

Religion, Indigenous Medicine and Diet: A Culturally Driven Approach to Fight against COVID-19 in Pakistan

Akhlaq Ahmad, Muhammad Rizwan Safdar, Falak Sher

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Abstract

This study presents a culturally driven approach adopted by the COVID-19 survivors in Pakistan. Inspired by the phenomenological hermeneutics philosophy, present study recruited 15 COVID-19 survivors, with mild symptoms, treated at home and survived by adopting cultural toolkit of religion, indigenous medicine and diet to fight with COVID-19. The study found that religion/spirituality was the most dominating and supporting factor in patients' fight against COVID-19. It included regular praying, recitation of specific verses and Duas (prays) and invocations. Allopathic medicines- antibiotic, painkiller, vitamins and cultural/herbal medicines- spices, herbs, shrubs, and diet- soups, juices, fruits were used during the time of treatment and believed to be effective. However, religio-cultural knowledge dominantly guided the participants during their treatment.

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Introduction

Humans have been using natural products (herbs, shrubs, foods) to cure serious diseases for thousands of years, including pandemics (Shi et al., 2010). These products were culturally accepted, easily available, and convenient to use and believed without known side effects. Countless active compounds were separated from natural products to pave the way of modern medicine in 19th century (Joo, 2014). However, subsequent suppression of alternative medicines by the biomedical model resulted into medical hegemony of allopathic medicine (Weber, 2016). Now serious voices have been rising to reform medical profession and authority of biomedical model in the recent years (Timmermans & Oh, 2010). Integrative medicine model is getting popularity in medicine (Myklebust et al., 2008) and medical experts are now realizing the importance of herbal medicine (Zwickey & Lipski, 2018). World Health Organization has also acknowledged the significance of herbal/indigenous/ traditional medicine (WHO, 2019).

The COVID-19 has caused unprecedented damage to humanity. This pandemic has shaken the healthcare systems of the entire world (Gunawan et al., 2020; Tanne et al., 2020) and infected millions of people across the globe (Worldometers, 2021). Due to higher rate of infectivity, the pandemic led the world to go for restrictions on free movement, lockdowns, and wearing of face mask (Chatterjee, 2020). Governments all over the world including Pakistan, issued guidelines and other measures to avoid the spread of this pandemic after the initial cases were reported (Noreen et al., 2020).

Protective measures such as hand and respiratory hygiene, social distancing, social isolation, and use of Personal Protective Equipment (PPE) and guidelines has been advised to avoid the COVID-19 infection (Banerjee & Rai, 2020; Daigle et al., 2020; Freedman, 2020; Sadhu et al., 2020). No specific antiviral drug for COVID-19 is available yet, the only medicine with mixed results is Remdesivir (Antinori, 2020; Singh et al., 2020). Majority of the patients recovers from this infection while some may develop serious complications (Cheng & Khan, 2020).

The first case of COVID-19 was confirmed in Karachi on 26th February, 2020. Current toll of infected people is over 750,000 with nearly 16,000 deaths and the rate of infection is increasing up to 11% (Government of Pakistan, 2021). Pakistan is facing third wave (British variant of the virus) of COVID-19. The government has started imposing lockdowns, closures of markets, education institutions, enforced mask wearing, shutting down intercity railways and transport, and imposing fines and imprisonment to violators (Government of Pakistan, 2021).

Much has been known from biomedical paradigm, little on socio-psychological consequences, outcomes of the COVID-19 patients however, we have not found any study comprehensively documenting how survivors of COVID-19 culturally strategize their treatments. And what was the combination of medicine-allopathic, homeopathic and/or herbal, diet and religion/spirituality. We hope this research would contribute significantly to

understand the socio-cultural adoption of different approaches for designing a culturally driven management model of COVID-19.

Methods

Study design

This qualitative study is inspired by the phenomenological hermeneutics philosophy. This philosophy assumes that narratives we express are constructed through the meanings associated by the social world we live and interact in. This study engages Merleau-Ponty (2004) phenomenology of interpretation based on participant's narratives. He believes in the body experiences of participants and sees the world through their bodies.

