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CASE REPORTS

MEDICAL EMERGENCY TEAM AS AN ACCIDENTAL WITNESS TO THE RITUAL OF EXORCISM PERFORMED ON A PREGNANT MUSLIM WOMANSimić V, et al.
Exorcism. Halo 194.
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novizivot94@gmail.com**ABSTRACT****Introduction/Aim** No known religion in the world has remained immune to the issue of magic, obsession, and exorcism. We present the first recorded case in our country, a religious exorcism ritual performed on a Muslim woman in her third month of pregnancy. The Emergency Medical Team (EMT) was dispatched to deal with sudden-onset abdominal pain which had occurred during the ritual of exorcism, to which the EMT was an unexpected witness.**Case report** The EMT responded to a call requesting medical assistance for an 18-year-old pregnant woman of Roma nationality and Muslim religion, who had experienced a short-term loss of consciousness accompanied by body tremors. Upon arriving at the scene, the EMT walked in on a religious ritual of exorcism, which was performed by a Muslim priest. After the ritual was completed, the patient was examined by the EMT doctor. The patient gave anamnestic data about sudden onset upper abdominal pain with an urge to vomit, which occurred about 15 minutes before the EMT was called. She associated her current condition with black magic and an evil force (a demon) that had entered her during a short walk. She stated that she had experienced this type of pain before but did not at that time ask for medical help, because the exorcism ritual had worked and resolved the situation. She denied having previous illnesses and medical treatments and stated that everything was fine during regular examinations by her gynaecologist. Upon examination, she was found to be afebrile, eupneic, euglycemic, and normotensive, with a normal heart rate, and naturally darker skin. Upon auscultation, her heart and lung sounds were found to be normal. When palpated, her abdomen was found to be soft and slightly painful in the stomach region. Her peristalsis was audible. The position of her uterus was normal inside the pelvis, the size of a larger orange or grapefruit. Other findings were normal. The patient was transported to a gynaecology and obstetrics hospital with the diagnosis of abdominal pain of unknown cause. She was also referred to be examined by a psychiatrist.**Conclusion** In anticipation of new scientific views on this increasingly common topic, doctors find themselves in a position where they must find a balance between the patients' religious beliefs and realistic clinical diagnoses while caring for such patients, respecting moral, ethical, and legal norms.**Keywords:** exorcism, emergency medical assistance, pregnant woman, Islamic religion**INTRODUCTION**

Exorcism (Greek: exorkizo) means to extract an oath [1] and implies a religious or spiritual rite of casting out demons from a person. No known religion in the world has remained immune to magic, possession, and exorcism. From generation to generation, believers pass stories of real or imaginary paranormal events and exorcisms through testimonies, holy books, various propaganda materials, organized sermons, religious meetings, rituals, media, movies, books, and the internet (Facebook, Twitter, YouTube). Exorcism is closely connected to media sensationalism, which enables modern exorcists (gurus, maharajas, rabbis, shamans, priests of Christian and Islamic cults etc.) to gain in importance and popularity among believers [1].

Depending on the religion, different patterns of exorcism can be identified. The most dominant religion in this aspect is Islam, which largely concentrates on folklore and supernatural aspects of the spiritual world and demonic possession. According to the Qur'an, jinn can physically move in and occupy the human body in the form of possession [3].

Today, religious cultures use the notion of possession by evil spirits that influence human behaviour or mental processes to justify various symptoms of real medical conditions or diseases [4]. The scientific study of exorcism is limited and inadequate due to an uneven demographic set of participants, objectives, analyses, discussions, and conclusions drawn [5]. Although the prevailing idea is that possession and mental illness are related, the problem arises when a healthcare professional needs to

balance between taking care of real medical conditions and handling mystical religious beliefs - possession by the devil and exorcism, in a legally, ethically, and morally correct manner.

We are presenting the first recorded case in our country, a religious exorcism ritual performed on a Muslim woman in her third month of pregnancy, who had developed acute abdominal pain, to which the Emergency Medical Team (EMT) was an accidental witness.

The procedures performed were in accordance with the WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects. Informed consent for publication was obtained from the patient.

CASE REPORT

The Emergency Medical Service received the call from the husband of an 18-year-old pregnant Roma woman of Muslim faith. He stated that she had had a short-term loss of consciousness followed by body tremors. The EMT was dispatched to the scene to deal with what was suspected to be an epileptic seizure. Loud music and people's voices were coming from the dilapidated house at the location, so all three members of the EMT (doctor, medical technician, and ambulance driver) entered for safety reasons. A woman approached them at the door and explained that the patient was a young woman in her third month of pregnancy (primipara), who had had a short-term loss of consciousness about ten minutes before, accompanied by convulsions, struggling, and screaming.

