ORIGINAL RESEARCH

Perceptions of Traditional Healing for Mental Illness in Rural Gujarat

Julie Schoonover, BA, Samuel Lipkin, BA, Munazza Javid, BA, Anna Rosen, MD, Mehul Solanki, MSW, Sandip Shah, MD, and Craig L. Katz, MD

ABSTRACT

Background: Despite the significant toll of mental illness on the Indian population, resources for patients often are scarce, especially in rural areas. Traditional healing has a long history in India and is still widely used, including for mental illnesses. However, its use has rarely been studied systematically.

Objective: The aim of this study was to determine the perspective of patients, their families, and healthy community members toward faith healing for mental illness, including the type of interventions received, perceptions of its efficacy, and overall satisfaction with the process. We also sought to explore the range of care received in the community and investigate possibilities for enhancing mental health treatment in rural Gujarat.

Methods: We interviewed 49 individuals in July 2013 at Dhiraj General Hospital and in 8 villages surrounding Vadodara. A structured qualitative interview elicited attitudes toward faith healing for mental illnesses and other diseases. Qualitative analysis was performed on the completed data set using grounded theory methodology.

Findings: Subjects treated by both a doctor and a healer reported they overwhelmingly would recommend a doctor over a healer. Almost all who were treated with medication recognized an improvement in their condition. Many subjects felt that traditional healing can be beneficial and believed that patients should initially go to a healer for their problems. Many also felt that healers are not effective for mental illness or are dishonest and should not be used.

Conclusions: Subjects were largely dissatisfied with their experiences with traditional healers, but healing is still an incredibly common first-line practice in Gujarat. Because healers are such integral parts of their communities and so commonly sought out, collaboration between faith healers and medical practitioners would hold significant promise as a means to benefit patients. This partnership could improve access to care and decrease the burden of mental illness experienced by patients and their communities.

Key Words: faith healer, India, mental illness, rural population, traditional healer

INTRODUCTION

Over the past two decades, India's economic development has coincided with critical improvements in life span, literacy, and income.[1] Despite these advances, and with a population that is still largely rural, significant challenges remain in infrastructure and access to services, including quality medical care. As in other countries, both developing and wealthy, India's mental health problems cause a significant effect on the well-being of many individuals, leading to emotional distress, family tension, and economic loss.[2]

Meanwhile, resources for patients often are scarce. The latest data from 2011 shows that the prevalence of psychiatrists in India is approximately 5 per 1 million people; by comparison, in 2012 in the United States, there were 24,210 psychiatrists for a population of 318 million, or 76 per 1 million.[3-5] Even if mental health

2214-9996/

From the Global Health Center Icahn School of Medicine at Mount Sinai, New York, NY (J.S., M.J., A.R., C.L.K.); Department of Medical Education, Icahn School of Medicine at Mount Sinai, New York, NY (J.S., M.J., C.L.K.); Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY (C.L.K.); New York University School of Medicine, New York, NY (S.L.); MINDS Foundation, Waltham, MA (M.S.); Department of Psychiatry, Sumandeep Vidyapeeth, Gujarat, India (S.S.). Received August 3, 2013; final revision received December 13, 2013; accepted December 20, 2013. Address correspondence to J.S.; e-mail: Julie.schoonover@mssm.edu

The research was supported by the Global Health Center at the Icahn School of Medicine at Mount Sinai and the International Health Program at New York University School of Medicine. The authors certify that they have no affiliations with or involvement in any organization or entity with any financial or nonfinancial interest in the subject matter or materials discussed in this article. All authors had access to the data and a role in writing the manuscript.

http://dx.doi.org/10.1016/j.aogh.2014.04.013

resources are available to a given community, they may prove financially burdensome for patients and their families. Additionally, although many villages (home to 70% of India's population) have health clinics, knowledge of psychiatry among local providers often is limited. Visiting a hospital may involve a long journey resulting in financial and lost-opportunity costs.[2]

One group seeking to improve access to psychiatric care in rural India is the MINDS Foundation, a Massachussetts-based nonprofit group that works with Sumandeep Vidyapeeth University (SVU) and its teaching institution, Dhiraj General Hospital, in Vadodara, Gujarat. Together, they work to provide mental health education, screening, and treatment for residents of rural villages surrounding Vadodara.