Setting and Sample

Participants of this study were the people who had been infected with COVID-19 and survived through this infection without developing severe symptoms and admission in the hospital. The participants initially recruited for this study were the acquaintances within the social circles of research team and were willing to participate in this research upon verbal/telephonic request. Some of the participants were also recruited through snow ball sampling. Initially 22 participants were contacted however, 15 participants (7 Females, 8 Males) finally completed the interviews from 26th March to 7th April 2021. These interviews were conducted through Skype and Zoom calls to avoid the spread of the COVID-19, on the date and time agreed by the participants.

Data Analysis

The information collected during the interviews was interpreted in four phases. 1) The naïve interpretation involved reading and re-reading to develop initial understanding. 2) The structural analysis allowed extraction of words and sentences recurring throughout the text. 3) The critical interpretation was guiding the meanings and their range. 4) The interpretation understanding allowed more profound and comprehensive understanding of the narratives. The data analysis was performed by all the researchers by reflecting, discussing, and interpreting throughout the process. All the three researchers (AA, MMS, MRS) were trained qualitative researchers and academics from the social sciences discipline thus they have very limited clinical knowledge.

Findings

The findings are divided into three major themes extracted and critically interpreted by researchers in the following section.

Uncertainty, stress, anxiety & distress- the religious remedy

Being infected with COVID-19 was expressed differently by different participants. All the participants were with mild symptoms and were not admitted in the hospital for intensive and/or respiratory care. However, they were very much stressed and upset. The uncertainty was aggravating their anxiety. They were very much concerned about this unknown virus and unable to figure out the treatment. *I know many people around me infected with this virus and knew for majority of the people this is not fatal at all but, I was very stressed and anxious. I was fearful of the consequences (Pt5)*. Participants knew that there was no medicine available; this fact was adding more uncertainty. The participants were reluctant and afraid of approaching health care system due to meager availability of facilities and fear of developing severe symptoms. On the other hand, public hospitals were facing burden and were barely sustaining this. Generally public hospitals are less trusted for provision of quality services and are meant for poor people to consult in Pakistan. *I feel more safe and comfortable at home than to be in some hospital (Public). Situation is very bad at hospitals (public) (Pt5)*. The participants were frightened to think of going to hospitals in case they develop severe symptoms. This situation was adding more stress and anxiety to the participants. At the same time participants started getting advices from family, friends, colleagues, and acquaintances. All of them advised the participants to remain at home and not to take medicines including antibiotic and visit public hospital. They were advised to recite the verses from Quraan and offer prayers regularly. *I requested all my family and friends, and colleagues to keep praying for my speedy recovery and complete health. I also started offering prayers and reciting holy Quraan (Pt7)*. The participants quarantined themselves at their homes and started following the instructions of government and other international agencies such as using disposable plates, washing hands frequently, disinfecting rooms, wearing masks, and keeping social distance with family members. *I kept myself quarantined with responsibility. I followed all the instructions (Pt5)*. The participants found isolation an opportunity to connect with God and perform their religious duties. They also took quarantine as a chance to beg for mercy, repent on misdeeds, and promise to be a disciple, and true follower of God. *I found plenty of time to reflect on my religious duties. I thought of my missed religious responsibilities. I promised my God to be faithful and obedient Muslim (Pt11)*. The participants also believed that the pandemic was a sort of displeasure and punishment from God. And the illness had a compensatory potential and was capable of exchanging benefits to the patients in their following lives. *I firmly believe that we should seek forgiveness from God (Pt11)*. The participants also realized that this life is very uncertain, temporary, and part of a larger design of God. They took this infection as a "grace period" to resume their religiosity and spirituality. They reported that strong trust and believe in God was psychologically beneficial for them to cope with COVID-19. They were coming out of uncertainty, stress, and anxiety. Religious and spiritual performances were venting their distress out and making them relax and comfortable. *I believe that prayers from my family, friends, and acquaintances were helping me to get better day*

by day and improving my health (Pt8). The participants also strongly believed that the day of death has been decided/ fixed by the God Almighty and infection/disease can not cause them death until they have reached to their ultimate time. *When my time is over, nothing can save me from death (Pt12).*

