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# THE MULTIPLE ROLES OF TRADITIONAL HEALERS IN CANCER TREATMENT IN MALAYSIA\*

Sharan Merriam<sup>1</sup>, Mazanah Muhamad<sup>2</sup>

**ABSTRACT:** For a number of reasons ranging from cultural compatibility, to accessibility, to cost, traditional healers are a major source of health care in developing countries. Partially as a result of the widespread practice of visiting traditional healers, cancer diagnosis and treatment in Malaysia is often delayed or interrupted resulting in late presentation, advanced stage diagnosis, and a higher mortality rate than in Western countries. However, there is very little research on the role of traditional healers in cancer treatment in Malaysia. This qualitative study was designed to identify the roles traditional healers play in cancer diagnosis and treatment. To that end, in-depth interviews were conducted with 14 Malay traditional healers, 13 cancer patients who had seen both traditional healers and Western doctors, and 12 cancer medical specialists. Analysis of the data from these 39 participants revealed four roles traditional healers play in cancer treatment—medicinal healer, emotional comforter, spiritual guide, and palliative caregiver. Recognition of these roles by the Western medical system is proposed as a starting point for alleviating the cancer burden in Malaysia.

## Introduction

Traditional healers exist in all cultures, and their widespread presence in developing countries is well documented (WHO, 2002). In fact it's been estimated that "80% of the world's population continues to use their own traditional systems of medicine despite the increasing presence of allopathic medicine" (Tovey, Chatwin & Bloom, 2007, p. 117). Western allopathic medicine views disease as chemically and physiologically based, whereas traditional systems attribute illness to social, spiritual and psychological disturbances, and treatment consists of natural and spiritual remedies that restore harmony to the system.

Recognition that dual systems of medical care exist throughout the developing world is a first step in tackling some of the pressing health issues in developing countries. We also need a solid understanding of the roles and practices of traditional healers so that health practitioners in both systems can better address patient healthcare, especially with regard to life-threatening chronic diseases. According to the World Health Organization, 80% of deaths related to chronic diseases occur in developing countries (2005). However, despite the widespread presence of traditional healers in Malaysia, little is known about the roles they play in the diagnosis and treatment of chronic diseases such as cancer. This study was designed to identify the roles of traditional healers in treating cancer patients in Malaysia.

## Traditional Healers

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Interest in traditional healers can be traced to the 1978 Alma Ata Declaration on primary health care which acknowledged the potentially positive role of traditional indigenous practitioners (Muller & Steyn, 1999). A traditional healer is “a local non-biomedical health practitioner who has inherited, trained in, or created methods that utilize botanical, animal, and mineral products, perhaps symbolic methods and ingredients as well, and is sought out to treat physical, mental and social diseases, and conflicts in his or her community” (McMillen, 2004, p. 891).

Delay in seeking Western medical treatment and/or interruption of treatment is often attributed to visiting traditional healers from Hmong women in California (Yang, Mills, & Riordan, 2004), to breast cancer patients in Ethiopia (Dey, et al., 2010), and to Malay psychiatric patients. Razali and Najib (2000) found that patients who had consulted bomohs before consulting psychiatrists “took 4 months to 1 year to reach treatment point” compared with the 2 to 3 months delay for those who did not consult bomohs” (p. 286). And in a study of Malaysian parents of children with cancer, Ariffin et al., (1997) found that “25 parents (29 percent of the total) sought aid from traditional healers while the children were still receiving treatment in the hospital, despite the majority of them (95 percent) claiming satisfaction with medical treatment” (p. 376).

Not only are traditional healers often more accessible in health-resource challenged developing countries, they are perceived as meeting social and psychological needs of their patients in addition to addressing physical concerns. “Traditional healers tend to offer patients and their families a more personal and intimate relationship than most Western-trained doctors and hospital staff can offer. Relatives may be enlisted in healing ceremonies and allegiances reaffirmed in a social catharsis. Sickness is made to signify the presence of underlying social disorder” (Lau, 1989, p.94). Further, “healers usually take the socio-economic background of individual patients into consideration in their diagnoses. Therefore, the healers deal with not only the patient’s illness but also his social reality” (p. 95). Traditional healers thus play a number of roles in addition to treating the actual physical problem. Ross (2008) reports that healers “occupy an esteemed position within South African culture as they are consulted for a wide range of physical, social, and emotional problems and are often expected to assume the roles of medicine healer, priest, psychiatrist, advisor, diviner, and herbalist (Erasmus, 1992)” (p. 17).