The tension between psychiatric care with a medical basis and traditional healing practices is longstanding and active in much of the world, including India. To better serve the community needing mental health services in this area of India, MINDS and SVU practitioners seek to explore the role that each form of treatment plays in this community. Traditional healing has a long history in India and is still widely used, including for mental illnesses,[6] but its use rarely has been studied systematically. The purpose of our study was to determine the perspective of patients, their families, and healthy community members toward traditional healing for mental illness, including descriptions of the interventions received, perceptions of the efficacy of the treatment, and overall satisfaction with the process. By understanding the type of mental health care provided in the community, we hope to develop opportunities for new interventions and collaborations involving traditional healers, the medical community, and the patients who seek their support for mental health problems.

For the purposes of this study, we defined a traditional healer as an individual perceived to have a link to the spiritual or supernatural and whom patients seek out for assistance with physical or mental health problems. Individuals were not considered traditional healers if their role in the patient interaction was to oversee a temple or religious structure or conduct formal religious ceremonies. A patient's independent devotions or prayers were not considered here as traditional healing. The Gujarati terms *bua*, *vaid*, and *santh* were used to prompt subjects to describe experiences with a traditional healer. *Bua* refers to a witch doctor (a traditional healer unconnected with a religion), *vaid* to an Ayurvedic practitioner, and *santh* to a spiritually based healer.

METHODS

Study Design

In July 2013, we interviewed a convenience sample of psychiatric patients and their family members or neighbors, as well as healthy community members who reported not knowing anyone with mental illness. Interviews were held in Dhiraj General Hospital and neighboring villages of Morakhala, Gola Gamdi, Melu, Bahaderbur, Manjrol, Kali Talawadi, Anandpura, and Kasumbiya. This study was approved by the Icahn School of Medicine at Mount Sinai's Program for the Protection of Human Subjects and by the SVU Institutional Ethics Committee. Individual participation took 15 to 30 minutes.

Participants

For interviews, we targeted general psychiatric patients and their families, both in the outpatient and inpatient departments of Dhiraj Hospital; MINDS patients and family members during their biweekly visits to the outpatient psychiatric clinic of the hospital; community members in Dhiraj Hospital without mental illness; and MINDS patients, their relatives, and unaffiliated community members in 8 rural villages. These subjects were separated into 5 groups as follows: Group 1 includes psychiatric patients who sought treatment from both doctors and traditional healers, group 2 are patients who sought treatment from doctors only, group 3 includes patients who sought treatment from a traditional healer only, group 4 is comprised of subjects with mental illness who have not sought treatment, and group 5 includes healthy community members who do not know anyone with mental illness.

Medical interns on rotation in the psychiatry department served as translators and identified patients and community members at Dhiraj Hospital who were willing to participate in the study. In the villages, the MINDS coordinator, a social worker who has a longstanding relationship with MINDS patients and their families, identified eligible subjects. After ensuring that subjects met eligibility requirements, oral consent was obtained according to an institutional-review-board-approved script.

Interview

All consenting participants were interviewed with a questionnaire based on the explanatory model of Patel et al[7] (available upon request). The first 17 items of the survey document the subjects' sex, age, literacy level, occupation, religion, financial situation, and family makeup. The semi-structured interview that followed focused on patients' experience with and attitudes toward traditional healing for mental illness and other medical illnesses. The interview was developed from an explanatory model survey used in a prior, unpublished study in the same setting. The previous interview was adapted for this study to focus on patient and community perceptions of traditional healing. Consensus for this interview's content, wording, and order was developed through discussion with authors at Mount Sinai, New York University, and SVU. Subjects were asked if they or

Table 1. Participant Demographics

	Participants*	%
Age (y)		
Mean (SD)	43.1 (12.2)	-
Median	42	-
Sex		
Male	29	59.2
Female	20	40.8
Literacy		
Illiterate	32	65.3
Literate	17	34.7
No. rooms in home		
1-2	21	42.9
3-4	20	40.1
5+	8	16.3
Size of household		
1-4	19	38.8
5-9	25	51
10+	5	10.2
Occupation		
Unemployed	7	14.3
Self-employed	5	10.2
Labor/unskilled	26	53.1
Semi-skilled	2	4.1
Professional/skilled	8	16.3
Student	1	2
Religion		
Hindu	43	87.8
Muslim	5	10.2
Other	1	2
Ability to meet financial needs		
Not at all/a little	5	10.2
Moderately	27	55.1
Mostly/completely	17	34.7
Debt		
Yes	23	46.9
No	26	53.1
Unable to buy food in last month		
No	35	71.4
Yes	14	28.6
Marital status		
Single	2	4.1
Separated/divorced	2	4.1
Widowed	1	2
Married/cohabiting	44	89.8
How happy in relationship (n = 44)		
Not at all/a little	2	4.5
Moderately	5	11.4
Mostly/completely	37	84.1
No. children (n = 47)		
1	11	23.4
2	18	38.3
3	13	27.7
4+	5	10.6
Childhood		
Happy	35	71.4
Neutral	6	12.2
Unhappy	8	16.3
If unhappy, why? n = 11		
Poverty	9	81.8
Death of parent	1	9.1
Other	1	9.1
Place of residence (n = 48)		
Urban	12	25
Semi-urban	2	4.2
Rural	34	70.1
Group		
Doctor and healer	17	34.7
Doctor only	13	26.5
Healer only	1	2
Community member	14	28.6
Hasn't sought help	4	8.2

