



GLOBAL JOURNAL OF MEDICAL RESEARCH: F
DISEASES

Volume 14 Issue 4 Version 1.0 Year 2014

Type: Double Blind Peer Reviewed International Research Journal

Publisher: Global Journals Inc. (USA)

Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Perception of Cautery Healing Effect Among Infants' Parents at the Southwestern Area of Saudi Arabia

By Ali M. Al-Binali, Mohammed A. Al-Huneif, Safa M. Al-Haider, Ossama A. Mostafa, Suleiman H. Al-Fifi & Ahmed A. Mahfouz
king khalid university, Saudi Arabia

Abstract- To explore the pattern and determinants of traditional cautery practices for management of ailments among infants visiting the outpatient clinics of governmental hospitals in Aseer District. Methods: This study was conducted at the Pediatrics' Outpatient Clinics of governmental hospitals within Aseer Region. The data collection sheet included personal characteristics and variables related to cautery practices. The study group comprised 150 infants and an age-and gendermatched control group (134 infants) who did not have any cautery marks in their bodies. Results: Parents sought cautery for their infants mainly because of abdominal distension (28%), prolonged cough (27.3%), persistent vomiting (22%) and excessive crying (14%). The main sites for cautery were the infant's chest (50.7%) and the abdomen (38.7%). The person who performed cautery to the infants was mainly a professional traditional healer (89.3%). Inflammation of skin at the cautery site occurred in 26.7% of infants.

Keywords: cautery, infants, perception, saudi arabia.

GJMR-F Classification : NLMC Code: QW 940



Strictly as per the compliance and regulations of:



© 2014. Ali M. Al-Binali, Mohammed A. Al-Huneif, Safa M. Al-Haider, Ossama A. Mostafa, Suleiman H. Al-Fifi & Ahmed A. Mahfouz. This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License (<http://creativecommons.org/licenses/by-nc/3.0/>), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Perception of Cautery Healing Effect Among Infants' Parents at the Southwestern Area of Saudi Arabia

Ali M. Al-Binali ^α, Mohammed A. Al-Huneif ^σ, Safa M. Al-Haider ^ρ, Ossama A. Mostafa ^ω, Suleiman H. Al-Fifi[‡] & Ahmed A. Mahfouz[§]

Abstract- To explore the pattern and determinants of traditional cautery practices for management of ailments among infants visiting the outpatient clinics of governmental hospitals in Aseer District.

Methods: This study was conducted at the Pediatrics' Outpatient Clinics of governmental hospitals within Aseer Region. The data collection sheet included personal characteristics and variables related to cautery practices. The study group comprised 150 infants and an age-and gender-matched control group (134 infants) who did not have any cautery marks in their bodies.

Results: Parents sought cautery for their infants mainly because of abdominal distension (28%), prolonged cough (27.3%), persistent vomiting (22%) and excessive crying (14%). The main sites for cautery were the infant's chest (50.7%) and the abdomen (38.7%). The person who performed cautery to the infants was mainly a professional traditional healer (89.3%). Inflammation of skin at the cautery site occurred in 26.7% of infants. Wound infection occurred in 4% while the 6.7% of infants had to be hospitalized after cautery. The complaint of more than one fifth of the infants (21.3%) got cured after cautery, while 50% improved, 26.7% did not improve and 2% worsened. There were significant differences according to parents' attained educational level ($p < 0.001$ for both fathers and mothers), with more cautery among infants whose parents had lower levels of education. Mothers' employment was significantly associated with less practice of cautery for infants ($p < 0.001$). Cautery was significantly more practiced for infants with high number of siblings ($p = 0.017$) and for infants within extended families ($p = 0.018$).

Conclusions: The perception of parents is in favor of practicing cautery for their infants' ailments. However, the observed improvement or cure of infants' after cautery is questionable. Further detailed studies are needed to explore if there are genuine effects for cautery on the human body.

Keywords: cautery, infants, perception, saudi arabia.

