

Traditional and therapeutic practices used by women facing difficulties in
.conceiving in Dellys

الممارسات التقليدية والعلاجية المستخدمة من قبل النساء اللاتي يواجهن صعوبات في

الإنجاب في دلس

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Abstract:

The cause of infertility is often difficult to pinpoint, and its treatment can be complex or unknown. However, solutions do not always come from modern medicine but sometimes from traditional practices.

This study aims to highlight traditional therapies by exploring the customs related to managing infertility cases and identifying some procreation methods used by infertile women in the city of Dellys through fieldwork. The results of this survey reveal that most of these women became pregnant within three to four months after following these traditional practices.

Keywords: Herbal medicine, Infertility, Sterility, Traditional medicine, Traditional Therapist, Dlik.

ملخص:

غالبًا ما يصعب تحديد سبب العقم، وقد يكون علاجه معقدًا أو غير معروف. ومع ذلك، لا تأتي الحلول دائمًا من الطب الحديث، بل أحيانًا من الممارسات التقليدية. في هذا السياق، تهدف هذه الدراسة إلى تسليط الضوء على العلاجات التقليدية من خلال استكشاف العادات المتعلقة بالتعامل مع حالات العقم، وتحديد بعض الأساليب التي تستخدمها النساء اللاتي يعانين من صعوبات في الإنجاب في مدينة دلس، واستنادًا إلى البحث الميداني. كشفت نتائج هذه الدراسة أن معظم هؤلاء النساء حملن خلال ثلاثة إلى أربعة أشهر بعد اتباع هذه الممارسات التقليدية.

كلمات مفتاحية: طب الأعشاب، العقم، العقم عند النساء، الطب التقليدي، المعالج التقليدي، الدليك.

1. Introduction

Thanks to significant scientific progress in medicine, healthcare in the 20th century has become heavily medicalized in developed countries. However, non-medical factors related to health are increasingly being recognized in broader research. Issues such as environmental conditions, dietary habits, and lifestyle choices are now acknowledged as important health risk factors.

Sociocultural factors that influence behavior, lifestyle choices, and access to contemporary treatment options are crucial determinants of health. This is particularly relevant in parts of the world where authorities, healthcare providers, and communities are grappling with the safety, efficacy, quality, availability, preservation, and regulation of traditional medicine (TM). TM continues to be widely used in many countries, with its acceptance growing rapidly in others (WHO, 2013, p.15).

Moreover, for millions of people, herbal remedies, traditional treatments, and traditional medicine practitioners remain the primary, if not the sole, source of healthcare. This is especially true for couples facing infertility who cannot conceive. They often turn to traditional medicine, seeking specific therapists and treatment approaches.

According to the World Health Organization, over 80% of the world's population relies on traditional medicine for primary healthcare, especially in regions where access to modern medical treatments is limited. Research into the efficacy of these treatments is growing, with studies examining practices such as acupuncture and herbal medicine showing potential in treating infertility, though further clinical trials are needed to validate these findings (WHO, 2014-2023).

Our objective is to explore the significant role traditional medicine plays in addressing infertility. To confront this issue, our study will be organized into two main sections. The first section will provide theoretical insights, including definitions and key concepts related to traditional medicine, therapists, and infertility, as well as the causes of infertility. The second section will feature testimonies from both therapists and patients within our sample, highlighting the various reproductive methods employed.

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While the causes of infertility can be diverse and complex among couples, they are often linked to energy, hormonal, or psychological imbalances.

2. Concept Identification:

2.1 Traditional Medicine:

"Traditional medicine" encompasses a broad range of practices, including systems like Chinese traditional medicine, Indian Ayurveda, and Arab Unani, along with various indigenous healing methods. Traditional medical practices (TMP) involve both medicinal approaches, using herbal remedies, animal products, and minerals, as well as non-medicinal treatments, often provided without pharmaceuticals. These include techniques such as acupuncture, manual therapies, and spiritual healing practices (WHO, 2002, p.1). TMP can be used independently or in conjunction with modern medicine to treat, diagnose, or prevent disease and maintain overall health (Appoh Kouame, 2018, p.11).

This is why the WHO defines "Traditional medicine" as "the sum of knowledge, skills, and practices rooted in the theories, beliefs, and experiences of different cultures, used for health maintenance, prevention, diagnosis, and treatment of physical and mental ailments" (WHO, 2013, p.15).

Indeed, the WHO estimates that over 80% of the world's population, particularly in developing regions, relies on traditional medicine for healthcare (Boumediou Asma, Addoun Soumia, 2017, p.6). This rising trend highlights the shift toward traditional practices, often driven by cultural preferences and the accessibility of these treatments.

