

BELIEF IN PRAYERS AND ITS ROLE IN HEALING AMONG FAMILY PRACTICE PATIENTS VISITING A TEACHING HOSPITAL IN KARACHI, PAKISTAN

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ABSTRACT

Objectives: To document the practice and belief in offering prayers to have a favorable impact on healing among family practice patients at a teaching hospital in Karachi.

Methodology: This study was conducted at Community Health Centre, Aga Khan University Hospital, Karachi, Pakistan in July 2008. A questionnaire was designed that included the demographic profile of patients comprising age, sex, marital status, religion, religious sect, ethnic group, education & occupation as well as questions in accordance with the study objective. It was administered to 400 patients visiting outpatient department of the hospital against calculated sample size of 385. Participants were explained the study objective, a written consent was taken and full confidentiality was assured.

Results: The mean age of the study population was 34.33 years, majority of the patients were males (65%) with 65.6% having grade XII or more education. The majority of subjects was Urdu-speaking (76.5%) and belonged to Sunni sect (81.3%). The practice of offering prayers for healing was found statistically significant with Sindhi, Katchi, Haro & Kashmiri groups (p-value=<0.001 each); religious sects of Sunni (p-value=0.002) & Ismaili (p-value=<0.001) & with students (p-value=0.005). The number of "Shia" sect participants was small but they all had offered prayers for healing. This practice was not found statistically significant with gender, marital status and education. Prayers for healing is practiced by 96.5% of the participants and 95.8% believe that it does cause healing. Almost ninety three percent of participants believe that religion gives us the concept of healing through prayers. According to 97.5% of the participants medical treatment should be combined along with prayers for healing.

Conclusion: Prayer, its practice and belief in having a favorable impact on healing and recovery from illness is widespread among family practice patients. Modern day clinicians must give due consideration to this practice and belief among their patients.

KEYWORDS: Healing, Prayers, Alternative medicine, Complementary medicine.

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INTRODUCTION

Both "cure" & "heal" are words used interchangeably to mean restoration of health. Healing in a patient takes place through a process that draws upon powers of nature, science & physician.¹

Prayer is defined by the National Centre for Complementary & alternative Medicine (NCCAM) as an active process of appealing to

a higher spiritual power, specifically for health reasons; it includes individual or group prayer on behalf of oneself or others.² Although prayer is one of the most ancient of healing practices, the scientific literature studying prayer is still quite young. In this setting, the cultural practices of patients, families, and medical staff frequently include the personal use of prayer or solicitation of prayer with therapeutic intention from other devotees.³

The term alternative medicine, as used in the modern western world, encompasses any healing practice that does not fall within the realm of conventional medicine.⁴ It is frequently grouped with complementary medicine, which generally refers to the same interventions when used in conjunction with mainstream techniques,⁵⁻⁷ under the umbrella term complementary and alternative medicine, or CAM. It is a broad domain of resources that encompasses health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the dominant health system of a particular society or culture in a given historical period. CAM includes such resources perceived by their users as associated with positive health outcomes. Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp or fixed.⁸

Proponents of spirituality claim that prayer can decrease the negative effects of disease, speed recovery, and increase the effectiveness of medical treatments. Faith and religious beliefs are also thought to improve coping and provide comfort during illness. Religious attendance is sometimes linked with improvement of various health conditions such as heart disease, hypertension, stroke, colitis, uterine and other cancers, and overall health status. Scientific evidence is inconclusive.⁹ Prayers are sometimes for divine intervention to achieve specific health outcomes, such as fewer post-operative complications or shorter hospital stays.¹⁰ Many medical practitioners consider spirituality and prayer as important components of healing.⁹

Spirituality has many forms and can be practiced in many ways. Prayer, for example, may

be silent or spoken out loud and can be done alone in any setting or in groups (as in a church or temple). Regular attendance at a church, temple, or mosque may involve prayer which focuses on one's self (supplication) or on others (intercessory prayer). In this type of setting, the entire congregation may be asked to pray for a sick person or the person's family.⁹

A survey of issues of the *Journal of Family Practice* spanning 10 years found that 83% of studies on religiosity found a positive effect on physical health.¹¹ At the present time, there is a widening search for spirituality as distinct from organized religion, particularly as it relates to well-being, wholeness, and healing. In both professional and lay contexts, spirituality has come to the forefront of public consciousness.¹²

A large proportion of published empirical data suggest that religious commitment shows positive associations with better mental and physical health outcomes. There are relatively few studies showing no effect or negative effect of religiosity (measured by participation in religious ceremony, social support, prayer, and belief in a higher being.¹¹) on health outcomes.¹³ This study is directed to document belief in prayers positively affecting healing and practices and perception of prayers in relation to healing.

