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Intersections between Folk, Magical, and Scientific Medicine in Arab Society

Lakhal Houari

lecturer, Department of sociology, university of laghouat, Algeria

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***Abstract*—**In this article the phenomenon of overlap between folk medicine, magical medicine, and scientific medicine in Arab society is examined from a socio-anthropological point of view that goes beyond reductive interpretations that tend to reduce this phenomenon to superstition or ignorance. The study tackles a central problem, how to explain the persistence of folk and magical healing practices in contemporary Arab societies, in spite of the considerable progress attained by modern medicine. From this problem questions of the nature of overlap between folk healing practices and magical rituals within the Arab medical heritage arise. The study is grounded in the theory of medical pluralism as the main theoretical framework. It is based on the fact that modern societies do not rely on one therapeutic system but on the existence of several therapeutic systems, each different in their cognitive, symbolic, and social frames of reference. Using this theory, the study argues that the use of more than one therapeutic system should not be considered as marginal or irrational behavior but rather as a social and cultural strategy in dealing with illness, especially in settings where medical expertise meets symbolic and belief-based interpretations. The work analyzes the concepts of folk medicine and magical medicine in a broad sense, demonstrating that they are not simply residues of tradition or superstitious practices, but cultural systems of production of meaning and interpretation of suffering. It traces the origin of these practices in the philosophy of folk medicine among the ancient societies and the Arab magical medical heritage.

The study concludes that the continued existence of folk medicine and therapeutic magic in the Arab society cannot be explained only by ignorance or backwardness. Rather, it is the result of a mixture of factors. These include epistemic uncertainty about the causes of some illnesses, the failure of the health system to provide accurate diagnosis and effective, long-term treatment, the need for interpretive systems that place cultural and moral significance on illness, and economic, social, and institutional factors that give rise to a search for therapeutic alternatives.

***Keywords*—**folk medicine, magical medicine, medical pluralism, Arab medical heritage, medical anthropology.

I. Introduction and Problem Statement

Folk medicine is a cultural and social phenomenon tied to the history of human societies and to the ways they have represented illness and healing. In traditional societies, illness was not understood merely as an organic disorder but as a condition bound up with symbolic and unseen forces, in which religious and magical beliefs intersected with inherited folk healing experience. This outlook gave rise to a range of therapeutic practices combining the use of herbs and natural substances and traditional means on one hand with incantations, spells, amulets, and symbolic rituals on the other, within what is known as the folk therapeutic system (Good, 1994, p. 25).

Traditional societies have been the subject of numerous anthropological and sociological studies of folk medicine and therapeutic magic. Some approaches have focused on the symbolic and cultural dimension of these practices as systems of meaning generation and interpretation of suffering in the group. For example, Lévi-Strauss considers that the symbolic structures are the interpretative framework of magical practice in culture (Lévi-Strauss, 1963, p. 186). Other approaches have considered folk medicine as an alternative therapeutic knowledge connected to the social and cultural fabric of society. Michel Foucault, for example, argues that medical

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knowledge cannot be separated from the systems of power and discourse that define the concept of illness and ways to deal with it (Foucault, 1973, p. 34). This direction is also reflected in a number of modern anthropological studies that have stressed the interpretive and social nature of folk medicine in the construction of health-related meaning in societies (Kleinman, 1980).

Despite the importance of these approaches, a substantial portion of both Western and Arab scholarship has continued to treat folk medicine either as a remnant of tradition tied to traditional societies or as a manifestation of superstition and charlatanism, without sufficient attention to analyzing the reasons for its persistence within contemporary Arab societies or to explaining the nature of the overlap between the modern medical system and the folk magical therapeutic system. Many studies have also remained at the level of ethnographic description without developing an interpretive approach capable of uncovering the deep structure of the relationship between medical knowledge and cultural representations of illness.

Recent studies in cognitive psychology and cognitive anthropology have shown that the tendency toward magical explanations of illness is strongly associated with a high degree of “epistemic uncertainty,” whereby the likelihood of attributing the causes of illness to unseen or supernatural forces increase when clear medical explanations are absent. A study published in the Proceedings of the National Academy of Sciences (PNAS) found that illnesses with unclear causes were nearly 50% more likely to elicit religious or magical explanations, regardless of the severity of pain or illness (de Barra, Jiménez, Rosun, & Willard, 2025). Similarly, a study in Religion, Brain & Behavior indicates that ambiguity about the cause of symptoms, together with moral considerations, increases the tendency to attribute illness to supernatural or punitive forces (Willard, Rosun, & de Barra, 2024). These findings are consistent with anthropological research suggesting that the persistence of folk medicine is not linked solely to weak medical knowledge but to individuals’ need for interpretive systems that give illness cultural, moral, and social meaning.

