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## How Modern-Day Traditional Healers Diagnose and Treat Cancer: The Case of Malaysia<sup>1</sup>

Sharan Merriam  
*University of Georgia*

Mazanah Muhamad  
*University Putra Malaysia*

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# How Modern-Day Traditional Healers Diagnose and Treat Cancer: The Case of Malaysia<sup>1</sup>

Sharan Merriam  
University of Georgia

Mazanah Muhamad  
Universiti Putra Malaysia

Keywords: traditional healer, cancer, Malaysia

**Abstract:** Traditional healers are so embedded in the Malay culture that they are often the first and sometimes only source of healthcare even for chronic diseases such as cancer. Our qualitative study was designed to uncover how Malay traditional healers diagnose and treat cancer. Further, we wanted to ascertain their willingness to work with the allopathic system in relieving the cancer burden in Malaysia. Interviews with 14 Malay traditional healers revealed a wide variety of diagnostic and treatment practices, and there is a range of receptiveness for working with the Western medical system with Islamic healers being the most receptive.

## Introduction

Traditional healers are recognized in many parts of the world as a viable and sometimes only alternative to health care. More recently, policy makers including the World Health Organization (2002) are acknowledging the role traditional practitioners can play in alleviating dire health conditions especially in the developing world. In fact a “recent policy trajectory has been toward a melding of traditional and biomedical systems, with a focus on the accessibility and affordability of traditional health systems (Bloom & Tovey, 2007, p. 609).

As in many other developing countries, traditional healers are an important component of Malaysian healthcare. Razali and Najib (2000), for example, found that 69% of mental health patients in Malaysia had visited a traditional healer (often called bomoh) before seeking psychiatric care. Tovey et al. (2005, p. 242) cite the World Health Organization (WHO) as estimating that “80% of the world’s population continue to use their own traditional systems of medicine despite the increasing presence of allopathic medicine.” WHO also estimates that “in Malaysia, an estimated US \$500 million is spent annually on this type of health care, compared to about US \$300 million on allopathic medicine” (WHO, 2002, p. 2). Traditional healers are so embedded in the culture that they are sometimes the first and only source of information and treatment. Even those who seek standard Western medical treatment often simultaneously consult bomohs. One of the issues with cancer is that by first seeing a bomoh, diagnosis and

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treatment are delayed such that Malaysia has an unusually high rate of diagnosis of advanced stages of cancer and higher mortality rate than Western countries (Yip, 2008).

This study sought to find out first, how today's Malay traditional healers diagnose and treat cancer and second, their views about working in conjunction with the Western medical system.

### *The Malaysian Context, Cancer and Traditional Healers*

Malaysia is a country of 26 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. Further, the NCR has statistics from Peninsular Malaysia only.

The most frequent type of cancer in males is colorectal, while breast cancer in all three major ethnic groups of Malay, Chinese and Indian women far outpaces other types of cancer. Cancer awareness, diagnosis and treatment in MY are hampered by 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).

In addition to inadequate resources to deal with cancer in Malaysia, in this majority Muslim country, some believe that cancer is a test of one's faith and should be treated with the help of spiritually-oriented healers. With regard to breast cancer in particular, women in Asian countries are at risk due to issues of modesty, a fatalistic perspective, fear of screening tests, their results, and recommended treatment, "inability to act without husband's permission, fear of casting stigma on one's daughters, fear of being ostracized, fear of contagion, reticence, language barriers, and preference for traditional healers" (Smith, et al. 2006) (cited in Parsa et al., 2006). Even Hmong immigrants in California "seek the first course of treatment from traditional healers" for cervical cancer resulting in late diagnosis and "mortality rates three and four times higher than Asian/Pacific Islander and non-Hispanic white women, respectively" (Yang, Mills, & Rioran, 2004).

This study focuses on *Malay* traditional healers of which there are several general types including the following: (1) Islamic healers who draw on Islamic religious beliefs and use verses from the Quran as the major component of their treatment; (2) traditional healers who "know the folklore of disease causation, treatment and prevention" and are known by the term "bomoh." Bomoh use a variety of handed-down, traditional methods in diagnosing and treating patients including "herbal remedies, ceremonial rites, incantation, exorcism and sorcery" (Razali & Najib, 2000, p.282); and (3) "bomoh patah" which loosely translates to bone doctors or bone-setters (Heggenhougen, 1980). There is some overlap among these types, however. A Quranic healer may also use herbs and other traditional methods, and a traditional bomoh may use some Islamic prayers, and may also treat bone fractures.

## Methodology

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, and eight practice in rural areas of peninsular Malaysia. Ten of the 14 healers are men, age ranges from 43 to 80, and years in practice range from 11 years to 48 years.

