



MYTH, SUPERSTITION AND BELIEF IN THE NEURO-PSYCHIATRIC DISORDER IN URBAN AND RURAL AREAS: A COMPARATIVE STUDY

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ABSTRACT

Background: Although we live in the 21st century, the mindset of the people still believes in the superstition, myth about the neuropsychiatric disorder. The beliefs that outbreak of the neuropsychiatric disorder as an unnatural or supernatural activities can be most frequently seen in the population. Before approaching to the physicians, the patients and their relatives tend to approach to the spiritual healers or perform the exorcism, shaman. **Material and Methodology:** Prospective, comparative research, cross sectional closed questionnaire based survey of 235 patients in total out of which 124 patients are reciting in the urban areas and 111 patients are reciting in the rural areas who met the consideration criteria attending both O.P.D. and I.P.D. units of the Hospital for Mental Health, Shahibaug were chosen. The information was collected on the basis of the socio demographic information of the patient and Supernatural Attitude Questionnaire (SAQ). **Results:** In Urban population around 54% people believed in sorcery/witchcraft, 59% people believed in ghosts/evil spirits, 55% people performed Pooja/Rituals for the cure of the neuropsychiatric disorder and around 53% people visited faith healer. In Rural population around 65% people believed in sorcery/witchcraft, 64% people believed in ghosts/evil spirits, 69% people performed Pooja/Rituals for the cure of the neuropsychiatric disorder and around 64% people visited faith healer. Rural population seems to be more influenced by the supernatural practices and the supernatural beliefs as compared to the Urban population. **Conclusion:** There is a common belief in the relationship between the superstitious notions, supernatural influences and the neuropsychiatric disorder among the patient/ relative/ attendant. Rural population tend to be more influenced by the supernatural influences may be due to effect of background and environmental influence.

KEYWORDS: Neuropsychiatric disorder, exorcism, shaman, supernatural activities, superstition.

INTRODUCTION

On the worldwide scale there has been the rise in the Neuropsychiatric disorder among the teens and adolescents. Neuropsychiatric disorders has been diagnosed in one out of five teens. These medical conditions have chronic trajectory. Only 25% of the patient can seek treatment with proper guidance from the physicians along with the pharmacological therapy even though there are number of interventions available. The stigma associated with the mental illness is one of the main obstacles to seeking treatment and getting access to the Neuropsychiatric health care.^[1]

India is the largest south Asian country. Here, billions of people practice various religions, come from diverse castes, have diverse cultural and social background and belong to variety of socioeconomic classes. People have

varying ideas, superstitious notions and situations they are knowledgeable about. The word '**superstition**' is derived from the Latin word 'Superstitio'. The literal meaning of the word superstition indicates "Irrational fear" or "unreasonable belief". It means we believe in something without considering whether it is reasonable or not. **Webster's dictionary (1975).**^[2] Superstition is any belief or practice based upon one's trust in luck or any other unscientific, irrational or supernatural forces (**Merriam Webster**). The word superstition is mostly used to refer a religion not practiced by the majority of the community regardless of whether the prevailing religion contains alleged superstition.^[3]

These superstitious activities and the notions followed by the people somehow affect the patient in many ways. The patients who are suffering from the neuro psychiatric

disorders tend to believe in the superstitious activities rather than believing and trusting the pharmacological treatment. Major problems that are faced by the patients due to the blind trust in superstitious practices are mentioned here. The patients diagnosed with the neuropsychiatric disorders such as epilepsy, schizophrenia, psychosis, bipolar disorder, maniac disorder, OCD, Alzheimer etc. faces the problem in the medication compliance as the patients start trusting the myths and the superstitious practices more. Local and community belief in this phenomenon appeared to be factor influencing the decision of the patient to trust and seek treatment from the faith healer in these patients all over the world.^[4]

