

## Case Report

## Dilemma of Patients who Attend to Spiritual Healers

Muhammad Kashif Munir, Sana Rehman, Asif Hanif

HRI-NIH TB Research Center King Edward Medical University Lahore,

**Abstract**

Gastric cancer which remains the sixth most prevalent cancer affecting millions of people each year around the globe. People find alternative therapies after being diagnosed with certain diseases including spiritual healers. Present case study was of a 49 years old woman diagnosed early with stage 1 of gastric carcinoma, she did not agreed for gastrectomy and started to attend a spiritual healer for treatment. Her disease shifted to stage IV gastric cancer within a year and she is on death bed after having stomach bypass surgery now. Although there are chances of survival for more than five years among patients opted for gastrectomy in an early stage but no data exists in case of spiritual healing. Education and awareness are the basic tools to make the people vigilant about the disease, diagnosis, cure and survival where proper medication can save many lives. There must be a policy to closely monitor the spiritual healers and a record must be established to see the number of patients with different cancers attend them with final outcomes.

**Keywords:** Gastric Cancer, Spiritual Healer, Patient's Believe, Diagnosis

**How to cite this:**

Munir MK, Rehman S, Hanif A. Dilemma of Patients who Attend to Spiritual Healers. J Pak Soc Intern Med. 2023;4(4): 321-323

**Corresponding Author:** Muhammad Kashif Munir

**Email:** munir.gemini81@gmail.com

**Introduction**

World Health Organizations (WHO) has endorsed the cancer as second most leading cause of global deaths and estimated 9.6 million people demised during year 2018 due to different cancers.<sup>1</sup> Low and middle income countries bear around 70% global burden of cancer furthermore five main dietary behaviours including lack of physical activity, low intake of fruits and vegetables, High body mass index (BMI), smoking, and alcohol consumption are reported risks of cancers.<sup>1</sup> Different viral infections including hepatitis and human papilloma virus and bacterial infections like Helicobacter pylori (H. pylori) are also responsible to cause cancer.<sup>2,3</sup>

Development of cancer in the inner linings of the stomach is called gastric cancer. It remained the sixth most prevalent cancer affecting 1.03 million people and remained third most common cause of deaths due to cancer which demised 783000 people during year 2018 globally (WHO, 2020). Exact prevalence of gastric cancer in Pakistan is not known but an older study reported its prevalence of 6/100000 among males and 3.6/100000 among females living in Karachi<sup>4</sup>. Although no single factor is involved in occurrence of gastric cancer but a strong association of infection with H. pylori has been reported to transform gastric carcinoma.

It is a common behaviour for people to find alternative therapies after being diagnosed with certain diseases. There are different options of treatment as alternative to allopathy in Pakistan most popular of which include Homeopathy, herbal medicine and spiritual healing. Both homeopathic and herbal therapies are registered in Pakistan while spiritual healing is not registered. These spiritual healers do not give any medicine, remain undercover and therefore left un-noticed always. As no scientific rule is applied hence, data of such patients is also not published anywhere. A survey based study in Pakistan reported 11.6% patients attending a family physician have a strong believe in spiritual healers<sup>5</sup>. Believe in spiritual healers has no harm in usual but a likelihood of running behind swindler may be shockingly fatal and cost one's life as no any kind of documentation is involved.<sup>6</sup> Aim of present case report is create an awareness about a patient diagnosed with stomach cancer but refused the allopathic treatment and shifted to stage IV running behind spiritual healer.

**Case Report**

A 49 years old female was presented with 1.5 years of history of postprandial vomiting with progressive hematemesis since few days. Other symptoms included dys-

phagia associated with solid food, fatigue, loss of appetite and weight loss. Before reaching the healthcare facility, patient had been visiting various medical & non-medical practitioners, hakims, homeopaths and spiritual healers thus having no conclusive diagnosis.

Lower part of oesophageal sphincter was narrow which was consistent to fragile bleeding gastric mass which barred to take biopsy. Computed tomography supported the presentation of gastric cancer. Patient gone through more investigations to find the embedded masses and laparotomy was performed. Finally, patient was diagnosed with stage I gastric cancer without involvement of surrounding structures. Patient and her family was informed about the diagnosis and asked for surgical removal of stomach as only option to proceed further for the sake of saving the life.

It was astonishing to see that patient and family refused the surgical intervention and left the hospital without medical advice. They chose a spiritual healer who was around 600 km away from their residence and started visiting him. The spiritual healer assured the patient that she will get cure of cancer in a few visits. Initially she had to visit spiritual healer after 15 days for three times and after that she had to visit once a month. Patient had to hire a private vehicle to visit the spiritual healer and travel around more than 10 hours on one side every time. In the beginning patient showed much enthusiasm and tell that she was feeling well with relief from symptoms and the process carried on for 10 months or so.

Now the condition of patient started to become more miserable as she the symptoms were becoming more severe and she had to have dehydration. Family started the home remedies and rehydrate the patient by normal saline drips at home. Perhaps the patient was brought to hospital again. Physically patient had pale-pigmented skin showing mild jaundice, non-palpable mass (splenomegaly, hepatomegaly with enlarge lymph nodes), rebound tenderness with other unremarkable physical features. Computed tomography revealed big mass that invaded the hilar lymph node, abdominal aorta and epigastric regions while laparotomy revealed peritoneal embedding of mass though biopsies were taken from the mass. Thus the patient was finally diagnosed with stage IV gastric carcinoma. Healthcare team headed by a senior oncologist and surgeon decided to remove the stomach surgically at its earliest before any other intervention.