### **Malaysia, Cancer, and Traditional Healers**

Malaysia is a country of 25 million people in Southeast Asia. Peninsular Malaysia is bordered on the north by Thailand and on the south by Singapore. The two states of Sabah and Sarawak on the island of Borneo constitute what is known as East Malaysia. It is a multicultural society consisting of approximately 60% Malays, 30% Chinese and 10% Indian.

While it is difficult to get an accurate assessment of the prevalence and morbidity rates of cancer in Malaysia, it is widely considered to be on the rise. The National Cancer Registry (NCR) has been in existence only since 2002 and reports are based on sometimes erratic hospital epidemiology data (Yip, 2008). Further, the NCR has statistics from Peninsular Malaysia only (statistics from East Malaysia are not available).

From the data that are available there were 21,773 new cancer cases diagnosed in 2006 in Peninsular Malaysia. Malaysian cancer statistics from the National Cancer Registry (Omar, Ali,

& Tamin, 2006) reveal that cancer incidence increases with age, with the highest incidence for females occurring between 50-59 years. Among the Malay, Chinese and Indian, cancer incidence is highest among Malay females. The five most common types of cancer among all Malaysians are breast, colorectal, lung, cervix and nasopharynx. The most frequent type of cancer in males is colorectal, while the incidence of breast cancer in women is much greater than other types of cancer.

Cancer awareness, diagnosis and treatment in MY are hindered by the lack of resources and trained personnel. For example, “the total number of oncologists in Malaysia is 35, resulting in an “oncologist: population ratio of 1:650,000” (the UK ratio is 1:250,000) (Yip, 2008). Twelve of the 35 are located in or around the capital city of Kuala Lumpur. Lack of cancer treatment facilities, radiotherapy machines and so on result in restricted access to treatment and if access is facilitated, there is often an extended waiting time for treatment (Yip, 2008).

A contributing factor to the cancer burden in Malaysia is that the majority of the population consults traditional healers, often as a first line of action. The delay in seeking Western medical treatment results in an unusually high rate of diagnosis of advanced stages of cancer and higher mortality rate than Western countries (Anderson, et al., 2006; Yip, 2008). Others interrupt standard medical treatment for numerous reasons (side effects of chemo, difficulty in access, family pressure and so on) and go to healers. Yet others access treatment from both systems simultaneously.

As recently as October 2010, an article in a Malaysian newspaper noted that “the people in [the state of] Kelantan prefer to go to traditional medicine practitioners or bomoh for cancer treatment than to doctors at government hospitals.” A Health Ministry official was quoted as saying that because of visiting a bomoh, “the condition of cancer patients worsened” (Relying on bomoh for cancer treatment, p. 11). There is little doubt that the majority of Malaysians access traditional healers in dealing with cancer and that this practice appears to be a contributing factor to the cancer burden in Malaysia. However, little is known about the roles traditional healers play in cancer diagnosis and treatment.

## **Methodology**

Not much is known about Malay Moslem traditional healers compared to those in the Chinese and Indian Malaysian communities. These communities have practices documented through Traditional Chinese Medicine (TCM) or Complementary Alternative Medicine (CAM), or in the case of the Indian community, Ayurvedic medicine. The evidence for these systems is considerable. However, little is known about traditional healers from the Malay communities. This study sought to identify the roles traditional healers play in the diagnosis and treatment of cancer. A qualitative research approach was deemed most appropriate for addressing this research question (Merriam, 2009; Patton, 2002).

## **Sample and Data Collection**

We reasoned that a particularly rich portrait of traditional healer roles could be best obtained by interviewing those most closely involved in this practice--traditional healers themselves, cancer

patients, and medical cancer specialists. The 39 participants consist of 14 traditional healers, 13 patients, and 12 cancer specialists.

**Traditional Healers.** Traditional healers were identified through reputation, word of mouth, and by referrals from cancer patients themselves. Three had Internet web pages and several had been featured in local television programs, newspapers and magazines. We purposefully sought healers who were known for treating cancer among other diseases. An effort was made to interview male and female healers from the four regions of Peninsular Malaysia, and healers who represented different types of practice. Of the 14 participants, six practice in and around Kuala Lumpur, the capital city which is centrally located, and eight practice in rural areas in the northwest, southern, and northeast parts of peninsular Malaysia. Ten of the 14 are men, age ranges from 43 to 80, and years in practice range from 11 years to 48 years.

