



## Indigenous Perception About Epilepsy and Its Treatment with Ethno-Medicines

Asma Maryam<sup>1</sup>, Rabbia Firdous<sup>2</sup> & Abdul Raheem<sup>3</sup>

<sup>1</sup>M.Phil. Anthropology Department of Anthropology QAU, Islamabad, Pakistan

<sup>2</sup>M.Phil. Anthropology Department of Anthropology QAU, Islamabad, Pakistan

<sup>3</sup>M.Phil. Anthropology Department of Anthropology QAU, Islamabad, Pakistan

### ABSTRACT

#### **Article History:**

Received: July 20, 2023  
Revised: Aug 28, 2023  
Accepted: Sept 23, 2023  
Available Online: Sept 30, 2023

**Keywords:** Epilepsy treatment, Saraiki community, Perception Pakistan

#### **Funding:**

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

This qualitative study delves into the indigenous understanding of epilepsy and its treatment using ethno medicines within the Saraiki community of Pakistan. Employing in-depth interviews and a case study approach, this research uncovers the distinctive cultural beliefs, rituals, and viewpoints related to epilepsy in this community. The findings unveil a spectrum of interpretations surrounding epilepsy, with some attributing it to spiritual or supernatural causes. Moreover, the study sheds light on the significant role of ethno medicines in traditional healing practices, underlining their therapeutic value in the context of epilepsy management. Recognizing and respecting these indigenous perspectives is crucial for developing culturally sensitive approaches to epilepsy management, as it allows for the incorporation of traditional healing practices and holistic healthcare within the Saraiki community. By bridging the gap between conventional medical approaches and culturally rooted beliefs, this study not only enriches our understanding of how epilepsy is perceived and managed within the community but also contributes to more effective and inclusive healthcare strategies, ultimately improving the overall well-being of the Saraiki people.

© 2022 The Authors, Published by CISSMP. This is an Open Access article under the Creative Common Attribution Non-Commercial 4.0

**Corresponding Author's Email:** [asmaamaryam06@gmail.com](mailto:asmaamaryam06@gmail.com)

**DOI:** <https://doi.org/10.61503/CISSMP/02-03-2023-19>

**Citation:** Maryam, A., Firdous, R., & Raheem, A. (2023). Indigenous Perception About Epilepsy and Its Treatment with Ethno-Medicines. *Contemporary Issues in Social Sciences and Management*, 2(3), 263-275. <https://doi.org/10.61503/CISSMP/02-03-2023-19>.

## **Introduction**

Epilepsy, a complex neurological disorder characterized by recurrent seizures, presents diverse treatment approaches and varying perceptions across cultures. Within indigenous communities, unique beliefs and practices influenced by cultural and traditional norms shape their response to epilepsy. This research aims to explore the indigenous perception of epilepsy and the use of ethnomedicines for its treatment within Pakistani society. Specifically, the study seeks to understand how the indigenous population in Pakistan perceives epilepsy in both male and female patients and investigate the attributed causes and backgrounds of epilepsy as understood by the community.

Despite epilepsy's recognition as a medical condition, there exists a gap in understanding the indigenous perception of epilepsy and the utilisation of ethnomedicines within Pakistani society. Additionally, limited research addresses the specific beliefs, attitudes, and practices related to epilepsy in male and female patients (Rhodes, Small, Ismail, & Wright, 2008). The lack of exploration into the attributed causes and backgrounds of epilepsy, as understood by the indigenous community, hinders the development of culturally sensitive and inclusive healthcare approaches. Therefore, this study addresses the need to comprehensively explore the indigenous perception of epilepsy among male and female patients in Pakistan and investigate the attributed causes and backgrounds as perceived by the community.

The research questions and objectives are designed to address this problem comprehensively. The research questions aim to delve into the indigenous population's perceptions of epilepsy in male and female patients, providing insights into the unique cultural perspectives and beliefs surrounding the condition. Additionally, the research questions investigate the attributed causes and backgrounds of epilepsy, contributing to a deeper understanding of the indigenous community's understanding and interpretations (Njamnshi et al., 2009). The objectives seek to understand the indigenous perceptions of epilepsy and investigate the attributed causes and backgrounds within Pakistani society. By examining the indigenous perception of epilepsy and its treatment with ethnomedicine, this study aims to bridge the knowledge gap regarding cultural beliefs, attitudes, and practices specific to male and female patients. The findings will contribute to the development of culturally sensitive healthcare approaches and improve the overall well-being and healthcare outcomes of individuals with epilepsy within the indigenous communities of Pakistan.