Epilepsy, schizophrenia have been the part of the social stigma in India because of which people are stuck to the superstitious activities. They would rather prefer approaching faith healer, shaman or practice exorcism, black magic practitioners instead of an expert physician/psychiatrist.^[5] The patient undergoes spiritual and witchcraft practices. Some patients often tend to adopt both medical and spiritual mode of treatment, and by this, they achieve mental satisfaction as they believe that spiritualism acts as a booster. The patient's faith in God, spirits and deities is misused and the patient's health and symptoms got worsen and worsen. Due to this, the psychiatrists and the neurologists also faces an issue to treat the patient and need the time to improve the quality of life of the patients. Normally the patients of the neuropsychiatric disorders prefer many other ways in the starting rather than preferring the pharmacological treatment. Low- and middle-income countries (LAMICS) revealed that they are more likely to correlate violent tendencies with mental illnesses, and are less likely to render it a condition, the reason being the strong faith in the superstitious belief of karma, sin, reincarnation, possession of the spirit etc.^[6] In developing countries, the pathway followed by the patients for the treatment of the neuropsychiatric disorders is community sample followed by religious and faith healers, alternative complimentary medicine, family physician, primary care physician, general hospital, psychiatric hospital.^[7]

The aim of the comparative study is to investigate the manifestation and impact of the myth and superstition on individuals that are diagnosed with the neuropsychiatric disorders in both urban and rural areas. The study seeks to understand the prevalence and nature of these beliefs, explore the influence on the perception and treatment seeking behavior of individuals with the neuropsychiatric disorders, and identify the potential differences between urban and rural areas, to not spread misconceptions about mental illnesses, not to encourage the other patients to adhere to this superstitious conduct, superstitious beliefs may be harmful to society.

MATERIALS AND METHODOLOGY

An institution based Prospective, comparative research,

closed questionnaire survey and a cross sectional study with total sample size of 235 patients was conducted attending both the outpatient department as well as the inpatient department of the Hospital for Mental Health (HMH), Ahmedabad. The study was conducted with the ethical principles outlined in the Declaration of the Helsinki and received approval from the Institutional Review Board (IRB) and data was collected after securing the permission from the Institutional Ethics Committee (IEC) of the Gujarat Institute of Mental Health. An Informed consent form was obtained from the patient's relative/ caregiver/ attendant along with the formal permission letter from the head of the Institution for the conduct of the study.

The sample size of 235 patients in a consecutive manner were identified using the clinical records, diagnosed on the basis of the DSM IV criteria out of which one hundred and eleven (111) were from the rural areas and one hundred and twenty four (124) were from the rural areas.

SAMPLE SIZE CALCULATION

A study was conducted among the women teachers about the impact of Superstitious Attitude on Mental Health found that the standard deviation among the rural population is 10.33 while among the urban population is 12.15.^[8]

The sample size was determined on the basis of the standard deviation using the sample size formula as follows:

$$N = 2(\sigma/\Delta)^2 (Z\alpha + Z\beta)^2$$

Further the sample size of the rural population was calculated as:

$$\sigma = 10.33, \Delta = 5, Z\alpha = 1.96, Z\beta = 1.65$$

$$N = 2 (10.33/5)^2 (1.96 + 1.65)^2$$

$$= 111$$

Further the sample size of the urban population was calculated as:

$$\sigma = 12.15, \Delta = 5, Z\alpha = 1.96, Z\beta = 1.65$$

$$N = 2 (12.15/5)^2 (1.96 + 1.65)^2$$

$$= 124$$

INCLUSION CRITERIA

Patient diagnosed with neuropsychiatric disease on accordance of DSM IV criteria and stable with minimum age of 18 or above from different socioeconomic backgrounds were asked to record a wide range of belief and superstition. The patient who were willingly ready to participate were only included.

EXCLUSION CRITERIA

The patient who were intellectually retarded as a result of premature birth or suffering from the illness as a result of genetic abnormality or an accident or trauma. Patient suffering from the cerebral palsy were excluded. Also those patient who did not give their consent before collecting the information were excluded.

WITHDRAWAL CRITERIA

Patients were allowed to withdraw amid the research without any arguments or question. In case the patient becomes ill during the session, he or she may withdraw at any moment throughout the questionnaire.