Author ^α ^ω: Professor of Pediatrics and pediatric gastroenterology college of medicine, child health department King Khalid Universit. e-mail: aalbinali@yahoo.com

Author ^σ: Pediatrics Department, College of Medicine, Najran University, Abha, Saudi Arabia.

Author ^ρ: Department College of Medicine, King Khalid University, Abha, Saudi Arabia.

Author [‡] [§]: Family and Community Medicine Department, College of Medicine, King Khalid University, Abha, Saudi Arabia.

I. INTRODUCTION

Traditional medicine constitutes any treatment or therapy that is not routinely and universally available to patients via the national health care system. It has always been an "invisible mainstream" within the health care delivery system that is practiced by faith or traditional healers (1).

Traditional medicine includes practices self-defined by their users as preventing or treating illnesses or promoting health and wellbeing. It views health and disease in the context of the human totality of body, mind and spirit (2).

Social, cultural and political values, as well as socioeconomic factors, influence the use of traditional medicine. Some people often continue to use their cultures' traditional medicine alongside, or even in place of, conventional medicine. Some cannot afford to pay for conventional health care services and find traditional medicine affordable and accessible (3).

Moreover, Stekelenburg et al. (4) reported that prolonged waiting time, for being clinically examined or operated upon, turned out to be an encouraging factor for going to traditional healers. In the hospital, 48% of the respondents are not helped within time, while only 28% are not helped in time by the traditional healers. The cost of treatment from a traditional healer is affordable, but paid only if the patient is cured.

In developing countries, the affordability, availability, and cultural familiarity of traditional medicine, as well as family influence, contribute to the continued visits to traditional healers (3). Reasons include influence of grandparents, religious beliefs and failure of modern medicine to find the answer to some chronic disorders (5).

Traditional healing practices are widely used today, as have been since ancient times (6). Traditional ways of healing illnesses originating in ancient societies are currently called complementary medicine. Many of the traditional medical systems are based on sound fundamental principles and an experience that dates centuries gained by healers' practices(7).

In the Arab world, the main areas of traditional therapy comprise herbal, kאי (cautery) and cupping (8). It has been observed that most patients in the Arab countries, especially those who have strong religious background, first consult faith or traditional healers, who usually explain the etiology of diseases by magic and witchcraft, evil eye, demons and other cultural factors. Two types of treatment modalities are mainly followed, either non-invasive practices, mostly reading from the Holy Quran, (known as roqyah), or invasive, mostly cautery, which is a frequent treatment option. A large number of patients rotate between traditional healers and biomedical doctors (9-10).

Al-Rowais et al. (11) reported that, in the Kingdom of Saudi Arabia, most of native healers were illiterate, who mainly used herbs (45%), cautery (28%), while 25% were reciting Quran. They concluded that traditional healers give a significant contribution to the health care system. Almost half of the population in Riyadh City consulted traditional healers at least once in their life.

The medical services in Saudi Arabia have improved tremendously over the last few decades, and health care centers are easily accessible to the population. Nevertheless, traditional medicine practices, including cautery, are still widely practiced (12).

Abou-Elhamd(13) noted that the practice may be associated with considerable health risks. However, Albilani(8) noted that traditional therapies are becoming increasingly popular even in developed countries being used by 33% to 42% of the general American population.

Recently, some clinical research studies have been employed to shed light on the patterns and efficacy of traditional medicine practices. However,

more studies in different fields of traditional medicine practices are still needed (14).

This study aim to explore the pattern and determinants of traditional cautery practices for management of ailments among infants visiting the outpatient clinics of governmental hospitals in Aseer District.

II. METHODS

This study followed a case-control study design. It was conducted within the period from January until December 2012, at the Pediatrics' Outpatient Clinics of hospitals within Aseer Region, whose population is mainly tribal in nature for which traditional medicine practices are common. The included hospitals were Aseer Central Hospital, Mahayel, Al-Berk, Sarat Obeida, Zahran Al-Janoub and Al-Farsha hospitals.