*Participants (N = 49) unless otherwise noted.

someone they knew had a mental illness. If affirmative, they were prompted to describe the symptoms of the illness and asked whether help was sought for the problems from doctors and/or traditional healers. The subjects were questioned about the type of intervention they received, the accessibility of the treatment, their satisfaction with the care, and improvement of symptoms. All subjects (including patients, family members, and healthy community members) were asked about their general perceptions of traditional healing, both for treatment of mental illness specifically and for medical illness in general.

During the interviews, we transcribed translated responses into a spreadsheet using Microsoft Excel 2011 and captured interviews using audio recorder. The written records could then be compared with the audio recording as necessary.

Analysis

The subjects' narratives were qualitatively analyzed to reveal trends in the causes attributed to mental illness, the interventions performed by traditional healers and doctors, patient preferences for treatment type (traditional healer vs doctor), and attitudes toward traditional healing according to provenance and assigned group. Three investigators coded data and read the interview transcripts to look for themes using the grounded theory method.[8] Data was reviewed to discover themes within each of the 5 subgroups as well as for the entire study population. The 3 investigators met to reach consensus on the most common and salient themes in the data set.

Table 2. Themes According to Major Categories

Cause of illness
According to patient
• Many do not know the cause of their illness
• Said illness caused by stressors such as financial or familial problems, death in the family, or domestic violence
• Conceptualized cause of anxiety and depression as "overthinking" or thinking too much
• Recognized alcohol, tobacco, or drug abuse as potential cause of illness
• Identified spiritual causes of illness such as being cursed, given the evil eye, or put under a spell
• Identified physical or mental weakness or simply psychological/psychiatric problems as cause of illness
• Identified specific moments that mental illness began, such as being blinded by the overhead lamp in the operating room during surgery
• Depressed patients reported a change in behavior during a pregnancy or after delivery of a child
According to doctor
• Doctors did not explain the cause of illness
• Stated the cause as "mental/psychiatric illness"
• Specific causes identified as "overthinking," stress, chemical, or neurological imbalance
• Death in the family or hysteria
According to traditional healer
• Spiritual possession, spells, curses, witchcraft
• Bad wind, evil eye, astrological misalignment
• Identified the patient as supernatural: godlike or a mermaid
• Identified the cause to be of a psychiatric nature
Interventions by traditional healer* and doctor
• Interventions by doctors included medication and electroconvulsive therapy
Preference for doctor or traditional healer, attitudes toward care of self
• Those treated by a doctor overwhelmingly recommended doctors over healers
• Traditional healer first, then doctor if treatment by traditional healer is not successful
• Get treatment from both doctor and traditional healer
• Traditional healer after doctor if medical intervention is not successful
• Only get treatment from doctor and not traditional healer
• Doctors should be seen for physical illnesses and traditional healers for spiritual maladies
• Traditional healing is usually free of cost, but necessitates some kind of offering
• Medical care is mostly affordable although distant
• Belief that treatment by traditional healer is psychological
Attitudes toward traditional healing
• Traditional healers are near to God
• Benefits of traditional healing may be psychological
• Trust placed in or belief in the traditional healer may be a source of success of treatment
• Traditional healers are "cheats"/"fakes"/"play-acting"
• Should go to a traditional healer for everything including minor aches and pains and issues with business
• Should go to a traditional healer for spiritual matters such as curing evil eyes or lifting a curse or spell
• Traditional healers can help a wandering soul pass into the next life
• Belief that treatment is due to rituals performed by traditional healers
• Did not believe in traditional healing because identified self as "educated"
• People should see traditional healers if it works for them
• No comment on traditional healing because they had never been
• People in villages may see a traditional healer and not tell anyone
• Some traditional healers are good [people] and some are bad

*Interventions by traditional healers are described in depth in Table 3.