In the study the SUPERNATURAL ATTITUDE QUESTIONNAIRE was used to know the superstitious belief existed among the population of the urban and rural areas. The questionnaire consists of 19 questions which were yes or no type questions. This questionnaire includes both the questions for patient as well as relative. The data from the patient and their relatives/ caretaker /

attendant was collected on basis of the socio demographic details of the patient and the time period between the onset of symptoms and first approach to the physicians.

RESULTS

The results of the study among urban and rural populations were divided into 3 categories : Prevalence of the patients who performed Pooja/ Ritual/ Jhad Phoonk during present illness for cure of neuropsychiatric disorder, SAQ key relatives for urban and rural population, association of SAQ between urban and rural population.

Prevalence of the patients who performed Pooja/Ritual/Jhad Phoonk during the present illness for the cure of the neuropsychiatric disorder.			
Rural		Urban	
Age group			
18 to 29	16	18 to 29	12
30 to 39	22*	30 to 39	17*
40 to 49	16	40 to 49	15
50 to 59	9	50 to 59	10
60 or more	8	60 or more	9
Gender			
Female	32	Female	33*
Male	39*	Male	30
Education			
Primary	43*	Primary	32
Secondary	19	Secondary	25
Higher secondary	4	Higher secondary	2
Graduated	5	Graduated	4
Diagnosis			
Schizophrenia	17*	Schizophrenia	16*
MDD	12	MDD	14
Epilepsy	7	Epilepsy	12
BMD	16	BMD	6
Psychosis	8	Psychosis	6
BPD	4	BPD	2
OCD	4	OCD	2
MDD + Psychosis	3	MDD + Psychosis	2
Epilepsy + BPD	0	Epilepsy + BPD	2
Alzheimer	0	Alzheimer	1
Religion			
Hindu	52*	Hindu	49*
Non Hindu	19	Non Hindu	14
Employment			
Labor work	11	Labor work	9
Unemployed	15	Unemployed	10
Business	2	Business	5
Housewife	25*	Housewife	25*
Job	13	Job	14
Farming	5		
Relationship status			
Married	52*	Married	42*
Unmarried	14	Unmarried	13
Divorced	5	Divorced	3
Time period between onset of symptoms and first approach to the Physicians			
0 to 30 days	2	0 to 30 days	7

1 to 3 months	28*	1 to 3 months	22*
4 to 6 months	22	4 to 6 months	20
More than 6 months	19	More than 6 months	14

(* indicates the greatest number of the patients found in the corresponding urban and rural population)

SAQ KEY RELATIVES FOR URBAN AND RURAL POPULATION			
SR No.	SAQ	RURAL 111	URBAN 124
1	Do you believe in sorcery/witchcraft?	72(65%)	67 (54%)
2	Do you believe in Ghosts/ evil spirit?	73 (66%)	69 (56%)
3	Do you believe in spirit intrusion?	49 (44%)	35 (28%)
4	Do you think sorcery/witchcraft can cause mental illness in a person?	69 (62%)	72 (58%)
5	Do you think Ghosts/ evil spirit can cause mental illness in a person?	71 (64%)	73 (59%)
6	Do you think spirit intrusion can cause mental illness in a person?	48 (43%)	39 (31%)
7	Do you think that mental illness can be caused by Divine Wroth?	59 (54%)	73 (59%)
8	Do you think that mental illness can be caused by Adverse planetary/Astrological influences?	26 (23%)	19 (15%)
9	Do you think that mental illness can be caused due to the affect dissatisfied or evil spirits?	65 (59%)	71 (57%)
10	Do you think that that one's mental health can be affected as retribution of a bad deed in previous life?	29 (26%)	34 (27%)
11	Do you think that patient's behavior is due to:		
	sorcery/witchcraft	72 (65%)	69 (55%)
	Ghosts/ evil spirit	73 (66%)	79 (59%)
	Spirit intrusion	44 (40%)	30 (24%)
	Divine Wroth	55 (50%)	62 (50%)
	Adverse planetary/Astrological influences	17 (15%)	16 (13%)
	Evil spirits	65 (59%)	55 (44%)
	No	34 (32%)	48 (38%)
12	Do you think that by Pooja/ Rituals / Jhad phoonk, the patient's behavior can be changed for better?	78 (69%)	68 (55%)
13	During the present illness of the patient, did you or any other member of the family visits or consult a faith healer?	70 (64%)	68 (55%)
14	Was any Pooja/ Rituals / Jhad phoonk, performed during the present illness of the patient with the view of making him/her better?	70 (64%)	63 (51%)
15	Does the patient believe or talk about:		
	sorcery/witchcraft	59 (53%)	56 (45%)
	Ghosts/ evil spirit	47 (51%)	63 (50%)
	Spirit intrusion	37 (28%)	23 (18%)
	Divine Wroth	48 (43%)	56 (45%)
	Adverse planetary/Astrological influences	10 (9%)	13 (10%)
	Evil spirits	38 (34%)	38 (30%)
	No	46 (41%)	57 (46%)
16	Did he talk about or believe in these things even before falling ill?	48 (43%)	42 (34%)
17	During the present illness, did the patient visit a faith healer or was he/she taken there at his/her request?	67 (60%)	63 (51%)
18	Do people in your locality and community generally believe in Jadu Tona and such influences?	118 (95%)	105 (95%)
19	Does the patient belong to any specific or special tantrik, spiritual or religious sect?	5 (4%)	11 (9%)