The data collection sheet included personal characteristics, regarding parents' age, education, mother's employment, number of siblings and type of family (i.e., nuclear or extended) in addition to variables related to cautery practices, e.g., reason for practicing cautery, the person who performed it, site of cautery and outcome. The data collection sheets were filled by the treating physician.

The study group comprised 150 infants. The inclusion criterion was having cautery mark(s) on their bodies explained by their parents as being for the management of certain health problems.

An age-and gender-matched control group comprised 134 infants who did not have any cautery marks on their bodies. Table (1) shows no statistically significant differences between both groups regarding their age or gender.

Table 1 : Comparison between study and control groups as regard to age and gender

Variable	Study Group	Control Group	P-value
Age:			
▪ <4 months	14 (9.3%)	12 (9.0%)	1.000
▪ 4-8 months	67 (44.7%)	61 (45.5%)	
▪ >8 months	69 (46.0%)	61 (45.5%)	
Gender:			
▪ Males	92 (61.3%)	82 (61.2%)	0.981
▪ Females	58 (38.7%)	52 (38.8%)	

a) Statistical Analysis

Data were coded, validated and analyzed using the SPSS PC + software package. Descriptive statistics were performed and the Chi square test was applied to test significance of differences between groups, at 5% level.

The study received the approval of the Research and Ethics Committee at King Khalid University, College of Medicine (REC-2011-03-02).

III. RESULTS

Parents sought cautery for their infants mainly because of abdominal distension (28%), prolonged cough (27.3%), persistent vomiting (22%) and excessive crying (14%).

The main sites for cautery were the infants' chest (50.7%) and the abdomen (38.7%). The person who performed cautery to the infant was mainly a

professional traditional healer (89.3%). Inflammation of skin at the cautery site occurred in 26.7% of infants. Wound infection occurred in 4% while the 6.7% of infants had to be hospitalized after cautery. The complaint of more than one fifth of the infants (21.3%) got cured after cautery, while 50% improved, 26.7% did not improve and 2% worsened (Table2).

Table 2 : Reasons for performing cautery, site of cautery, person who performed it, outcome of cautery

Variables	No.	%
Reason for performing cautery ⁽¹⁾		
▪ Abdominal distension	42	28.0
▪ Prolonged cough	41	27.3
▪ Persistent vomiting	33	22.0
▪ Excessive crying	21	14.0
▪ General weakness	10	6.7
▪ Jaundice	7	4.7
▪ Other reasons	25	16.7

(1) More than one reason were possible

Continuation of Table 2 : Reasons for Performing Cautery, Site of Cautery, Person who Performed it, Outcome of Cautery

Variables	No.	%
Site of cautery		
▪ Chest	76	50.7
▪ Abdomen	58	38.7
▪ Head	18	12.0
▪ Lower limbs	14	9.3
▪ Upper limbs	6	4.0
▪ Back	5	3.3
The person who performed cautery		
▪ Family members	16	10.7
▪ Known traditional healers	134	89.3
Complications of cautery		
▪ None	94	62.7
▪ Skin inflammation at site of cautery	40	26.7
▪ Infected burn wound	6	4.0
▪ Hospitalization	10	6.7
Outcome of complaint		
▪ Cured	32	21.3
▪ Improved	75	50.0
▪ No improvement	40	26.7
▪ Worsened	3	2.0

Table 3 : Comparison between infants in the study group with those in the control group regarding their parents and family characteristics

Characteristics	Study Group		Control group		P-values
	No.	%	No.	%	
Father's age					
▪ <30years	29	58.0	21	42.0	0.621
▪ 30-40years	61	50.0	61	50.0	
▪ >40years	60	53.6	52	46.4	
Mother's age					
▪ <30years	62	57.9	45	42.1	0.342
▪ 30-40years	66	48.5	70	51.5	
▪ >40years	22	53.7	19	46.3	
Father's education					
▪ Primary	48	82.8	10	17.2	
▪ Intermediate	36	80.0	9	20.0	

