

Traditional Healing Practices Among American Muslims: Perceptions of Community Leaders in Southeast Michigan

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Abstract Despite growing numbers of American Muslims, little empirical work exists on their use of traditional healing practices. We explored the types of traditional healing practices used by American Muslims in southeast Michigan. Twelve semi-structured interviews with American Muslim community leaders identified through a community-academic steering committee were conducted. Using a framework coding structure, a multidisciplinary investigative team identified themes describing traditional healing practices. Traditional healing practices can be categorized into three domains: Islamic religious text based practices, Islamic worship practices, and folk healing practices. Each domain may further contain therapies such as spiritual healing, medicinal herbs, mind body therapy, and dietary prescriptions. Traditional healing practices are utilized in three capacities of care: primary, secondary, and integrative. Our findings demonstrate that American Muslims

actively utilize traditional healing practices. Healthcare practitioners caring for this population should be aware of the potential influence of these practices on health behaviors.

Keywords Traditional healing · Islamic healing · Islamic medicine · American Muslim health practices

Background

American Muslims

The American Muslim population is currently estimated at 7 million, and comprised nearly equally of indigenous African Americans, South Asian Americans and Arab Americans [1]. With an annual growth rate of 6%, American Muslims are projected to double in number by 2014 through the influence of high birth rates, immigration, and religious conversion [1]. Recent surveys indicate that roughly two-thirds of adult Muslims living in the U.S. are foreign born [2], likely bringing with them traditional healing practices from their home countries. Among native-born Muslims, slightly more than half are African American [2], who also have diverse healing practices of various ancestral origins.

Traditional Healing Practices of American Muslims

Given the diversity of the American Muslim population, a variety of traditional healing practices may be utilized by this population in conjunction with, or instead of, allopathic medicine. According to the World Health Organization (WHO), “traditional medicine is the sum total of knowledge, skills and practices based on the theories,

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beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses” [3]. For many communities, traditional healers are an inherent component of their societal culture, and seeking traditional healers can be a natural extension of their worldview [4].

Traditional healers are utilized to treat various physical, mental and spiritual ailments and some research within this community suggests that allopathic practitioners may be predominantly sought for physical ailments [4]. For instance, in many parts of the Muslim world, traditional healing practices are utilized by individuals dealing with infertility, epilepsy, depression and other ailments, all believed to be of psycho-spiritual nature [5]. Muslim immigrants in the U.S., may also use traditional healing practices when an underlying cause of a specific condition is perceived to exist outside the training and knowledge of a conventional doctor [6], and when there is a lack of knowledge about Western medicine and treatment protocols [7].

Traditional healers can be male or female, with varying training, and furnishing a wide array of treatment modalities. A classification of healers within the diverse Muslim populations is wanting however some examples of traditional healers utilized by Arab and Muslim populations may include *al-fataha*, female fortune tellers; the *khatib* or *hajjab*, male healers providing amulets worn on the body for protection from negative energy; the *Dervish*, male or female healers using religious rituals and cultural traditions to treat mental illness; and *moalj belkoran*, male healers using Islamic scripture for protection against negative energy and evil spirits [4].

Theoretical Framework

Despite scattered reports on traditional health care utilization, it is unclear what types, and in what capacity traditional healing practices are being used by American Muslims. Theoretical frameworks of other traditional healing systems, such as traditional Chinese medicine (TCM) and Ayurveda, incorporate manipulative and massage techniques, herbal medicine, dietary practices, meditation, and exercise [8, 9]. Attention should be given to the influences of religion upon perceptions of health, and its role in health seeking behaviors. For this particular community, religion is not only an important factor in electing to seek traditional healers, it can also be the framework through which health concerns are contemplated and resolved [4]. Thus, synthesizing traditional healing and religious frameworks may provide a logical approach for considering the types of traditional healing practices used by American Muslims.