Upon entering the room, they find the pregnant woman lying on the bed, with her upset mother and a dozen other family members all around her. The religious ritual of exorcism was being performed by a Muslim priest. His prayer was playing over the loudspeaker. The husband communicated to the EMT to wait for the end of the ritual, because the devil had entered the woman and this condition could not be solved by official medicine, but exclusively by the ritual of exorcism. During the ritual, the pregnant woman's fully conscious state and a state that resembled a trance alternated: uncontrollable movements and convulsions of the body, eyeballs turned upwards. She let out screams and inhuman sounds (growling, panting, barking, howling), and uttered words in a language unknown to us (perhaps Arabic), in a deep, frightening voice. She moaned all the time, complaining of stomach pain and the urge to vomit. The alternation of screaming, crying, and laughing resembled an attack of hysteria.

During the "ritual", the religious priest sprinkled holy water on the pregnant woman and those present, said prayers for liberation from possession, put coins on her face and body, and brought in Muslim rosary beads. The louder he read the prayers and offered rosaries, the more the patient struggled and growled, noting that she never

completely lost consciousness. As the ritual drew to a close, the patient calmed down until complete and adequate verbal communication was established.

After the exorcism was completed, the patient was examined by an EMT doctor. She complained of abdominal pain, in the stomach area, with the urge to vomit, all of which commenced abruptly 15 minutes before they called the EMS. The patient associated her current condition with black magic and the entry of an evil force (a demon) during a short walk. She stated that she had experienced this type of pain before but did not ask for medical help at the time, because the exorcism ritual had resolved the situation. She denied having previous illnesses or medical treatments and stated that everything was fine during regular examinations by her gynaecologist.

Upon examination, she was found to be afebrile, eupnoeic, euglycemic, and normotensive, with a normal heart rate, and naturally darker skin. Upon auscultation, her heart and lung sounds were found to be normal. When palpated, her abdomen was found to be soft and slightly painful in the stomach region. Her peristalsis was audible. The position of her uterus was normal inside the pelvis, the size of a larger orange or grapefruit. Other findings were normal.

The patient was transported to a gynaecology and obstetrics hospital with the diagnosis of abdominal pain of unknown cause. She was also referred to be examined by a psychiatrist.

DISCUSSION

Unlike other countries [6], our country had, until now, no published records on the experience of health professionals with possessions or spiritual rituals of exorcism. In the Islamic religion, Jinn [8] is the cause of most diseases that can manifest with various symptoms of possession (as in our case) from "whining and howling", and "attacks and screaming", to unintelligible speech, vomiting, nausea, insomnia, headaches and back pain, and poor memory. Contrary to religious views, Kopejko et al. interpret delusions of possession and exorcism in the context of delusions and hallucinations as part of mental illness, most often schizophrenia [10].

Despite the tradition of healing with prayers, Islam respects medicine as a science. The ritual of exorcism can be applied only when the demonic possession is accurately distinguished and doctors differentially exclude the diagnosis of mental illness (e.g. paranoid schizophrenia, dissociative personality disorder, epileptic seizures, etc.) [11]. This avoids the risk of patients with epilepsy or schizophrenia being misdiagnosed and missing out on medical treatment as their symptoms are being attributed to supernatural phenomena.

According to a study by Al-Krenawi and Graham [12], the ritual of exorcism can be divided into three stages (Table 1).

Table 1. The process of Quranic healing in order to exorcise spirits

Stage	Procedures
<i>Stage One.</i>	The first, pre-treatment, creates the proper treatment atmosphere by eliminating any distractions as well as any items that are not in strict adherence with Koranic healing. Preparing the space (removing any distractions, such as music instruments, golden jewelry, sharp objects all pictures in the room, etc.) and the necessary equipment (Koran, holy water, honey, rosaries).
<i>Stage Two.</i>	The healer determines if the client is possessed or not and tries to enter a dialogue with the spirit. He identification of the present demon (jinn, devils or sorcerers) and its categorization (good, evil, neutral), reasons for obsession and the occurrence of certain medical diseases. After that, the healer cleans himself, the room, and asks the people in the room to do the same.
<i>Stage Three</i>	The treated person lies down while a white-gloved therapist places a hand on their head while reciting verses from the Quran, previously selected depending on the type of spirit. Other treatments include using honey and water, as a purification ritual to clean the soul and body from sins.

Although some religious communities are increasingly interested in exorcism, there is great criticism and concern that various religious practitioners are engaged in it. Goodman F. [13] describes the lethal outcome after an exorcism through the case of Anneliese Michel. Anneliese was hospitalized with a diagnosis of epilepsy since the age of 16 and was treated with antiepileptics for life. At the same time, exorcism was repeatedly performed for several months, with approximately 70 rituals. Regardless of the applied medical and religious methods of treatment, she died at the age of 23. The church changed its view on Anneliese's obsession so that the official conclusion was that she had been mentally ill, i.e., that epilepsy had progressed to schizophrenic psychosis. In our patient as well, one of the differential diagnoses was epilepsy.

Pietkiewicz IJ, et al. [14] present the case of a woman with post-traumatic stress disorder presented with memories of sexual and physical domestic abuse in childhood. After unsuccessful attempts to cope with depression and suicidal thoughts, partial amnesia for the traumatic event, low self-esteem and sexual problems, a local religious priest subjected her to an exorcism, after which she was completely rehabilitated.