With regard to type of practice, one is a homeopathic healer, three called themselves Quranic healers, one is an herbalist, and nine identify as “traditional healers” using a variety of spiritual/religious methods, herbs, flowers, fruits, and roots. One has had some training in acupuncture which he occasionally incorporates into his treatment. One woman, Lena, channels a medical doctor, and one man, Aziz, does invisible “surgery” in his practice.

Eleven interviews were conducted in Bahasa Malaysia with occasional use of English and three were conducted primarily in English. Verbatim transcriptions of the interviews formed the data base for analysis. The eleven Bahasa transcriptions were sent to a professional association for translation into English. The interview data were analyzed using the constant comparative method of data analysis.

## Findings

All 14 healers reported treating cancer patients, with all but the homeopathic doctor and herbalist claiming they could “cure” many cancers especially if the cancer was early stage. A variety of methods were employed both to diagnose and to treat cancer.

### *Cancer Diagnosis*

All participants saw their role as a healer whose “gift” of healing was to be used to help anyone who came to them regardless of their health problem. The diagnosis of cancer was arrived at in a variety of ways. The most “traditional” bomohs who had been practicing for many years in more remote areas relied upon their experience. Eighty year old Wan can tell by touch and claims he diagnosed his wife’s breast cancer saying, “I knew because I have more than 40 years experience.” Ali, another longtime practitioner, says for diagnosis “I seek help from Allah and from the angels, the holy men and the Prophet. A seek from Allah to know what illness....I ask the patient first. Then I pray to Allah.” For several, it’s a combination of intuition and observation. Salleh says his intuition tells him what’s wrong, “but for confirmation, I use my hand and I feel something.” Occasionally, he calls upon invisible “genies” for assistance:

Sometimes there are genies that come to help me....There is one case at [village] which I couldn’t diagnose the patient’s disease. Suddenly, an Islamic genie came to me. He came like a normal Muslim giving “salam”.... I communicated with this genie through intuitive communication. I told him that I’m unable to diagnose this patient. At that moment, the genie entered inside the patient’s body and after a few seconds, he went out from the body and told me that this patient is not having any physical problem but another problem, a spiritual problem.

Ibrahim also uses intuition and observation: “I can tell...I observe his face...I told a patient that she has cancer of the liver. She asked me how come I can tell. I said there are symptoms like blue eyes and black fingernails.” Aziz, the traditional healer who also does invisible surgery,

relies heavily upon the patient's pulse rate and can tell if it's cancer "by the heart beep." He also "will seek the genie's help" if he has problems diagnosing.

Although he has had no medical training, Latif, a Quranic healer, "scans" his patients. His scanning/diagnosis ability is a "gift from God." "I see in my own way," he says. "If there is something with the lung, cancer, I can see....I see in my mind, not physically." He asks patients to let him diagnose before they say what the issue is; his diagnosis is "quite accurate" and his diagnosis is confirmed with doctors 99% of the time.

### *Cancer Treatment*

Nine of the 14 participants in our study are "traditional healers" who use a mix of herbs, plant roots, and spiritual incantations, 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, along with her husband's prayers, can cure "if the lump size is small." 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 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.

Salleh uses acupuncture in addition to traditional herbs: "I treat them using acupuncture, prayer, verses from Quran and eating some special herbs for cancer. I also use an egg to pull out the disease." Salleh claims to heal 8 out of 10 people unless the cancer is late stage in which case he says he focuses on "a good spiritual motivation because they are already in stage 3 and 4."

Three of the 14 healers we classified as Islamic or Quranic healers. Although an Islamic healer might use some herbs as a secondary treatment, their primary treatment is the recitation of prayers and the prescription of verses from the Quran to be recited by the patient for a specified amount of time. Latif explains that "I scan, diagnose...then I give them the medicine which is the prescription and they have to do that, read the prescription two times every day for three weeks." Latif actually used a prescription pad familiar to Western medical doctors. He also commented that "different surah [verses from the Quran] provide the remedies for different illnesses." For cancer he prescribes "Abraham chapter 114...verses 9 to 22 is for cancer." These Quranic verses are "from God." He says they are not "secret" and he actually puts them on his website for all to see.

### *Receptiveness to Working with the Western Medical System*

We found a range of receptiveness to working with the Western medical system in diagnosing and treating cancer. The Islamic healers, homeopathic healer and herbalist were most receptive to working with the Western medical system in the treatment of cancer. Latif was especially supportive saying "Quranic healing and hospital are compatible....Modern medicine is also from God....[They] complement each other; Quranic healing gives them the

motivation...the courage to fight cancer.” 80-90% of his patients see medical doctors and undergo chemo or radiotherapy. “I tell them,” he says, “please proceed with whatever chemo” and “do mastectomy or [you] will get worse.”