In many African communities, for example, herbal remedies and traditional healers are increasingly sought for infertility issues, where modern medical options may be limited or stigmatized. Traditional practices such as acupuncture, Ayurvedic treatments, and herbal concoctions have shown promising results in addressing fertility challenges, leading to their growing acceptance alongside, or even instead of, conventional medical approaches. However, despite its widespread use, traditional medicine faces several challenges. The lack of formal regulation and clinical trials, to scientifically validate the efficacy of many traditional methods, raises concerns about their

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safety and long-term effectiveness. Furthermore, improper use of certain plants can lead to toxic effects or interfere with conventional medical treatments. This highlights the need for cautious integration of traditional practices into broader healthcare frameworks.

2.2 Phytotherapy:

Phytotherapy refers to the use of plants to treat various ailments. Over the decades, people have come to recognize numerous plants and their therapeutic properties, adapting them to treat specific conditions.

Currently, phytotherapy is widespread in Algerian society, with many plants and their extracts being used in traditional medicine (Hamel T, et autres, 2018, p.79). Some examples include:

Sage: Historically used as both a medicinal and culinary herb, sage was considered sacred in ancient Rome, believed to grant fertility and save lives. Women struggling to conceive were advised to drink sage infusions for several days. Sage leaves contain essential oils with active compounds such as thujone, camphor, and cineole, along with resins, tannins, and a hormone similar to estrogen (Jardin Musée Balaguier, 2015, p.1, 3).

Oleander (Nerium Oleander): Known locally as "Defla," this plant's toxicity means its use must be entrusted to qualified individuals. Crushed leaves are applied as a poultice for diabetic feet, and steam from boiled leaves is used vaginally for infertility (Adouane Selma, 2016, p.93).

African Pyrethrum: Commonly chewed to relieve toothaches or used as a gargle for sore throats, African Pyrethrum is also mixed with honey to stimulate fertility (Adouane Selma, 2016, p.105).

Nigella seeds: Used to promote fertility in women by regulating hormones, nigella seeds have shown promise in facilitating ovulation and conception.

Stinging Nettle: Rich in minerals and chlorophyll, nettle is believed to regulate hormone levels and promote ovulation.

These plants demonstrate Algeria's rich biodiversity and illustrate the importance of traditional knowledge in maintaining community health.

2.3 Traditional Therapist:

A traditional therapist is a person recognized by their community as being skilled in healthcare, using plant, animal, and mineral substances along with

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sociocultural and religious traditions. They offer treatments through non-conventional means, typically diagnosing illnesses and prescribing medicinal plants based on their knowledge and beliefs (Rokia Sanogo, 2006, p.11). This expertise is often passed down through generations (Boumediou Asma, Addoun Soumia, 2017, p.6).

2.4 Infertility:

Infertility refers to the inability to conceive. By definition, it is a physiological condition and can affect women, men, or couples (Roland Pressat, 1979, p.202).

In Africa, infertility is often seen as a "female issue," even though men contribute to 30-50% of cases (Fanta Tembely, 2008, p.17). However, in developed countries, it is typically viewed as a shared concern between partners.

2.5 Dlik:

The word "dlik" refers to a traditional therapeutic massage technique used in certain cultures, particularly in North Africa and the Middle East. It typically involves manual manipulations, applied to specific parts of the body, often with the purpose of relieving pain, improving blood circulation, or as part of treatments aimed at addressing fertility issues.

In the context of my article, "dlik" is specifically mentioned as a traditional massage, intended to promote procreation. This technique, is passed down through generations and is based on beliefs and traditional knowledge related to healing through touch and the use of medicinal plants.

3. Causes of Infertility:

The causes of female infertility are diverse and include:

- Ovulation Disorders:** Conditions like early menopause, Turner syndrome, and polycystic ovary syndrome (PCOS) can disrupt ovulation.
- Tubal Obstruction:** Blockages due to infections like salpingitis or endometriosis can prevent pregnancy.
- Uterine Disorders:** Issues like polyps and fibroids can interfere with embryo implantation.
- Cervical Mucus Deficiency:** Infections can alter mucus consistency, hindering sperm mobility.

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-Age: Fertility declines significantly after the age of 37.

-Psychological Factors: Some women may experience psychological barriers to conception (Marie-Cécile Jacquier, 2010, p.p5-6).

4. The Reinterpretation of Infertility Causes by Women:

A study by Ben Abed Aicha (2018) found that women view infertility as a crisis. They reinterpret their experiences by considering medical and non-medical factors, including social, environmental, and psychological influences.

Women facing infertility often feel misunderstood by specialists, who may not fully appreciate the emotional and social dimensions of their suffering.