Herbal/Cultural Medicines—desi (indigenous) remedy

The participants had the cultural understanding of this virus as flu- mostly associated with cold construction of the disease. The cultural remedies for the cold construction of diseases are the “hot” range of substances. Whenever someone develops symptoms of cold constructed diseases, he/she needs to use “hot” herbal medicines. Viruses including COVID-19 grow faster and become fatal in “cold environment”. This is an old, culturally verified, standardized, and tested treatment in Pakistan. *I was told to avoid “cold”. I had to turn myself into “hot” where virus cannot survive (Pt2).* Herbal medicines are the entrenched part of the cultural store of knowledge regarding the treatment of different diseases including flu and cough. They are believed to be safe to use and do not have side effects, and they are good for all ages. Some of the herbal plants and seeds are also supported by Quranic verses and sayings of the Prophet Muhammad, such as honey, olive, olive oil, and black seeds. *I used lukewarm water with honey daily in the morning and in the evening; it soothed my cough and soaring throat. I used black seeds daily in green tea, bread, and sometime only seeds, I believed these could cure any diseases except death (Pt5). I just learned that applying olive oil to nostrils can protect one from entering Corona virus to nose. I have no doubt about this. (Pt11).*

Spices are very popular in the subcontinent and their medicinal use is culturally proven and accepted. Generally, they are placed in the hot list of substances and used to cure cold constructed diseases. They are used orally, mixed with some food like milk, to sprinkle on some food and can be applied on the skin. Spices like clove and cinnamon are very popular for their daily use in curries and as well as medicine. Due to their hot effects these were believed to cure flu and flu like conditions. *I used to take steam with cloves twice a day. I believed this steam could kill Corona virus. Qehwa (green tea) with clove, cinnamon, cumin, and fennel provided great help and gave relief in flu and chest congestion (Pt4).* Ginger is another vegetable and a medicinal root, commonly used in cooking. Dry ginger is also used as medicine to cure many diseases. It is considered as one of the oldest antibiotic. Ginger root and powder are in the hot category of medicines and considered as the immunity boosters and help in treating soaring throat, cough and flu. *I used ginger root in the green tea with honey frequently during the day. I found them very useful in curing cough and flu. I also used ginger powder in the milk in the night; it helped me to boost my immunity and killing viruses in my body (Pt1).* Lack of sleep and/or disturbed sleep was an important and frequently reported complaint by COVID-19 patients. *I was suggested by a friend to use poppy seeds boiled in milk at night for sound and peaceful sleep. I used and found it very good. It helped me peaceful and sound sleep during this period (Pt 6).*

The participants indicated many vegetables including garlic and onion as medicinal and found them quite effective during their course of treatment of COVID-19. They used these vegetables in different forms and combination according to their cultural training and learning. *I used garlic cloves in the morning with hot water empty stomach. I know this is very effective and it can kill germs (viruses) (Pt7). I started eating raw onion at lunch. It is very miraculous. It can cure and treat many diseases including COVID-19 (Pt 9).*

The participants were learning and updating their store of knowledge of spices, herbs, Serbs, and vegetables. The availability, use, cost, trust, and effectiveness was making herbal/cultural medicines popular in many diseases including COVID-19.

Some of the participants also used allopathic medicines like azithromycin, Ivermectin, paracetamol, ibuprofen. Some of these medicines are easily available over the counter in Pakistan and commonly used to treat common cold, flue, and fever. However, medicines like azithromycin and Ivermectin were prescribed either by GP or some acquaintances. *I used paracetamol, ibuprofen when I was feeling cold and fever symptoms. Usually these are common medicines available all the time at my home (Pt 9). My sister is a doctor and she advised my Ivermectin (Pt 8). I was prescribed azithromycin by my GP (Pt 15).*

