Consulted traditional healer	Rural		Urban		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	89	34.8	21	16.5	110	28.8
No	167	65.2	106	83.5	273	71.2
Total	256	100.0	127	100.0	383	100.0

An impressive variety of treatments were given by the traditional healers which are summarized in Table 2.

Table 2: Treatment given for mental disorders in rural and urban samples

Treatment	Rural		Urban		Total	
	No.	Percent	No.	Percent	No.	Percent
Herbal	3	3.4	5	26.3	8	7.5
Manual	18	20.7	5	26.3	23	21.7
Psycho-spiritual	53	60.9	1	5.3	54	50.9
Herbal & Manual	3	3.4	3	15.8	6	5.7

Psycho-spiritual & Herbal	3	3.4	0	0.0	3	2.8
Psycho-spiritual & Manual	7	8.0	2	10.5	9	8.5
Psycho-spiritual & Herbal + Manual	0	0.0	3	15.8	3	2.8
Total	87	100.0	19	100.0	106	100.0

Herbal includes mainly ethno- botanical treatments, Mechanical includes mainly massaging while Psycho-spiritual consisted of a plethora of exotic, supernatural and divining séances.
While over 70% in rural had psycho-spiritual therapy, it was only significantly less in the urban who had mostly herbal or manual.

The outcomes of the traditional healing was reported to be quite satisfactory in both rural and urban areas although a third reported poor outcomes as presented in Table 3.

Table 3: Reported outcome of traditional healing of mental disorders

Outcome	Rural		Urban		Total	
	No.	%	No.	%	No.	%
Healed	38	43.7	5	26.3	43	40.6
Improved	12	13.8	7	36.8	19	17.9
Poor	32	36.8	6	31.6	38	35.9
Worsened	1	1.1	0	0.0	1	0.9
Died	4	4.6	1	5.3	5	4.7
Total	87	100.0	19	100.0	106	100.0

The overall satisfaction was 50% for rural but only 25% for urban. Further, rural householders stated that traditional healing practice was unsuitable or not good for 32% of the illnesses, as compared to 43% in the urban as displayed in Table 4.

Table 4: Overall satisfaction of traditional healing for mental disorders

Satisfaction	Rural		Urban		Total	
	No.	%	No.	%	No.	%
Excellent	15	17.2	1	5.2	16	15.1
Good	29	33.4	4	21.1	33	31.2
Satisfactory	15	17.2	6	31.6	21	19.8
Unsuitable for some	10	11.5	2	10.5	12	11.3
Not good	18	20.7	6	31.6	24	22.6
Total	87	100.0	19	100.0	106	100.0

Only half in the rural and a quarter in the urban stated that they would recommend traditional healing for mental illnesses as given in Table 5.

Table 5 : Recommend traditional healing for mental disorders in rural and urban samples.

Recommend	Rural		Urban		Total	
	No.	%	No.	%	No.	%
Yes	238	46.7	77	25.7	315	38.9
No	272	53.3	223	74.3	495	61.1
Total	510	100.0	300	100.0	810	100.0

The reasons given for recommending in listed in Table 6.

Table 6 : Reasons for recommending traditional healing for mental health

Area	Reason	No. of households
Rural	I have strong faith in traditional healing	51
	Able to offer effective treatment	65
	Depends on the severity of illness	8
	As a first step	23
	TH has diagnostic ability for mental disorders	12
	Capable of casting off evil spirits	6
	TH better when allopathy fails	23
	Witnessing other people getting healed	4
	More affordable	5
	TH more accessible and approachable	14
	TH has no side effects	5
	Some illnesses can be healed only by TH	10
	Seek all treatment options	4
Total		238
Urban	I have strong faith in traditional healing	15
	TH better when allopathy fails	9
	Seek all treatment options	9
	Suitable for some illnesses	26
	Able to offer effective treatment	6
	TH has diagnostic ability for mental disorders	5
	Capable of casting off evil spirits	4
Total		77

On the other hand, the reasons for not recommending are listed in Table 7.

Table 7: Reasons for NOT recommending traditional healing for mental health

Area	Reason	No. of households
Rural	Modern medicine is better	36
	No faith in TH	18
	Faith only in Christian religious healing	15
	TH is ineffective	95
	Self coping skills is more important	3
	Unsuitable for some illnesses	81

	TH are uneducated, no formal training	5
	Seeking TH is against Christian beliefs	19
Total		272
Urban	Faith in allopathy only	59
	Prefer prayer centers	15
	Seeking TH is against Christian beliefs	3
	Faith in God only	25
	TH is ineffective	12
	I have no faith in TH	61
	Seek only qualified counsellors and psychiatrists	16
	Prefer rehabilitation centers	2
	Unsuitable for some illnesses	13
	TH are uneducated, no formal training	17
Total		223

On enquiring if traditional healers are still popular for treating mental disorders, nearly 60% in the rural but only 24% in the urban said they were.