On this basis, the knowledge gap can be identified in the limited number of studies that connect recent cognitive explanations of this phenomenon with the persistence of folk medicine and therapeutic magic within the Arab context, in a way that would allow for building an integrated interpretive understanding that moves beyond the traditional dichotomy between science and superstition.

The problem addressed in this article can accordingly be framed in the following question:

How can the persistence of folk magical therapeutic medicine within contemporary Arab societies be explained, despite the advances of modern medicine and the dominance of scientific explanations of illness?

From this main question, the following sub-questions arise:

- How have folk healing practices intersected with magical and symbolic rituals within the Arab medical heritage?
- What social and cognitive factors explain the persistent coexistence of the modern medical system and folk magical therapy within Arab society?

II. Theoretical Background Medical Pluralism

Medical pluralism theory is one of the central approaches in medical anthropology, proceeding from the premise that modern societies do not rest on a single therapeutic system but on the coexistence of multiple therapeutic systems that differ in their cognitive, symbolic, and social frames of reference. Arthur Kleinman developed this conception by distinguishing between the professional medical sector tied to modern medical institutions, the popular sector, which relies on inherited experience, social relationships, and cultural beliefs, and the folk sector, which includes traditional healers and therapeutic rituals of a symbolic and religious character (Kleinman, 1980, p. 50). Under this conception, individuals’ recourse to more than one therapeutic system is not marginal or irrational behavior but a social and cultural strategy for coping with illness in contexts where medical expertise intersects with symbolic and belief-based interpretations.

Within this framework, medical anthropology does not regard folk medicine as a mere remnant of tradition or a superstitious practice but as a cultural system for producing meaning and interpreting suffering. Byron Good holds that the experience of illness is not understood solely through its biological symptoms but through the symbolic and cultural networks that give illness its social and psychological significance (Good, 1994, p. 32). Lévi-Strauss likewise argues that magical efficacy is tied not only to the sincerity of belief but to the capacity of the symbolic system to restore psychological and social balance within the group (Lévi-Strauss, 1963, p. 186). From this perspective, folk healing becomes bound up with social and symbolic functions that extend beyond its

direct medical function, since it provides individuals with an interpretation of illness in cases where technical medical explanation fails to produce a convincing meaning for the experience of illness.

The concept of medical pluralism is also tied to debates about therapeutic authority and legitimacy within modern society. Michel Foucault showed that biomedicine does not represent merely neutral scientific knowledge but is bound up with systems of power and discourse that determine the nature of the body, illness, and modes of therapeutic intervention (Foucault, 1973, p. 34). Yet the dominance of biomedicine has not led to the complete exclusion of folk therapeutic systems; rather, it has produced multiple forms of coexistence and negotiation between official and folk medicine, particularly in societies where symbolic and religious interpretations of illness persist. Medical pluralism thus reflects not merely a diversity of therapeutic means but also a plurality of forms of legitimacy and knowledge tied to understandings of the body, illness, and healing.

In the Maghreb context, Basqualani notes that traditional Moroccan medicine rests on a complex intertwining of botanical knowledge with magical and religious beliefs, producing a dual therapeutic system that combines material and symbolic dimensions (Basqualani, 1957, p. 13). Claisse-Dauchy similarly shows that discourses tied to traditional Moroccan healing range between natural explanations of illness and magical explanations tied to jinn and hidden forces, whereby the medicinal plant is sometimes transformed from a therapeutic substance into a symbolic medium within a magical rite (Claisse-Dauchy, 1996, p. 22). These analyses reveal that folk medicine in the Maghreb context does not rest on a separation between the natural and the supernatural but on their intertwining within a single cultural system.