In some Muslim countries, there has been a need for formal training of nurses in providing spiritual care to patients, especially those with cancer [15]. Fernández-Pascual MD, et al. [16] state the need to adopt an adequate curriculum and on-the-job training in the Muslim health care system to increase the competence of nurses in providing spiritual care to patients.

As mentioned earlier, Jinn can also be the cause of sudden abdominal pain. Such a case has not been presented in the available literature so far. Therefore, our patient is a rarity not only in terms of pregnancy as a physiological condition, but also in terms of abdominal pain before and during exorcism, which although presented as abrupt, did not have the medical characteristics of an acute abdomen. The medical explanation is the specifics associated with pregnancy: enlargement of the uterus dislocating other intra-abdominal organs, and the high prevalence of nausea, vomiting and abdominal pain characteristic of a normal pregnancy [17]. In addition, the patient already had an

episode of the same pain when she did not seek medical help, and it passed as it does now after the exorcism ritual.

To confirm the pre-hospital diagnosis and complete additional clinical evaluation (gynecological and psychiatric), the patient was transported to the gynecological institution on duty.

During the examination and care of the patient, the HMP doctor acted in accordance with the ethical and moral norms, as well as current legal regulations in the Republic of Serbia. According to the Law on Churches and Religious Communities [18], and in accordance with the Constitution, everyone is guaranteed the right to freedom of religion. According to the Law on Patients' Rights [19], Article 3, "the patient is guaranteed equal rights to quality and continuous health care in accordance with his health condition, generally accepted professional standards and ethical principles, in the best interest of the patient and respecting their personal views." According to the Code of Medical Ethics of the Medical Chamber of Serbia [20], a doctor must adhere to the following principles in performing professional duties: principles of conscientiousness (Article 4), principles of equality (Article 5), principles of respect for patients' autonomy and rights (Article 6), and principles of care on the reputation and dignity of the profession (Article 7).

CONCLUSION

This case opened a Pandora's box on the subject of magic, obsession, and exorcism in light of the existing differences between medical diagnoses and interpretations of religious dogmas. In anticipation of new scientific views on this increasingly common topic and filling in existing gaps, physicians are left to balance between religious beliefs and realistic clinical diagnoses in caring for such patients while respecting moral, ethical and legal norms.

Conflicts of interest. The authors declare no conflict of interests.

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PRIKAZ BOLESNIKA

EKIPA HITNE POMOĆI KAO SLUČAJNI SVEDOK RITUALA EGZORCIZMA KOD TRUDNICE ISLAMSKE VEROISPOVESTI

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Uvod/cilj Ni jedna poznata religija u svetu nije ostala imuna po pitanju magija, opsednutosti i egzorcizma. Prikazujemo kao prvi opisani slučaj u našoj zemlji, religijski ritual egzorcizma trudnice, islamske veroispovesti, u trećem mesecu trudnoće, sa naglonastalim abdominalnim bolom, u kome je ekipa hitne medicinske pomoći (HMP) bila slučajni očevidac.

Prikaz bolesnika Ekipa HMP upućena je na poziv kod 18. godišnje trudnice romske nacionalnosti, muslimanske veroispovesti, zbog kratkotrajnog gubitka svesti praćenog trzajevima tela. Po dolasku na lokaciju događaja, ekipa kao slučajni svedok prisustvuje verskom ritualu egzorcizma, koji je izvodio muslimanski sveštenik. Nakon završenog rituala, pacijentkinju je pregledao lekar HMP. Anamnestički se dobija podatak o bolu u abdomen, u predelu želuca, sa nagonom na povraćanje, koji je nastao naglo 15 min pre pozivanja HMP. Trenutno stanje povezuje sa crnom magijom i ulaskom zle sile (demoni) koji se desio tokom kratkotrajne šetnje. Navodi da je već imala ovu vrstu bola, ali tada nije pozvala HMP, jer joj je ritual egzorcizma pomogao. Negira prethodne bolesti i lečenja, i navodi da je na redovnim ginekološkim pregledima bilo sve u redu. Pri pregledu afebrilna, eupnoična, euglikemična, normotenzivna, normofrekventna, prirodno tamnije prebojene kože. Auskultatorni nalaz nad srcem i plućima bez patološkog nalaza. Abdomen palpatorno mek, lako bolno osetljiv u predelu želuca, čujne peristaltike. Položaj uterusa normalan, u nivou male karlice, veličine veće pomorandže ili grejpa. Ostali nalaz po sistemima bez osobenosti. Pacijentkinja transportovana do dežurne ginekološko-akušerske bolnice sa dijagnozom bola u abdomenu nejasnog uzroka. Dat uput i za pregled psihijatra.

Zaključak U iščekivanju novih naučnih stavova na ovu, sve zastupljeniju temu, lekarima preostaje da pri zbrinjavanju ovakvih bolesnika, balansiraju između religijskih verovanja pacijenta i realnih kliničkih dijagnoza, poštujući moralne, etičke i zakonske norme.

Ključne reči: egzorcizma, hitna medicinska pomoć, trudnica, islamska veroispovest