RESULTS

Participant Provenance

Subject demographics are displayed in Table 1. Forty-nine subjects were interviewed for this study, 28 in Dhiraj Hospital and 21 in the 8 villages east of Vadodara (4 in Morakhala, 2 in Gola Gamdi, 3 in Melu, 3 in Bahaderbur, 3 in Manjrol, 3 in Kali Talawadi, 2 in Anandpura, and 1 in Kasumbiya). Of these subjects, 35 either had a perceived mental illness themselves or they discussed the experience of a family member or neighbor with mental illness. Of the individuals with psychiatric

Table 3. Interventions by Traditional Healer Starting With the Most Frequent

Tied prayer threads
Patient to ingest or inhale incense ash and/or smoke
Patient to drink holy water
Prayer
Arrangement of grains
Patient to consume special grains
Patient to fast weekly
Patient encouraged to go to a doctor
Healer gave amulets
Healer prayed, chanted, or did a religious dance
Patient to bathe in a lake
Healer broke a clay pot to release spirit
Healer made offerings to god or goddess
Healer lit a candle
Patient to offer food to cow or dog
Physically punished patient to fight spirit possession
Patient to abstain from meat
Patient to not attend funerals
Patient to drink from water pot separate from family
Broom of peacock feathers used in ritual against spirit

symptoms, 17 went to both a traditional healer and a psychiatrist or other physician for help, 13 went to a doctor only, 1 went to a faith healer only, and 4 had symptoms but did not seek help. Fourteen interviews were conducted with healthy community members who reported not knowing anyone with a mental illness.

We probed for information, which we divided into 4 categories: cause of illness, interventions by healer and doctor, preference for doctor or healer, and traditional healing attitudes. The salient themes are summarized in Tables 2 and 3 and discussed here.

Cause of Illness

Subjects were asked what they believed to be the cause of the problem that they, their family member, or neighbor were experiencing. Thirty-five described causes ranging from "mental illness" to the supernatural; several suggested that their illness stemmed from anxiety over financial problems. Seventeen subjects provided responses when asked for the traditional healer's perception of the cause of the mental health problem (Table 2). For example, respondents indicated that some traditional healers considered the cause to be witchcraft or possession by spirits; one maintained that the patient was possessed by a mermaid spirit that entered the patient's body via the wind.

Twenty-nine subjects mentioned the doctor's attribution of cause, which, if provided at all, was generally defined as "mental illness" (Table 2).

Table 4. Healing Experience and Belief According to Participant Provenance

	Participant Location		
	City (n = 12)	Village (n = 34)	Town (n = 2)
Have been to a healer			
Yes n (%)	5 (41.7)	16 (47.1)	0
No n (%)	7 (58.3)	18 (52.9)	2 (100)
Believe in healing in general			
Yes n (%)	4 (33.3)	12 (35.3)	0
No n (%)	5 (41.7)	17 (50)	2 (100)
Believe in healing for mental illness			
Yes n (%)	1 (8.3)	11 (33.3)	0
No n (%)	8 (66.7)	18 (54.5)	2 (100)

Interventions

Fifteen subjects described specific treatment methods used by a traditional healer to treat mental illness (see Table 3). The most common interventions included tying prayer threads around a patient's arm and drinking holy water. Although most interventions were benign, one subject described how his nephew was chained and beaten in order to end his possession by the spirit of his deceased mother. Of note, two subjects mentioned that the traditional healers ultimately recommended that they seek help from a doctor.

Of the respondents, 30 described presentations to a doctor. All 30 stated that the doctor prescribed medications, and two also reported that electroconvulsive therapy was used. Only one reported counseling as treatment.

Preference for Doctor or Healer

Subjects who received treatment from both a doctor and a healer overwhelmingly asserted that they would recommend a doctor rather than a healer. Almost all who were treated with medication recognized an improvement in their condition.

Attitude Toward Traditional Healing

Table 4 summarizes differences in healing experiences and beliefs according to subject provenance. There appear to be no significant differences between attitudes of city and village dwellers toward traditional healing for general medical purposes. About one-third of combined subjects believed in traditional healing, and about half did not believe in traditional healing for any type of illness. The remaining subjects believed that traditional healing can be helpful only for certain conditions.