Other recent studies indicate that the persistence of medical pluralism is not always tied to rejection of biomedicine or hostility to science but is sometimes linked to the limits of the official health system and the inability of certain social groups to access effective and equitable healthcare. In this regard, one study shows that recourse to alternative therapeutic systems is more often tied to social and institutional factors than to anti-science ideology (Nilsson, 2025, “Abstract” section). This finding reveals that folk medicine does not represent a mere cultural remnant but constitutes part of strategies of social adaptation to the limits of modern medicine, particularly in societies where the therapeutic dimension continues to intersect with the symbolic and religious dimension of illness. The underlying problem, according to this study, lies in the failure of the health system to provide accurate diagnosis and effective, sustained treatment, which drives patients to seek alternatives.

Medical pluralism theory thus offers a suitable interpretive framework for understanding the persistence of folk medicine and therapeutic magic within contemporary Arab societies, since it allows for analyzing the complex relationship between biomedicine and folk therapeutic systems and for explaining how symbolic interpretations of illness persist within contexts of medical modernity, without reducing folk medicine to mere superstition or ignorance.

III. The Concept of Folk Medicine and Magical Medicine

Folk medicine is a set of medical practices that rely, in the process of treatment, on traditional means and methods such as herbs, animal products, minerals, cupping, acupuncture, and cauterization. It can be understood, within an anthropological framework, as a cultural therapeutic system running parallel to modern biomedicine (Malinowski, 1948, pp. 40–42), a view supported by contemporary studies that regard folk medicine as a cognitive system tied to the culture and social experience of illness (Benussi, 2019, pp. 3–5).

The concept of “magical medicine” is likewise one of the central concepts in medical anthropology and the sociology of health. It refers to that pattern of therapeutic practice grounded in folk beliefs, customs, and rituals, whereby certain substances or supernatural or symbolic forces are held capable of producing healing. The folklore and folk-medicine scholar Wayland D. Hand defines magical medicine as “the folkloric component of medicine” manifested in folk beliefs, customs, and rituals (Hand, 1980, p. 3).

It is further defined as that pattern of therapeutic practice that tends to rely on the inherent power of symbolic substances, such as wearing amulets or using incantations or special materials, sometimes combined with relational rituals, with the aim of producing therapeutic change. Whyte notes that these inherent powers also extend to manufactured substances such as penicillin, rat poison, and battery acid, which people in some cultures regard as possessing a particular “magical power” that can be used to heal or to harm (Zorzanelli & Whyte, 2023, p. 163). Researchers define this field as the study of magical and religious conceptions of health and illness, the causes of disease, religious and magical rituals of treatment and prevention, and the role of healing deities and saints in society (Pócs, 2019, p. 7).

Scholars affirm that the concept of magical medicine marks a point of convergence among several academic disciplines, as shown in the edited volume by Eva Pócs titled The Magical and Sacred Medical World. This work defines the field through points of contact between the anthropology of religion, ethnomedicine, and medical anthropology, focusing on themes such as:

- Magical and religious conceptions of health and illness
- The causes of illness, whether supernatural or natural
- Religious and magical rituals of treatment and prevention
- The role of healing deities and saints in society, religion, and daily life
- Forms of their representation in folklore, art, and literature

In short, magical medicine is that system of beliefs and therapeutic practices grounded in the premise that there exist supernatural, spiritual, or ritual forces that can be harnessed, in place of material means, to diagnose, treat, and prevent illness. This system rests on the principle of the "inherent power" of symbolic substances and representational rituals such as measurement and contact and is practiced by specialized figures who often combine the functions of sorcerer, priest, and physician. It is not confined to traditional societies but persists as an underlying stratum within scientifically advanced modern societies.

The duality of magic and folk medicine has been intertwined in the social imagination since ancient times. In classical analysis, magic is understood as a form of pre-scientific symbolic interpretation of the world (Malinowski, 1948, pp. 29–30), whereas contemporary studies reinterpret this duality as a difference in modes of knowledge rather than a gradation between primitive and modern, that is, as a plurality of cultural understanding rather than a hierarchy (Hutton, 2021, pp. 60–65; Benussi, 2019, pp. 4–6).

Symbolic analysis further suggests that magic rests on constructing meaningful relations between ideas and symbols that give meaning to human experience and help manage anxiety and uncertainty within social life, a view that brings together classical functionalist explanation and contemporary anthropological interpretation.