In this study, we explore the types of traditional healing practices utilized by American Muslims as reported by community leaders. Community leaders are key informants in that they have access to, and knowledge of, the diverse practices within their constituency. Furthermore, having insight into the healthcare system and social milieu of American society, they may be able to better voice and explain linkages between traditional healthcare practices and religion, the terminology used to connote such practices, and reported patterns of utilization.

Methods

Setting and Design

American Muslims of all three major racial and ethnic groups; African Americans, South Asians, and Arabs, have prominent communities in Southeast Michigan, representing an ideal location for the study of American Muslim health beliefs and practices. We conducted a qualitative study utilizing a community-based participatory research approach [10]. We partnered with four key community organizations: two Islamic umbrella organizations that represent over 35 Muslim organizations, a policy institute focusing on American Muslims, and an Arab community health organization. Representatives from these organizations formed part of a steering committee that guided all phases of the project from interview guide and research question development, to participant recruitment, data analysis, and dissemination.

Sampling

Representatives from the community organizations and steering committee members identified key informants and community stakeholders to be interviewed and outlined semi-structured interview protocols. We used a purposive maximum variation sampling method within the potential participant pool to identify community leaders with a wide variety of experiences and views and to insure that each racial demographic within the American Muslim population at large was represented [11].

Data Collection

A total of 12 qualitative semi-structured interviews were conducted using an interview guide developed via literature review and team discussion. Interviews lasted 1–1.5 h, were conducted at participants’ choice of location, and were gender-concordant if requested by participants. Participants were asked about American Muslim health beliefs, health seeking behaviors and practices, and health

challenges. The influence and role of alternative treatments was an element of the interview guide explored through probes and open-ended questions. Sampling continued until thematic saturation was reached on the manners in which Islam may influence American Muslim health behaviors. This project was approved by the University of Michigan Institutional Review Board.

Data Entry

Interviews were audio recorded and transcribed verbatim by a professional transcriptionist. As respondents sometimes mixed Arabic and English, Arabic terms were translated into English by bilingual team members and verified for accuracy by a second bilingual team member. QSR Nvivo v8 was used for coding and analysis. Pseudonyms were substituted for real names to protect confidentiality.

Data Analysis

Detailed content analysis of the data utilized a framework and team-based approach. Analysts immersed themselves in the data by reading and open-coding the transcripts to develop a preliminary coding frame. The first four transcripts were double-coded to calibrate the coding scheme and process. Disagreements were resolved by team consensus, and emergent themes were discussed via a constant-comparison method during team meetings. A revised coding scheme was developed and applied to the eight remaining transcripts. Each transcript was assigned an analyst to develop a summary by code and to perform local integration of codes by grouping codes into higher order conceptual themes. These summaries were used in team meetings to perform global integration of themes across the interviews [12]. Based on this analysis, we developed a conceptual framework to understand the interface between Islam and traditional healing practices of American Muslims.

Results

Participant Characteristics

The mean age of the 12 participants was 44.3 years. Seven participants were men, and five were women. Most were Sunni Muslims and held advanced degrees. The participants represented a variety of ethnicities and countries of origin, and held an assortment of roles in the American Muslim community (Table 1).

Table 1 Demographic characteristics of study participants ($N = 12$)