This study is significant because it examines how male and female patients in Pakistan perceive epilepsy and looks into the community's perceptions of the condition's causes and history. The findings have the potential to promote cultural understanding, inform tailored healthcare approaches, address health disparities, advocate for holistic healthcare, and guide policy and practice in the management of epilepsy within indigenous communities. By acknowledging and respecting the indigenous perspective, this study aims to improve the overall well-being and healthcare outcomes of individuals with epilepsy, fostering a more inclusive and equitable healthcare system in Pakistan.

## **2.0 Literature Review**

Epilepsy, a chronic neurological disorder characterized by recurrent seizures, has been a subject of interest for researchers worldwide. While biomedical perspectives on epilepsy exist universally, indigenous communities possess unique beliefs, perceptions, and treatment approaches shaped by their cultural and traditional practices. This literature review aims to explore the indigenous perception of epilepsy and its treatment with ethnomedicine, shedding light on the cultural significance, traditional healing practices, and potential therapeutic contributions of ethnomedicine in epilepsy management.

Indigenous communities worldwide possess rich cultural beliefs and interpretations surrounding epilepsy that differ from biomedical perspectives. Among the Navajo people of North America, epilepsy may be viewed as a manifestation of spiritual or ancestral connections (Sharma, Gairola, Gaur, Painuli, & Siddiqi, 2013). In their cultural context, seizures are considered sacred and can be interpreted as messages or signs from the spiritual realm. Consequently, individuals with epilepsy may be seen as having a unique connection to the spiritual world, potentially leading to special roles or responsibilities within the community. This perspective emphasises the spiritual significance and interconnectedness of individuals with epilepsy within the cultural fabric of the Navajo people.

Similarly, in certain African communities, epilepsy may be attributed to the influence of malevolent spirits or curses. These communities often have complex belief systems that incorporate spiritual or supernatural explanations for various illnesses, including epilepsy. The presence of malevolent spirits or curses is seen as causing seizures and other symptoms associated with epilepsy. As a result, individuals with epilepsy may face stigmatization and discrimination within their communities due to the perceived supernatural origins of their condition (Njih & Angwafor, 2010). These cultural beliefs and interpretations shape the attitudes, behaviours, and social interactions towards individuals with epilepsy within indigenous communities. They influence how epilepsy is understood, discussed, and addressed within the community. Understanding these perspectives is crucial for providing culturally sensitive and appropriate care to individuals with epilepsy (Seneviratne, Rajapakse, Pathirana, & Seetha, 2002). It allows healthcare providers to recognize the social and cultural factors that may impact the experiences of individuals with epilepsy and develop interventions that respect and incorporate the beliefs and practices of the community. By acknowledging and valuing indigenous perspectives on epilepsy, healthcare providers can build trust and foster collaborative relationships that promote holistic well-being for individuals with epilepsy within their respective communities. Indigenous communities have a deep-rooted tradition of utilizing ethnomedicines for the treatment of epilepsy. Ethno medicines encompass a diverse array of remedies derived from local sources such as plants, animals, minerals, or spiritual practices (Baskind & Birbeck, 2005). These remedies are believed to possess anticonvulsant properties or provide relief from epilepsy-related symptoms.

For instance, the Mayan people of Central America have a rich tradition of using ethnomedicine in epilepsy management. They utilize specific plants like sacred basil (*Ocimum sanctum*) and garlic (*Allium sativum*) for their anticonvulsant properties. These plants are prepared in various forms, such as infusions or tinctures, and administered to individuals with epilepsy as

part of their traditional healing practices (Francisco et al., 2022). These ethnomedicines are deeply ingrained in Mayan cultural practices, reflecting a holistic approach to health and the utilisation of natural resources found in their local environment.

Similarly, the Aboriginal people of Australia have a longstanding history of employing ethnomedicines and rituals for epilepsy treatment. Traditional healers within Aboriginal communities use a variety of medicinal plants with potential anticonvulsant properties as part of their healing practices. These plants are often prepared in specific ways, such as crushed or brewed, and administered to individuals with epilepsy in accordance with traditional protocols (Saeed, Gater, Hussain, & Mubbashar, 2000). Additionally, rituals, ceremonies, and spiritual practices are integrated into the treatment process, emphasizing the interconnectedness of mind, body, and spirit in the Aboriginal healing paradigm.