METHODOLOGY

This is a questionnaire based cross-sectional survey conducted at the Community Health Centre of Aga Khan University Hospital, Karachi, Pakistan in July 2008. On an average, 200-250 family practice patients with primary and secondary care level problems are seen daily by twelve family physicians at the centre.

A questionnaire was developed by the investigators after extensive literature search, including input from colleagues & patients. The questionnaire included the demographic profile of patient including age, sex, marital status, education, occupation, ethnic group & religious sect. Questions were developed at exploring patients' perceptions regarding healing effect

of prayers; the way they prefer to practice it & its role in combination with modern medicine. It was administered in English & Urdu depending on patient's comfort. The investigators interviewed the patients & filled out the questionnaire. A pilot study was conducted prior to the initiation of the administration of the final questionnaire.

An agreement was reached between the investigators on how to administer the questionnaire, in order to ensure the uniformity in filling of the questionnaire. The questionnaire was administered in the waiting area outside the physician's office prior to the consultation. Patients who agreed to participate in the study regardless of family physician they consulted were enrolled in the study. The interviews were conducted throughout the month & no specific timings were followed. Ethical requirement including the administration of written informed consent & the provision of confidentiality were ensured.

We interviewed participants based on their availability & convenience. Epi data version 3.0 & SPSS version 16.0 were used for data entry & management respectively.

RESULTS

A total of four hundred participants were interviewed. The mean age of study population was 34.3 years, majority of the subjects were married (62.8%), and female to male ratio was 1:1.85 with 65.6% having grade XII or more education. The majority of respondents were housewives (27.8%), followed by those in private service (25.3%), students (16.3%) & self-employed (16%). Majority of respondents were Urdu speaking (76.5%) & 81.3% belonged to Sunni sect. (Table-I)

The offering of prayers was not statistically significant in relation to gender (p-value = 0.473), marital status & educational level. In ethnic group, offering of prayers was found statistically significant in Sindhi, Katchi, Haro & Kashmiri groups (p-value=<0.001). Sunni & Ismaili sects were statistically significant in relation to the practice of offering prayers for healing with p-values of 0.002 & <0.001 respectively. The number of "Shia" sect partici-

pants was small but they all had offered prayers for healing. In occupation, this practice was statistically significant in students only (p-value=0.005) (Table-II).

Scatter diagram shows uniform practice of offering prayers for healing irrespective of age (Figure-1).

Table-I: Demographic profile of participants (n=400)

	<i>Min</i>	<i>Max</i>	<i>Mean ± SD</i>
Age	15	77	34.33±12.59
	<i>n</i>		<i>n%</i>
Gender	Male	260	65.0
	Female	140	35.0
	Total	400	100
Marital Status			
	Single	145	36.5
	Married	251	62.8
	Other	4	1.0
Ethnic group of the person interviewed			
	Urduspeaking	306	76.5
	Sindhi	28	7.0
	Katchi	7	1.8
	Punjabi	10	2.5
	Pathan	21	5.3
	Baloch	6	1.5
	Memon	9	2.3
	Qureshi	9	2.3
	Haro	1	0.3
	Kashmiri	1	0.3
	Bori	2	0.5
Religious sect of the person interviewed			
	Sunni	325	81.3
	Shia	45	11.3
	Ismaili	30	7.5
Education of the person interviewed			
	illiterate	27.0	6.8
	can read & write	15.0	3.8
	upto grade V	25.0	6.3
	upto grade X	71.0	17.8
	upto grade XII	77.0	19.3
	graduate	134.0	33.5
	postgraduate	44.0	11.0
	diploma	7.0	1.8
Occupation of the person interviewed			
	unemployed	19.0	4.8
	self-employed	64.0	16.0
	housewife	111.0	27.8
	student	65.0	16.3
	government service	39.0	9.8
	private service	101.0	25.3
	N/A	1.0	0.3

