Psychiatrists and Traditional Healers
Unwitting Partners in Global Mental Health

Editors

**Mario Incayawar, MD, MSC**
Director, Runajambi – Institute for the Study of Quichua Culture and Health, Otavalo, Ecuador

**Ronald Wintrob, MD**
Clinical Professor of Psychiatry and Human Behavior, Warren Alpert School of Medicine, Brown University, Providence, RI, USA

**Lise Bouchard, PhD**
Director of Research, Runajambi – Institute for the Study of Quichua Culture and Health, Otavalo, Ecuador

Honorary Editor

**Goffredo Bartocci, MD**
Istituto Italiano Igiene Mentale Transculturale, Rome, Italy

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Contents

Foreword by Raymond H. Prince xi
Foreword by Goffredo Bartocci xiii
Salutation by Juan E. Mezzich xv
Preface xvii
Contributors xix

1 Overview: Looking Toward the Future of Shared Knowledge and Healing Practices 1
Ronald Wintrob

1.1 Introductory Remarks 2
1.2 Complementary and Alternative Medicine 2
1.3 The US National Center for Complementary and Alternative Medicine 2
1.4 Botanicals, Biological Products and their Commercial Development 3
1.5 The Medical, Medicinal and Botanical Knowledge and the Intellectual Property Rights of Indigenous Peoples 3
1.6 Supernatural Determinism, Faith Healing and Exorcism 4
1.7 Faith Healing 5
1.8 Curanderismo and Candomble 7
1.9 Toward the Integration of Medical and Traditional Healing; Case Examples from the Americas 8
1.10 Concluding Comments 11

2 Legitimacy and Contextual Issues in Traditional Lakota Sioux Healing 13
Jeffrey A. Henderson

2.1 Introduction 13
2.2 Definitions 15
2.3 Research on Indigenous Healing in the Americas 15
2.4 Traditional Lakota Sioux Healing 16
2.5 Renewed Interest in Traditional Medicine 16
2.6 Rephrasing a Typical Question 17
2.7 Issues with Legitimacy 18
2.8 Reimbursement for Traditional Healing Services in the United States: What are we Getting Ourselves into? 20

Conclusion 21
References 22
3 Doctor-Patient Relationship in Psychiatry: Traditional Approaches in India Versus Western Approaches