These ethnomedicines and traditional healing practices hold great cultural significance within indigenous communities. They are passed down through generations and form an integral part of their cultural identity and heritage. The utilisation of ethnomedicines for epilepsy treatment reflects a deep respect for nature, a belief in the healing power of traditional knowledge, and a holistic approach to healthcare (Ismail, Wright, Rhodes, & Small, 2005).

Although the scientific understanding of the mechanisms of action and efficacy of these ethnomedicines may differ from Western biomedical perspectives, their cultural significance and potential therapeutic benefits cannot be disregarded. Exploring the specific plants, preparations, and rituals employed by indigenous communities provides valuable insights into their traditional healing practices and the potential contributions of ethnomedicines in epilepsy management (Thomas & Nair, 2011). Such research can inform the development of culturally sensitive healthcare approaches that integrate traditional healing practices and Western medicine, fostering a more holistic and inclusive model of epilepsy care.

However, there is a lack of comprehensive scientific research examining the efficacy, safety, and potential adverse effects of ethnomedicines used in epilepsy management among indigenous communities. Many traditional healing practices and ethnomedicines remain unexplored in terms of their mechanisms of action and compatibility with Western scientific principles. Nevertheless, some studies have started to shed light on the potential therapeutic benefits of ethno medicines. For instance, research on medicinal plants used by indigenous communities in Ecuador has identified certain plant extracts with anticonvulsant properties, providing a basis for further investigation (Andermann, 2000).

The integration of traditional healing practices and ethnomedicines into conventional healthcare systems for epilepsy management has been limited due to a lack of evidence-based research, standardized protocols, and regulatory frameworks. However, there is growing recognition of the importance of culturally sensitive and inclusive healthcare for epilepsy patients. Efforts are being made to bridge this gap by promoting research, collaboration, and scientific validation of traditional remedies (Kahissay, Fenta, & Boon, 2017). Standardizing protocols and fostering dialogue between traditional healers and medical professionals can lead to comprehensive and culturally appropriate epilepsy care plans, improving treatment outcomes and

overall well-being for individuals living with epilepsy. Embracing the rich cultural heritage of traditional healing practices holds promise for enhancing epilepsy care and reducing the stigma associated with the condition.

### **Theoretical framework**

The theoretical framework for this study on the indigenous perception of epilepsy and its treatment with ethnomedicines in the Saraiki community of Pakistan encompasses several interconnected theories. Firstly, cultural relativism allows researchers to approach the indigenous community's beliefs and practices with openness, avoiding the imposition of Western biomedical views. Social constructionism recognizes that the perception of epilepsy is shaped by cultural norms and interactions within the community (Francisco et al., 2022). Medical pluralism acknowledges the coexistence of traditional healing practices and modern biomedicine, which is relevant to understanding how ethnomedicines are integrated into healthcare. Furthermore, the theory of mind in the context of epilepsy relates to the ability to understand and attribute mental states to oneself and others. Epilepsy's impact on brain functions may influence social cognition, potentially affecting theory of mind abilities. This can lead to challenges in recognizing others' perspectives, emotions, and intentions, impacting social interactions and relationships. Raising awareness and understanding of the theory of mind in epilepsy can lead to more empathetic and supportive environments for individuals with epilepsy (Carlson, Koenig, & Harms, 2013).

Additionally, gender studies shed light on gendered biases and perceptions surrounding epilepsy, which may influence treatment practices. Participatory research ensures community involvement, enhances context relevance and values community insights (Bartolini, Bell, & Sander, 2011). By applying this theoretical framework, the study aims to explore and comprehend the cultural significance, traditional healing practices, and potential therapeutic contributions of ethnomedicines in epilepsy management within the Saraiki community. The research seeks to foster a deeper understanding of indigenous perspectives, bridging the gap between traditional healing practices and Western medicine, ultimately contributing to more inclusive and culturally sensitive epilepsy treatment approaches.

### **3.0 Methodology**

This research embraces a qualitative method, incorporating the use of in-depth interviews and the case study approach to comprehensively investigate the indigenous understanding of epilepsy and the utilization of ethno medicines in the context of the Saraiki community in Pakistan. The research employs a purposive sampling technique to ensure a diverse and representative selection of participants, which includes individuals diagnosed with epilepsy and members of the general population. Through this method, a wide range of perspectives can be captured, thus offering a holistic view of the community's beliefs and practices regarding epilepsy.