IV. The Philosophy of Folk Medicine among Ancient Societies

The understanding of the body, health, and illness in ancient societies was tied to folk, magical, and unseen beliefs alongside material causes. It was believed that the evil eye, envy, and jinn were among the causes of illness, and that incantations, amulets, and talismans were means of treatment, which led to a blending of fact and illusion within folk medical practice. In this context there emerged figures who practiced healing in various ways, such as the health barber, herbalists, apothecaries, the charlatan healer, the shaykhs of Sufi orders, and priests, to whom the ability to diagnose illness and determine appropriate treatment was attributed. Medicine passed through multiple stages, beginning with magic, sorcery, and doctrinal rituals, then becoming tied to religion and supplication until it reached its modern form, although traditional societies remain tied to these ancient conceptions (Frazer, 1922, pp. 11–14).

In the sociological view, magic is regarded as a practical art aimed at controlling the forces of nature and achieving purposes such as healing and bringing rain, which is why the sorcerer acquires considerable social standing, at times comparable to that of a chief in terms of influence and authority. Magic became bound up with folk medicine in the social imagination, and Frazer considered magic and folk medicine "the science of primitive man," viewing magic as a pseudo-science grounded in illusory laws of similarity and contagion (Frazer, 1922, pp. 52–58). The primitive conception of the world rests on a lack of separation between the sensible and the invisible world, where spirits, unseen forces, talismans, and incantations occupy a central place in interpreting events, illness, and death.

Illness and death are accordingly not regarded as natural occurrences but are explained as resulting from hidden forces, talismans, or magical acts. Evans-Pritchard showed, in his study of Azande society, that the interpretation of illness and witchcraft is tied to the social and cultural structure of the group and that witchcraft represents an integrated system for explaining incomprehensible events within society (Evans-Pritchard, 1937, pp. 18–32). In African culture, illness is tied to the violation of cosmic moral laws and is considered a form of divine punishment, and African folk medicine rests on belief in a close relationship between spirit and body (Mbiti, 1969, pp. 165–189). The practice of folk medicine in Africa brings together divination, magic, religion, and herbal treatment, with the folk healer regarded as capable of controlling spirits and hidden forces. Common forms of magic include sympathetic magic using effigies, magic that implants objects to cause illness, and propitiatory sacrifices to the spirits of the dead. Healing is further regarded as a religious act aimed at drawing closer to God,

and some African peoples believe that healers acquire their magical powers through dreams and visions and perform therapeutic dances during which they enter a trance-like state to draw the illness out of the patient (Mbiti, 1969, pp. 172–180).

Primitive medicine is considered the first source of folk medicine, as it was tied to religion, magic, herbs, and minerals and later branched into spiritual medicine, religious medicine, and empirical medicine. The influence of the patient's spiritual and psychological state on treatment has also been established, particularly in psychological illnesses, alongside the rejection of certain superstitious practices such as hysterical dances and talismans. In ancient Egyptian beliefs, parts of the body were associated with deities and zodiac signs, and beliefs in omens, envy, and the evil eye were widespread; traces of these conceptions persist to the present, particularly among some individuals suffering from psychological disorders. Herbal treatment represents one of the oldest forms of human experience, and a considerable number of patients still turn to folk healers and charlatans, particularly for chronic and serious illnesses, amid widespread folk beliefs tied to the taste of medicine, incense, and the substances used in treatment. The supernatural world has also remained a central point of reference in explaining illness and treatment, with divination and magic regarded in some societies as more effective than rational thought. The use of incense and animal, plant, and mineral ingredients has been tied to numerous therapeutic and magical practices since ancient civilizations.

In the end, the physician-sorcerer retained social prestige stemming from the belief in his capacity for both good and harm, while illness and misfortune in traditional societies were explained as resulting from malevolent witchcraft. Evans-Pritchard regards witchcraft as an organic social phenomenon tied to the structure of traditional society (Evans-Pritchard, 1937, pp. 63–88), whereas Nadel explains it as a psychological response to anxiety and social pressures (Nadel, 1954, pp. 121–134). In ancient Egypt, magic was further tied to medicine and priesthood through the "Houses of Life," where medical and magical sciences were taught and priests combined medicinal remedies with incantations and rituals. Magic was likewise tied to ancient chemistry and pharmacy through compound therapeutic recipes believed effective only when combined with incantations and amulets.