Vijoy K. Varma and Nitin Gupta

3.1 Introduction

3.2 Psychotherapy: Definitions and Common Concepts

3.3 Western Models of the Doctor-Patient Relationship

3.4 Traditional Models of the Doctor-Patient Relationship

3.5 Psycho-Cultural Variables Relevant to the Doctor-Patient Relationship

Conclusion

4 South American Indigenous Knowledge of Psychotropics

Sioui Maldonado Bouchard

4.1 Introduction

4.2 Definitions

4.3 Three Indigenous Peoples’ Medicinal Plants: Quinine, Coca and Ayahuasca

4.4 Legal Issues

Conclusion

Notes

References

5 Psychiatric Case Identification Skills of Yachactaita (Quichua Healers of the Andes)

Mario Incayawar

5.1 Introduction

5.2 The Quichua People

5.3 Research Methods

5.4 Comparison of Quichua and Western Diagnosis

5.5 The Western Clinical Diagnosis

5.6 Diagnostic Ability of Yachactaitas

5.7 Traditional Healers’ Diagnostic Abilities in Other Societies

5.8 Clinical, Research and Health Policy Implications

Conclusion

Acknowledgment

References

6 A Western Psychiatrist among the Shuar People of Ecuador

Joan Obiols-Llandrich

6.1 Introduction

6.2 The Shuar Culture

6.3 Shuar Hallucinogenic Use

6.4 The Survey

6.5 Previous Research in the Shuar Area

6.6 First Steps in the Shuar Territory: Collaborating as a Psychiatrist

6.7 Witchcraft and Disease

6.8 The Wishin (the Shuar Shaman)

6.9 The Natem Experience

Conclusion

References
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>The Awakening of Collaboration between Quichua Healers and Psychiatrists in the Andes</td>
<td>79</td>
</tr>
<tr>
<td>Lise Bouchard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>Introduction</td>
<td>79</td>
</tr>
<tr>
<td>7.2</td>
<td>Pervasive Social Exclusion</td>
<td>80</td>
</tr>
<tr>
<td>7.3</td>
<td>Health Disparities and Health Care Inequities</td>
<td>80</td>
</tr>
<tr>
<td>7.4</td>
<td>The Quichua Response: Jambihuasi</td>
<td>81</td>
</tr>
<tr>
<td>7.5</td>
<td>Going Further: The Foundation of Runajambi</td>
<td>88</td>
</tr>
<tr>
<td>Conclusion</td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>References</td>
<td></td>
<td>91</td>
</tr>
<tr>
<td>8</td>
<td>Factors Associated with Use of Traditional Healers in American Indians and Alaska Natives</td>
<td>93</td>
</tr>
<tr>
<td>Jeffrey A. Henderson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1</td>
<td>Introduction</td>
<td>94</td>
</tr>
<tr>
<td>8.2</td>
<td>How we Assessed Traditional Healer Use</td>
<td>94</td>
</tr>
<tr>
<td>8.3</td>
<td>Results – Scope of Traditional Healer Use</td>
<td>97</td>
</tr>
<tr>
<td>8.4</td>
<td>Discussion</td>
<td>100</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td></td>
<td>105</td>
</tr>
<tr>
<td>References</td>
<td></td>
<td>105</td>
</tr>
<tr>
<td>9</td>
<td>Re-Kindling the Fire – Healing Historical Trauma in Native American Prison Inmates</td>
<td>107</td>
</tr>
<tr>
<td>L. Tyler Barlowe and Karuna R. Thompson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.1</td>
<td>Imprisonment and My Life as a Spiritual Advisor</td>
<td>107</td>
</tr>
<tr>
<td>9.2</td>
<td>A Snaphot of Life in an American Prison</td>
<td>108</td>
</tr>
<tr>
<td>9.3</td>
<td>Holocaust of Aboriginal Native American Peoples</td>
<td>109</td>
</tr>
<tr>
<td>9.4</td>
<td>Native Americans in the Oregon State Prison System</td>
<td>110</td>
</tr>
<tr>
<td>9.5</td>
<td>Historical Trauma and Traditional Native American Methods of Healing</td>
<td>112</td>
</tr>
<tr>
<td>9.6</td>
<td>Native American Healing Programs Within the Oregon Department of Corrections</td>
<td>115</td>
</tr>
<tr>
<td>9.7</td>
<td>Dignity, Identity and Redemption</td>
<td>117</td>
</tr>
<tr>
<td>9.8</td>
<td>Personal Comments from Inmates</td>
<td>119</td>
</tr>
<tr>
<td>References</td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>10</td>
<td>American Indian Healers and Psychiatrists</td>
<td>123</td>
</tr>
<tr>
<td>Jay H. Shore, James H. Shore and Spero M. Manson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.1</td>
<td>Introduction</td>
<td>123</td>
</tr>
<tr>
<td>10.2</td>
<td>American Indian Veterans, Psychiatrists and Traditional Healers: Background</td>
<td>125</td>
</tr>
<tr>
<td>10.3</td>
<td>American Indian Veterans, Psychiatrists and Traditional Healers: Southwest Tribes</td>
<td>125</td>
</tr>
<tr>
<td>10.4</td>
<td>American Indian Veterans, Psychiatrists and Traditional Healers: Northern Plains Tribe</td>
<td>127</td>
</tr>
</tbody>
</table>
11 Mental Health in Contemporary China

Xudong Zhao

11.1 The Medical Care System and Mental Health Services in China 136
11.2 Difficulties Facing Mental Health Professionals 137
11.3 Help-Seeking Behaviors of Chinese Patients 138
11.4 Distinguishing Among Types of ‘Traditional Chinese Medicine’ 141
11.5 Psychotherapeutic and Communicative Aspects of TCM 142
11.6 Folk Healers in China 145
Conclusions 146
Acknowledgments 147
References 148

12 Health-Seeking Behavior for Psychiatric Disorders in North India

Antti Pakaslahti

12.1 Introduction 149
12.2 Orientation to the Temples and the Healing Tradition 150
12.3 The Network of Healers in Balaji 152
12.4 Background and Help-Seeking Pathways of Patients 153
12.5 On Symptoms and Diagnoses of Patients from Two Perspectives 156
12.6 Three Accounts of Help-Seeking 158
12.7 Summing up for Future Research 161
Notes 163
References 164

13 Anxiety, Acceptance and Japanese Healing

Fumitaka Noda

13.1 Introduction 167
13.2 Japanese Psychology 168
13.3 Japanese Anxiety 169
13.4 The Religious Climate of Japan 170
13.5 Local Treatment (Morita Therapy) 172
13.6 Coexistence with Traditional Healers 173
13.7 Healing and Salvation 176
Acknowledgment 177
Note 177
References 177