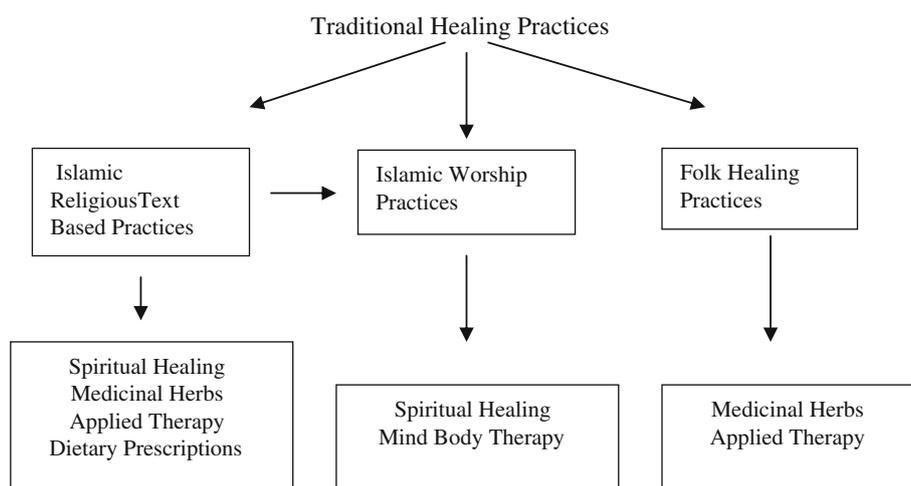
	<i>N</i>
Age, mean (SD), year	44.3
<30 years	2
30–55 years	7
>55 years	3
Sex	
Male	7
Female	5
Religious affiliation	
Sunni	8
Shi'ite	1
Prefer not to say	3
Ethnicity	
Arab/Arab American	6
African American/Black	2
South Asian	2
European/White	1
Other	1
Education level	
<Associate degree and/or some college	2
4 Year college degree	2
Advanced degree (masters, doctorate)	8
Country of origin	
United States	6
Other	6
Africa	1
Europe	1
Middle East	3
South Asia	1
Primary role in american muslim community	
Imam	2
Leadership role in community health organization	3
Leadership role in community civic organization	1
Community organizer	2
Allied health professional	4

Interface Between Islam and Cultural Healing Practices

Domains of Traditional Healing Practices

American Muslim community leaders discussed traditional healing practices as attributable to three domains, two from within the Islamic tradition, namely, practices based on Islamic religious texts and Islamic worship practices, and one from outside the Islamic tradition: folk practices stemming from cultural or ethnic heritage unique to a geographical area (Fig. 1).

The three identified domains each contain therapies that can be further classified in a manner similar to that of other

Fig. 1 Domains of traditional healing practices

traditional healing systems such as traditional Chinese medicine (TCM) and Ayurveda. We thus categorize practices within each larger domain using the classification of spiritual healing, medicinal herbs, applied therapy, and dietary prescriptions. For examples of supportive quotes from the interviews, please see Table 2.

Domain 1: Islamic Religious Text Based Practices

Many ($N = 8$) of our respondents spoke about Islamic religious text based practices. As the Qur'an and Prophetic traditions, *hadith*, are the textual foundations of the Islamic faith, references to herbs, dietary practices, or other healing practices in the Qur'an and prophetic traditions formed the basis of specific healing practices. Since Islamic religious texts are the primary source for Islamic worship practices, also perceived to have healing characteristics, the Islamic text domain influences that of Islamic worship practices. Yet, we separate the prayers and litanies, which are primarily for the purposes of worshipping God, and secondarily have a healing quality, from those healing practices whose function is chiefly healing. Within the Islamic Religious Text domain, we find a spectrum of therapies related to spiritual healing, medicinal herbs, applied therapy, and dietary prescriptions.

Spiritual Healing Muslims use Islamic texts as a primary source of the prayers used for healing purposes. Since our participants voiced a God-centric view of health and illness, i.e. God sends down illness and is the one who ultimately relieves it, the Qur'an believed to be the literal word of God, and the traditions of Prophet Muhammad are viewed as potential sources of healing. This is illustrated by Ahmad who states "... So my religion plays a large part in my feeling when I'm ill... We usually read Surat Fatihah" (the first chapter of the Qur'an, also known as "Sura-tul-shifa",

or the cure of diseases). Ibrahim states in regards to Sadaqa (charity given by Muslims) "...there is (a) Hadith (Prophetic tradition) (that) says 'and cure your own and the sick with charity'".

Medicinal Herbs Herbs utilized include the use of *Nigella sativa* (L.), or commonly known as black seed, which is referenced in the prophetic tradition as having healing qualities. Maryam states, "I personally practice by taking the black seed and it has helped not only mitigating colds but also my gynecological problem which no gynecologist has been able to solve... So, I'm keeping healthy as being my beliefs and the medicine which I am getting from my tradition". **Applied Therapy.** This includes *Hijama*, or wet cupping. Also taken from prophetic tradition, this is a method whereby blood is drawn by vacuum from a small skin incision for therapeutic purposes.

