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## **Spiritual Health – The Magic Pill?**

by Darrell S.C.S. Misak, ND, RPh

Now if you heard that research had demonstrated a factor which could lower blood pressure, increase your immune system, speed recovery from surgery, provide a greater sense of well-being, help with depression, and help protect our kids from drug abuse, alcohol abuse, or suicide, would you be interested in discovering what it might be?

If you also discovered that this factor was often ignored in medical training and excluded in clinical practice, would you want to know why? This neglected medical factor is religious commitment. So you may now be asking several questions: What difference does a person's religious commitment make in his or her physical and mental health? Does religious commitment have any relevance at all? Is an active commitment primarily beneficial, harmful, or of no clinical effect whatsoever? How can we really know what clinical value religious commitment might have?

With modern medical training, most physicians are led to believe that any consideration of religious commitment is beyond the interest and scope of medical care. Religious faith is often seen as "unscientific" and a relic from earlier more unenlightened ages. Furthermore, medical students and residents often get the message that to personally pursue an active religious faith is less than desirable and most medical students or residents are encouraged to be men and women devoted to "Science." Therefore, many members of the healthcare professions tend to go underground with their faith, both in training and later in clinical practice and academic endeavor. The big question to ask is "should the consideration of religious faith be a medical taboo?"

An emerging appreciation and scientific field has been evolving to help answer the question of whether, from a medical perspective, religious faith can make a difference in people's health. Rather than accepting the purported effect that religious commitment is irrelevant, clinically neutral or even purportedly harmful, a small but growing group of clinical researchers is bringing to the attention of many in the healthcare community that a relationship with God can have a very positive impact on a person's health and longevity. There is an organization known as the International Center for the Integration of Health and Spirituality, and can be found at [www.nihr.org](http://www.nihr.org). Their Web site contains numerous research articles clinically showing a positive response to religious commitment, and I encourage you to check them out.

A nationally awarded method called a Systematic Review has been developed, that can be applied to any factor one wants to examine in the research literature for scientific review. The method is especially helpful in areas of controversy, such as the effects of religious commitment, since the method minimizes reviewer subjectivity, particularly concerning reviewer selection and interpretation of the findings.

The Systematic Review takes medical science on its own grounds and redefines the argument. This removes the sole opinion of one (or one study's findings) arguing negatively

against another opinion. Instead the Systematic Review entails an objective method to reach objective conclusions about many studies from a particular clinical field.

The role of religious commitment in health has now been the subject of several Systematic Reviews. For example, Craigie, Larson & Liu (1988) looked at all quantitative studies in the Journal of Family Practice published over a ten-year period—1976 to 1986—to see how often religious variables were included. They found a total of 1,086 studies were reviewed, and more than half—603 studies— were quantitative studies measuring at least one quantified variable. However, only 3.5% of those quantified studies, or 21 studies, measured at least one religious variable. This low frequency showed that the issue of how religious commitment affects health has been tremendously ignored.

What were the findings of those 21 studies? Although a small sample, the religious commitment measures of ceremony, such as frequency of church attendance, social support, prayer and relationship with God, were found to be beneficial to health status 83% of the time in 5 of 6 cases studied, neutral 17%, and harmful none, as reported by Craigie et al, 1991.

They also showed that findings in Systematic Reviews of psychiatry journals were similar. Rarely had the relationship of religious commitment and mental health been researched. When it was studied, the results were consistently positive. This is in stark contrast to a major tenet taught in many mental health training programs that religion is at best neutral or even likely harmful to one's mental health.

To define what psychiatry does base its stance on religious commitment, Larson et al. in 1986 performed a Systematic Review of four major psychiatric journals to see how many contained a religious variable. All articles from 1987 to 1992 published in the American journal of Psychiatry, the British journal of Psychiatry, Canadian journal of Psychiatry, and the Archives of General Psychiatry were reviewed. During that period 3,777 articles were published and 2,348 included quantified data. Among the quantitative studies, 59 or 2.5% included one or more religious measures. In only three of the studies was a religious measure a central variable of the study. That's only 3 out 2,348!

Although vastly understudied, what were the effects of religious commitment in the research that did examine it? Larson found that the findings in two psychiatry journals during 12 years showed religious commitment measures of ceremony, social support, prayer and relationship with God to be beneficial 92% of the time, neutral 4%, and negative 4%.

The Systematic Reviews published in psychiatry's own leading scientific journal, the American journal of Psychiatry, revealed psychiatry lacks research grounds for assuming religious commitment is harmful to one's mental health. It exposes an unfounded bias against religious commitment among those who view it to be "harmful!" A bias where a review showed either an 83 or 92% beneficial response. Now you tell me if this is overlooked.

Further review by Drs. Levin and Vanderpool in 1987 looked at the single religious commitment measure of frequency of attendance at religious services. Levin found that persons who attend weekly or more had significantly better health across a vast array of studied illnesses. Their research showed that attending religious services regularly benefited health status 81% of the time, showed no effect 15%, and had only a 4% frequency of

clinical harm. This research confirms Proverbs 10:27, "The fear (respect) for the Lord, adds length to life."

So how can some of these findings be applied in a clinical setting? I personally encourage any patient seeking true health to develop and seek spiritual growth. Historically since the time of Hippocrates, health was recognized to be defined by Mind, Body, and Spirit. Spirit is the highest level of being, and a healthy spirit is followed by a healthy mind and body. Also, for the non-believer who needs to see the science, I again encourage you or a patient for that matter to explore the previously mentioned Web site for the National Institute for Healthcare Research at [www.nihr.org](http://www.nihr.org).

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For more information about the **Five Phase Optimal Health Program**® or his services, go to [www.PittsburghAlternativeHealth.com](http://www.PittsburghAlternativeHealth.com) or contact Pittsburgh Alternative Health, Inc. at **412-563-1600**.