Thematic analysis is the primary analytical tool applied to the interview data, facilitating the identification of prominent cultural beliefs and perspectives that shape the perception and treatment of epilepsy within the Saraiki community. This in-depth exploration allows for a nuanced understanding of how epilepsy is viewed and managed, considering the unique cultural and sociocultural factors at play.

Furthermore, the case study method employed in this research provides valuable contextual insights by examining specific scenarios and interactions that influence the perception and treatment of epilepsy. This approach not only broadens our understanding of the complex dynamics at play within the community but also aids in the development of culturally sensitive approaches to epilepsy management. By acknowledging and integrating these indigenous perspectives, the study aims to contribute to more effective and holistic healthcare strategies, ultimately promoting the well-being of the Saraiki community.

#### **4.0 Results**

Within the Saraiki community, there is a lack of familiarity with the term "*epilepsy*" or "*mirgi*" as a recognized medical condition. However, when it comes to "*daoray*" or fits, community members discuss the topic in detail. According to the literature, fits are primarily associated with epilepsy. However, in the Saraiki community, fits are not directly linked to any specific illness. Instead, the community holds unique beliefs and practices regarding fits, and these beliefs differ significantly between men and women. In the area where the research was conducted, the perceptions about epilepsy were quite interesting. People mentioned that epilepsy is not considered an illness but rather a condition where a jinni (supernatural entity) enters a person's body. According to their beliefs, when the jinn's demands are not fulfilled, it enters the human body. They have a method to communicate with the jinn in order to understand its desires.

In this method, a person who is considered pious or righteous in that area takes hold of the right hand's little finger of the individual experiencing seizures or the one in whom the jinn have entered. The person then asks the jinn questions, such as who it is, where it came from, and what its purpose is. The pious individual may recite certain verses or prayers while holding the little finger, maintaining a continuous state of possession. The possessed person speaks loudly, conveying messages about the jinn's origin, purpose, and demands. It was observed that the demands of the jinn often involved visiting shrines, engaging in dances, or consuming specific food and drink items. The jinn would request specific rituals or practices to be performed. The possessed individual would convey these demands in a loud voice. This belief system highlights the strong influence of spiritual and supernatural explanations for epilepsy within the community. It reflects a complex interplay between cultural and religious beliefs, folk practices, and the understanding of illness.

It is important to note that these perceptions and practices are specific to the cultural context of the area studied. They do not necessarily align with biomedical or scientific explanations of epilepsy. Understanding these beliefs and practices can provide valuable insights into the cultural framework surrounding epilepsy in the community and contribute to culturally sensitive healthcare approaches. If there is a demand from a jinn to perform a specific dance at a particular shrine, the individual who is possessed or affected by the jinn is taken to that shrine. They engage in dancing there until the jinn's wish is fulfilled. Once the wish is fulfilled, the jinn depart from the person's body.

During the interviews, it was revealed that jinns often make demands to be taken to the shrines of *Sakhi Sarwar*, *Pir Adil* and *Jinday pir*. These shrines are considered sacred and believed

to have spiritual significance in the community. People shared that when a jinn possesses an individual and communicates its desires, it frequently requests to visit these specific shrines. The shrines of *Sakhi Sarwar* and *Pir Adil* are known for their association with spiritual healing and supplication. It is believed that by fulfilling the jinn's demand to visit these shrines, the person affected by the jinn or experiencing fits may find relief or potential resolution of their condition. These accounts highlight the cultural beliefs and practices surrounding the role of sacred places in managing and addressing the effects of jinn possession or fits within the community. The significance placed on these shrines reflects the communities deeply ingrained spiritual and religious values. Here is another case study.

*“These jinns are considered to be righteous or virtuous. When the female is taken to the shrines of Sakhi Sarwar or Pir Adil, their demands are fulfilled, and the jinns usually leave the female's body either immediately or after a period of time once their demands have been met”.*

These practices demonstrate the strong belief in the power of rituals, dances, and shrine visits to fulfil the wishes of the jinn. It indicates the significance of fulfilling the jinn's demands to restore harmony and alleviate the symptoms associated with epilepsy. It is important to approach these practices with cultural sensitivity and respect, acknowledging the deep-rooted beliefs and traditions of the community. From a medical perspective, it is crucial to ensure that individuals with epilepsy have access to appropriate healthcare services and are provided with accurate information about their condition.

