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Traditional Moroccan Medicine: Study of the Influence of Traditional Medicine Practices on the Health Status of Patients at Mohammed VI University Hospital in Marrakesh

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Abstract

Context: Moroccan traditional medicine, imbued with cultural heritage, is a discipline that provides significant care in Morocco (economic and cultural aspects, but with risks related to the toxicity of phytotherapies and the absence of regulation). The primary objective of this research is to study its impact on the health of hospitalized patients at Mohammed VI University Hospital Center in Marrakesh across five specialized hospital departments and to propose methods for secure integration into the modern healthcare system.

Methodology: This descriptive and correlational research focused only on 130 hospitalized patients in various departments of the CHU, using a structured questionnaire for sociodemographic data and perceptions, and semi-directive interviews for the qualitative aspect. The quantitative component used statistical tests (χ^2, Pearson correlation) and thematic analysis of qualitative data.

Results: The largest part of the sample consists of young women (55% in the age group between 20 and 30 years with little or no work income (53% < 300 $) resorting to traditional medicine with a very high frequency in 70% of cases, mainly for digestive disorders in 23.9%, then joint disorders in 14.1%, resorting to self-medication, that is, by 79% of patients without consulting any doctor. Among the significant correlations, we note age ($r = 0.226$ for $p = 0.005$) and pediatric use ($r = 0.297$ for $p < 0.01$), testifying to strong cultural adherence in the latter case.

Discussion: The results highlight the economic and cultural issue of traditional medicine by weighing the risks of toxicity and self-medication while expanding on previous studies conducted in Morocco and Vietnam, which have an impact on the status of traditional medicine. Patients' representations converge in their ambivalent aspect and encourage them to call for regulation, similar to that proposed by the WHO, despite the imperfect methodology (brief data collection period, non-publication of results at the local level).

Conclusion: Integration of traditional medicine into the healthcare system is necessary, through the development of a legislative framework, establishment of quality standards, and agreements between traditional doctors and those of modern medicine, allowing to combine safety and effectiveness of care while preserving the Moroccan therapeutic heritage. This work opens future research avenues, towards possible applications on health policies.

I. Introduction

Traditional medicine, inherited from ancestral knowledge passed down from generation to generation, still plays an essential role in healthcare systems around the world (World Health Organization, 2023). It is estimated, according to a

recent report from the World Health Organization, that nearly 40% of care provided worldwide still relies on traditional medicine, with care delivered everywhere on the planet still based on this type of practice World Health Organization, 2023). Rooted in beliefs, lived experiences on the ground, and knowledge that crosses cultures, it includes a multitude of methods, such as the use of plant-based remedies, cupping, curative massages, spiritual rituals, or even oils and potions (Caramelo and al., 2022; World Health Organization, 2023).

In Morocco, this traditional medicine is omnipresent in daily life (Elachouri and al., 2021). Many see it as a more accessible option, economical, and in line with common ideas about health (Elachouri and al., 2021; Jamal, 2021). That said, it is not without dangers: some plants can be toxic, their effects with modern medications are often unknown, and delaying the transition to conventional medicine can worsen patients' situations (Boukhorb and al., 2021; Elouardi and al., 2022; Kharchoufa and al., 2021). This duality – between cultural benefits and public health risks – poses a real question for the Moroccan system: how to reconcile respect for our ancestral heritage with the demands of today's medicine (Elachouri and al., 2021; World Health Organization, 2023)?

The objective of this study is to examine how traditional medicine practices affect the health of patients admitted to Mohammed VI University Hospital Center in Marrakesh. We also seek to identify the most widespread forms, what motivates them, and how users perceive them. Ultimately, it is about suggesting ways to integrate these practices more safely and regulated into the national care system. The field of study is defined on a theoretical-descriptive level, following an analytical-problematic approach: What is the influence of traditional medicine practices on the health status of patients hospitalized at Mohammed VI University Hospital Center in Marrakesh?

II. Methods

To better understand this phenomenon, we conducted a descriptive and correlational study within five departments of Mohammed VI University Hospital Center in Marrakesh: Rheumatology, Gynecology, Trauma-Orthopedics, Gastroenterology, and Surgical Pediatrics B, and we drew a sample of 130 randomly selected patients to allow balanced representation of the different profiles included in the study.

The data collection tools were, on the one hand, a structured questionnaire on sociodemographic variables, behaviors of resorting to traditional medicine, and patients' representations, and on the other hand, semi-directive interviews to capture qualitative aspects related to the logics of recourse, particularly cultural, symbolic, and social motivations.

Quantitative data were subjected to statistical analyses (χ^2 test, correlation coefficient) to test relationships between variables, while data from interviews were subjected to thematic analysis grouping responses into emerging categories.

The conceptual framework used is based on the four main types of determining factors (demographic, cultural, socio-economic, and related to care supply) in resorting to traditional medicine in a hospital setting, according to a holistic approach to health inspired by the orientations of the World Health Organization (World Health Organization, 2023).

III. Results

The majority of the studied sample consists of women (55%), mainly young, with 28% in the 20-30 age group. More than half of the participants in precarious situations declare a monthly income below the guaranteed minimum wage (SMIG), and a quarter have not received formal education. Housewives are the majority group, illustrating a tendency to favor care considered more accessible, particularly traditional medicine.