A higher percentage of people from villages believed in traditional healing for mental illness compared with respondents from cities. However, more people from both populations preferred medical treatment for mental illness.

Of interest, one subject asserted that patients say they feel better after having visited the traditional healer because they are afraid to go back to the healer (ie, they feign recovery to avoid the healer). A small percentage of

Table 5. Healing Experience and Belief According to Subject Category

	Group				
	Doctor and healer (n = 17)	Doctor only (n = 13)	Healer only (n = 1)	Community member (n = 14)	Hasn't sought help (n = 4)
Have been to a healer for any complaint					
Yes n (%)	17 (100)	1 (7.7)	1 (100)	3 (21.4)	2 (50)
No n (%)	n/a	12 (92.3)	0	11 (78.6)	2 (50)
Believe in healing in general					
Yes n (%)	6 (35.3)	3 (23.1)	1 (100)	5 (35.7)	2 (50)
No n (%)	8 (47.1)	9 (69.2)	0	5 (35.7)	2 (50)
Believe in healing for mental illness					
Yes n (%)	3 (18.7)	3 (23.1)	0	6 (42.8)	2 (50)
No n (%)	12 (70.6)	9 (69.2)	1 (100)	2 (14.3)	1 (25)

subjects reported punitive techniques, including being beaten with a stick and sleep deprivation, as well as fear of sexual abuse.

Differences in healing experiences and beliefs according to subject category are summarized in Table 5. Patients who saw both a doctor and a traditional healer believed in traditional healing for all types of illness in roughly the same proportion as community members. However, more community members believed in traditional healing for mental illness than active patients who saw both a doctor and a traditional healer.

Four patients went to a doctor before going to a traditional healer, although all four subsequently returned to medical care. Two of these respondents believed in the power of traditional healing, one did not, and the other thought that its benefit might be psychological.

Healthy community members were equally divided between those who believed in traditional healing and those who did not.

Of the four subjects with self-reported symptoms of mental illness who had not sought any help, two believed in traditional healing when used in conjunction with medicine for physical and mental issues, whereas the other two believed that healers are "cheats" and unhelpful.

The one subject with self-reported symptoms of mental illness who visited only a traditional healer expressed that she was grateful for the help he gave her. She maintained that she felt significantly better after her experience because of the ritual that was performed (a mantra chanted over her and the waving of a peacock-feather broom over her head) and reported considerable improvement of her symptoms. However, she also admitted to future plans to visit a medical doctor because of residual psychiatric symptoms.

DISCUSSION

The influence of religion is very prominent in the types of interventions that are done by traditional healers, but this alone does not satisfy many people's sense of comprehensive treatment. As was apparent in our study, many Gujaratis also value the contributions of allopathic caretakers and medications.

Preference for doctor or traditional healer may be related to the outcomes of the care received. Subjects who did not experience traditional healing for mental illnesses seemed more likely to believe in traditional healing, possibly adopting the general attitude of their community. Those who received traditional healing but had no remission of symptoms tended to express disdain for the healer and a predilection to seek medical treatment. Subjects who were satisfied with medical treatment overwhelmingly preferred doctors to healers, which leads us to believe that the preference is due to the subjects' perception of efficacy of the intervention. Many who did not improve with a healer but were helped by a physician expressed disillusionment with traditional healing. Interestingly, those patients who preferred medical treatment still appeared to maintain their spiritual views while simultaneously losing trust in the power of traditional healing for mental illnesses.

Four patients initially sought treatment from psychiatrists or other physicians, then from healers, before returning to Western medicine. These patients also may have been subject to the failings of the medical/psychiatric system and received suboptimal care. Because India has a dearth of psychiatrists, and because general practitioners often have limited knowledge of psychiatric illnesses, it is possible that these individuals may not have been properly diagnosed or treated in the medical system. They logically turned to another source for help when the initial treatment was not successful.

The single patient who saw only a traditional healer and was satisfied with the results may represent a larger population of people that we were unable to access during this study.

