January 2002

Myths regarding treatment of hepatitis: the vicious cycle of increasing morbidity

Waris Qidwai
Aga Khan University, waris.qidwai@aku.edu

Naureen Alim
Aga Khan University

Iqbal Azam
Aga Khan University, iqbal.azam@aku.edu

Follow this and additional works at: https://ecommons.aku.edu/pakistan_fhs_mc_fam_med

Part of the Family Medicine Commons

Recommended Citation
Available at: https://ecommons.aku.edu/pakistan_fhs_mc_fam_med/175
SHORT COMMUNICATION

MYTHS REGARDING TREATMENT OF HEPATITIS: THE VICIOUS CYCLE OF INCREASING MORBIDITY

Waris Qidwai, Naureen Alim* and Syed Iqbal Azam**

KEY WORDS: Myths. Hepatitis. Jaundice.

Viral hepatitis has high prevalence rates in Pakistan.\(^1\)\(^-\)\(^3\) It is a potentially serious condition with associated high morbidity and mortality.\(^4\)\(^-\)\(^5\) Studies from neighboring regions document significant utilization of the services of faith healers for the treatment of patients with hepatitis.\(^6\)

A vicious cycle of increasing morbidity is seen among patients with viral hepatitis as a result of myths that exist in the Pakistani society regarding its treatment and cure. Experience tells us that a significant majority believes that hepatitis can be cured by spiritual means. A large number of faith healers are seen carrying out a thriving business by exploiting poor patients. Not only do these patients suffer a financial loss but at the same time they are denied appropriate medical care, which can be a serious matter in cases of hepatitis B and C infections.\(^7\)\(^-\)\(^9\)

A need was, therefore, identified to study the myths about hepatitis and their impact on the health of the patients. A questionnaire-based survey was carried out, among patients presenting to the family physicians, at the Aga Khan University Hospital in Karachi, Pakistan.

Questionnaire were administered after obtaining the consent of the patients. Three hundred and eighty-eight patients were surveyed against a calculated sample size of 385.

The mean age of the study population was 35.4 years, majority being married females. The majority was well-educated and were either students, in private or government service or self employed or housewives. Respondents' views on various myths about hepatitis are shown below:

<table>
<thead>
<tr>
<th>Myth</th>
<th>Yes No. %</th>
<th>No %</th>
<th>Don't know No. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis can be cured by spiritual means</td>
<td>194/50</td>
<td>154/40</td>
<td>40/10</td>
</tr>
<tr>
<td>Hepatitis patient can eat eggs</td>
<td>29/6</td>
<td>295/76</td>
<td>64/16</td>
</tr>
<tr>
<td>Hepatitis patient should consume boiled foods only</td>
<td>311/81</td>
<td>45/12</td>
<td>32/18</td>
</tr>
<tr>
<td>Use of sugarcane juice speeds recovery in hepatitis</td>
<td>315/81</td>
<td>34/9</td>
<td>39/10</td>
</tr>
<tr>
<td>Abdominal pain is relieved by abdominal manipulation</td>
<td>166/43</td>
<td>145/37</td>
<td>77/20</td>
</tr>
</tbody>
</table>

It is very alarming that 50% of the respondents believe that there is spiritual treatment for hepatitis. This figure is close to that found in neighboring India, where 38% of the respondents wanted treatment for jaundice from faith healers.\(^6\)

The fact that 80% of the respondents believe that hepatitis patient should consume boiled food only and 76% feel that they should not consume eggs, supports our view on increasing morbidity. The more concerning issue is that we feel these dietary restrictions continue for long periods after the liver ailment is resolved, resulting in malnutrition from continued consumption of boiled foods.

The belief that the use of sugarcane juice speeds recovery in hepatitis, 81% of the respondents again supports our view of increasing morbidity cycle in these patients from gastroenteritis, further aggravating the nutritional status. Such patients are rendered vulnerable to other serious infections as a result of malnutrition thus setting in a vicious cycle.

It is matter of great concern that 43% of the respondents believe that abdominal pain can be cured by the manipulation of the umbilicus. We believe that this practice leads to dangerous situation and quacks handling acute abdominal conditions may cause serious complications.

We recommend further studies on the theory that we have put forward as a result of the findings of our study. We feel the need and strongly recommend education program on these issues for the Pakistani community.

REFERENCES


* Department of Family Medicine (CHS) The Aga Khan University, Karachi.
** Department of Community Health Sciences, The Aga Khan University, Karachi.

Correspondence: Dr. Waris Qidwai, Assistant Professor, Family Medicine, The Aga Khan University, Karachi, Pakistan. Email: waris@aku.net.org

Received April 11, 2002; accepted April 25, 2002.