In terms of usage frequency, 46% of patients reported having resorted to traditional medicine at least once in the past year, and 70% in the last six months, while traditional medicine mainly consists of plant-based remedies, favored for digestive disorders (23.9%) and joint pains (14.1%). Products often come from the family circle or herbalists, without prior medical consultation.

Statistical analyses revealed several significant correlations. Resorting to traditional medicine is positively associated with age ($r = 0.226$; $p = 0.005$), and a moderate correlation links personal use to administration to children ($r = 0.297$; $p < 0.01$). Self-medication is the origin of 88% of responses from respondents resorting to traditional medicine first, and 79% did not consult a doctor beforehand. Moreover, 60% of parents administer traditional treatments to their children, confirming the family and community nature of these practices. These relationships are synthesized in a correlation matrix.

IV. discussion

This study reveals the marked adherence of women and low-income people to traditional medicine in the field of health in Morocco. Our results align with those of El Kinany in Midelt and Nguyen in Vietnam, who also demonstrate that

traditional medicine plays an essential role in many cases in the care of patients in areas where access to modern medicine is limited (EL KINANY and al., 2024; Nguyen and al., 2021). Beyond the economic dimension that justifies this preference, the cultural and symbolic foundation of traditional medicine highlights its perceived advantages and inherent risks. It is indeed commonly accepted that these practices are perceived by patients as a way to keep ancestral knowledge alive and a vector for strengthening collective identity.

However, this preference is sometimes to the detriment of patient safety since the non-regulation of product composition, lack of information on dosages, ignorance of drug interactions are the cause of sometimes serious adverse effects (Boukhorb and al., 2021; Elouardi and al., 2022; Kharchoufa and al., 2021). Late recourse to modern medicine after the failure of traditional medicine can harm patient care and reflects the ambivalence of the trust placed in traditional knowledge, to the legitimacy of the supposedly science-validated medical model.

The interviews conducted with patients allowed for contrasting points of view. If most users express great confidence in the local traditional medicinal repertoire, appreciating its benefits for health, others raise the issue of the toxicity of traditional practices left without a regulatory framework. Several interlocutors expressed their preference for the establishment of a legal framework allowing to associate and formalize the projects of traditional practitioners and health professionals, at a time when WHO declarations (2022-2023) in which it recommends the development of technical standards to regulate the use of traditional medicines contribute to evolving practices (WHO traditional medicine strategy: 2014–2023, 2022).

However, it is admitted that there are some limitations to this work: the relatively short data collection time, the refusal of some patients to have interviews recorded, the rarity of publications related to the subject locally. Despite these constraints, it offers an initial contribution to reflection on the place of traditional medicine in public health policies in Morocco and opens research avenues.

V. Study Limitations

It is appropriate to indicate here some methodological limitations of this study to consider for the interpretation of the results. Firstly, data collection was carried out over a relatively short period, which may have restricted the diversity of encountered profiles and thus limited the representativeness of the sample. Secondly, the sample of 130 patients from five hospital departments of Mohammed VI University Hospital Center in Marrakesh does not allow extending the conclusions to the entire country's population, particularly in rural areas where traditional medicine is still strongly practiced.

Moreover, data collection relies mainly on patients' declarations, thus exposing the study to a social desirability effect or memory biases concerning particularly usage frequencies, dosages, or felt effects. Furthermore, some patients refused to participate in the qualitative interview or were reluctant to discuss practices perceived as private, spiritual, or family-related. Which may have limited the depth of analysis of the symbolic and cultural dimensions of traditional medicine.

Finally, the difficulty of access to up-to-date local publications and the very heterogeneous origin of the sources largely mobilized to develop the results of our research constitute a constraint both in putting the results into perspective and in terms of theoretical anchoring. But these relative weaknesses of our research do not then cancel its impact. Indeed, despite these limitations, our work aligns with the quest for a greater understanding of traditional medicine practices in the hospital by potentially opening the way to in-depth research that one day we must venture into, for example, at the crossroads of longitudinal surveys, multicenter or educational ones.

VI. Conclusion

In summary, it is permissible to affirm that our study has highlighted the predominant role of Moroccan traditional medicine in the daily care journey of patients hospitalized at Mohammed VI University Hospital Center in Marrakesh; it represents a cultural and economic asset, particularly chosen by young femininity and socio-economic categories with low endowments, having had a frequency of recourse history in the immediate past to self-medication and the use of plant-based remedies in phytotherapy in digestive and osteo-articular disorders in particular… On the other hand, the risks of potential toxicity, such as in phytotherapy, and drug interactions exist and must be regulated to prevent complications and ensure optimal care safety. By aligning with WHO recommendations, the secure integration of traditional medicine practices into the national health system, governed by legislation, quality certification, interprofessional collaboration approaches, and a health project aimed at preserving traditional therapeutic know-how, in a health care that can only echo the continuity of a rich ancestral therapeutic tradition, would be a step towards a fairer public policy to consider and also ensure the broader management of public health in Moroccan society.

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