In this community, the perceptions and practices surrounding fits differ based on gender. For female individuals experiencing fits, community members attribute the fits to specific circumstances or actions. They believe that if a woman attends a nighttime wedding function with a made-up face, evil spirits, or "jinn," have developed an affection for her, leading to the fits. Similarly, sitting alone under a dense tree or using highly scented perfume are seen as potential reasons for the presence of evil spirits in her body. It is important to note that these beliefs and practices are specific to females within the Saraiki community, and interpretations may vary for males. Overall, the community has limited recognition of epilepsy as a medical condition. Instead, they are more familiar with the concept of fits or "daoray," which are not directly associated with any specific illness. These gendered perceptions and practices shape the community's understanding and response to fits in the Saraiki community. It is essential to further explore these cultural beliefs, their impact on individuals affected by fits, and the potential for integrating cultural sensitivity within medical interventions for comprehensive care. Additionally, community members mentioned that evil spirits have specific demands for different food items. This further highlights the complex belief system surrounding fits and the spiritual interpretations associated with them. Here is the case study to represent the perceptions and beliefs about it.

*“The jinns, which reside in the female's body during fits, make various demands; they listen to their demands by holding the little finger of that patient. They often demand*

*different food items, particularly meat and roasted chicken. They insist on consuming a significant amount of chicken, regardless of whether it is two or three whole chickens. It is not the female who eats the chicken, but rather the jinn residing in her body. If the jinn's demands are not fulfilled, they harm the female by causing her to faint or throw objects around''.*

During interviews, some individuals also mentioned that if a person's or jinn's demand cannot be fulfilled at the moment, they can communicate with the possessed person. They would say something in the possessed person's presence, expressing that the demand cannot be fulfilled immediately but will be fulfilled in the future. Sometimes, the jinn would agree and accept the explanation.

*“There is a case study related to your topic in which a person shared an incident. They mentioned that once they were returning from a visit to the Peer Shrine with a bus full of people. They came across a woman on the road who appeared to be under the influence of a jinn while traveling. The person approached the woman and held her right hand's little finger, asking about her current demand. The jinn within the woman responded in a loud voice, stating that they had previously requested dances and now, since they were already halfway back with a bus full of people, they should remain silent and continue walking. The person insisted that if the demand was made again, they would bring her back the next day. After this interaction, the woman's possession subsided, and the incident came to an end''.*

This case study further illustrates the belief in the power of fulfilling the jinn's demands, as well as the negotiation and communication that take place during these encounters. It demonstrates the contextual and situational nature of these experiences, where the jinn's demand can be influenced by the circumstances and the presence of others. It is important to approach case studies like these with a critical lens, understanding that they represent specific cultural beliefs and practices within the community. They provide valuable insights into the perceptions and experiences related to epilepsy and the supernatural realm.

Another method that peoples use, known as "*tonra*" in Saraiki, is believed to provide relief to individuals experiencing seizures. There are several variations of *Tonra*, and one of them involves hitting the person's chest with a heavy object when they start having fits. It is believed that this action can help the person recover from the seizure. This method is predominantly used on men.

Another *Tonra* practice involves using dirty shoes called "*chappal*" and waving them around the person's body. This method is used when a person, whether male or female, is possessed or affected by a fit. It is believed that the aroma of the smell can aid in the person's recovery. It is important to note that these *Tonra* practices are based on cultural beliefs and may not have a scientific basis or medical efficacy. It is crucial to approach these practices with cultural sensitivity and respect while also promoting the importance of seeking medical advice and treatment from



healthcare professionals.

*‘In a particular case study, a young girl suffering from epilepsy would experience seizures during which her tongue would get bitten, leading to bleeding from her mouth. Interestingly, her mother would quickly bring a pair of shoes with a strong and unpleasant odour, commonly referred to as "gandi shoes" or "chupal" in the local language. The girl would smell the shoes, and within approximately five minutes, she would recover from the seizure and return to a normal state. However, it is worth noting that during the seizure, her tongue would still be affected and she would get bitten’.*

This case study highlights a specific cultural belief or practice aimed at managing epilepsy seizures. The belief is that the odour of the shoes has a therapeutic effect and can help alleviate the symptoms or terminate the seizure episode. It is important to understand that this practice is based on cultural beliefs and may not have a scientific basis or medical efficacy. The use of the shoes and their odour likely stem from traditional cultural practices and perceptions surrounding epilepsy. It is observed that the practice of placing a heavy object on the chest to alleviate the initial stages of fits is more commonly associated with male individuals. This *tonra* method is predominantly performed on men. It is important to acknowledge the gendered nature of these cultural practices and the variations in beliefs and rituals associated with different genders within the community. The reasons behind the gender-specific *tonra* practices may stem from cultural norms, traditional roles, or specific cultural interpretations related to fits and epilepsy.