14 Dissatisfied Seekers: Efficacy in Traditional Healing of Neuropsychiatric Disorders in Bali

Robert B. Lemelson

14.1 Introduction 179
14.2 Obsessive Compulsive Disorder and Tourette’s Syndrome 180
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.3  Traditional Healing of Neuropsychiatric Disorders: Meaning</td>
<td>181</td>
</tr>
<tr>
<td>and the Issue of Efficacy</td>
<td></td>
</tr>
<tr>
<td>14.4  Introduction to Balinese Traditional Healing Systems</td>
<td>183</td>
</tr>
<tr>
<td>14.5  Broad Philosophical Organizing Features of Balinese Healing</td>
<td>184</td>
</tr>
<tr>
<td>14.6  Does the Meaning Making of Traditional Healing Play a Role</td>
<td>190</td>
</tr>
<tr>
<td>in Reducing Symptoms and Suffering in Neuropsychiatric Disorders?</td>
<td></td>
</tr>
<tr>
<td>Conclusion</td>
<td>193</td>
</tr>
<tr>
<td>Notes</td>
<td>193</td>
</tr>
<tr>
<td>References</td>
<td>194</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>15  Islamic Religious and Traditional Healers’ Contributions</td>
<td>197</td>
</tr>
<tr>
<td>to Mental Health and Well-being</td>
<td></td>
</tr>
<tr>
<td>M. Fakhr El-Islam</td>
<td></td>
</tr>
<tr>
<td>15.1  Introduction</td>
<td>197</td>
</tr>
<tr>
<td>15.2  Mental Health and Moslem Identity</td>
<td>198</td>
</tr>
<tr>
<td>15.3  The Islamic Religion in Everyday Mental Life</td>
<td>199</td>
</tr>
<tr>
<td>15.4  Islamic Self-Help Therapy by Prayer</td>
<td>199</td>
</tr>
<tr>
<td>15.5  Islamic Religion as a Background Yardstick in Mental Health</td>
<td>200</td>
</tr>
<tr>
<td>15.6  The Relationship Between Psychiatrists and Religious Healers</td>
<td>201</td>
</tr>
<tr>
<td>15.7  Traditional Healing Practices in the Islamic World</td>
<td>202</td>
</tr>
<tr>
<td>Conclusion</td>
<td>204</td>
</tr>
<tr>
<td>References</td>
<td>205</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>16  Bringing Together Indigenous and Western Medicine in South Africa</td>
<td>207</td>
</tr>
<tr>
<td>A University Initiative</td>
<td></td>
</tr>
<tr>
<td>Dan L Mkize</td>
<td></td>
</tr>
<tr>
<td>16.1  Introduction</td>
<td>208</td>
</tr>
<tr>
<td>16.2  The Inception of Western Medical Systems</td>
<td>208</td>
</tr>
<tr>
<td>16.3  Prospects for a New African Health Care System</td>
<td>210</td>
</tr>
<tr>
<td>16.4  The African Health Care System</td>
<td>211</td>
</tr>
<tr>
<td>16.5  Objectives of the African Health Care System (AHCS)</td>
<td>211</td>
</tr>
<tr>
<td>16.6  Resources</td>
<td>212</td>
</tr>
<tr>
<td>16.7  Stakeholders</td>
<td>212</td>
</tr>
<tr>
<td>16.8  Networks</td>
<td>212</td>
</tr>
<tr>
<td>16.9  Work Plan</td>
<td>212</td>
</tr>
<tr>
<td>16.10 Challenges</td>
<td>213</td>
</tr>
<tr>
<td>Conclusion</td>
<td>213</td>
</tr>
<tr>
<td>References</td>
<td>213</td>
</tr>
<tr>
<td>Appendix</td>
<td>213</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>17  Globalization and Mental Health — Traditional Medicine in</td>
<td>215</td>
</tr>
<tr>
<td>Pathways to Care in the United Kingdom</td>
<td></td>
</tr>
<tr>
<td>Ajoy Thachil and Dinesh Bhugra</td>
<td></td>
</tr>
<tr>
<td>17.1  Introduction</td>
<td>215</td>
</tr>
<tr>
<td>17.2  Migration, Mental Health and Traditional Medicine</td>
<td>216</td>
</tr>
<tr>
<td>17.3  Traditional Medicine and Pathways to Mental Health Care</td>
<td>217</td>
</tr>
</tbody>
</table>
17.4 Complementary and Alternative Medicine – Relevance and Collaboration
Conclusion
References

18 Psychotherapy or Religious Healing?
Micol Ascoli

18.1 Introduction
18.2 The Charismatic Theoretical Approach to Illness
18.3 Therapeutic Factors in Catholic Charismatic Religious Healing
18.4 Discussion
Notes
References
Bibliography

19 Maori Knowledge and Medical Science
Mason Durie

19.1 Introduction
19.2 Traditional Healing in Contemporary New Zealand
19.3 The Structure of Maori Healing Process
19.4 Indigenous Knowledge and Science
19.5 Indigenous Healing and Biomedicine
19.6 Indigenous Healing Contributions to Global Mental Health
19.7 Exploring the Interface
19.8 Impacts
References

20 Future Partnerships in Global Mental Health – Foreseeing the Encounter of Psychiatrists and Traditional Healers
Mario Incayawar

20.1 The Global Burden of Mental Illness
20.2 Needless Suffering
20.3 Medical Workforce Shortage and Allocation of Funds
20.4 Unveiling Traditional Healers’ Contributions
20.5 Foreseeing Future Partnerships
Acknowledgment
References

Index
I feel highly honored to write a few words of introduction for this book. I con-
gratulate the authors for their timely contributions to the burgeoning field of tradi-
tional healing practices. It is worthy of note that in 1976, the World Health
Organization (WHO) officially recognized the potential value of traditional practi-
tioners and folk healers to deliver health care. At that time, they reported that up to
80 percent of the world’s population relies upon traditional medicine, chiefly herbal
medicines (Foster and Johnson, 2006).