Family of patient was not well educated and reluctant to undergo the surgery however they could not leave their patient in a condition of depression and misery. Households were then explained that the surgical removal of stomach may increase the life of patient to some extent or otherwise patient will be discharged after necessary management and will not be admitted

again in public hospital due to presumption of bad health situation. The family and patient at the end decided to have gastrectomy of patient. Once abdomen was opened for surgery it was revealed that the growth was highly disseminated around and embedded in nearby organs which could not be removed. Surgeon then decided only to bypass the stomach only and close the abdomen. Patient is now on death bed taking only liquid food given through syringes.

## Discussion

Gastric cancers are limited to inner linings of stomach at early stages and are not grown in deeper layers therefore surgical removal of stomach remains only option whereas radiation or chemotherapy are not desired. Nearby lymph nodes are also removed according to the situation. Endoscopic resection most often done in Japan to remove the cancerous part only but procedure require a great experience in dealing such cases. With the advancement in the diseases gastrectomy along with chemotherapy and radiotherapy are added till stage III gastric cancer accordingly. At stage IV it is evident that the cancer has spread distant organs therefore survival of patient becomes impossible but treatment can relieve the patient from symptoms by keeping the cancer under control. For this reason, subtotal gastrectomy in some cases and gastric bypass remained only options.<sup>7</sup> Presently, in this case even subtotal gastrectomy could not become possible therefore only relied on gastric bypass.

Early decision of gastrectomy after diagnosis increase the probability of survival as the patient is also quite young presently in while a study considered patients underwent gastrectomy at different stages of gastric cancer and revealed that 61% patient opted gastrectomy under age of 70 years and 50% above age of 70 years were still alive after five years from surgery and most of them also remained disease free<sup>8</sup>. In this case also patient may have spending a good life if opted for surgery at an early stage. A study aimed to observe the survival of young patients after gastrectomy being diagnosed with gastric cancer compared patients below and above 45 years of age and found an insignificant difference among both groups five years after surgery. Thus study concluded that long term survival after surgical removal of stomach depends on the stage of cancer where age proposed as decisive factor.<sup>9</sup>

A cohort study to observe postoperative complications in relation to poor prognosis after gastrectomy demonstrated the influence of complications among stage II and III patients of gastric cancer but among stage I patients, it remained to be determined.<sup>10</sup> On the other hand no data of survival or demised is available for the patients refusing gastrectomy and attending spiritual healers.

In conclusion, it is pertinent that people do not adhere

to the proper treatment even after timely diagnosis and run behind the swindlers as in present case. Education and awareness are the basic tools to make the people vigilant about the disease, diagnosis, cure and survival where proper medication can save many lives. There must be a policy to closely monitor the spiritual healers and a record must be established to see the number patients with different cancers attend them with final outcomes.

## References

1. World Health Organization. Cancer. [Updated 2020, Cited February 2020] available from: [[https:// www.who.int/news-room/fact-sheets/detail/cancer](https://www.who.int/news-room/fact-sheets/detail/cancer)].
2. Forouzanfar MH, Afshin A, Alexander LT. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet*. 2016;388(10053): 1659-724.
3. Díaz P, Valenzuela V M, Bravo. Helicobacter pylori and gastric cancer: adaptive cellular mechanisms involved in disease progression. *Front Microbiol*. 2018; 9(5): 29403459.
4. Afridi SP, Bano, F. Pattern and presentation of carcinoma stomach. *J Coll Physicians Surg Pak*. 2011;21(3): 161-3.
5. Qidwai W. Use of services of spiritual healers among patients presenting to family physicians at a teaching hospital in Karachi, Pakistan. *Pak J Med Sci*. 2003; 19(1), 52-6.
6. Albrecht M, Kopf B, Qin X, Wiedner U. Partial wave analysis using the PAWIAN software package. *World Scientific*. 2020; [https://doi.org/10.1142/9789811219313\\_0081](https://doi.org/10.1142/9789811219313_0081).
7. American Cancer Society. Treatment choices by type and stage of stomach cancer. (2017). [Updated 2017, Cited 2020] available from: [[https:// www.cancer.org/cancer/stomach-cancer/treating/by-stage.html](https://www.cancer.org/cancer/stomach-cancer/treating/by-stage.html)]
8. Shu B, Lei S, Li F. Short and long-term outcomes after gastrectomy for gastric carcinoma in elderly patients. *Int J Clin Exp Med*. 2015;8(8): 13578-84.
9. Llanos O, Butte JM, Crovari F. Survival of young patients after gastrectomy for gastric cancer. *World J Surg*. 2006; 30(1):17-20.
10. Wang S, Xu L, Wang Q. Postoperative complications and prognosis after radical gastrectomy for gastric cancer: a systematic review and meta-analysis of observational studies. *World J Surg Oncol*. 2019;17(1):52.