Dietary Practices Therapies related to diet were a form of self-care amongst our interviewees, and included the use of foods such as honey and olive oil, both of which are mentioned in prophetic tradition as well as the Qur'an. Taha states, "the Quran mentioned two remedies that people under-utilize which is honey (and) olive oil".

Domain 2: Islamic Worship Practices

Many ($N = 8$) participants spoke about the effects of Islamic worship practices. Islamic worship practices seen by participants as having healing qualities include *Salat* (Prayer), *Hajj* (Pilgrimage to Mecca) and *Du'a* (Supplication). The healing benefits of *Salat*, *Hajj* and *Du'a* can be seen in the following examples. Sanna states "I mean I guess that prayer aspect is really important, that... they should be aware that people are going to think of that as a really valid healthcare... really of value in terms of

Table 2 Supportive quotes for domains of traditional healing practicesIslamic Text Based Practices ($N = 8$)

Spiritual Healing

- “They read *Quran*- oh my gosh, how can I forget that? It’s the number one cure itself...because if you read *Quran* on somebody *insha’alla* (God willing) they get cured”
- “The Prophet (SAW, peace be upon him) (explained) in his teachings as far as how to address illnesses. And he actually taught us many ways and there’s the science of the prophet medicine and how to take care of each illness”

Medicinal Herbs

- “I personally practice by taking the black seed and it has helped not only mitigating colds but also my gynecological problem which no gynecologist has been able to solve”
- “Traditional medicines should not be ignored. It’s what we get cured by. You see black seed is a very huge thing, a big deal for us to cure colds, to cure gynecological problems which is entirely, almost unknown by the doctors I visit. Do they know about these things, these ways to cure problems and so forth? Our medicines are working, we feel like it should be part of the cure system that’s promoted by the doctors. I mean, since we’re already using it and our people are benefiting, other people should also benefit from it. I know it’s a cross between herbal and other treatments and you get to not accept it, by why not?”

Applied Therapy

- “They use *Hijama* (wet cupping, where blood is drawn by vacuum from a small skin incision for therapeutic purposes)”
- “They use *Kaiy* (where an iron bar is heated over fire and applied to the desired part of a body), although Prophet (peace be upon him) discouraged using *Kaiy*”

Dietary Prescriptions

- “And some home remedies- using honey... and other kinds of home remedies”
- “Honey. Honey is that I see they try to use.”

Islamic Worship Practices ($N = 8$)

Spiritual Healing

- “... *Asadaqat* (charities)... also there is (a) *Hadith* (Prophetic tradition) (that) says ‘*dawu mardakim bel sadaq*’ and cure your own and the sick with charity”
- “A lot of Muslims use...a lot of prayer, a lot of dua (supplication) and reading *Quran*...”
- “I think there’s a lot of recitation and dua (supplication) that people do ... absolutely. I definitely remember when we were little my grandma would, you know, we’d have the cold towel on our head from whatever fever we had gotten (and she would be) making dua over us.”
- “...prayer is...almost as important as whatever the medication is. Often more important is the prayer that you do as for your own health compared to what other people do for you...”
- “I mean I guess that prayer aspect is really important, that... they should be aware that people are going to think of that as a really valid healthcare... really of value in terms of improving health”
- “For instance, a recent story, a brother had bleeding that wouldn’t stop from prostate cancer and the Imam prayed and it stopped and they don’t know why...”