Prayers have healing properties according to 95.8% respondents & 90% have experienced healing through prayers. According to 92.3%, the concept of healing through prayers was given by religion. (Table-III)

Prayers for healing were mainly said after Namaz (97%) & in the form of reading verses from Holy Quran (64.5%). These prayers were offered in isolation (42.8%) and in isolation and collectively both (46.2%) in

Table-II: Chi-Square test for basic characteristics of study variables

Study Variables		Have offered prayers to heal disease		P-value
		Yes	No	
Gender	Male	251 (65%)	6 (54.5%)	0.473
	Female	135 (35%)	5 (45.5%)	
	Total	386 (100%)	11 (100%)	
Marital Status	Single	136 (35.2%)	7 (63.6%)	0.057
	Married	246 (63.7%)	4 (36.4%)	0.067
	Others	4 (1%)	0.0	—
	Total	386 (100%)	11 (100%)	
Ethnic group of the person interviewed				
	Urduspeaking	296 (76.7%)	7 (63.6%)	0.314
	Sindhi	27 (7%)	1 (9.1%)	<0.001
	Katchi	5 (1.3%)	2 (18.2%)	<0.001
	Punjabi	9 (2.3%)	1 (9.1%)	0.188
	Pathan	21 (5.4%)	0.0	—
	Baloch	6 (1.6%)	0.0	—
	Memon	9 (2.3%)	0.0	—
	Qureshi	9 (2.3%)	0.0	—
	Haro	1 (0.3%)	0.0	—
	Kashmiri	1 (0.3%)	0.0	—
	Bori	2 (0.5%)	0.0	—
	Total	386 (100%)	11 (100%)	
Religious sect of the person interviewed				
	Sunni	317 (82.1%)	5 (45.5%)	0.002
	Shia	45 (11.7%)	0.00	—
	Ismaili	24 (6.2%)	6 (54.5%)	<0.001
	Total	386 (100%)	11 (100%)	
Education of the person interviewed				
	illiterate	26 (6.7%)	1 (9.1%)	0.707
	can read & write	15 (3.9%)	0.0	—
	upto grade V	25 (6.5%)	0.0	—
	upto grade X	68 (17.6%)	3 (27.3%)	0.428
	upto grade XII	76 (19.7%)	1 (9.1%)	0.392
	graduate	126 (32.6%)	5 (45.5%)	0.362
	postgraduate	43 (11.1%)	1 (9.1%)	—
	diploma	7 (1.8%)	0.0	0.647
	Total	386 (100%)	11 (100%)	
Occupation of the person interviewed				
	unemployed	19 (4.9%)	0.0	—
	self-employed	64 (16.6%)	0.0	—
	housewife	109 (28.3%)	2 (18.9%)	0.455
	student	58 (15.1%)	5 (45.5%)	0.005
	government service	39 (10.1%)	0.0	—
	private service	96 (24.6%)	4 (36.4%)	0.400
	Total	386 (100%)	11 (100%)	

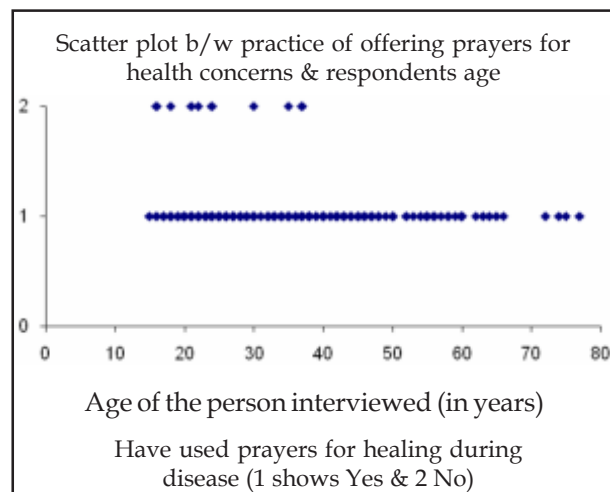


Fig-1:

which 97.5% cases directly address God. (Table-IV)

Medical treatment should accompany prayers for healing said 97.5% of the respondents. 73.8% said medicine should take account of prayers as healing method. 64.5% respondents, said prayers & medicine are equally important for recovering from disease (Table-V).