▪ Secondary	34	42.5	46	57.5	
▪ University	28	31.5	61	68.5	
▪ Postgraduate	4	33.3	8	66.7	<0.001
Mother's Education					
▪ Primary	91	87.5	13	12.5	
▪ Intermediate	17	54.8	14	45.2	
▪ Secondary	26	32.1	55	57.9	
▪ University	16	23.9	51	76.1	
▪ Postgraduate	0	0.0	1	100.0	<0.001
Mother's employment					
▪ Housewife	132	60.6	86	39.4	
▪ Employed	18	27.3	48	72.7	<0.001

Continuation of Table 3 : Comparison between infants in the study group with those in the control group regarding their parents and family characteristics

Characteristics	Study Group		Control group		P-values
	No.	%	No.	%	
No. of siblings					
▪ <5	61	50.0	61	50.0	
▪ 5-10	69	50.4	68	49.6	
▪ >10	20	80.0	5	20.0	0.017
Type of family					
▪ Nuclear	109	49.1	113	50.9	
▪ Extended	41	66.1	21	33.9	0.018

Table (3) shows that infants in the study group did not differ significantly from those in the control group regarding their parents' age groups. However, there were significant differences according to parents' attained educational level ($p < 0.001$ for both fathers and mothers), with more cautery among infants whose parents had lower levels of education. Mothers' employment was significantly associated with less practice of cautery for infants ($p < 0.001$). Cautery was significantly more practiced for infants with high number of siblings ($p = 0.017$). cautery was significantly more practiced for infants within extended families ($p = 0.018$).

IV. DISCUSSION

This study showed that cautery has been practiced in Aseer District to manage health care disorders among patients as early as their first year of life. It has been revealed that parents commonly seek cautery for their infants even when they suffer from symptoms of ailments that can be controlled medically, like abdominal distension, prolonged cough, persistent vomiting or excessive crying.

El-Ghazali et al. (15) noted that traditional medicine practices occupy a significant part of Saudi Arabia's heritage and are widely accepted. Sheikh and Hatcher (16) stated that, for centuries, people have been using traditional means for treating ailments, and continued to use them alongside modern medicine. Despite all the marvelous advancements in modern

medicine, traditional medicine has always been practiced.

This study showed that the main sites for cautery were the infants' chest and abdomen. This is perhaps because the main infants' complaints were affecting these sites chest, e.g., prolonged cough and abdominal distension.

The person who performed cautery for infants in this study was mainly a traditional healer. Consequently, complications of cautery were common, e.g., inflammation of the skin at the cautery site and burn wound infection.

Moreover, the condition of some infants deteriorated after cautery and they had to be hospitalized. Despite the claimed cure of infants' complaints of more than fifth of the infants and the improvement among half of them after cautery, yet the complaint of one fourth did not improve and that of 2% worsened.

Such cure and/ or improvement might be explained to some extent by: relief of endogenous opioids in response to cautery, the natural history of such disease which usually improves with time, regardless of treatment, such as reflux, colicky pain and even chest problems.

Azaizeh et al. (17) stated that people will continue to flock to traditional healers for relief from minor and major ailments hoping for a permanent cure to their complaints, which frequently recur after being medically treated by physicians.

The controversy, that traditional healers are popular in spite of the fact that their practices may be harmful has been widely described and explained in literature. Sheikh and Hatcher (16) stated that some of the traditional healers are quacks, who are at the same time very caring people, and extraordinarily skilled in communication and counseling. In spite of the fact that there are certain horrible ones who would harm their patients at every turn, traditional healers are usually respected within their own communities, and they are often their opinion leaders. However, traditional healers lack education, training, regulation and evidence base (16).

Abou-Elhamd(12) stressed that it is not logic to burn patients to make them suffer more pain in order to treat their pain. Patients who have received cautery reported that it gives temporary relief followed by severe pain. Such treatment may possibly act by stimulating the release of endogenous opioids and other neurotransmitters.

Kim et al. (18) noted that, in spite of the relatively high extend of patients' satisfaction toward traditional medicine, it is important to be aware of the potential adverse effects and hazards that should be avoided.