Contributors to this volume include commentators upon the traditional healing practices
of India, Ecuador, New Zealand, Japan, Egypt, China, South Africa and America.

These studies represent a considerable advance in positive attitudes towards tradi-
tional healers compared with the period of my studies of Yoruba healers (1957–58,
1962–63). Western-trained psychiatrists then paid little attention to non-Western
trained practitioners. Indigenous healers were regarded as ‘witch doctors’. But as a
government psychiatrist, I was called upon to see all civil servants who had recovered
from psychiatric disorders, in order to certify them as well enough to return to
work. I began to see a whole series of patients, who described obvious psychotic
episodes and had been treated by traditional healers. It became clear that their
treatments, whatever they were, were as efficacious as my own! How did they do
this? My first clue came from a male nurse working at my hospital. He confided to
me that his father was a traditional healer who specialized in the treatment of
psychoses. He also told me that the potion his father used produced the same
parkinsonism-like side effects that chlorpromazine produced! This was in 1958. It
will be recalled that the major tranquilizers, both Rauwolfia and chlorpromazine were
introduced into Western psychiatry in about 1954. Rauwolfia was derived from the
indigenous medicine of India. My nurse’s observations suggested that the Yoruba
healers had their own brand of tranquilizer. These considerations led me to spend
the last two weeks of my first tour in Nigeria with this nurse’s father, Chief Jimo
Adetona. I bribed one of Adetona’s workers to bring me a branch of the tree that
Adetona used for his medicine.

On my way home from Nigeria, I took this specimen to an expert in botany (and in
Linnaeus), Professor W.T. Stearn at the British Museum. He identified the plant as
Rauwolfia vomitoria, the plant from which reserpine is extracted. He also showed me
an interesting volume, The Useful Plants of West Tropical Africa, pointing out
particularly the line ‘In Nigeria it is given
for convulsions in children. A concoction
of the root can be used as a sedative for manic symptoms, inducing several hours
sleep.’
It is interesting that Chief Adetona had told me that some years previously, he had taken his medicine to England to treat a psychotic Nigerian official there. He showed me his 1925 passport! If British physicians had paid more attention to Chief Adetona’s powerful anti-psychotic potion, we in the West could have had the tranquilizing drugs a quarter century earlier!

Raymond H. Prince, M.D. M.Sc.
Emeritus Professor of Psychiatry
McGill University, Montreal, Canada

REFERENCES

I well remember meeting Mario Incayawar during a pause of the very memorable WPA TPS (World Psychiatric Association Transcultural Psychiatry Section) – SSPC Joint Meeting in Providence in October 2004. Profs Tseng and Wintrob were with us to discuss Mario’s and my intention to organise a conference in Quito on a quite intriguing topic: ‘What are the overt differences and the hidden similarities between the psychotherapies performed by traditional healers in South America and by conventional psychiatrists in the rest of the world?’

As WPA TPS Chair, I had the pleasure to have already had preliminary correspondence with Dr. Incayawar, aimed at identifying the Runajambi Institute for the Study of Quichua Culture and Health as the local organiser for the conference. Thus, the task of the meeting in Providence was to formulate the details of this new event in the history of transcultural psychiatry.

As a matter of fact, Dr. Incayawar’s proposal to go deeper into the relationship between traditional medicine and conventional modern psychiatry had deeply attracted my attention, considering my longstanding interest in the powerful attitude of traditional healers in rapidly curing such kinds of mental disturbances which in the West often undergo lengthy psychoanalytic treatment. What a striking difference between the respective approaches!

In addition, I had already published several papers on contemporary Roman Catholic stigmatic healers in southern Italy, raising the question of the medical interpretation of how ‘vital forces’ are representing a metaphoric mediator between the natural world, human agency and the super-human.

It is not necessary to tell you the result of my meeting with Dr Incayawar in Providence, since you see in these pages its best result: a book collecting the contributions of many distinguished authors who have addressed this topic in depth.

I wish great success for this book that has a special meaning to me.

Goffredo Bartocci, M.D.
Past Chair and Honorary Advisor WPA TPS
President-elect, World Association of Cultural Psychiatry, USA (Honolulu)
I am pleased to extend a warm salutation to the volume on *Psychiatrists and Traditional Healers* edited by Drs. Mario Incayawar, Ronald Wintrob and Lise Bouchard with Goffredo Bartocci as honorary editor. These colleagues are distinguished members of the World Psychiatric Association’s Section of Transcultural Psychiatry and therefore their contribution represents an opportunity for institutional celebration. This is specially pertinent given the importance and timeliness of the book in today’s world.