Most interviews were held in traditional healers' homes where they saw patients; three were held in the office of the healer's "day" job, and two were held at the healers' clinics. Interviews lasted from one to three hours and often included tea and other refreshments. On five occasions other patients were on site and were treated before or after our interviews.

**Cancer Patients.** We sought cancer patients who had accessed *both* the Western medical system and traditional medicine in the course of their diagnosis and treatment. Referrals were obtained from cancer support groups and from friends and relatives of cancer patients. Of the 13 patients, 12 are women, age range is 34-75 years, level of education varied from 6<sup>th</sup> grade to PhD. Five of the 13 are from Kuala Lumpur and surroundings; eight were from northeast, northwest, and southern peninsular Malaysia.

Interviews were conducted at a place of the patient's choosing and included their homes and cancer support centers, and in one case, a fast food restaurant. Four of the 13 interviews were conducted in English; the interviews in Bahasa Malaysia were translated into English by bilingual graduate students.

**Medical Doctors.** Cancer specialists were identified through cancer patients' recommendations, health clinics, hospitals, and cancer support groups. As with the traditional healers, an effort was made to interview participants representing different parts of Peninsular Malaysia as well as different cancer specialties. Of the 12 interviews, five are from the Kuala Lumpur area and seven are from rural areas. Oncologists, radiologists and surgeons comprise the sample. Two of the participants are women (both surgeons). One of the 12 interviews turned into a focus group interview when the respondent, a hospital administrator, was joined by a surgeon and a gynae-oncologist who treated cancer patients at that hospital. All twelve interviews were held in the hospital or clinic where the doctor has his or her practice. All interviews were conducted in English. Years in practice ranged from 9 to 29 years.

### **Data Analysis**

Verbatim transcriptions of the interviews formed the database for analysis. The interview data were analyzed using the constant comparative method of data analysis (Corbin & Strauss, 2007; Merriam, 2009). This method consists of first open coding each interview transcript for relevant data responsive to the study's research questions. These coded segments are then combined

through axial coding into themes/categories that are explanatory of the phenomenon. The same process is undertaken with the transcript of the second interview. Themes/categories from the second transcript are compared with the first transcript and one set of themes/categories is derived from the two interviews. This process continues through subsequent interviews. The final sets of themes/categories are the findings of the study. These findings are in turn supported by quotes from the transcripts; these quotes are the evidence for the findings.

## **Findings**

Analysis of the interview data from traditional healers, cancer patients and medical doctors resulted in our identifying four roles Malay traditional healers play in cancer treatment: medical healer, emotional comforter, spiritual guide, and palliative caregiver.

### **Medicinal Healer**

Patients go to traditional healers with the expectation that the healer will treat their physical ailment. Some patients know or suspect they have cancer, and others may have painful physical symptoms causing distress, but have not yet been diagnosed with cancer. These healers use a mix of herbs, which include plant roots and spiritual incantations, most often blessing drinking water. Wan, a village bomoh, uses “white pepper and pure natural honey” which he called “the king of medicine.” He also said that for breast cancer it was a 10-day treatment period and that he “cannot treat if too serious.” Ecah uses a paste made of betel leaf, gambir, lime and “a little bit of sugar.” She says this paste if used for three days, can cure “if the lump size is small.” Kamal, an Islamic healer who uses herbs says that for cancer “we will use a leaf (from a plant) which sticks to a tree, the money plant, or we use the root of white hibiscus plant and mix it with wasp’s nest together with shallots. Mix all together and paste on the affected area.” For breast cancer he prepares a drink: “We use wild kangkung, we pound and paste button flower leaves and money plant leaves, roots of white hibiscus plant and white turmeric which are boiled for drinking.” Zul who is a bomoh and a bone healer explained how he treats breast cancer:

I’ll ask her where the pain is. She will show me where it hurts. I’ll dip the betel nut leaf in honey. Then I’ll recite some (Quranic) verses. I’ll transfer the pain. I’ll say “you don’t stay there, come here.” I’ll point towards the breast and then touch with my finger. Meaning, the disease don’t stay in the person, it should transfer to my finger.

