

# Use of magnetizers and traditional healers by people with skin diseases: A worldwide study ALL Project.



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## RATIONAL

Healers and magnetizers, typically grouped within alternative or complementary medicine, are individuals who assert the ability to influence a person's energy fields to enhance their health.

In dermatology, these methods are not widely accepted and provoke debate due to insufficient scientific evidence supporting their efficacy. Despite this, certain individuals with skin ailments opt for these therapies, hopeful of their healing properties.

## OBJECTIVES

This study aimed to determine the frequency of magnetizer and traditional healer (MTH) utilization among patients with skin conditions, and to examine the usage of conventional treatments such as topical and systemic medications among MTH clientele.

## METHODOLOGY

The ALL PROJECT is a large-scale study of individuals representative of the adult population in 20 countries on five continents: Europe [France, Italy, Germany, Poland, Portugal, Spain, Denmark; n=17500], Latin America[LA] [Brazil, Mexico; n=6501], Asia [China, India, South Korea; n=10500], North America [NA] [Canada, USA; n= 7500 ]; Middle East [ME] [Israel, United Arab Emirates; n=2750], Australia [Australia; n=2000] and Africa [Kenya, South Africa, Senegal; n=1800].

In each of the 20 countries surveyed, representative and extrapolable samples of the general population aged 16 and over were interviewed.

This methodology ensures that the results of the study can be generalized to the entire population of each country included in the project, thus providing a global and diversified perspective of the subjects studied.

The questionnaire focused on patient experience. It collected information on demographics, any dermatological conditions in the past 12 months, type of physician and therapeutic management. The primary analysis of this study was the prevalence of use of at least one magnetizer and traditional healer alone or in combination with standard therapies in the 12 months prior to the survey. The secondary analysis was a comparison of magnetizer and traditional healer and non-magnetizer and traditional healer users to evaluate predictors: socio-demographic, clinical parameters and treatments used to treat psoriasis. Descriptive analyses were performed using absolute and percentage frequencies. The significance test was two-tailed and set at 5% ( $p \leq 0.05$ ). Student's t-test and Pearson's chi-squared were used to compare subjects who reported using magnetizer and traditional healer with those who did not

## RESULTS

A population of 12485 respondents, A total of 5,454 men and 7,031 women were identified with a single primary dermatological condition (PD), with a mean age of  $41.25 \pm 15.8$  years (range: 16-96 years). Of these, 2,514 (20.1%) had atopic dermatitis, 991 (7.9%) had psoriasis, 4,441 (35.6%) had acne, 489 (3.9%) had rosacea, 179 (1.4%) had vitiligo, 95 (0.8%) had hidradenitis suppurativa and 562 (4.5%) had chronic hand eczema. A total of 5,652 (45.3%) consulted a doctor, of which 3,913 (31.9%) consulted a dermatologist. In addition, 9,542 (76.4%) received treatment.

Of the respondents, 383 (3.1%) reported using MTH to treat their dermatological condition (188 consulted magnetists, 169 consulted healers and 26 consulted both).MTG use was more common in males (51%) than females (49%) with a mean age of  $31.7 \pm 14.1$  years. The use of MTH was significantly higher in younger individuals (3.9% vs. 2.5%,  $p \leq 0.01$ ) and in urban residents (3.3% vs. 2.3%,  $p \leq 0.04$ ). The highest prevalence of MTH use was observed in India (8.0%), the United Arab Emirates (5.2%), South Africa (4.9%), China (4.0%), Kenya (3.6%), South Korea (3.5%) and France (3.4%).

The prevalence in Europe was 2.1%. Patients with vitiligo and hidradenitis suppurativa had the highest rates of MTH use (around 8%). In patients with eczema, acne or psoriasis, the rates were 2.7%, 2.8% and 2.9% respectively.

Notably, the use of MTH did not interfere with conventional medical care: 66.3% of patients who used MTH reported having consulted a doctor in the previous 12 months, compared with 44.6% ( $p < 0.001$ ) of those who did not use MTH.

Variable	Woman N = 7031	Man N = 5454	p-Value
Atopic Dermatitis	1358 (19.31%)	1156 (21.2%)	0.01
Psoriasis	450 (6.4%)	541 (9.92%)	<0.001
Acne	2591 (36.85%)	1850 (33.92%)	<0.001
Rosacea	317 (4.51%)	172 (3.15%)	<0.001
Vitiligo	75 (1.07%)	104 (1.91%)	<0.001
Hidradenitis suppurativa	35 (0.5%)	60 (1.1%)	<0.001
Chronic hand eczema	278 (3.95%)	284 (5.21%)	<0.001

Variable	No MTH N=12102	MTH N=383	p-Value
Atopic Dermatitis	2447 (20.22%)	67 (17.49%)	0.213
Psoriasis	962 (7.95%)	29 (7.57%)	0.863
Acne	4316 (35.66%)	125 (32.64%)	0.244
Rosacea	468 (3.87%)	21 (5.48%)	0.141
Vitiligo	164 (1.36%)	15 (3.92%)	<0.001
Hidradenitis suppurativa	87 (0.72%)	8 (2.09%)	0.009
Chronic hand eczema	525 (4.34%)	37 (9.66%)	<0.001

Variable	No MTH N=12102	MTH N=383	p-Value
Declare having consulted a dermatologist	3754 (69.54%)	159 (62.6%)	0.023
Declare having consulted a GP	1669 (30.92%)	70 (27.56%)	0.287
Declare having consulted a homeopathic doctor	105 (1.95%)	24 (9.45%)	<0.001
Declare using dermocosmetiques	2547 (21.05%)	86 (22.45%)	0.548
Declare using food supplements	997 (8.24%)	62 (16.19%)	<0.001

## DISCUSSION

This is the first study to assess the prevalence of magnetizer and traditional healer in people with DS. It needs to be complemented by more mechanistic research into why people choose to use MTH and the impact of magnetizer and traditional healer on the wellbeing and quality of life of people with SD.

In particular, it will be interesting to understand why patients with vitiligo or HS are more likely to use it compared to AD and psoriasis. The fact that these 2 conditions have not yet undergone a therapeutic revolution may have something to do with this.