As proclaimed by Dr. Gro Brundtland, former WHO Director General, there is no health without mental health. At the same time, we increasingly realize the value of a comprehensive concept of health to substantiate understanding of ill-health and the positive aspects of health to undertake effectively clinical care, prevention and health promotion. Within such a broad framework, it is crucial for both the care of individual patients and for public health to consider pointedly what traditional medicine has to offer. The need for such consideration has led to the emergence of the concepts of *complementary* and *integrative* medicine as attempts to harmonize conventional or scientific medicine and traditional medicine in the increasingly interactive world in which we live. Furthermore, WPA’s initiative on Person-centered Psychiatry and Medicine makes highly relevant the consideration of efforts to contextualize the understanding of health and the implementation of health care.

For all the above reasons, it is a pleasure for me to welcome this important volume and to commend it to the attention of all psychiatrists and health professionals across the world.

**Professor Juan E. Mezzich**  
President of the World Psychiatric Association, 2005–2008
As we embark on a new century and millennium, sophisticated and scientifically based psychiatric, psychological and rehabilitative services are expanding throughout the world. Almost every country is committed to improving the mental health of their communities, through the cogent use of advances in neuroscience, behavioral medicine, and community mental health. However, most of the world’s population, who live in developing countries, has limited access to medical care (including psychiatric care), according to the World Health Report, 2001, of the World Health Organization. It is estimated that up to 85 percent of the world’s population relies on traditional healers and medicines to meet their health care needs. The World Health Organization, in its Traditional Medicine Strategy 2002–2005, notes that in Uganda, for example, the ratio of traditional healers to population is 1:200. This contrasts dramatically with the availability of biomedically trained health professionals, for which the ratio is 1:20000. In certain regions of the world such as in the Andes of South America, there are no psychiatric or mental health services available to the Indigenous Peoples. They therefore rely completely on traditional healers, family and community support to cope with their mental health problems and relieve their psychological distress. This volume focuses on the significant contribution of traditional healers to the wellbeing of most of the world’s population and highlights the role of these unintended partners in global mental health.

The origin of this book could probably be traced to the work of a small group of Quichua (Inca) people and friends who created an innovative health care initiative called Jambihuasi, in Otavalo, a renowned Quichua handicraft market town in the highlands of Ecuador, in the 1980s. They realized that traditional Quichua healers could be, contrary to the common belief of local health officials, effective partners in the effort to improve the health status of the Quichua communities of the Andes – the most impoverished and neglected people in the country. Later, with the creation of the Runajambi Institute, the first Quichua health research group, and the development of a research program that aimed to understand the nature and efficacy of traditional healers’ work, the idea of this book took form. We approached the Transcultural Psychiatry Section of the World Psychiatric Association (WPA-TPS) in 2001, and we felt that WPA-TPS supported our objectives and projects. This book is the natural development of a unique international conference titled ‘Psychiatrists and Healers: Unwitting Partners – A Challenge for Transcultural Psychiatry in Times of Globalization,’ held in May, 2005 in Quito, Ecuador. This conference was co-sponsored by the Runajambi Institute and the Transcultural Psychiatry Section of the World Psychiatric Association.

We made a significant effort to cover important regions of the world. Eight presentations given at the conference in Quito were selected to be included in the book, namely those authored by Micol Ascoli, Jeffrey Henderson, Sioui Maldonado Bouchard, Dan L. Mkize,
Mario Incayawar, Joan Obiols-Llandrich, and Vijoy Varma. The remaining 13 chapters are original contributions of recognized world experts, including Tyler Barlowe, Dinesh Bhugra, Lise Bouchard, Mason Durie, Mario Incayawar, Spero M. Manson, Jay H. Shore, James Shore, Antti Pakaslahti, Fumitaka Noda, Robert B. Lemelson, M. Fakhr El-Islam, Ajoy Thachil, Karuna R. Thompson, Ron Wintrob, and Xudong Zhao. Moreover, all the chapters have been carefully revised/rewritten or newly prepared to fit with the goals and scope of this book. The contributors came from Andorra, Canada (Quebec), China, Egypt, Finland, Japan, Italy, South Africa, India, United Kingdom, USA, the Maori (New Zealand), and the Quichua, Modoc/Klamath, and Sioux Lakota Nations of South and North America.

This book presents original research data, clinical experiences, case vignettes, and pilot psychiatric collaborative programs between traditional healers and psychiatrists in countries around the world. All chapters highlight, in one way or another, the unanticipated and often unrecognized contribution of traditional healers and traditional psychiatric knowledge to global mental health. It is hoped that the material in this volume will be useful to clinicians, researchers, community mental health practitioners, educators, and mental health policy makers.