DISCUSSION

As interest in Alternative and Complementary medicine (CAM) has grown in the recent years and the notion of linking of religious and medical interventions has become widely popular.¹⁴ Prayer is the most common therapy

used among all the CAM therapies.² We have attempted to document patients' and their attendants' perceptions on healing affect of prayers; how they ought to offer them & place of new developing concept of healing through prayers in modern medicine.

In our survey, the practice of offering prayers for healing purpose is not found to have statistically significant association with gender (p-value=0.473). In 2002, a US survey showed the largest gender differential was seen in prayers with women more likely to use it and use of prayers for health reason did not increase with educational level.¹⁵

In our study, use of prayers for health reason was statistically significant with Sindhi, Katchi, Haro & Kashmiri ethnic groups (p-value, 0.001); Sunni (p-value 0.002) & Ismaili (p-value=<0.001) sects & in occupation with students (p-value=0.005).

It is interesting to note an overwhelming majority of the respondents (95.8%) believe that prayers can heal disease. Similarly a recent poll found that 82% of Americans believe that prayer can cure serious illness.¹⁶ We found that 96.5% participants had used prayers for healing during disease. In 2002, a US survey showed 74.6% had used some form of CAM therapy and this figure decreased to 49.6% when prayer for health reason was excluded.¹⁵ We found that 360 (90%) respondents had experienced healing because of prayers. In a

Table-III: Participants' perceptions regarding healing affect of Prayers. (n=400)

S. No.	Perceptions	Yes		No		Don't know	
		#	%	#	%	#	%
1	Prayers can heal disease	383	95.8	9	2.3	8	2
2	Used prayers for healing during disease	386	96.5	11	2.8	3	0.8
3	Prayers have caused healing in past experience	360	90	20	5	20	5
4	Will use prayers for healing in future if required	393	98.3	5	1.3	2	0.5
5	Praying regularly can prevent disease in self/family	373	93.3	19	4.8	8	2
6	Praying can shorten the duration of disease/illness	301	75.3	58	14.5	41	10.3
7	Praying can prolong life	160	40	196	49	44	11
8	Reciting verses from Holy Quran & blowing into water & drinking it cause healing during disease/illness	329	82.3	46	11.5	25	6.3
9	Regular prayers increases a person's resistance to diseases	344	86	30	7.5	26	6.5
10	Concept of healing through prayers have roots in religion	369	92.3	16	4	15	3.8
11	Wearing of taweez can cause healing during disease/illness	190	47.5	171	42.8	39	9.8

Table-IV: Way of offering prayers for healing (n=400)

Way of Offering Prayers for Healing	#	%
1 Prayers to cause healing include:		
A Praying after Namaz	388	97.0
B Praying at graves of saints	92	23.0
C Praying by Mosque Imam	87	21.8
D Reading verses from Holy Quran	258	64.5
E In Jamaat Khanas	9	2.25
F Everytime	8	2.0
2 Specific person to offer these prayers:		
A Imams of Mosque	72	18.0
B Elderly	133	33.25
C Children	12	3.0
D Yourself	309	77.25
E Pious men in near ones	8	2.0
F Everyone they meet	22	5.5
G Saints	3	0.75
H People going for Hajj/Umrah	12	3.0
3 Addressed in special prayers:		
A God	390	97.5
B Prophet (PBUH)	48	12.0
C Saints	19	4.75
D Hazrat Ali (RH)	5	1.25
4 Prayers are offered:		
A Isolation	171	42.8
B Collectively	44	11.0
C Both	184	46.2
5 Someone whose prayers are more effective:		
A Imams of Mosque	35	8.75
B Saints	39	9.75
C Elders of family	116	29.0
D Children	36	9.0
E Parents	22	5.5
F Pious men in family & friends	28	7.0
G None	199	49.75
H Don't know	9	2.25

Harvard Medical School Study, out of 35% respondents who had used prayers, 70% reported prayer to be very helpful.¹⁷ We have found that 98.3% subjects will use prayers for healing in future if need arose and 92.3% believe that the concept of healing by prayers is given by their religion.