Recent studies support these conceptions. One study shows that traditional magic in Ugandan society is tied to protection from enemies and to resolving social and economic crises, and that society regards it as carrying both positive and negative effects at once (Atuhairwe, 2024, pp. 7–15). This suggests that the absence of explanations for functional physical symptoms intensifies patients' uncertainty and anxiety, owing to the absence of a clear medical explanation, which accounts for the continued recourse of some individuals to magical and religious explanations for illnesses that modern medicine fails to explain.

V. The Magical Arab Medical Heritage

Folk medicine forms part of the body of folk knowledge shaped over long periods and sustained through its ties to nature and to varying social conditions. It is a type of healing practiced by both professionals and non-professionals using plants, certain animal parts, and ointments. Folk medicine in the Arab-Islamic world and North Africa took multiple forms and drew on different sources, each differing in origin, representation, practice, and purpose. The first source lies in the Amazigh medical heritage, intertwined with belief in evil spirits and remnants of magical practices. The second source is the Greco-Roman heritage, based on the humoral theory of Hippocrates and Galen, which the Arabs adopted as a foundation for medicine, with important additions from scholars such as al-Razi, Ibn Sina, and Ibn Rushd. The third source consists of Prophetic medicine, derived from the sayings of the Prophet Muhammad. A fourth source appears in folk magical medicine, which draws on all the preceding sources with its own additions (Basqualani, 1957, p. 13).

During the Islamic conquests of Egypt, Mesopotamia, and Persia, the Islamic medical school was established in the East from the late ninth century to the mid-thirteenth century, producing eminent scholars such as Abu Bakr al-Razi, Ibn Sina, and Ibn al-Nafis. It was followed by the Islamic school in the Maghreb and al-Andalus, which produced figures such as Abu al-Qasim al-Zahrawi, Ibn Zuhr, and Ibn Rushd (Dunea, 2018).

Some historical studies nonetheless indicate the continued presence of certain magical practices within the Islamic medical heritage. From the earliest Arabic medical texts, such as al-Tabari's Firdaws al-Hikma, we find a direct use of the magic square (wafq) of 3×3 as a means of easing childbirth, a medico-magical idea that persisted for centuries within Islamic medical heritage. This magic square was regarded as "a powerful aid in easing childbirth," reflecting the persistence of certain spiritual and magical conceptions alongside empirical medicine in medieval medical culture (Hallum, 2021).

Traditional medicine began as an empirical, realistic response to known illnesses and observable diagnoses. When human beings failed to find a cure, however, they turned to illusion manufactured through religion, namely the linking of the sacred with the magical, that is, magical medicine. At one of its stages it took on the coloring of sorcery, charlatanism, and various doctrinal rituals until, through successive stages of human thought, it arrived at what is today the contemporary form of folk medicine (Mahmoud, 2005, p. 55).

In relation to the medical situation in the Maghreb and the Mashriq, the researcher Renée Claisse notes that the herbs used in “rituals of the hidden” were known in classical Arabic medical texts, particularly within the Andalusian Maghrebi domain, though their use shifted from the natural domain to the supernatural magical domain. She shows that traditional Maghrebi therapeutic discourse divides into three patterns: the first separates illness, healer, and medicinal plant within a natural explanation based on the plant possessing elements active against illness; the second involves a fusion of the elements of the therapeutic process such that the plant is transformed into a metaphysical entity tied to jinn and the hidden; and the third relies on interaction with the hidden, whereby the plant is used to influence the jinn and render it responsive to the practitioner of therapeutic magic (Claisse-Dauchy, 1996, p. 22).

Folk medicine was nonetheless not always tied to the hidden jinn, shrines, and saints. In its material dimension it also relied on experience, inherited knowledge, and the preservation of collective memory (Bamy, 2016). Ibn Khaldun noted that Bedouin medicine rests on experience inherited from the elders and old women of the community and may occasionally prove correct, even though it does not rest on precise scientific foundations. He held that medicine in its origins was grounded in natural principles unrelated to the hidden, but that when human beings failed to find a cure for certain illnesses, they turned to illusion tied to religion so that the sacred merged with the magical, and certain plant and animal substances were transformed into magical instruments, such as asafoetida, rue, and colocynth (Ibn Khaldun, 2005, p. 493).

Alongside traditional medicine, therapeutic practices tied to the hidden, to saintly miracles, and to seeking blessing from saints spread among common people and even among some educated individuals during the Islamic eras. Belief in foretelling the unseen through the decoding of symbols and geomancy was widespread, as was seeking blessing from saints and righteous figures in the hope of healing or the fulfillment of needs, and historical sources are filled with accounts of patients who visited the graves of saints and took their soil for treatment and cure.