The main reasons for stating that the traditional healers were popular were their strong faith, belief that they have the diagnostic ability and because they adopt culturally acceptable methods. Also, they affirm that traditional healing is better than allopathy in effectiveness, is more easily available, more affordable, more approachable and have power over spirits. On the other hand, the decline in popularity was attributed largely to their incapability to treat some mental disorders which are generally unsuccessful.

IV. DISCUSSION

The present research in Nagaland provides a comprehensive profile of Nagaland, its demography, public awareness, attitudes and utilization of traditional medicine for mental disorders and their perspectives for better mental health care (Tables 1,3,4). The Mental Health Action Plan for 2013–2020 of the WHO called for the provision of comprehensive, mental health services integrating the perspectives and engagement of service users and families (WHO,2013)). Models for successful integration sadly remain only on paper with very few evidence based interventions (Hanlon et al, 2014;Wang et al, 2007;Gwaikolo et al, 2017). To a large extent, collaboration dialogues have considered biomedicine on the one hand, and a wide range of traditional and faith-based treatments on the other hand (Bruckner et al, 2011). However, this dualistic bifurcation does not reflect the plurality of healing systems in operation in many contexts, and the diverse investments that different non-biomedical healing approaches may have in their own power to heal (Pouchly, 2012). Extensive review of literature on traditional healing for mental disorders among indigenous populations revealed scarce publications and hardly any for northeastern part of India, especially Nagaland, famous for its rich ethnobotanical resources (Bhuyan et al, 2014;Deorani& Sharma, 2007; Jamir et al 2012).Whatever model is used, any attempt to forge a working relationship between TM and conventional medicine is likely to confront several challenges. Practitioners of orthodox medicine will have to deal with the fundamental clash of ideologies between the Western view based in a materialistic empiricism, and the traditional healers' worldview based in magic, religion and sorcery (Ofori-Atta et al, 2018). On the other hand, given the important role of ritual and symbolism in traditional healing practice, traditional healers may feel that their effectiveness is undermined by any collaborative arrangement that discourages the use of ritual and symbolism. Liberia in West Africa had experienced significant psychological trauma following fourteen years of violent civil war and the 2014–2015 Ebola epidemic, but there are only two psychiatrists for the entire population. Herman et al (2018) conducted 35 semistructured qualitative interviews with Liberian traditional healers and utilizers of traditional medicine asking questions about common health problems, treatments, beliefs, and personal preferences. Participants discussed cultural attitudes, beliefs, and structural factors that may influence collaboration between traditional and Western medicine. Healers expressed willingness to collaborate in order to strengthen their skills, though realized Western physicians were hesitant to collaborate. Additionally, Liberians believed in both medical traditions, though preferred Western medicine. Finally, structural factors such as geographic distance and financial barriers made traditional medicine more accessible than Western medicine. Traditional healers and utilizers support collaboration as evidenced by their perceptions of cultural attitudes, beliefs, and structural factors within the Liberian context.. As part of a larger study, Kbopi & Swartz (2018) conducted interviews among different categories of TAM (Traditional and Alternative Medicine) practitioners living and/or working in the Greater Accra Region of Ghana. They caution that an important question for integrative healthcare systems must be more nuanced than simply a call for collaboration and know more about who, and from which groups, would wish to work together for men-

tal health, and for which reasons. Questions of place, power and claims to legitimacy may form an important component of the collaboration dialogue. Collaborative efforts, they suggest, may be less likely to succeed if these contextual factors regarding different types of healers are not considered. Thirty-six practitioners were interviewed, made up of 8 herbalists, 10 Islamic healers, 10 Pentecostal/charismatic Christian faith healers and 8 traditional shrine priests/medicine-men. Through thematic analyses, differences in the notions about collaboration between the different categories of healers were identified. Their perceptions of whether collaboration would be beneficial seemed, from this study, to co-occur with their perceptions of their own power. They conclude that an important way to move debates forward about collaboration amongst different sectors is to examine the notions of power and positioning of different categories of TAM healers in relation to biomedicine, and the attendant implications of those notions for integrative mental healthcare.