It is noteworthy that 93.3% of the participants said that regular praying can prevent diseases in self and family. Another analysis of 350 studies has found that religious people are physically healthier, lead healthier lifestyles and require fewer health services.¹⁸

Interestingly, we have found that three-fourth (75.3%) of those interviewed believed that prayers can shorten the duration of disease, but with regards to length of life, 49% participants believed that it is not prolonged

by prayers. It is equally important to realize that 160 (40%) participants believe that prayers can prolong life. It is already known that there is an inverse relationship between religious attendance and mortality¹⁸ and scientific evidence is strongest for the religious attendance-mortality association.¹⁹

With regards to how prayers for healing are offered, 97% participants pray for health after Namaz followed by reading verses from Holy Quran (64.5), at graves of saints (23%) & by mosque Imams (21.8%). Any specific time to offer prayers for healing was not found statistically significant.

God is directly addressed by 390 (97.5%) participants when praying for health. In Shia school of thought, the prayer is directed to God, but mention is made of someone or something beloved to God.²⁰ The Prophet (PBUH) and saints are also addressed in these special prayers by 12% & 4.75% respondents respectively.

A substantial number of respondents (42.8%) prefer to pray in isolation while 46.2% pray for returning to normal health in both isolation and collectively. According to a US survey, almost 10 percent had participated in a prayer group for their health.²

Almost 77.25 % of the participants prefer to offer these prayers themselves & 5.5% ask everyone they meet as a gesture. Again 45.2% had in the last twelve months used prayer for health reasons, either through praying for their own health or through others praying for them.¹⁵ They also ask elders of family (33.25%), Imams of Mosque (18%), people going for Hajj/Umrah (3%) & children (3%) with the traditional idea that their prayers are answered more quickly & frequently. A survey in US revealed that 25 percent requested others to pray for them.²

Almost half of the respondents said that they don't have any experience that someone's prayer was more effective than their own. Other participants consider that prayers of elders of the family (29%), saints (9.75%), children (9%), Imams (8.75%) & pious men in family & friends (7%) are much more effective than

Table-V: Participants' perceptions about prayers along with medical practice (n=400)

Table 4: Participants' perceptions about prayers along with medical practice (N = 100)									
S.	Perceptions about place of prayers in medicine	YES		NO		DON'T KNOW			
		#	%	#	%	#	%		
1	Prayers should be combined with medical treatment	390	97.5	9	2.2	1	0.2		
2	Modern day medicine should take account of the role of prayers in healing	295	73.8	85	21.2	20	5.0		
3	Modern day medicine give due credit to role of prayers in healing	180	45.0	165	41.2	55	13.8		
		<i>Equally imp.</i>		<i>More imp.</i>		<i>Lessimportant</i>		<i>Notimportant</i>	
		#	%	#	%	#	%		
4	Role of prayers in comparison to medical practice	258	64.5	94	23.5	44	11.0	4	1.0
	Medical conditions in which prayers work best:	#		%					
1	Works same in all diseases	274		68.5					
2	Hepatitis	33		8.25					
3	Cancer	33		8.25					
4	Diabetes	7		1.75					
5	Infertility	26		6.5					
6	Repeated pregnancy loss	3		0.75					
7	Post-surgical recovery	23		5.75					
8	Serious diseases (including cardiac, renal, AIDS)	14		3.5					
9	Minor disease	15		3.75					
10	Psychological disorders	10		2.5					
11	Spiritual disorders	8		2.0					
12	Gender of fetus	15		3.75					
13	Don't know	23		5.75					
14	None	5		1.25					

that faith in God has a health-promoting effect.²³ In another study, 68% said their physician had never discussed religious beliefs with them & 48% want their physicians to pray with them.²⁴

Participants' response when asked about disease in which prayers work best, majority (68.5%) had the view that it works same in all diseases; others responded in favor of hepatitis (8.25%) & cancer (8.25%). Various studies have found that prayers have better outcomes for hypertension,²⁵⁻²⁷ cardiovascular diseases,²⁸ pregnancy,²⁹ pain,³⁰ depression,³¹⁻³⁴ protective effect for mental health outcomes³⁵ & cancer.³⁶

CONCLUSION

The study shows that a majority of the participants believe prayers have healing properties of their own as alternative medicine still they are optimistic to combine it with medical treatment making it a complementary one. We as physicians must try to improve our ability to act as healers by giving importance to holistic approach to medical practice. Further debate & studies on this important issue are strongly recommended.

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