Abas also “transfers” the disease saying, “When patients have cancer, we transfer the disease to the yam plant. We recite and place the yam plant at the breast or at the womb or at anywhere. We instruct the disease into the yam plant.” The patient then plants the yam plant, does not water it and lets it die. This method only works, he claims, if cancer is early stage.

Other healers incorporate specialized practices like Salleh who has been trained in acupuncture. Of a teenager who had cancer, he said, “I used a combination of treatment. I treat using acupuncture, prayer, verses from the Quran and eating some special herbs for cancer. I also use an egg to pull out the disease.” Aziz removes cancerous tumors through invisible “surgery,” as does Lena who channels a medical doctor. The homeopathic doctor uses micro dilutions of remedies. When cancer patients come to her, “I will give them remedies to help them overcome

the side effects without stopping them to go to chemo. But after they finish their chemo, then I will start their specific treatment...I will give them the homeopathy remedies to help them with the cancer.”

Some patients reported relief from pain after seeing traditional healers. Roziah reported that after drinking water that was blessed by the bomoh, “I feel the pain go away a little bit. The pain gets less.” Nowan found that the herbal remedy helped with her breast tumor: “I see there is a difference. The tumor becomes softer, has shrunk, cold, and this thing, you know, sometimes it’s hot, so it becomes a bit cooler. I could sleep comfortably, not like before.” She went on to say that while the “the bomoh says that these jeluju seeds can make it [the tumor] disappear,” she was not convinced and did follow up with standard treatment. Interestingly, Nowan reported that her doctor said the jeluju seed was being scientifically tested and that it held promise for controlling the spread of cancer.

It is no surprise of course that the major role of a healer is to address the physical ailments of cancer patients. As Muslims, the Malay healers rely on faith in Allah, prayers, and their own devotion to assist in their healing. Various herbs, flowers, plant roots and eggs designed to “extract” the disease from the patient were also used. Most of the healers claimed they can “cure” with these treatments, especially if the disease was in the earlier stages.

### **Emotional Comforter**

The literature on traditional medicine points to the holistic nature of this practice. Interwoven with treating physical ailments is attention to the emotional and spiritual dimensions of dealing with cancer. Dr. Mahmud, a clinical oncologist, stated that “when you treat cancer, you have to treat both sides. You have to treat the physical cancer but you have to treat the emotional, the spiritual side of it to enhance your cancer therapy” and this he felt could be a role for traditional healers. In this study, patients and doctors actually spoke more about the roles of emotional and spiritual healer, than about the physical treatment.

Cancer patients experience a wide range of emotions when dealing with cancer. Many feel a diagnosis is equivalent to a death sentence. And in Malaysia as in other developing countries, lack of knowledge about the disease leads to taboos, myths and fears that results in high levels of anxiety. Breast cancer patients in particular experience great anxiety due to cultural taboos and misinformation. Dr. Ismi, a cancer surgeon in the rural northwest said that “seeing the male doctor is a nightmare because they have to show their breast...Malay is basically Muslim and they are a shy people, they don’t like to share their problems with others especially involving private parts.” Furthermore, as Dr. Salam, a radiologist pointed out, women will do most anything to avoid a mastectomy “and the bomoh will definitely not remove the breast because they just recite something and hope that the cancer disappears....There’s no doubt people will choose that way, rather than surgery.”

Traditional healers appear to alleviate some of this anxiety. Sami, a university professor and cancer patient, said one should consult both medical and traditional healers because “you have to hope.” Aira recalls that the bomoh she consulted told her that her cancer could be cured, and she was “very relieved at the time” and that “he gave me a positive spirit.” She went on to recall that

“he said ‘don’t worry; everything will be cured whether you come to me or the doctor...It can be cured; you are still in a good stage.’” Roziah went to five different traditional healers while waiting for her mastectomy surgery. She said she was “hoping for a miracle,” and some “peace of mind.” The oldest patient in our study, 75-year-old Ria had stage 4 uterine cancer in 2001 and in 2005 was diagnosed with stage 1 lung cancer. She regularly sees an Islamic healer whose treatment allows her to “feel peace, so calm and so relaxed.” Latif, a renowned Quranic healer who sees upwards of 1200 patients a month, confirmed Rizman’s view, saying that “Quranic healing gives them the motivation...the courage to fight the cancer.”