Approaching case studies and cultural practices with respect and empathy is crucial, acknowledging the complex interplay between cultural beliefs, social context, and medical interventions in the context of epilepsy. Collaboration between healthcare professionals, researchers, and the community can help foster better understanding and culturally appropriate care for individuals with epilepsy. During the interviews, when I asked about the use of home remedies for epilepsy, the respondents mentioned that they don't have any specific remedies. However, when someone experiences a seizure and recovers after a few minutes, they offer them something cold to drink, such as lemon water or a cool beverage. They mentioned that these cold drinks are provided more as a general practice to help the person feel refreshed after the episode than as a specific treatment for epilepsy. They clarified that there are no particular dietary or food-related remedies they use to treat epilepsy.

This response indicates that the community doesn't have a set of specific home remedies for treating epilepsy. Instead, their focus is on providing comfort and a refreshing experience for the individual after a seizure episode by offering them cold beverages. It is important to note that while these cold drinks may not have a direct impact on epilepsy management, they can contribute to the overall well-being and comfort of the person experiencing seizures. However, it is essential to emphasize the significance of medical treatment and the importance of consulting healthcare professionals for the appropriate diagnosis and management of epilepsy. During the interviews, when I asked people if they had ever visited a doctor for epilepsy treatment, they responded that they only resort to other methods when the traditional practice of holding the little finger does not

yield any response. However, if even the traditional practice fails to provide any information or relief, they then recognize that it might be a medical condition, and they seek medical help from a doctor.

This response indicates that the community's first approach is to rely on their traditional practices, such as holding the little finger, to address the condition. They view it as an effective method of communication with the supernatural or spiritual realm. However, if these traditional methods prove unsuccessful, they acknowledge the possibility of a medical illness and consider consulting a doctor. When the researcher questioned men about whether men can also experience fits, the respondents did not have significant concepts or perceptions related to spirits. Their understanding was that if a man experiences fits, it is likely due to stress or an underlying health condition. In such cases, the most immediate suggestion is to seek medical attention and consult a doctor. The treatment for fits in men typically involves prescribed medications and following a healthy diet. The perception among the respondents was that the occurrence of fits in men may be attributed to physical weakness or vulnerability, leading to such illnesses. It is important to note that seeking medical help from healthcare professionals is crucial for the accurate diagnosis and appropriate treatment of epilepsy. By understanding the community's belief system and their sequential approach to seeking medical intervention, healthcare providers can engage in more effective communication and provide culturally sensitive care to individuals with epilepsy.

## **5.0 Discussion**

The interviews conducted in the Saraiki community provided valuable insights into the perceptions and beliefs surrounding fits and epilepsy within the cultural context. It was evident that the community's understanding and terminology differed from biomedical concepts of epilepsy. Instead, fits or "daoray" were recognized and discussed as a distinct phenomenon, often attributed to supernatural entities such as jinns. The community members shared their beliefs that fits were not seen as an illness but rather as a condition where a jinn enters a person's body. This belief system highlighted the significant influence of spiritual and supernatural explanations for fits within the community. The practice of communicating with the jinn through a pious individual and the jinn's demands for specific rituals, dances, or consumption of certain food items further emphasized the community's spiritual perspective on fits.

Interestingly, the gendered nature of beliefs and practices related to fits became apparent during the interviews. For females, fits were associated with specific circumstances or actions, such as attending nighttime wedding functions with a made-up face or being alone under a dense tree. These actions were believed to attract evil spirits or jinns, leading to fits. On the other hand, for males, fits were not associated with specific circumstances but were attributed to physical weakness or vulnerability. The belief in the power of fulfilling the jinn's demands through visits to specific shrines, such as Sakhi Sarwar or Pir Adil, highlighted the importance placed on spiritual healing and supplication within the community. These practices reflected the deeply ingrained spiritual and religious values of the community. In addition to the spiritual beliefs, the interviews also shed light on certain torna methods used in the community. These methods included hitting the chest with a heavy object or using a strong-smelling shoe to aid in the recovery from fits. While these practices may not have a scientific basis, they are deeply rooted in cultural beliefs and perceptions. It is important to approach these cultural practices with respect and sensitivity,

recognizing that they are embedded in a rich cultural context and may have significant social and psychological implications for individuals experiencing fits. The integration of cultural beliefs and practices within healthcare approaches is essential for providing comprehensive and culturally sensitive care for individuals affected by epilepsy in the Saraiki community. The findings from these interviews highlight the need for healthcare providers to have a deep understanding of the cultural beliefs, practices, and perceptions surrounding epilepsy within specific communities. This understanding can facilitate effective communication and collaboration with community members, fostering trust and ensuring that healthcare interventions are culturally appropriate.