Many colleagues and friends generously contributed to this book. I am deeply grateful to Dr. Ronald Wintrob, Chair of the World Psychiatric Association – Transcultural Psychiatry Section for his unconditional and enthusiastic support and friendship. I also wish to thank Professor Helen Herman, Secretary for Publications of the World Psychiatric Association, for including this volume in the WPA-sponsored series and for introducing us to our publisher, Wiley-Blackwell. The encouragement and support we received from Dr. Joan Marsh, Associate Publishing Director, Ms. Fiona Woods, Project Editor, and Ms. Robyn Lyons, Publishing Assistant, and Robert Hambrook, Content Editor, is greatly appreciated. With their flexible and highly professional assistance, they have greatly facilitated the successful completion of our book.

I also want to express my gratitude to the John Simon Guggenheim Memorial Foundation for its generous 2006 fellowship that helped me in the editing of this book and the conducting of my research on the diagnostic skills of traditional healers in the Andes.

My deep and heartfelt appreciation goes to our contributors. Without their outstanding work, this book would not have been prepared.

Our patients from the most remote Andean communities and yours, as well as traditional healers from around the world provided the impetus and motivation for this book. We hope that this volume helps nurturing, between psychiatrists and traditional healers, collaborations that benefit current and future patients everywhere.

MARIO INCAYAWAR, M.D., M.Sc., D.E.S.S.
Director
Runajambi (Institute for the Study of Quichua Culture and Health)
Otavalo, Ecuador
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Contributors

**Micol Ascoli, M.D.**  
Consultant Psychiatrist, East London NHS Foundation Trust, London, UK

**L. Tyler Barlowe, M.S.**  
Counselor/Case Manager, United Auburn Indian Community

**Dinesh Bhugra, MBBS, MRCPsych, M.Phil., M.Sc., M.A., FRCPsych, Ph.D.**  
Professor of Mental Health & Cultural Diversity, Section of Cultural Psychiatry, Health Services and Population Research Department, Institute of Psychiatry, King’s College, London, UK

**Lise Bouchard, Ph.D.**  
Director of Research, Runajambi – Institute for the Study of Quichua Culture and Health, Otavalo, Ecuador

**Sioui Maldonado Bouchard, B.Sc., M.Sc. (in progress)**  
*Université de Montréal*, Montréal, Canada; Research Assistant, Runajambi – Institute for the Study of Quichua Culture and Health, Otavalo, Ecuador

**Mason Durie, M.D.**  
Psychiatrist and Professor of Maori Research and Development, Massey University, Palmerston North, New Zealand

**M. Fakhr El-Islam, M.D., FRCP, FRCPsych**  
Academic Consultant, Behman Hospital, Helwan, Cairo, Egypt

**Nitin Gupta, M.D.**  
South Staffordshire and Shropshire, Healthcare NHS Foundation Trust, Burton on Trent, Staffordshire, UK

**Jeffrey A. Henderson, M.D., M.P.H.**  
Black Hills Center for American Indian Health, Rapid City, SD, USA

**Mario Incayawar, M.D., M.Sc.**  
Director, Runajambi – Institute for the Study of Quichua Culture and Health, Otavalo, Ecuador; Former Henry R. Luce, Professor in Brain, Mind and Medicine: Cross-Cultural Perspectives, Pitzer, Claremont McKenna, and Harvey Mudd Colleges, California, USA.
Robert B. Lemelson, Ph.D.
Research Anthropologist, Semel Institute of Neuroscience, UCLA, California, USA

Spero M. Manson, Ph.D.
University of Colorado Denver, Department of Psychiatry, American Indian and Alaska Native Programs, Aurora, Colorado, USA

Dan L. Mkize, MB ChB, DCH, MFGP, DFM, M Med(Psych)
Professor of Psychiatry, Nelson Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa

Fumitaka Noda, M.D., Ph.D.
Professor of Psychiatry, Department of Human Welfare, Faculty of Human Studies, Taisho University, Tokyo, Japan; Adjunct Professor, University of British Columbia, Vancouver, Canada

Joan Obiols-Llandrich, M.D., Ph.D.
Psychiatrist and Anthropologist, Director Mental Health Services, Andorra; Professor of Mental Health, University of Andorra

Antti Pakaslahti, M.D., Ph.D.
Adjunct Professor of Transcultural Psychiatry, School of Public Health, University of Tampere, Finland

James H. Shore, M.D.
University of Colorado Denver, Department of Psychiatry, American Indian and Alaska Native Programs, Aurora, Colorado, USA

Jay H. Shore, M.D., M.P.H.
University of Colorado Denver, Department of Psychiatry, American Indian and Alaska Native Programs, Aurora, Colorado, USA

Ajoy Thachil, MBBS, MRCPsych
Walport Academic Clinical Fellow, Section of Cultural Psychiatry, Health Services and Population Research Department, Institute of Psychiatry, King’s College, London, UK

Karuna R. Thompson, M.A.
Doctoral Candidate, Department of Religious Studies, University of the West, Rosemead, CA

Vijoy K. Varma, M.D., D.M.P., M.Sc., FRCPsych, FAMS
Indiana University School of Medicine, Indianapolis, IN, USA