Physicians should inquire about traditional medicine practices by their patients to protect them from harm. Moreover, clinicians should consider the cultural and personal meaning associated with diverse health beliefs and practices of patients (19).

IV. CONCLUSION

In conclusion, the perception of parents is in favor of practicing cautery for their infants' ailments. However, detailed studies are needed to explore if there are genuine effects for cautery on the human body.

REFERENCES RÉFÉRENCES REFERENCIAS

1. Penson RT, Castro CM, Seiden MV, Chabner BA, Lynch TJ. Complementary, alternative, integrative, or unconventional medicine? *Oncologist* 2001;6: 463–73.
2. Ben-Arye E, Frenkel M, Klein A, Scharf M. Attitudes toward integration of complementary and alternative medicine in primary care: Perspective of patients, physicians and complementary practitioners. *Patient Educ. Couns* 2008; 70:395–402.
3. Ong P, Bodeker G. Use of complementary and alternative medicine services in England. *Am J Public Health*. 2002;92:1653–1656.
4. Stekelenburg J, Jager BE, Kolk PR, Westen EH, van der Kwaak A, Wolffers IN. Health care seeking behavior and utilization of traditional healers in Kalabo, Zambia. *Health Policy* 2005;71(1):67-81.
5. Abdullah MA. Traditional practices and other socio-cultural factors affecting the health of children in Saudi Arabia. *Ann Trop Paediatr*. 1993;13(3):227-32.
6. Struthers R, Eschiti VS, Patchell B. Traditional indigenous healing: Part I. *Complement TherNurs Midwifery*. 2004;10(3):141-9.
7. Shankar K, Liao LP. Traditional systems of medicine. *Phys Med RehabilClin N Am*. 2004; 15(4):725-47.
8. 8Albilani HA. Traditional medicine among gulf Arabs: part II. Blood-letting. *Heart Views* 2004; 5:74–85
9. Al-Habeeb TA. Knowledge, beliefs and practice of faith healers in Saudi Arabia. *The Arab J Psychiatry* 2002; 13: 81-91.
10. Al-Habeeb TA. A pilot study of faith healers' views on evil eye, jinn possession, and magic in the Kingdom of Saudi Arabia. *SSFCM Journal*, 2003;10(3):31-38.
11. Al-Rowais N, Al-Faris E, Mohammad AG, Al-Rukban M, Abdulghani HM. Traditional Healers in Riyadh Region: Reasons and Health Problems for Seeking their Advice. A Household Survey. *The Journal of Alternative and Complementary Medicine* 2010; 16(2): 199–204.
12. Ahmad AW. Determinants of complementary alternative medicine (CAM) use. *Complement Ther Med* 2004, 12:99-111.
13. Abou-Elhamd KE. Kaiy as traditional therapy for pain: is it helpful or a myth? *J Laryngol Otol*. 2009;123(5):566-8.
14. Al-Lamki L. Complementary and Alternative Medicine: Where do we stand in the 21st century? *Sultan Qaboos Univ Med J*. 2011; 11(2): 161–164.
15. El-Ghazali GE, Al-Khalifa KS, Saleem GA, Abdallah EM. Traditional medicinal plants indigenous to Al-Rass province, Saudi Arabia. *Journal of Medicinal Plants Research* 2010; 4(24):2680-2683.
16. Shaikh BT, Hatcher J. Complementary and Alternative Medicine in Pakistan: Prospects and Limitations. *eCAM* 2005;2(2)139–142
17. Azaizeh H, Saad B, Cooper E, Said O. Traditional Arabic and Islamic medicine: A Re-emerging health aid. *Evid Based Complement Alternat Med* 2010; 7(4): 419–424.
18. Kim S, Hohrmann JL, Clark S, et al. A multicenter study of complementary and alternative medicine usage among ED patients. *Acad Emerg Med*; 2005; 12:377-80.
19. Tilburt JC, Miller FG. Responding to Medical Pluralism in Practice: A Principled Ethical Approach. *The Journal of the American Board of Family Medicine*, 2007; 20 (5):489-494.

This page is intentionally left blank