## **Conclusion and Recommendation**

This research explored the perceptions and beliefs surrounding fits and epilepsy within the Saraiki community. The findings revealed a distinct cultural framework in which fits, referred to as "*daoray*" were understood and approached differently from biomedical concepts of epilepsy. Instead of perceiving fits as a medical condition, the community attributed them to supernatural entities, particularly *jinns* (spirits). The practice of communicating with the *jinns* through pious individuals and fulfilling their demands showcased the community's strong belief in spiritual influences and their impact on fits.

The research also shed light on the gendered nature of these beliefs and practices. Women were associated with specific circumstances or actions that were believed to attract evil spirits and lead to fits. On the other hand, fits in men were often attributed to physical weakness or vulnerability. Understanding these gendered perceptions is crucial for providing tailored healthcare interventions and support. The significance placed on shrine visits, such as *Sakhi Sarwar*, *Jindy pir* and *Pir Adil*, as a means to address fits highlighted the community's deep-rooted spiritual and religious values. These practices demonstrated the intertwining of cultural beliefs, folk traditions, and the understanding of illness within the Saraiki community. Furthermore, the interviews revealed the existence of various torna methods, such as applying pressure on the chest or using specific objects with strong odors, believed to provide relief from fits. While these practices may lack scientific validation, they form an integral part of the cultural beliefs and practices surrounding fits. The research underscores the importance of culturally sensitive healthcare approaches that recognize and respect the unique beliefs, practices, and gender dynamics within the Saraiki community. Integrating traditional beliefs with modern medical interventions can foster a holistic approach to epilepsy care that encompasses both biomedical and cultural perspectives. It is essential for healthcare providers to engage in effective communication and collaboration with community members to build trust, address misconceptions, and promote accurate understanding of epilepsy. By acknowledging and respecting the community's cultural framework, healthcare professionals can deliver more culturally appropriate and effective care. This research has shed light on the unique perceptions, beliefs, and practices surrounding fits and epilepsy within the Saraiki community. By recognizing the cultural framework, healthcare providers can develop more effective strategies for epilepsy management and provide culturally sensitive care that respects the community's beliefs and values. Bridging the gap between cultural perspectives and biomedical approaches is crucial for promoting inclusive healthcare practices and

improving the quality of life for individuals with epilepsy in the Saraiki community (Hussain et al., 2021).

Further research in the domain of medical anthropology should focus on exploring the cultural beliefs and practices surrounding epilepsy in the Saraiki community, particularly regarding gendered experiences and the influence of socio-economic factors. Additionally, understanding the experiences and perspectives of individuals with epilepsy, evaluating the effectiveness of culturally sensitive interventions, and examining healthcare provider perspectives are crucial areas for future investigation. By addressing these research gaps, we can gain a more comprehensive understanding of epilepsy within the cultural context, leading to improved healthcare interventions and support for individuals with epilepsy in the Saraiki community.

The geographical area of this research provides valuable insights not only for medical anthropologists but also for scientists in fields such as neurology or genetics. The high prevalence of fits reported by the community members, with almost 3 to 4 individuals in each household experiencing the issue, raises important questions about potential medical reasons underlying this phenomenon. Additionally, the observation that the area has a significant number of consanguineous marriages (cousin's marriage) and a joint family system suggests that further research may uncover medical factors contributing to the occurrence of fits in this population. Neurologists and geneticists can potentially explore genetic predispositions, environmental factors, or other medical causes that may be responsible for the high incidence of fits in the area. Conducting further research in this regard will contribute to a deeper understanding of the etiology of fits and facilitate the development of targeted medical interventions for individuals affected by this condition.