What became known as spiritual medicine was tied to belief in the miracles of saints and their capacity to heal. Among the examples recorded in the sources is what was attributed to Abu Shu’ayb Ayyub al-Sariyya, who was said to treat ailments by spitting upon them, and Abu Ya’za, who was said to have treated a paralyzed man until he could walk again. There are also accounts of saints who treated patients by passing a hand over the site of pain, by breathing upon it, or merely by gazing at it. Belief in the blessing of saints extended even after their death, as people sought cures through the soil of their graves, as occurred with the grave of Abu Abdullah ibn Bilal al-Qayrawani at Aghmat Ourika, or with the soil of the shrines of Abu Ya’za and Abu Ghalib al-Nisaburi. Numerous accounts also describe individuals whom physicians were unable to treat and who therefore turned to saints and mystics, such as the story of the man whose sister the physician Ibn Aflatun failed to cure, who then turned to Abu Tamim Abd al-Wahid al-Aswad, or the story of the young man afflicted with leprosy whom physicians failed to treat and who was then healed by a man counted among the companions of the Prophet Muhammad (Bamy, 2016).

People’s recourse to such healers was due mainly to the lower cost of this type of treatment compared with official medicine, in addition to the limited efficacy of scientific medicine for certain intractable illnesses. Alongside spiritual medicine grounded in supplication and religiously sanctioned incantation, other practices emerged in which treatment was blended with sorcery and superstition. The Marinid era witnessed a flourishing of religious lodges (zawiyas) and orders and frequent discussion of miracles, so that certain Sufi figures came to be associated in the popular imagination with extraordinary healing powers. Among the examples is what was attributed to the Marinid prince Abd al-Haqq ibn Mahyu, whose cap and remnants of his ablution water people sought to touch in hopes of healing and easing childbirth.

Ibn Khaldun recorded numerous instances of practices tied to sorcery and superstition, noting that many people turned to soothsayers and diviners to learn the unseen or to treat illness, and that some of these figures made this a source of livelihood, sitting in markets and roadsides where people would come to learn their fortunes and circumstances. He also noted the presence of those who used incense and incantations to make people believe they

were witnessing unseen visions and events (Ibn Khaldun, 2005, pp. 55–57).

In Algeria, Abu al-Qasim Sa'dallah described the widespread use of amulets, talismans, and books of sorcery, particularly Shams al-Ma'arif al-Kubra, showing how medical practices became intertwined with religious and social beliefs. In his book The Cultural History of Algeria, Sa'dallah devotes a section titled "Magical and Superstitious Medicine," in which he shows how ignorance spread among the common people while the educated distanced themselves from learning and the use of reason, producing modes of treatment belonging neither to Islam nor to science.

The concepts of healing, illness, benefit, and harm came to be attached to a tree, a stone, the shrine of a saint, a talisman, or an amulet, and geomancy, the writing of amulets, horoscope reading, and Sufi unveiling, became widespread in society. He also described therapeutic practices combining treatment with magical writings, such as hanging Qur'anic verses or writing the names of jinn and burning certain papers and herbs. Sa'dallah also cites a 1907 study by Abu Bakr Abd al-Salam ibn Shu'ayb titled "The Healing Marabouts," focused on Tlemcen and its surroundings, which reveals a belief that each saint had a particular medical specialization; the dome of Muhammad ibn Ya'qub in the al-Wurayt area, for instance, was believed to specialize in treating eye diseases; the marabout Bouras near Tlemcen in treating headaches; the dome of al-Qaysi near the shrine of Abu Madyan in treating fever; al-Injasi in treating colic in children; and al-Daoudi ibn Nasser Aghadir in treating infertility. Sa'dallah had assumed that such specialized healing shrines were unique to the far Maghreb, but it appears that this specialization exists across most of the Arab-Islamic world (Saadallah, 2011, pp. 234–248).

Mubarak al-Mili offers a realistic portrait of Algerian society during the period of French colonization, in which beliefs concerning jinn, incantations, and spells intermingled with superstitious practices were widespread (Al-Mili, 1982, pp. 159–160). He also notes the presence of saints and shrines popularly believed to specialize in treating particular illnesses, such as eye diseases, fever, headache, or infertility, revealing the depth of folk medicine's connection to social and religious beliefs.