Our study design contained biases and limitations of note. First, the sample size of 49 is small as a result of the time-consuming nature of subject recruitment (often involving travel to the villages) and interviewing. Second, recruitment was done in collaboration with

the MINDS Foundation or at Dhiraj Hospital. As a result, there was a selection bias for patients already in the medical system, a population predisposed to favor medical intervention. We hypothesize that there are individuals in the community who are satisfied with, and potentially successfully treated by, the treatment provided by traditional healers, who do not seek or need medical assistance, and who have more positive opinions about traditional healing. However, these putative subjects were not captured due to study design and recruiting resources. Future studies that involve more random selection of village inhabitants may help address this bias. Additionally, interviewers were introduced as medical and public health students, so subjects may have been inclined to report more favorable attitudes to Western medical interventions. Because translation was done by medical interns and not trained professional interpreters, the integrity of some of the translations is questionable, as the given translator sometimes interpreted and discussed issues with subjects. Also, the interview made no distinction between faith healing and nonreligious traditional healing. It is conceivable that some subjects have differing views on these 2 subcategories of healer, and expanding the definition of traditional healing may have resulted in a wider range of attitudes and opinions. Finally, our interviews took place in villages within a relatively small geographic area outside the city of Vadodara as well as in a single hospital that typically attracts rural, low-income patients. Our results may not be generalizable to wealthier individuals, those living in cities, and residents of other parts of Gujarat and India.

CONCLUSIONS

Although the subjects in this study were largely dissatisfied with their experience with traditional healers, it is nonetheless clear that traditional healing is still a common first-line practice in Gujarat, not only for mental and physical illness but also for help with general life problems. Patients often visit traditional healers who live close to their homes and are personally known to them and their families. Because traditional healers are such integral parts of their communities and are so commonly sought out as a resource, we feel that collaboration between traditional healers and medical practitioners would hold significant promise as a means to benefit patients. In order to be successful, this collaboration would likely need to be perceived by traditional healers as a partnership of equals, and it should acknowledge that traditional healing can benefit many patients. Perhaps traditional healers can be encouraged to send patients for medical assistance if traditional interventions are not initially effective, or as an adjunct to their care. In return, medical professionals can learn the therapeutic, spiritual, or other indications for referring their patients to traditional healers. Collaboration between allopathic health practitioners and traditional healers may provide more comprehensive and effective treatment, improving access to care and potentially decreasing the burden of mental illness experienced by patients and their communities.

An attempt to develop a collaboration between Western and traditional caregivers is already underway in Ahmedabad, Gujarat.[9] The Dava and Dua Project was developed by the Hospital for Mental Health in Ahmedabad to establish a relationship between traditional healers at the Mira Datar Dargah and community mental health care professionals. The project aims to reduce potentially harmful methods of traditional healing, provide mental health care training to traditional healers, create awareness of mental illness in the community, and protect the rights of patients. The project has been successful in securing psychiatric care for several Mira Datar patients with severe mental illness and appears to have effectively cultivated relationships between traditional healers and psychiatrists. A study of the effectiveness and patient satisfaction of this collaboration would be very helpful in determining whether this method might be a key to providing better access to psychiatric care and quality of care in rural India.

References

1. Central Intelligence Agency. World factbook; South Asia: India 2013. Available at: https://www.cia.gov/library/publications/the-world-factbook/geos/in.html. Accessed May 13, 2014.
2. Thirunavukarasu M, Thirunavukarasu P. Training and national deficit of psychiatrists in India—a critical analysis. Indian J Psychiatry 2010;52:83–8.
3. World Health Organization. Global Health Observatory Data Repository, Region of the Americas. United States of America statistics summary (2002-present). Available at: http://apps.who.int/gho/data/node.country.country-USA?lang=en. Accessed May 13, 2014.
4. Bureau of Labor Statistics. Occupational employment statistics 2012. Available at: http://www.bls.gov/oes/current/oes291066.htm. Accessed May 13, 2014.
5. Royal College of Psychiatrists. Overseas Blogs, India. One psychiatrist for 200,000 people. Available at: http://www.rcpsych.ac.uk/discoverpsychiatry/overseasblogs/india/onepsychiatristper200,000.aspx. Accessed May 13, 2014.
6. Kapur RL. The role of traditional healers in mental health care in rural India. Soc Sci Med Med Anthropol 1979;13:27–31.
7. Kleinman A, Eisenberg L, Good B. Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. Ann Intern Med 1978;88:251–8.
8. Marshall Egan T. Grounded theory research and theory building. ADHR 2002;4:277–95.
9. Chauhan A. Dava and Dua Concept: Sensitization and Training of the Mujavars (faith healers) & Establishing an Effective Mental Health Service Delivery System at the Dargah of Mira Datar, Unava. Ahmedabad, India: Hospital for Mental Health; 2013.