Several doctors mentioned the lack of personal treatment and attention in the medical system that often prompts patients to see traditional healers. A rural hospital administrator pointed out that patients are really scared of the hospital.

The hospital is not that friendly, the social part about it. We cut out the patients from the family. You can only come to visit your mother or sister from 1 to 2pm. If you come after 2pm, you will be chased away. If you go to bomoh treatment...there’s no disruption with family ties. The family members can come, discuss, talk and everybody’s involved.

Dr. Rosli, an oncologist practicing in the south of Malaysia felt that ignorance about cancer and its treatment drives a majority of his patients to traditional healers where the treatment is “very friendly” with “little side effects” while at the same time “gives psychological comfort that the patient will be cured.”

Doctors readily concurred that traditional healers could play a psychological role in cancer treatment. Dr. Rahman said that “we now realize the prevalence of depression, anxiety and all neurotic problems among the cancer patients surprisingly is very high” and that “40 to 50% of patients suffering this kind of neurosis” need attention. This is a role that traditional healers can play and he doesn’t object to them being part of “our team.”

## **Spiritual Guide**

In addition to attending to the emotional component of dealing with cancer, these Malay traditional healers, especially the Islamic healers, addressed *spiritual* concerns as well as emotional ones. Latif tells his patients that “God gave you this illness because God wants you to be closer to Him.” He goes on to point out that “if you see the doctor and use Quranic healing that gives a double impact. You heal the person through the modern medicine and tell the patient to recite these verses.” Abas says that the “doctor treats this part, while I treat another part. The doctor basically treats the physical part and I treat for the spiritual part. I say the azan [prayer] seven times and I take a deep breath and the patient can feel a little calm after that.”

Doctors also recognized the spiritual guidance role that traditional healers play. Dr. Manan, a surgeon in rural northwest Malaysia and who revealed to us that his father was a famous bomoh, said that “Malay is Muslim” and that traditional healers “use religious Quran verses and try to relate [disease] to God. They know the disease comes from God. This is more spiritual rather than evidence-based” and “Malay people still have that belief.” Interestingly, not only did two of our medical doctor participants have a close relative who was a bomoh, ten of the 12 had



themselves or had had close family members visit traditional healers. Dr. Mahmud, a prominent oncologist in Kuala Lumpur, said of his family, “we don’t see bomoh, except sometimes when they [family members] get depressed. It’s not for medical, but for non-medical, for spiritual and guidance....Sometimes, we ask about the holy water. We ask the ustaz [religious teacher who is a spiritual healer] to make some prayers.” Another doctor said that medicine “is not purely physical.” There’s a psychological component that “can be treated by spiritual only. The spiritual part can treat the psychological” which explained to him why many Malays go to healers.

Not surprisingly, cancer patients themselves spoke quite strongly about the spiritual comfort obtained from traditional healers many of whom are religious leaders/teachers respected in the community. Roziah said she saw a healer “for the blessing. He said don’t worry. You will be successful and you will be fine again....Thanks to God.” Rizman said that with her Islamic healer’s help, “I pray to God and [ask Him to] save me from the hell fire. This gives me the peace in my feeling.” Another patient said that Quranic healers inspire people like her to also seek standard medical treatment:

You must look for the healing. You must look for the treatment. You must not give up because you have the Most Merciful God that loves you and so if you understand who is God, you will not give up and [this knowledge] brings you the spirit. If a patient has this kind of spirit, positive spirit, it doesn’t matter whether you go to the hospital. In fact, if you go to the hospital, your nature will be different.

Rashidah, a shop owner, echoes the other patients in saying that one should see both a medical doctor and an Islamic healer. She believes in “Islamic medication,” meaning prayers. She thinks “when you believe and you trust and you ask from God, from Allah, definitely you will get what you want. You have to work for it. So, go to see the doctors and at the same time you get Allah to help you.”

Clearly, Malay traditional healers have something to offer cancer patients in terms of emotional and spiritual counseling. Unlike the physical healing side of their practice, medical doctors seemed quite receptive to healers treating cancer patients in their role of emotional and spiritual counselor.

### **Palliative Caregiver**

Both traditional healers and medical doctors recognized the potential of traditional healers as palliative caregivers when there is no other treatment possible. Salleh felt that the best he could offer to cancer patients in stage 3 or 4 was “good spiritual motivation.” He says he is sometimes invited to visit patients in the hospital, “to make doa verses [prayers] for people that don’t have any hope. After that, they die.” Salmah who regularly refers patients to medical specialists, says that “I tell them when the specialist cannot do anything else to you, you can come to me. If you have taken the treatment from the specialist and get side effects from that, you can come to me.”