The magical Arab medical heritage thus provides a clear example of the overlap between folk medicine, spiritual healing, and magical practices, in which medical experience became intertwined with religious, social, and superstitious beliefs, and these phenomena have persisted within society despite the advances of modern scientific medicine.

VI. The Duality of Magical and Folk Medicine and Their Relation to Modern Medicine Today

Various explanations have been offered for the magical and superstitious practices associated with folk medicine. Some recent studies hold that magic represents a continuation of traditional modes of thought that may persist even within advanced societies, particularly during periods of crisis and psychological and social stress (Subbotsky, 2014, p. 3). This view holds that human beings may turn to unseen explanations when they feel powerless before illness or fear of the future.

By contrast, a more pragmatic interpretation holds that recourse to magical or superstitious treatment is tied not only to psychological beliefs but to the need to relieve suffering and to seek hope for recovery, particularly when modern medicine fails to offer a definitive cure for certain illnesses. For this reason, many individuals continue to turn to certain folk practices despite the spread and advancement of modern medicine (World Health Organization, 2023, p. 12).

Despite the scientific and technological progress achieved by modern medicine, folk medicine remains strongly present within Arab societies, including Algerian society, where attitudes toward it vary: some believe in it entirely, others accept some of its practices while rejecting others, and still others regard it merely as superstition. Nonetheless, folk medicine continues to form part of the therapeutic and social system, particularly given the World Health Organization's emphasis on the importance of studying traditional medicine and drawing on some of its positive aspects within modern health systems (World Health Organization, 2026, p. 5).

In contemporary reality, two therapeutic systems, modern medicine and folk medicine, coexist within society, with individuals turning to one or the other, or to both, depending on the nature of the illness and the explanations associated with it. If an illness is believed to be tied to spiritual or unseen causes, the patient turns to religiously sanctioned incantation, amulets, or other folk practices; if the illness requires direct medical intervention, recourse is instead made to official medicine. This therapeutic behavior is tied to social and cultural beliefs inherited from parents and forebears.

Folk medicine has historically been tied to religion and spiritual practice, and some ancient means of treatment were intermingled with sorcery and incantations. At present, certain folk practices continue to enjoy religious and social acceptance, such as religiously sanctioned incantation (ruqya), cupping, and the use of natural herbs, particularly when tied to society's cultural heritage. Modern medicine, by contrast, relies on scientific and technological methods of diagnosis and treatment, with emphasis on the physical dimension of illness.

Education plays an important role in shaping how individuals respond to illness and treatment, since scientific awareness strengthens confidence in modern medical methods and limits the spread of superstition. Nonetheless, some researchers acknowledge certain benefits of traditional medical methods, particularly those tied to medicinal herbs, whose components scientific advances have helped analyze, allowing active substances to be extracted and converted into modern medications.

Alongside this, what is known as alternative medicine has emerged, comprising a range of therapeutic practices spread worldwide, such as acupuncture, natural remedies, and certain spiritual practices. Some of these methods, however, may shed into charlatanism or health fraud when unproven treatments are promoted, particularly for intractable illnesses, potentially delaying proper medical treatment and exploiting patients' psychological and material needs.

Many studies affirm that improving the handling of spiritual healing and folk medicine requires cooperation between specialists in modern medicine and researchers in the religious, social, and cultural dimensions of treatment so as to draw on the positive aspects of these practices while limiting the magical and superstitious elements associated with them.

VII. The Social Function of Folk Magical Medicine and the Reasons for Resorting to It

Folk magical medicine occupies an important place within society as a result of the overlap between folk healing and magical beliefs. This type of treatment has drawn its presence not from its medical dimension alone but also from its association with the superstitious and charlatan practices that have accompanied human beings since ancient times. This overlap has given it multiple social functions, particularly in societies that continue to believe in unseen explanations for illness and health phenomena (Subbotsky, 2014).

Among the most prominent social functions of folk magical medicine are the following:

- Explaining mysterious phenomena, particularly sudden or psychological illnesses whose causes are difficult for individuals to understand, leading them to turn to explanations tied

to sorcery, the evil eye, and jinn in order to achieve a measure of psychological reassurance.