It should not be forgotten that the primary purpose of integration is to benefit the community who must be involved in the process especially in caring for the mentally ill. The findings from this research while highlighting the continuing popularity and preferences to seek traditional healing for alleviating mental disorders in Nagaland, they also show a significant decline in the urban population and also the failure of traditional methods for healing some illnesses such as substance abuse, Alzheimer's and chronic disorders such as schizophrenia. This is where modern allopathic psychiatry seems superior and preferred by the public. In balance, then the best possible therapy for Nagaland and similar indigenous populations would be a careful, scientific, acceptable and affordable integration of both systems of healing. Several investigators have stated that community services can play a crucial role in promoting methods with mental health awareness, reducing stigma and discrimination, supporting recovery and social inclusion, and preventing mental disorders (Thornicroft et al, 2018). The reasons for the popularity of traditional healers lies in their intimate knowledge of local culture, approachability and good rapport. There is much to learn and adapt the normal counseling procedures in dealing with mental health issues. Moodley (2007) states that “As a reflexive process, counseling and psychotherapy has been accommodating change since its earliest beginnings”. Traditional healing is commonly used in most parts of the world and mental health counselors have adopted innovative integration in absorbing local culture into their counseling practice. Nagaland offers a unique opportunity to integrate the best traditional healing practices into formalized counseling and psychotherapy programs. What might be the logical framework for such integration to take place smoothly and urgently? Would a trained culture-sensitive professional counselor be the best person to initiate and monitor this process ? (Wane and Sutherland, 2010).

Much lip service is paid for using a Community-Based participatory approach (CBPA) to promoting health which is recognized as a critical strategy in addressing health unfairness among socially disadvantaged and marginalized communities, but very few actual experiences are available, especially for mental health. According to Israel et al (2012), the basic principles of a CBPA are: recognizing the community as a unit of identity, building on collective strengths and shared resources, facilitating partnership and capacity building throughout the process, spreading relevant information, data and other findings to all participants,Involving a long-term process and commitment and finally, seeking a balance between research and action. Kohrt et al (2018) mapped community interventions in LMIC to identify competencies for community-based providers, and highlight research gaps. Using a review-of-reviews strategy, they identified 23 reviews for the narrative synthesis. Motivations to employ community components included greater accessibility and acceptability compared to healthcare facilities, greater clinical effectiveness through ongoing contact and use of trusted local providers, family involvement, and economic benefits. Locations included homes, schools, and refugee camps, as well as technology-aided delivery. Activities included awareness raising, psychoeducation, skills training, rehabilitation, and psychological treatments. There was substantial variation in the degree to which community components were integrated with primary care services. Addressing gaps in current practice will require assuring collaboration with service users, utilizing implementation science methods, creating tools to facilitate community services and evaluate competencies of providers, and developing standardized reporting for community-based programs. Further research in Nagaland using findings and contacts made with traditional healers and families with any mental illness will be necessary to begin the process of integration using the steps in community based participatory approach. Among the various health professionals, it seems that a trained counsellor can be moulded to “bell the cat”! (Wane and Sutherland, 2010; Adekson, 2016;Ali et al 2003;Allen et al, 2014).

The high levels of stigma toward people with mental illness among the general public and health workers is a barrier to seeking specialized mental health services (Evans-Lacko et al, 2014). Additional constraints include lack of evidence on screening and detection programs to identify persons needing care, lack of transportation infrastructure to reach health facilities, shortage of health personnel trained in mental health care, and lack of psychological treatments at health facilities (Thornicroft et al, 2017). Given these challenges, it is vital to determine how to effectively work in communities and with community-based service providers for mental health care delivery in low-resource settings. One finding from the present research refers to the lower use of traditional healers in the urban Nagaland as compared to rural areas.Could it be due to better access to allopathic care or poor availability of traditional healers or different mental disorders or higher socioeconomic educational status of the people need proper research and suitable plans made for integrated mental health services using the

best in traditional and allopathic care. Albert and Porter (2015) suggests that tribal medicine in neighbouring state of Meghalaya needs to be supported and highlight the importance of contextualizing health policy within the local culture. A potential role for Health Policy and Systems Research (HPSR) at sub-national levels is also highlighted, which applies to Nagaland state as well.

V. CONCLUSIONS AND RECOMMENDATIONS

Traditional healers are still the first point of contact even for mental disorders in Nagaland , respected for their knowledge, wisdom and approachability. However they have limitations in treating some disorders and their acceptance is less in urban areas.Thus there is an urgent need to integrate traditional methods with allopathic psychiatry to provide the best care for the affected. Several approaches including Community-based and primary health care services using counsellors and other professionals are possible and must be tried in order to enhance mental health care in Nagaland.

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