Mind Body Therapy

- “Even the prayer- the prayer itself, the movements, I mean, those are things that help you to get healthier. Those are exercises in itself. If someone practices those every day, that will benefit him even in his health”

Folk Healing Practices ($N = 6$)

Medicinal Herbs

- “... Certain herbs and things like that but again, those are specific to the culture. I mean some are used more than others. Like the Lebanese, they use *izhurat* which is sunflowers tea kind of a thing and, you know, in the *belad alsham* (greater Syria) use like the sage tea more. But in Yemen they use other different things. *Yensun* (fennel or anise) is pretty commonly used for stomach upset”
- “Tea and chamomile tea is pretty widely used. And I think *fenugreek* is- but those are things more cooked in foods but they have properties that are medicinal”

Applied Therapy

- “Some of the things they do with babies, you know, pine nuts in order to help them so they can go if they’re constipated.”
- “For ... the colicky baby they give rosewater, you know, that kind of thing. its definitely cultural stuff that they add to their medicine cabinet”
- “Putting *Zayt ala batn elbaby* (oil on the stomach of the baby) and then rubbing it, you know, so some of those things we call ‘folk medicine’ no different that what American Indians do... they have certain things that they believe are remedies”

improving health". Nadia states in relation to Hajj, "Everything from traveling... to spiritual holy sites, from Mecca and Medina... for the seeking of health". Amin mentions the utilization of Du'a, "I think there's a lot of recitation and dua (supplication) that people do ... I definitely remember when we were little my grandma would, you know, we'd have the cold towel on our head from whatever fever we had gotten (and she would be) making dua over us...".

In this domain, participants primarily employed practices that would be classified as spiritual based therapies, or spiritual healing.

Spiritual Healing These practices are carried out in the manner of religious figures reciting prayer over those who are sick, or over things consumed by those who are sick. Examples include prayers recited over food, coconut, sugar, or water. Sanna states that in her community there are designated Islamic clerics who provide healing in this way, "so someone", who lead(s) prayer on food or on sugar, and then people who are sick eat that". Spiritual healing practices also include the recitation of specific prayers over rosary beads or on fingers in order to enable counting, known as zikr. Sanna states "yeah, and like rosary beads, like prayers that you read when you are sick". Specific prayers, or supplications, may also be recited aloud or silently by the ailing over the afflicted body area.

Mind Body Therapy The ritual prayer, *Salat*, incorporates a specific set of physical postures while reciting specific verses of the Holy Qur'an, glorifications and testifications to God, and supplications. Our respondents felt that ritual prayer promoted well-being. The Islamic ritual prayer may also be seen as a type of active meditation, where each posture promotes physical and psychological well-being. Isaac speaks to the benefit of the physical postures of *salat* by stating, "the prayer itself, the movements, I mean, those are things that help you to get healthier... some movements which we do, other people might never do in their whole life... Those are exercises in itself. If someone practices those every day, that will benefit him even in his health".

Domain 3: Folk Healing Practices

Though not as prevalent as the Islamic text and worship domains, half of participants ($N = 6$) also discussed folk healing practices, stemming from cultural or ethnic heritage unique to a geographical region. Similar to the domains of Islamic religious text, and Islamic worship practices, this domain includes a spectrum of utilization patterns of therapies related to spiritual healing, medicinal herbs, and applied therapy.

Medicinal Herbs Herbs appear to be primarily used in a culinary manner, as a form of self-care, and reflect the integration of these practices into the mainstream diet. Examples include using fenugreek, sage and fennel. Jamila states, "... certain herbs and things like that but again, those are specific to the culture. Like the Lebanese, they use *izhurat* which is sunflowers tea kind of a thing and, you know, in the *belad alsham* (greater Syria) (they) use like the sage tea more. But in Yemen, they use other different things".

Applied Therapy This includes any practice whereby physical application occurs, and includes such therapies as reflexology. Amin states, "they may have remedies that are more related to culture and geographic origin... An example of a cultural one is ... some of the Bedouin groups in Amman in Jordan, they ... like salting the baby... it's for the skin. So after they change the baby, they actually take salt and rub it all over the baby and olive oil and rub it all over the baby...".

Traditional Healing Practices Terminology and Patterns of Utilization

Terminology used by our interviewees when referring to traditional healing practices includes 'native medicine', 'spiritual folk care', 'folk medicine', 'prophet medicine' and 'traditional medicine'. Our participants did seem to use some of these terms interchangeably. Based on our interviews, American Muslims utilize traditional healing practices in three different realms of care. As a primary choice of care, traditional medicine is utilized when an established relationship with a healthcare practitioner is lacking. For example, Ibrahim states, "I know with some people when they get sick, they really don't care much about seeking health and they said they sick for a long time, they don't know this kind of doctor, they don't do this kind of things and they prefer native- what we call native medicine".