**Asma Maryam:** Problem Identification and Model Development

**Rabbia Firdous:** Data Collection, Results and Analysis

**Abdul Raheem:** Research Model and Hypothesis testing

#### **Conflict of Interests/Disclosures**

The authors declared no potential conflicts of interest in this article's research, authorship, and/or publication.

#### **References**

- Andermann, L. (2000, July). Epilepsy in Our World: An Ethnographic View. *ResearchGate*, 1(3), 169-75. doi:10.1006/ebeh.2000.0065
- Bartolini, E., Bell, G. S., & Sander, J. W. (2011, March). Multicultural challenges in epilepsy. *ELSEVIER*, 20(3), 428-434. doi:https://doi.org/10.1016/j.yebeh.2010.12.045
- Baskind, R., & Birbeck, G. (2005, July). Epilepsy care in Zambia: a study of traditional healers. *National Library of Medicines*, 7, 1121-6. doi:10.1111/j.1528-1167.2005.03505.x
- Carlson, S. M., Koenig, M. A., & Harms, M. B. (2013, March 18). Theory of mind. *Wiley Interdisciplinary Review*, 4(4), 391-402. doi:https://doi.org/10.1002/wcs.1232
- Francisco, V., Greene, C., Fumo, H., Mabunda, D., Sidat, M., & Duarte, C. D. (2022, November 22). Community Health Workers' Knowledge, Attitudes, and Practices

- towards Epilepsy in Sofala, Central Mozambique. *19*(22), 15420.  
doi:10.3390/ijerph192215420
- Hussain, S., Nawaz, D., Khan, M. A., Nawaz, T., & Zia, S. (2021). The impact of death anxiety on quality of life among cancer patients: a case of Bahawalpur and Multan district. *Psychology and Education*, *58*(1), 5473-5477.
- Ismail, H., Wright, J., Rhodes, P., & Small, N. (2005, January). Religious beliefs about causes and treatment of epilepsy. *Journal of Ethnobiology and Ethnomedicine*, *55*(510), 26-31.
- Kahissay, M. H., Fenta, T. G., & Boon, H. (2017, January 26). Beliefs and perception of ill-health causation: a socio-cultural qualitative study in rural North-Eastern Ethiopia. *BMC Public Health*, *17*(124), 124. doi:https://doi.org/10.1186/s12889-017-4052-y
- Njamnshi, A. K., Tabah, E. N., Yepnjio, F. N., Angwafor, S. A., Dema, F., Fonsah, J. Y., & Kuate, C. T. (2009, June). General public awareness, perceptions, and attitudes with respect to epilepsy in the Akwaya Health District, South-West Region, Cameroon. *ELSEVIER*, *15*(2), 179-185. doi:https://doi.org/10.1016/j.yebeh.2009.03.013
- Njih, I. N., & Angwafor, S. A. (2010, March). Knowledge, attitudes and practices with respect to epilepsy among student nurses and laboratory assistants in the South West Region of Cameroon. *Journal of Ethnobiology and Ethnomedicine*, *17*(3), 381-388.  
doi:https://doi.org/10.1016/j.yebeh.2009.12.027
- Rhodes, P., Small, N., Ismail, H., & Wright, J. (2008, March 20). The use of biomedicine, complementary and alternative medicine, and ethnomedicine for the treatment of epilepsy among people of South Asian origin in the UK. *BMC Complementary and Alternative Medicine*. doi:https://doi.org/10.1186/1472-6882-8-7
- Saeed, K., Gater, R., Hussain, A., & Mubbashar, M. (2000). The prevalence, classification and treatment of mental disorders among attenders of native faith healers in rural Pakistan. *Social psychiatry and psychiatric epidemiology*, *35*, 480-485.
- Seneviratne, U., Rajapakse, P., Pathirana, R., & Seetha, T. (2002, January). Knowledge, attitude, and practice of epilepsy in rural Sri Lanka. *National Library of Medicine*, *11*(1), 40-3. doi:10.1053/seiz.2001.0579
- Sharma, J., Gairola, S., Gaur, R. D., Painuli, R. M., & Siddiqi, T. O. (2013, October 28). Ethnomedicinal plants used for treating epilepsy by indigenous communities of sub-Himalayan region of Uttarakhand, India. *ELSEVIER*, *150*(1), 353-370.  
doi:https://doi.org/10.1016/j.jep.2013.08.052
- Thomas, S. V., & Nair, A. (2011). Confronting the stigma of epilepsy. *ResearchGate*, *14*(3), 158-63. doi:10.4103/0972-2327.85873