Association of SAQ between urban and rural population

Sr no	SAQ	χ^2	p value
1	Do you believe in sorcery/witchcraft?	2.84	0.092***, S
2	Do you believe in Ghosts/ evil spirit?	2.51	0.113***, S
3	Do you believe in spirit intrusion?	6.16	0.011*, S
4	Do you think sorcery/witchcraft can cause mental illness in a person?	0.41	0.522, NS
5	Do you think Ghosts/ evil spirit can cause mental illness in a person?	0.64	0.424, NS
6	Do you think spirit intrusion can cause mental illness in a person?	3.49	0.062***, S
7	Do you think that mental illness can be caused by Divine Wrath?	0.553	0.457, NS
8	Do you think that mental illness can be caused by Adverse planetary/Astrological influences?	2.48	0.115***, S
9	Do you think that mental illness can be caused due to the affect dissatisfied or evil spirits?	0.0406	0.84, NS
10	Do you think that that one's mental health can be affected as retribution of a bad deed in previous life?	0.0499	0.823, NS
11	Do you think that by Pooja/ Rituals / Jhad phoonk, the patient's behavior can be changed for better?	4.59	0.032**, S
12	During the present illness of the patient, did you or any other member of the family visits or consult a faith healer?	2.32	0.127***, S
13	Was any Pooja/ Rituals / Jhad phoonk, performed during the present illness of the patient with the view of making him/her better?	4.14	0.042**, S
14	Did he talk about or believe in these things even before falling ill?	2.18	0.14***, S
15	During the present illness, did the patient visit a faith healer or was he/she taken there at his/her request?	1.82	0.178***, S
16	Do people in your locality and community generally believe in Jadu Tona and such influences?	0.0388	0.844, NS
17	Does the patient belong to any specific or special tantrik, spiritual or religious sect?	1.76	0.185***, S

*= more significant (α value = 0.01), **= significant (α value = 0.05), ***= less significant (α value = 0.1)
S= significant; NS = not significant

DISCUSSION

The faith in the neuropsychiatric illness and its treatment was facing the serious drawback due to faith and belief in superstitious notions and myths present among the Indian population. Despite of so much inventions and updated technology in the diagnosis and treatment of the neuropsychiatric disorders still there is noncompliance in the medication. Due to the lack of awareness and knowledge regarding the neuropsychiatric disorder, people are deprived of medical facility and drowning in the swamp of the superstitions. These superstitious notions and the superstitious practices followed by the patients in order to cure the disease rather than visiting the medical practitioner is the main factor behind the lack of faith and noncompliance of the neuropsychiatric medications. These patients are made to suffer a lot and are socially discriminated.^[9]

The middle-aged group (30 to 39) showed the highest prevalence as compared to younger patients (<29 years) and older patients (>40 years) in performing any Pooja/ Rituals/Jhad-Phoonk during the present illness with the view of making him/her better who were suffering from the neuropsychiatric disorder in both urban and the rural population. Our finding was consistent with the findings observed by Waqas^[10] et al and Sapkota^[4] et al.