Ronald Wintrob, M.D.
WPA-Transcultural Psychiatry Section, Warren Alpert School of Medicine, Brown University, Providence, RI, USA

Xudong Zhao, Dr., Med.
Professor of Psychiatry, Department of Psychosomatic Medicine, Tongji University Medical School, Shanghai, China
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Overview: Looking Toward the Future of Shared Knowledge and Healing Practices

Ronald Wintrob
WPA-Transcultural Psychiatry Section, Warren Alpert School of Medicine, Brown University, Providence, RI, USA

Abstract

Medicine has made outstanding advances over the past 50 years in understanding the biology of the disease process at the level of organs and cells and genes, leading to a vast array of effective new treatments. But for all its success in these areas, medicine cannot answer the two fundamental questions most people ask about the misfortune of becoming ill: why me, and why now? These are questions that relate to every society’s beliefs about cosmology; about how the world works, and why it works the way it does. These are the larger questions about the relationship between man and nature, and man and the supernatural, and the search for harmony in relations between the natural and the supernatural worlds. The chapters in this volume address these large questions, referring to societies around the world.

In this overview chapter, consideration is directed first to issues of man and nature; to past and contemporary beliefs and practices about the healing powers of plants and their derivative biologically active compounds. The focus of this section is on the field now called ‘complementary and alternative medicine’.

This subject leads to a consideration of the medical knowledge of indigenous populations around the world; knowledge that includes both medicinal effects of local plants and healing practices developed over many centuries by indigenous peoples. Discussion is included of the intellectual property rights of indigenous peoples to their accrued medical knowledge.

The chapter continues with discussion of the relationship between the natural and the supernatural worlds, specifically concerning beliefs about the causes of illness and its treatment. This involves the central issue of supernatural determinism in illness and its outcome. It involves beliefs and practices about healing of illness through participation in religious rituals. Examples of Christian faith healing rituals are cited, as are examples of Hindu and Muslim religious healing practices.

In the last section of the overview chapter, the focus is directed toward contemporary efforts to integrate aspects of traditional healing beliefs and practices, among indigenous peoples in North and South America, with medical and psychiatric treatment programs. The
implications of such integrated approaches for improving the effectiveness of treatment and decreasing resistance to treatment are pointed out, with reference to chapters in this volume that offer detailed descriptions of landmark efforts of this type.

1.1 INTRODUCTORY REMARKS

Doctors, and that certainly includes psychiatrists, think of themselves as clinicians whose diagnostic and treatment decisions are ‘evidence-based’; and that evidence is ‘scientific’. Other clinicians in the mental health disciplines of psychology, social work and nursing share that perspective. What follows from that shared perspective is great skepticism about what clinicians regard as unscientific, scientifically unproven and ‘faith-based’ treatments for medical and psychiatric disorders.

1.2 COMPLEMENTARY AND ALTERNATIVE MEDICINE

It therefore comes as a surprise to clinicians who have been trained and ‘enculturated’ in the scientific method and evidence-based medicine, that such a large proportion of the world’s population does not share their firm commitment to those principles, but instead believes in and practices a wide variety of what is now called ‘complementary and alternative medicine’. And this belief and practice in complementary and alternative medicine is by no means limited to people living in areas remote from access to contemporary scientific institutions and medical facilities. It is one of the paradoxes of the well-recognized advance of the acceptance of the accomplishments of both science and medicine that there is growing skepticism about their benefits, and growing worry about the human and environmental costs of the advances and accomplishments of science and medicine. It is a further paradox that it is in just those countries characterized by the highest levels of median education and income, that there has been the most rapid growth in complementary and alternative medicine during the past 25 years.

Such is the case in the United States, where the National Institutes of Health, through a study conducted in 2004 by its National Center for Complementary and Alternative Medicine, estimated that complementary and alternative treatments are being used by some 60 million Americans, comprising 20% of the national population and one third of all US adults. These treatments are being used as therapies for conditions and illnesses of all degrees of severity and complexity, including cancer and AIDS, hypertension and ulcerative colitis, asthma and depression, stress reduction and counteracting the physical and psychological effects of aging. Indeed, office visits to providers of complementary and alternative medicine are estimated to outnumber visits to primary care physicians, and may soon outnumber visits to all physicians. Annual expenditures by Americans on complementary and alternative medicine are estimated at $40 billion.

1.3 THE US NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

Even though it has been well known for hundreds, if not thousands of years, that belief in the efficacy of herbal treatments, as well as incantations and prayers, has been widely
accepted and practiced by the world’s cultures, it was not until 1998 that the US National Center for Complementary and Alternative Medicine was inaugurated. It is the US government’s lead agency for scientific research on complementary and alternative medicine, and one of the 27 institutes and centers that make up the National Institutes of Health, established over a century ago.