Salmah who is trained as both a homeopathic healer and as a medical doctor, says “When I know something is seriously wrong, I send them to the specialist...to get treated.” Salleh who combines herbs, eggs, flowers, and limes with acupuncture and prayers says if patients come to him undiagnosed, he asks them to go to the hospital to confirm his diagnosis. He will treat patients getting chemo or who have undergone surgery, although he prefers they “go for chemo and then to me.”

For the other traditional healers known widely as bomoh, there is more reluctance to actively engage with the medical system. Zul who has visited a patient in the hospital and who welcomes medical verification that his treatment works, says that an association for traditional healers with government registration would not be workable:

When we have an association I’ll have to pay annual subscription. How am I going to pay? I treat people based on sincerity to help. If I demand payment then my late grandpa [from whom he received his healing powers] will be angry with me....I’m afraid he’d withdraw his knowledge from me. That’s why I refuse to join an association. I treat people because of Allah. Even if I’m invited I won’t attend.

Wan, Ibrahim, Shah and Ali have the least interest in working with Western medicine. Wan will not treat patients who have had surgery and he cannot diagnose properly “if a disease is being cured by a hospital.” Ali who has been practicing in a remote village for 43 years says with regard to going to a hospital:

I will never go. I don’t want to go to someone else’s place. I help many people. Anybody who wants to be treated will have to come to my place. I say no need to go to hospital...If anybody who comes here says she wants to go to the hospital, then I’d say better not to come here. I don’t want to be responsible in case she does not survive.

In summary, analysis of 14 interviews of traditional Malay healers reveals a range of methods of diagnosis and various treatments for cancer consisting of herbs, plant roots, flowers, prayers, “surgery,” recitation of verses from the Quran or some combination of these. There is also a range of willingness to work with the Western medical system with Islamic healers being most receptive.

### **Discussion**

Traditional healers are an important component of Malaysian culture. Even today, the majority of Malays visit traditional healers, often before seeking help from the established allopathic system. This is one of the reasons why cancer diagnosis is delayed resulting in a higher rate of late-stage diagnosis and thus a higher mortality rate than in Western countries.

All of the participants see themselves as healers who have received or learned the gift of healing in order to help people. All diagnose and treat cancer, most often breast, colon and cervical cancer. As Muslims, the healers rely on faith in Allah, prayers, and their own devotion to assist in their healing. Various herbs and plant roots are also used. While some of these may have some medicinal value as yet there is no scientific evidence to support their ability to cure cancer (Ang, 2006). Other treatments such as flowers, limes and eggs designed to “extract” the disease from the patient were also used. Most claimed they can “cure” cancer, especially if the disease was in the earlier stages.

Willingness to work with the Western medical system varied among the participants. The homeopathic healer who is also a medical doctor in effect already blended the systems in her own practice. Islamic healers see no conflict as they work with the patient's faith and allow allopathic doctors to work with the patient's body. This finding is echoed by a study in Pakistan of traditional healers and their relationship with oncologists (Broom & Tovey, 2007). Forty-six cancer patients were interviewed about their experiences with traditional healers and medical doctors. The Islamic or spiritual healers "view their practices as working with the biomedical treatments.... Drawing on the metaphysical to assist the emotional and physiological wellbeing of the patient does not seem to be perceived to interfere with the biomedical treatment process" (p. 622).

Since it can be assumed that Malays will continue to seek out traditional healers for cancer treatment, it seems to us that the medical system would do well to try and incorporate them into cancer diagnosis and treatment. Our first suggestion is that since Islamic healers do not interfere but rather complement biomedical treatment, their presence at clinics and hospitals should be facilitated. With regard to the more traditional bomohs, especially those expressing some willingness to work with Western medicine, medical personnel might first acknowledge the comfort and support cancer patients receive from bomohs. Bomohs could be trained to recognize symptoms when referral to a hospital is critical, and which side effects of cancer treatment might be alleviated by their herbs. For healers to appreciate the role of Western medicine in curing cancer, it is essential that they adequately understand cancer etiology and proven healing strategies.

There are precedents for such collaboration. In the Pakistan study cited above, traditional healers have been recruited to work in hospitals (Tovey, et al., 2005, p.244). In Nepal where 70% of the people visit traditional healers before seeking modern medical services, "organizations have begun to train THs in modern medicine" (Shimobiraki & Jimba, 2002, p. 54). And for well over 20 years, traditional healers have been interacting with the biomedical system in African countries for help in "addressing the deficits of primary health care" (McMillen, 2003, p.890) and the HIV/AIDS pandemic in particular. In summary, since it is likely that the majority of Malays will continue to consult traditional healers for cancer diagnosis and treatment, efforts should be made to foster interactions between healers and allopathic practitioners. Herein rests the potential for alleviating the cancer burden in Malaysia.

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