- Helping meet needs that individuals cannot satisfy through modern medicine; some believe that the incantations and talismans accompanying treatment help them achieve their desires, such as conceiving a child or overcoming certain health and psychological problems.
- Serving a protective function through the use of incense, amulets, and certain practices believed to ward off harm and protect against illness and health setbacks (World Health Organization, 2023).
- Being tied to prevailing social conceptions of illness and its causes; if individuals believe that illness results from unseen forces, they turn to sorcerers, marabouts, and folk healers, whereas they turn to modern medicine if they believe the illness has organic or psychological causes. Some patients accordingly move between modern and folk medicine or combine both at once, reflecting the continuing rivalry between academic and folk medicine within social reality (WHO, 2023).
- Many people also turn to folk medicine because they believe natural treatments are less harmful than chemical medications, in addition to being influenced by the practices and rituals accompanying folk treatment, which reinforce its credibility in their minds.
- Among the factors driving the spread of this type of treatment is also the failure of modern medicine to treat certain psychological and chronic illnesses, together with its lower cost compared with modern medical treatment (WHO, 2025, p. 34).

Other factors also contribute to the spread of magical and superstitious practices tied to folk medicine, including limited education and economic resources, geographic isolation, and insufficient health services, particularly in rural communities and remote villages. A recent study found that mothers in remote areas regard the evil eye, sorcery, and spirits as potential threats to their children's health, and that treatment of illness is often carried out through folk and religious magical remedies rather than through modern health institutions (Ahmed et al., 2023). Numerous anthropological studies confirm that poverty, illiteracy, ignorance, and poor health conditions lead

people to turn to traditional healers rather than modern medicine, and that belief in sorcery as a cause of illness remains prevalent today despite the existence of health institutions. When a patient suspects that an illness results from malice or sorcery; that patient tends to distrust Western medicine and turn instead to the sorcerer or spiritual healer as the sole hope for recovery.

Despite the widespread belief in the efficacy of these practices, they may pose considerable risk to individuals' lives, particularly when they lead to delaying proper medical treatment, allowing the illness to worsen and its risks to compound.Socialization also plays a fundamental role in entrenching these beliefs, since an individual raised within a family that believes in sorcery and charlatanism may continue to resort to it even after attaining a high level of education, particularly when facing harsh circumstances or illnesses that modern medicine fails to treat (Subbotsky, 2014).

By contrast, families that raise their children on scientific thinking and confidence in rational methods of treatment help limit the spread of these phenomena. The expansion of education, the improvement of health services, and the simplification of sound religious instruction, particularly in rural areas, would likewise help reduce the continued association between folk medicine and charlatanism and limit the spread of magical practices tied to treatment (WHO, p. 78).

Conclusion and Recommendations

From the analysis presented in this article, the following conclusions can be drawn:

First: The Nature of the Phenomenon

The problem of the overlap between folk medicine, magic, and science is not marginal but central, since it reveals the nature of the social mind and its engagement with illness and healing. This overlap is not merely a remnant of the past but an existing cognitive structure that interacts with modern science in complex ways. Nor is it a form of "contamination" of empirical medicine; rather, it represents coexistence and integration among multiple systems of knowledge within a single culture and within the mind of a single individual. This understanding moves beyond the traditional dichotomy between "science" and "superstition" and affirms "cognitive pluralism" as a fundamental feature of human thought.

Second: Factors Explaining the Persistence of Folk Magical Medicine

Several factors contribute to the persistence of this overlap: epistemic uncertainty about the causes of illness, a history of unethical conduct within health institutions, cultural beliefs about supernatural causation, and failures of access to good healthcare. These factors also include psychological dimensions, such as the need for hope and control; social dimensions, such as the need for belonging and support; economic dimensions, such as the cost of treatment; and institutional dimensions, such as gaps in the health system. This diversity confirms that the phenomenon is multidimensional.

Third: The Scope of the Study and Directions for Future Research

This study is purely theoretical. Future research is recommended to conduct field studies testing the hypotheses proposed here, such as measuring the impact of health awareness programs in reducing recourse to magical therapeutic systems, analyzing the relationship between social and economic variables and the degree of reliance on folk magical medicine, examining the actual efficacy of folk magical medicine, and studying successful models of integration between folk and modern medicine in other countries and the possibility of applying them within the Arab context.

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Author affiliation: Professor, Department of Sociology, University of Laghouat.