The National Center for Complementary and Alternative Medicine defines its subject as ‘a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine’. The Center’s mission is; (i) to explore complementary and alternative healing practices in the context of rigorous science, (ii) to train complementary and alternative medicine researchers, and (iii) to disseminate authoritative information to the public and professionals, in order to help the public and health professionals understand which complementary and alternative medicine therapies have been proven to be safe and effective. In 2008, its funding was over $120 million.

1.4 BOTANICALS, BIOLOGICAL PRODUCTS AND THEIR COMMERCIAL DEVELOPMENT

In the United States, Canada and many European countries, the names of compounds once considered exotic, such as ginseng, ginkgo biloba, St John’s Wort (hypericum perforatum) and aloe vera are now familiar, and widely used as treatments for a vast range of conditions and illnesses. Natural plant substances alone are estimated to generate more than $75 billion in annual sales for the world’s pharmaceutical industry, in addition to some $20 billion in ‘herbal supplement’ sales.

The well-established therapeutic effectiveness of a very large number of commercially-developed drugs should not obscure two related issues of fundamental importance; first, that for every drug of proven effectiveness, there are many others being widely administered for the same or similar disorders that have no such proven effectiveness, and second, that the vast profits that can be derived from sales of pharmaceutical products can and do impinge on a variety of ethical issues affecting intellectual property rights and the cultural integrity of cultural groups and other identifiable groups of people around the world.

1.5 THE MEDICAL, MEDICINAL AND BOTANICAL KNOWLEDGE AND THE INTELLECTUAL PROPERTY RIGHTS OF INDIGENOUS PEOPLES

The issue of the intellectual property rights of indigenous peoples, specifically in relation to the use of their medical, medicinal and botanical knowledge, developed over centuries, is addressed in this book in the unique analysis by Sioui Maldonado Bouchard. Using the cultural case example of the Quichua peoples of the Andean highlands region of South America, she describes the traditional as well as the contemporary uses of the anti-pyretic and anti-malarial compounds derived from the bark of the Andean cinchona tree, as well as the analgesic and related effects of the traditional and contemporary use of coca leaves, also grown and used in the Andes for many centuries.

Maldonado Bouchard then compellingly relates the intellectual property rights of indigenous peoples concerning their medicinal and botanical knowledge, to the complex
subject of patent laws; laws that have had the effect of preventing indigenous peoples, like the Quichua peoples of the Andes, from earning some of the enormous profits that have come from the worldwide commercial development and patenting of drugs for the treatment of fever and pain.

The search for other medicinally useful, and profitable, botanicals in the Andean highlands continues today. One example is the tropane alkaloids derived from an Andean plant that is used to enable ophthalmologists to dilate the pupil for efficient eye examination.

Identification of the active compounds contained in botanical and other biological products that can be used as the basic components of patentable and commercially marketable pharmaceuticals can generate millions and even billions of dollars in profits. Studies sponsored by the United Nations University in recent years have estimated that more than 60% of all cancer drugs approved by the US Food and Drug Administration have come from such discoveries. In light of those incentives, and the risks they engender in overlooking and denying the claims of indigenous groups to the benefits of their medical, medicinal and botanical knowledge, the United Nations has become more active over the last two decades, in giving legal recognition to and ensuring the intellectual property rights of the world’s indigenous populations.

Maca is a small, whitish root vegetable that grows in the Peruvian Andes. Indigenous Quichuas of the Andes have used it for centuries as a stimulant to increase energy and enhance sex drive. Preliminary laboratory studies of its pharmacological properties have supported the findings of increased stamina, as well as increased volume and motility in sperm counts, and also reduced risk of prostate cancer. In the past 10 years, Peruvian, American and European investors have cultivated and harvested commercial quantities of maca, extracted its active compounds, obtained US patents for them, and marketed them as medicinals and health supplements, resulting in revenues of over $200 million in 2007.

Realizing the economic scale of the commercial development of indigenous Peruvian plants such as maca, the Peruvian government has recently started to protest the commercial exploitation of its national botanical, biological and medicinal heritage; although the Peruvian government is not doing so on behalf of its indigenous Andean peoples.

In another chapter in this volume, Dan Mki ze describes the landmark efforts of the Nelson Mandela School of Medicine in Durban, South Africa, where he is Professor of Psychiatry, to work out a set of legal and ethical guidelines for the recognition and commercial development of indigenous South African peoples’ medical, medicinal and botanical knowledge, in collaboration with the medical school. The same agreement gives explicit recognition to indigenous medical knowledge and healing practices, according legal status, previously unrecognized, to their practitioners, and inaugurating courses of study of indigenous healing methods for students of medicine and related health professions. Collaborative research enterprises, guaranteeing equitable sharing of benefits, are also envisioned in this landmark agreement.

1.6 SUPERNATURAL DETERMINISM, FAITH HEALING AND EXORCISM

Physicians and other scientists investigating the causes of illness, disease and organ pathology have had outstanding success in explaining many of the biological and some of the social and psychological factors responsible for illness and manifest disease