While the medical doctors in our study had issues with their cancer patients seeing traditional healers while under their care, they saw some value in traditional healers having a role in

palliative care. As Dr. Rahman said, palliative care for cancer patients “is a huge area we have to explore. I think this traditional healer plays a role in palliative care.” Another oncologist, Dr. Rasli, says he refers his patients when he has exhausted treatment. “In other words, in the end stage of the illness we allow the TCM.” Dr. Muthu concurs, saying “I recommend patients where I cannot provide any treatment like severe pancreatic cancer, and when they [patients] ask us if there is any other hope and I say from our allopathic medicine like chemotherapy, we don’t have anything.” Breast and endocrine surgeon, Dr. Ismi supports visiting traditional healers “if the patients refuse surgery [and ask] ‘is there any other method because I’m too frail, too old and too scared for the surgery, but I will come to follow up.’ If the patients reject everything, [but] come to see me, [then] I recommend.” Finally, Dr. Ching has no issue with palliative care patients visiting a traditional healer: “When nothing else can be done, when Western medicine has nothing else to offer at this very late stage, we have no problem with patients seeking a traditional healer.” She also feels traditional healers are the best ones to deal with the spiritual dimensions of healing in palliative care, calling it “spiritual therapy.”

### **Discussion**

From interviews with traditional healers, cancer patients, and medical specialists, we uncovered four roles traditional healers play in cancer treatment in Malaysia—medicinal healer, emotional comforter, spiritual guide, and palliative caregiver. These roles help explain the powerful draw of traditional healers in Malaysian society. While exact estimates are unavailable, WHO and a few studies conducted in Malaysia have suggested that some 80% of Malaysians visit traditional healers. With regard to cancer in particular, patients often see healers as a first line of help, thus delaying cancer diagnosis and treatment. The result is late presentation, late stage diagnosis and a higher cancer mortality rate than in Western countries (Yip, 2008).

The three roles of medicinal healer, emotional comforter, and spiritual guide are certainly congruent with the literature on traditional medicine. Not only are traditional healers more accessible and more affordable especially in poor, rural areas in developing countries, they are very much embedded in the social, cultural and religious fabric of the country. Although the patients in our study clearly accepted Western medicine in treating their cancer, there was a sense that they hoped a traditional healer could cure them, or at least enable them to avoid surgery and/or chemotherapy. Several did experience some relief from their physical symptoms. While most of the healers claimed their medicine could “cure” cancer especially if it was early stage, as yet there is no scientific evidence to support their claims (Ang, 2006; Relying on bomoh for cancer treatment, 2010). And in a review of the evidence for 24 complementary and alternative treatments for palliative cancer care, the authors conclude that “for some treatments, the evidence is encouraging but for very few, it is as yet fully convincing” (Ernst, Pittler, Wider & Boddy, 2007, p. 565).

It may also be that due to lack of information or misinformation, fear, cultural taboos and so on, cancer patients in particular are drawn to traditional healers. Malaysian women are hesitant to even be screened for cancer. Wong et al. (2008) found Malaysian women reluctant to get a Pap smear because of lack of knowledge about cervical cancer and its screening, embarrassment, fear of pain, a fatalistic attitude, and viewing their own health as secondary to their family obligations. Speaking of breast cancer screening in particular, Parsa et al. (2006, p. 511) point

out that “in Asian traditional culture, women’s bodily experiences are taboo,” there is much shame and humiliation in exposing their breasts, and women fear the test itself, the results of the screening, and the treatment should they have cancer.

However, focusing on the actual medical treatment role of traditional healers misses what is most compelling about the attraction for Malaysian cancer patients. For that, we need to turn to their roles as emotional and spiritual healer. More than thirty years ago, Heggenhougen (1980, p. 239) explained that traditional healers were attractive to Malaysians because the worldview of Malaysians encompasses more than scientifically-based explanations of disease:

Most Malaysians are quite cognizant of the germ theory of disease, but understanding “how” an illness occurs still does not explain to them “why” this illness should happen to this particular person at this particular time. . . . The question “why” is often as important, or more so, than the question “how”. In this light, we may say that Malaysians have dual (or even plural) etiological explanations for the occurrence of any one illness---the cause(s) is (are) seen to be *both* natural (dealing with the ‘how’) and supernatural (dealing with the “why”).