The patient diagnosed with schizophrenia showed the

highest prevalence as compared to other patients diagnosed with neuropsychiatric disorders in performing any Pooja/ Rituals/ Jhad Phoonk for the cure of neuropsychiatric disorder in both urban and the rural population.

In urban population, female patients show the more belief in performing the Pooja/ Rituals/Jhad phoonk, which is in contrast with the findings observed by Waqas^[10] et al. While in rural population male patients shows more belief in performing the Pooja/ Rituals/Jhad phoonk which is consistent with the findings observed by Waqas^[10] et al and Sapkota^[4] et al.

According to the study done by Singh^[12] et al. it was highlighted that patients' faith in the pharmacological treatment of neuropsychiatric disorder depends on the patient's educational background. Both, urban and the rural population shows that the patients with the primary level of educational background have high prevalence rate of performing Pooja/ Rituals/ Jhad phoonk for the cure of the neuropsychiatric disorder. These findings are in contrast with the findings observed by the Sapkota^[4] et al that shows the high prevalence in the literate with no formal education.

Religion plays a vital role in the belief of the superstitious notions. The patients are solely connected with the spirituality and religion which should not be

hurt.^[13] Religious belief system was found to be stronger among the Indian patients.^[14] In present study, both urban and the rural population, the shows the highest prevalence of performing Pooja/Rituals/Jhad Phoonk is observed in Hindu.

The occupational background of the patients plays a vital role in the prevalence rate of the patients who performed Pooja/Ritual /Jhad Phoonk during the present illness for the cure of the neuropsychiatric disorder. In both urban and the rural population housewife shows the highest prevalence rate of the patients performing Pooja/Ritual/Jhad Phoonk for the cure of the disease. The findings of the present study are in contrast with the findings observed by Sapkota^[4] et al which shows the high prevalence rate in farmers

A married people show the highest prevalence of the patients who performed Pooja/Ritual/Jhad Phoonk in order to cure the neuropsychiatric disorder which is in association with the findings observed by the Sapkota^[4] et al and Ali et al.^[15]

The time period between the onset of the symptoms and the first approach to the physicians also shows that the people firstly opt for performing superstitious activities in order to cure the neuropsychiatric disorder. In both urban and rural population, the patients whose time period between the onset of the symptoms and the first approach to the physicians is 1 to 3 months.

CONCLUSION

This is the small open questionnaire-based study based on the OPD as well IPD department of the hospital-based sample done at HMH, shahibaug, Ahmedabad. It may be pertinent to summarized the important findings as follows:

1. Still a common belief is persistent in the patient's relatives as well as patient himself/herself in relationship between the supernatural influences and supernatural practices and the treatment of the neuropsychiatric illness.
2. Rural population tend to be more influenced by the supernatural influences and supernatural practice as compared to urban population. It may be due to the effect of background an environmental influence among the rural population.
3. During the course of treatment by the physicians the patients still tend to visit the faith healer or practice the superstitious rituals for the cure. This shows the lack of faith in the pharmacological treatment.
4. One should keep in mind to address the cultural influences of the patient while counselling the patient.