Strong body-the diet remedy

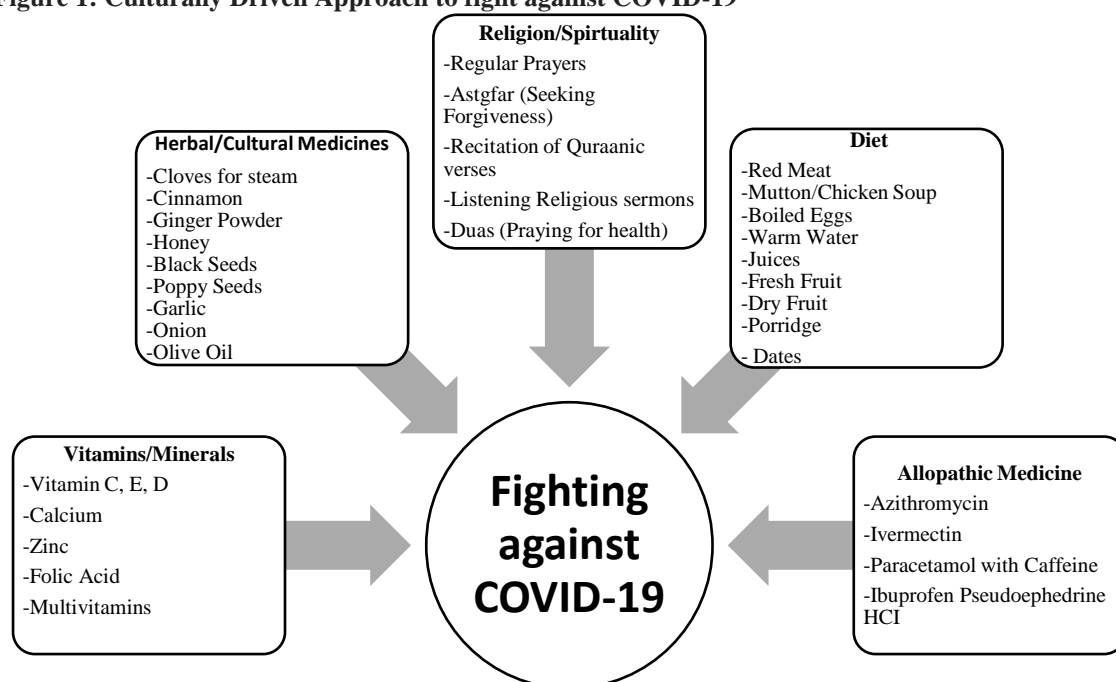
The participants of this study were cognizant of the fact that strong body- full of energy and immunity can defeat this virus. Although with mild symptoms, they were not confident if they were having strong enough body to resist and defeat virus. But, they were sure that they need to make their bodies strong to defeat the COVID-19. The participants were aware that medicine can cure the disease only however, a healthy, sturdy body can guarantee and prove that now no virus can attack or hit them again. *I was a healthy person, taking good care of me; I do not know how it happened to me? (Pt 4).* Presence of a disease- COVID-19 was a proof that there was something wrong, something unhealthy. *I got infection means I was not healthy and a bit weak to resist infection (virus). Healthy people are still fresh and safe (Pt 7).* The participants developed the feelings that there was something wrong with them. The participants were pointing towards their bodies. They felt that their bodies were not completely fit and there they needed to revamp and refurbish them. The cultural script of a healthy body is composed of soul and material skeleton. Food for the soul comes from religion/spirituality and material skeleton needs ample and quality food. “You are what you eat” is exactly echoing dietary quality and

practice. Sound body is full of energy and health. *The quality of food can save you from any disease and illness including Corona (Pt 13).*

The culturally prescribed food for patients is fruit, milk, and meat. The natural, organic food, fruits, meat, and chicken are widely prescribed to patients in general. Again the hot and cold construction of the food is taken care of and prescribed as per the requirement. The COVID-19 has been constructed as cold so there was a need of hot category of food to kill/defeat this virus. The second range of food is needed for recovery. *I am feeling weakness and doiness. This disease has mademe weak (Pt11).*