Speaking of traditional medicine and cancer treatment in South Africa, Muller and Steyn (1999) confirm that while Western medicine may correctly explain “the disease processes, . . . the important question ‘Why me?’ is not answered” (p. 145). Further, the holistic nature of traditional healing “targets the mind, body, and soul of patients within their family, community and religious contexts” (Ross, 2008, p. 18). Lau (1989) points out that the actual diagnosis and treatment “count less than the simple fact that anxiety, fear, and doubt—all of which may contribute to an illness by way of complicating symptoms and reactions—are dispelled. These healers give people hope; they treat the patient as someone who can be cured” (p.94).

Patients and medical doctors in our study certainly emphasized the emotional and spiritual benefits derived from traditional healers. Patients reported that their faith was affirmed, anxiety was lessened, and psychological distress reduced, even while recognizing that they would still need to be treated by Western doctors for the cancer itself. Tovey, et al.’s (2005b) study of traditional medicine and cancer in Pakistan confirms the importance of the emotional and spiritual components of healing. Patients reported “high levels of satisfaction” with traditional healers “despite their strong views on the ineffectiveness of these very practices.” The authors go on to say that “it may be that TM (in particular) tends to play a more pivotal role in the patient’s emotional and spiritual well-being than potentially curative options” (p. 247). As in Malaysia, “in Pakistan, for many patients, health and faith (Islam) are inextricably linked. . . . Being effective at treating one’s condition may actually be superseded, in some cases, by a desire for emotional and spiritual well-being” (p. 247-248).

Finally, the role of palliative caregiver has the strong support of medical doctors who seem to recognize the comfort that traditional healers can provide, not only through alleviating physical pain with their medications, but also through emotional and spiritual comfort. Conventional medical treatment has little to offer patients in terminal stages of cancer (Pal & Mittal, 2004). Traditional healers, however, may enable patients to feel less despair and restore a sense of control in the final days of their lives (Mohamed et al., 2005).

Further, there is limited palliative care service in Malaysia (Lim, 2008), and insufficient NGOs to assist the government in this issue. For example, there are only 20 members of the Hospice and Palliative Care Society in Malaysia, and most of these services are located in urban areas (Hospice Malaysia, 2011). With limited facilities, patients seek traditional healers who can be accessed easily and who also often spend more time to comfort and give hope to them. Patients see complimentary and alternative medicine as more compatible with their values, worldview, and spiritual philosophy or beliefs regarding the nature and meaning of health and illness (Pal, 2002). A healer's support is often critical to patients who have nothing else to count on at this stage of the disease.

Three of the four roles traditional healers play in cancer treatment in Malaysia can be seen as complementary to the allopathic system. Emotional comforter, spiritual guide and palliative caregiver offer support and assistance to cancer patients that do not interfere with medical treatment. In fact, as several of the medical doctors in this study pointed out, emotional and spiritual dimensions of healing may augment the effectiveness of their biomedical treatment. And when little else can be done, traditional healers may bring symptom relief and psychological and spiritual comfort to terminal patients. Only one role, that of medicinal healer is problematic in alleviating the cancer burden in Malaysia. Doctors in our study pointed out the potentially negative interaction effects of traditional medications with their treatments. Further, there is no evidence that traditional medicine can cure cancer, although most of the healers in our study claimed the ability to cure cancer especially if it was early stage.

Recognition of the value of three of these roles in cancer treatment suggest to us that the cancer burden in Malaysia can be alleviated by bringing these two health care systems closer together. Patients are going to continue seeing traditional healers because of the multi-dimensional roles they play in Malaysian society. Muller and Steyn's (1999, p. 145) analysis of possibilities for cooperation in cancer treatment between the two systems in South Africa found that despite cultural differences in their perceptions of disease causation and treatment, "traditional healers' knowledge of the beliefs, values and psyche of their patients could inform Western medicine if there were effective interaction between the two systems and patients would benefit from applicable referral in the case of serious illness." How to go about fostering collaboration is a topic for another study; a point of departure, however, is having a solid understanding of the multi-dimensional roles modern-day Malay traditional healers play in cancer treatment. This is one starting point for relieving the cancer burden in Malaysia.

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