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REFERENCES

1. Noor Azimah Muhammad, Puteri Shanaz Jahn Kassim, Cecilia A. Essau. Addressing mental health stigma among young people with emotional and behavioral disorders. In: Farrell LJ, Murrhy RC, Essau CA, editors. Practical Resources for the Mental Health Professional. Handbook of Child and Adolescent Psychology Treatment Modules. Academic Press, 2023; 359-376.
2. Grover S, Davuluri T, Chakrabarti S. Religion, spirituality, and schizophrenia: a review. *Indian J Psychol Med.*, Apr. 2014; 36(2): 119-24. doi: 10.4103/0253-7176.130962
3. Hamid Manzoor khan, Mudassir mohi-ud-din, A comparative study of superstition in urban and rural areas, the international journal of Indian psychology, April-June 2020; 8(2).
4. Sapkota N, Shakya DR, Adhikari BR, Pandey AK, Shyangwa PM. Magico-religious Beliefs in Schizophrenia: A study from Eastern part of Nepal., 2016; 12(4): 150-9.
5. Smriti Singh, Ranjeet Singh, Vijay Nath Mishra, myth and superstition about epilepsy: a study from the north India, a journal of neurosciences in rural practices, July 2018.
6. Uwayezu D, Ntigura E, Gatarayihya A, Erem AS, Haque M, Majumder MAA, Razzaque MS. Conflict between Science and Superstition in Medical Practices. *Int Med Educ.*, 2022; 1: 33-42. <https://doi.org/10.3390/ime1020007>
7. Man Mohan Mehnidiatta, Vasundhara Aggraval, neurological disorder in India: past, present and next steps, 9(8).
8. Dayal JK, Sanmati MK. Impact of superstitious attitude on mental health of women teachers in education. *Indian J Res.*, 2015; 4(7).
9. World Health Organization. Disease and Injury Regional Estimates for 2004. Geneva, World Health Organization.
10. Ahmed Waqas, Muhammad Zubair, Hamzah Ghulam, Muhammad Wajih Ullah and Muhammad Zubair Tariq, Public stigma associated with mental illnesses in Pakistani university students: a cross sectional. *Peer J.*, 2014; 2: e698.

11. Simon dien, Christopher C.H. Cook, Andrew Powell, Sarah Eagger, Religion, Spirituality and Mental Health, *The Psychiatrist*, 2010; 34: 63-6.
12. Smriti Singh, Vijaya Nath Mishra, Alka Rai, Ranjeet Singh, Rameshwar Nath Chaurasia, myth and superstition about epilepsy: a study from north india, July- September 9(3).
13. Kishore, D. (Prof.) J., Jiloha, R., Daumerie, N., Bantman, P., & Roelandt, J.-L. Role of Religious and Cultural Beliefs with regard to Mental Illnesses in India and France. *Journal of Advanced Research in Psychology & Psychotherapy (E-ISSN: 2581-5822)*, 2019; 2(1): 24-31. Retrieved from <https://medical.advancedresearchpublications.com/index.php/Psychology->
14. Ali T, Deshmukh S, Kumar S, Chaudhury S, Verma PK, Kelkar P. Assessment of supernatural attitude toward mental health among tribal and non-tribal populations. *Ind Psychiatry J.*, 2023; 32: S174-8.
15. Seeman N, Tang S, Brown AD, Ing A. World survey of mental illness stigma. *J Affect Disord*, 2016; 190: 115-21.
16. Ayvaci ER. Religious barriers to mental healthcare. *American Journal of Psychiatry Residents' Journal*, Jul 1, 2016; 11(07): 11-3.
17. Behere PB, Das A, Yadav R, Behere AP. Religion and mental health. *Indian J Psychiatry*, 2013 Jan; 55(Suppl 2): S187-94. doi: 10.4103/0019-5545.105526. Retraction in: *Indian J Psychiatry*, Jan. 2019; 61(3): S632.
18. Darban F, Safarzai E, Sabzevari S, Heydarikhayat N. Schizophrenia: jinn, magic or disease? Experiences of family caregivers of patients with schizophrenia in Baloch ethnicity. *BMC Psychiatry*. Nov 13, 2023; 23(1): 827. doi: 10.1186/s12888-023-05332-4.
19. Balhara YPS, Yadav T. A comparative study of beliefs, attitudes and behavior of psychiatric patients and their caregivers with regards to magico-religious and supernatural influences. *J Med Sci.*, 2012; 12: 10-17. doi: 10.3923/jms.2012.10.17.
20. Kishore J, Gupta A, Jiloha RC, Bantman P. Myths, beliefs and perceptions about mental disorders and health-seeking behavior in Delhi, India. *Indian J Psychiatry*, Oct. 2011; 53(4): 324-9.
21. Pal SK, Sharma K, Prabhakar S, Pathak A. psychosocial, demographic and treatment seeking strategic behavior, including faith healing practices, among patient with epilepsy in Northwest India, *Epilepsy Behav*, 2008; 13: 323-32.