Certain foods and fruits are considered helpful in fighting and recovering from COVID-19. The participants reported to have followed cultural script of food, fruit, and meat. The participants agreed that goat meat soup was helpful in curing flu and providing strength to a weak body. *I used goat meat (Neck) soup twice a day. I know this soup is benefical in fighting with this virus. Meat is also a good source of strength and it can recover weakness (Pt 13).* Organic chicken soup and organic eggs were also used by some of the participants. The goat meat, organic chicken, and eggs are culturally believed to be a good source of protein and helpful in recovering weakness particularly after illness. In fruits the apples are also thought good to recover general weakness however, the apricot was found helpful in curing COVID-19. *I know organic chicken soup is good for health and particularly in these days. Usually it is difficult to arrange organic chicken. One of my friends helped me in arranging chicken(Pt5).I ate plenty of fruits during this time. I was told to eat orange, apricot, and apple (Pt 9).* The participants along with culturally prescribed foods also used range of vitamins and minerals on the advice of their family, friends, colleagues and/or doctors. These vitamins and minerals included vitamin c, d, e, zinc, and folic acid. *I took multivitamins and minerals along with routine (prescribed) food. I thought these werevery effective and helpful in recovering fromCOVID-19 (Pt15).I think multivitamins are more useful. They are quick in recovery and efficient. They are formula based and balanced (Pt 11).*

Figure 1: Culturally Driven Approach to fight against COVID-19



Note: Diagram compiled from the results of present study

Discussion

This study was designed to find out culturally driven treatment of COVID-19 by the survivors in Pakistan. The survivors developed mild symptoms, remained at home and cured them with their cultural toolkit of religion, medicine and diet.

This study shows that participants took religious refuge and shelter to make them comfortable after they were diagnosed with corona. They started praying and asked their families, friends, colleagues, and acquaintances to pray for their speedy and timely recovery (Koenig, 2020). They started saying regular prayers and reciting verse from Quran. They were often reciting specific verses believed to be effective in recovery from epidemics including COVID-19. They were also invoking for their recovery. The participants felt calm and comfortable after doing all these religious/spiritual practices (Fardin, 2020).

The study suggested that the participants took medicines- allopathic and herbal/cultural. The herbal/cultural medicines were the unique combination of herbs, shrubs, and spices. Use of these medicines was learned through the internalized cultural knowledge of hot and cold construction of diseases and medicines effective to cure them (Zakar, 1998). The participants were very familiar with their usage, benefits, side effects, and

treatment plan. These medicines were culturally approved and tested previously for their efficacy. Some of the medicines were also suggested by the prophet Muhammad like olive oil, and black seeds and were believed to treat every disease including COVID-19.

Participants believed that weak body can become a host of many diseases including COVID-19. They were very much convinced that only a strong body is capable of defeating viruses. They emphasized the importance of healthy food and tonics. The participants were utilizing combination of culturally driven foods and vitamins, minerals to enhance their immunity (Rahiem & Rahim 2020). Mutton/ organic chicken soups were believed to be effective in boosting energy and body strength to fight against viruses including COVID-19. The participants also used vitamins, minerals, and multivitamins to keep them prepared against COVID-19 (Shakoor et al., 2021). The participants considered fruits; dry fruits, and juices quite helpful (Nnolim, 2020). This study also shows that the participants were keeping religion/ spirituality ahead while deciding their treatment of COVID-19 (Ribeiro et al., 2020).

Strengths and Limitations

This study has explored a novel aspect of patients' experience during COVID-19. When a plethora of empirical research is merely emphasizing on allopathic medicine, this study has demonstrated how patients are utilizing alternative and indigenous traditional medicines to alleviate their suffering.

This study has several limitations as well. It was conducted in Punjab thus its findings cannot be generalized. This study only mentions traditional medicines being used in Punjab.

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Author Information

Akhlaq Ahmad

Assistant Professor of Sociology
International Islamic University, Islamabad

Muhammad Rizwan Safdar

Assistant Professor of Sociology
University of the Punjab, Lahore

Falak Sher

Assistant Professor of Sociology
Government College University, Faisalabad