As a secondary choice of care, traditional medicine may be utilized when conventional medicine fails to work. The nature of this choice is reflected by the experience of Maryam who reports, "They have been able to give birth control pills, which has side effects but I stopped them and (have) gone back to traditional medicine".

Lastly, as an integrative choice of treatment, traditional medicine is used in conjunction with conventional medicine. This is illustrated by Maryam who states, "Turmeric we have every day... One doctor recommended that I have the pills to help in healing plantar fasciitis but we have that anyway in our food everyday".

Discussion

Our work represents a novel addition to the literature on American Muslim health practices. In particular, our work illustrates the meanings American Muslims attach to their health practices within a religious world-view. Interviews with twelve American Muslim community leaders attest to the utilization of traditional healing practices among American Muslims residing in southeast Michigan. Utilizing a community based participatory research model adds an organically constructed framework for healthcare practices within this community through capturing the community's voice across demographic lines. We applied an organizational structure to capture the various activities participants reported, which included Islamic religious text based practices, Islamic worship practices, and folk healing practices into a cogent model that may be generalizable to other groups. Additionally, our data provides evidence for the usage of various therapies related to dietary practices, medicinal herbs, applied therapy, mind body therapy, and spiritual healing within each overarching domain.

When compared to their American counterparts, it appears that American Muslims are using similar practices in maintaining their health. In the U.S., amongst the top 10 commonly used Complementary and Alternative Medicine (CAM) therapies were diet-based therapies mind body therapies such as meditation, and manual therapies such as chiropractic manipulations [13]. Our interviewees highlighted the utilization of several dietary practices and medicinal herbs, mostly in the form of self-care, and taken from the guidance of Islamic religious text, as well as folk healing practices.

Probing into the utilization of traditional healing practices of American Muslims raises several challenges and implications for healthcare practitioners caring for American Muslim patients. Based on our interviews, individuals may not disclose traditional healing practices to their healthcare providers. As some participants suggested, American Muslims may resort to using traditional medicines when they feel prescription medicine isn't working. This raises a serious concern as patients begin to self medicate. The potential for drug-herb or nutrient-herb interaction raises a concern. Over the past decade, several adverse effects, some fatal, have been reported from taking over the counter (OTC) herbal products [14]. Consequently, patients may place themselves under grave danger by utilizing such therapies without proper guidance and supervision. In short, knowledge of these practices could be used to enhance health provision to this population.

This is an exploratory study, and as such has some limitations. We interviewed a relatively small sample; however, interviewing community leaders provided us with critical insight into the American Muslim community. Secondly,

our project focused on a single metropolitan community, and health related practices may vary in other populations. Yet southeastern Michigan has a Muslim community that spans multiple generations and represents the racial and socio-economic diversity of American Muslims in general. Thus, it is one of the most important Muslim communities in the United States and working within this community provides a solid platform for investigation. To add more depth to our findings, future work should focus on gaining insight from multiple communities and a larger cross-section of individuals. Utilizing survey measures to gain epidemiological data on utilization patterns for traditional healing practices will be the focus of our next set of efforts.

There is growing interest of traditional and holistic systems of medicine, both within the U.S. as well as in the international community. It is our recommendation that further exploration into traditional healing practices within this population is needed. Future work ought to explore venues sought by American Muslims pursuing traditional healing practices, determine whether professional or lay practitioners are providing these types of care, and gauge how healing traditions are preserved and adapted within our pluralistic society. Healthcare practitioners caring for American Muslims should be aware of the potential influence of religious text, worship practices, and other folk healing traditions in the health practices of this community. A comprehensible definition, or taxonomy, will allow researchers to delve into the elements of traditional medicine, and consequently provide insight into its theory and therapeutic application.

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