5. Study Area and Methodology:

The focus of our study is the city of Dellys, an Algerian municipality located in the Boumerdes province, approximately 50 km from Boumerdes and 100 km from the capital, Algiers. With a rich history spanning ancient, medieval, and modern times, Dellys has witnessed the rise and fall of several civilizations, including the Numidian, Roman, Ottoman, and French periods. Our research was conducted over a period of three months, during which we gathered qualitative data through interviews with 20 infertile women and several traditional therapists. Each interview lasted approximately one hour, allowing us to explore the participants personal experiences in depth, as well as their perceptions of traditional and modern treatments for infertility. The interviews were semi-structured, providing flexibility to adapt to the flow of conversation while still covering key topics such as treatment methods, challenges faced, and outcomes.

To recruit participants, we used snowball sampling, where initial contacts referred us to other women in similar situations. This approach was particularly useful given the sensitive nature of infertility, as it allowed us to build trust with the women interviewed. Furthermore, I personally conducted each interview to establish a rapport with the participants, ensuring that they felt comfortable sharing their experiences.

6. Results and Discussion:

The survey revealed that most of the women interviewed became pregnant, on average, within three to four months of consulting traditional therapists.

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This rapid turnaround was perceived as a "miracle" by many women, who expressed a strong belief in their therapist's abilities. Below are some testimonials from participants:

-First Interviewee: "Indeed, I am the happiest woman because my dream has come true. I highly recommend this to anyone who wants to try it too."

-Second Interviewee: This woman underwent various treatments and numerous expensive medical examinations over nearly five years without success. Eventually, her family persistently encouraged her to consult a therapist. Initially skeptical, she gave in out of despair and became pregnant just two months later.

-Third Interviewee: After multiple unsuccessful medical treatments, this woman turned to traditional medicine, using various medicinal plants like black seed, ginger, and engaging in Ruqyah sessions. She became pregnant within four months.

-Fourth Interviewee: This participant tried many medical treatments prescribed by doctors from different regions without success. After years of waiting and attempts, she consulted an herbalist and a traditional therapist, achieving pregnancy after several months.

-Fifth Interviewee: Her journey involved many medical tests, ultrasounds, and X-rays. Despite consulting different gynecologists, none of the treatments worked. Eventually, she turned to traditional medicine and became pregnant a few months later.

Other women shared similar stories, reporting successful pregnancies after medical treatments had failed. Many admitted to making significant sacrifices, following questionable advice from charlatans, and consuming various concoctions in their pursuit of fertility.

Testimonials from Female Therapists:

To further support the claims made by the infertile women, we reached out to two traditional medicine practitioners specializing in phytotherapy. Both therapists, aged between 65 and 70, have over thirty years of experience, lending credibility to their remedies.

First Therapist: This practitioner has been performing traditional massages for several years, a technique known as "dlik," which she learned from her

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mother-in-law. She typically performs three "dlik" sessions for her patients to achieve the desired outcomes. She also cultivates medicinal plants in her garden and prepares tampons made from herbs such as thyme, sage, and ginseng, which her patients use for fertility enhancement.

Second Therapist: This therapist follows her late mother's methods and is known for manual manipulation techniques. She emphasizes regulating patients' menstrual cycles using herbal remedies, such as cloves, honey, and black seeds. She diagnoses and treats women with ovulation issues by preparing specific herbal mixtures to help balance hormones.

According to the data gathered from our study, most infertile women believe that individualized treatment is necessary, based on diagnostic results. Therapists prepare herbal teas, tampons, and suppositories using plants such as sage, red clover, and raspberry leaves, which are consumed according to specific guidelines.

7. Conclusion

In conclusion, despite significant advancements in medical technology and science, certain infertility cases remain unexplained and untreated. For many women, traditional medicine has emerged as a source of hope. Although often dismissed by the scientific community as charlatanism, traditional practices have proven effective for numerous women after unsuccessful medical interventions, ultimately leading to pregnancy.

While traditional therapies show promising results, it is equally important to recognize the potential risks associated with these practices. The lack of formal regulation and clinical trials to scientifically validate the efficacy of many traditional methods raises concerns about their safety and long-term effectiveness. Furthermore, improper use of certain plants can lead to toxic effects or interfere with conventional medical treatments. This highlights the need for cautious integration of traditional practices, into broader healthcare frameworks, notably through a concrete collaboration, between modern and traditional medicine. For example, joint clinical studies and specific training for traditional practitioners could be envisioned to ensure the safety and efficacy of these methods.

While traditional medicine, provides a valuable avenue for women seeking

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to overcome infertility, it should not be viewed in opposition to modern medical treatments. Instead, there is an opportunity for collaboration, where traditional practices are integrated into the healthcare system in a regulated and safe manner, complementing scientific methods. This dual approach, could provide more comprehensive options for patients, allowing them to benefit from the strengths of both modern and traditional medicine.

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