



Ruqyah Complementary Therapy in Cluster Headache Patient in Indonesia

Indri Seta Septadina^{1*}, Nita Parisa²

¹ Department of Anatomy, Faculty of Medicine, Universitas Sriwijaya, Palembang, Indonesia

² Department of Pharmacology, Faculty of Medicine, Universitas Sriwijaya, Palembang, Indonesia

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Corresponding author:

Indri Seta Septadina

E-mail address:

indriasetaseptadina@gmail.com

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ABSTRACT

This study aimed to presents a Malay Muslim man with a severe cluster headache. The patient responded only to morphine treatment, but his condition continued to worsen. He uses the complementary therapy of ruqyah, which is based on a verse from the Qur'an, after seeking advice from a local ulama (Islamic cleric). His condition improved significantly, and he underwent preventive ruqyah therapy on television. Since switching to ruqyah, he is no longer on morphine treatment, and the level and duration of her pain is significantly reduced. Ruqyah therapy is famous for treating jinn possession but has also been found to have a therapeutic effect on organic health problems. The case illustrates that supplementing modern medicine with ruqyah can bring many benefits, especially in the Muslim community.

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1. Introduction

Traditional medicine still has relevance, and some countries, Indonesia, have introduced it as a complementary therapy. Ruqyah is a popular method of Islamic medicine among Muslims who seek alternative or complementary medicine for their illness or disorder.¹

2. Case Presentation

Mr A, a 22-year-old Malay Muslim man, suffered from severe pain in his left eye in May 2021, fainted, and was taken to the emergency unit, where he was given Entonox gas with a pain rating of 10/10, which lasted about two hours. Three days later, he had

another episode of 10/10 pain that lasted for about an hour. His heart rate elevated from 80 to 150 bpm on the first episode. The results of the CT scan, X-ray and blood tests were normal. He was later diagnosed with cluster headaches. The frequency of episodes increased from twice a week to four times a week in June 2021. The episodes also increased from two hours to three hours, and he only responded to morphine injections. His condition worsened with migraines. He ended up being hospitalized for two weeks in July 2021, but his condition got worse after being discharged.



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Cultural views on disease

Belief in spirits or demons is commonly found in many cultures. This belief is prevalent in many countries, even in highly developed Western countries or low developed countries. Instead of decreasing, the trend of believing in spirits and demons is increasing. As described in ICD-11, trance disorder is associated with a marked change in the individual's state of consciousness and the individual's sense of personal identity being replaced by an external 'possession' identity. The individual's behaviour or movements are experienced as controlled by the possessing agent.² In Islam, a jinn is accepted as an externally possessed identity, and the term "jinn possession" rather than "spirit possession" or "demon possession" is used in the Muslim community to refer to the disorder. In Britain, a Muslim minority country, belief in jinn possession is not uncommon among Muslims, who make up about 3% of the population.³

In Islam, Allah is the only Creator, and the rest is His creation. Creation is divided into real beings (the seen) and supernatural beings (the unseen). The Seen and Unseen occupy different realms. The unseen world includes angels and jinn, while humans live in the unseen world. The belief in jinn existence is fundamental in the Islamic faith. The evidence of jinn existence is available from Holy Qur'an and the Prophet's Hadith.⁴ Even, there is a chapter in the Qur'an called Al-Jin. This belief also applies in Muslim-majority countries. For example, Muslims may consider the jinn to be the cause of depression.⁵

Despite the therapeutic impact of the various psychotherapeutic approaches available, some Muslims have been known to use traditional and spiritual healers to treat mental illness, psychosocial, and psychosexual problems. After being discharged from the hospital, the patient's family began to look for alternative treatment methods based on Islamic practices. Their first contact was a Muslim cleric. Previous studies have shown that priests have an

influential role in health care, including assisting in making health care decisions. The Imam recommends that patients seek ruqyah therapy, an Islamic Complementary Medicine therapy that has become popular among Muslims for diagnosis and intervention for jinn possession.^{7,8}

Ruqyah is a form of medicine derived from Islamic epistemology and ontology. Islamic epistemology derives its knowledge from two sources. The first source is knowledge of logical, intellectual and scientific evidence similar to Western knowledge. Ruqyah is done through reading that must be by Islamic law (Islamic legal system). Mantras are usually the recitation of certain verses from the Qur'an, which are accepted in the Islamic faith as having miraculous abilities to treat ailments and disorders. Mantras can also include prayers or greetings from the Prophet. Ruqyah has been shown to have a therapeutic effect in treating depression. Ruqyah has been known to bring benefits to non-Muslims. Ruqyah can result in irrational adverse reactions shown by the patient such as aggressive behaviour, shouting, involuntary movements or pulsations of body parts, unconsciousness, screaming, feeling hot, personality changes, vomiting. The reaction is related to the jinn in the person who reacts to the reading. A previous quantitative study analyzed 34 symptoms defined by two international experts on jinn possession and identified 23 significant symptoms of jinn possession and 11 less significant. Subjects had two significant symptoms: seeing things and extreme fatigue, and one less significant symptom, namely frequent headaches.^{9,11} It was impossible to make a conclusive diagnosis that the subject had demon possession based on several symptoms.

Ruqyah's treatment and therapy effects

The patient initially underwent several ruqyah sessions and felt better after the sessions but still had some headaches. He describes pain relief with ruqyah



as similar to pain relief after taking morphine. He was followed by an intensive day consisting of three ruqyah sessions two days later. His condition continued to improve after one day of intensive care, but he continued to have episodes of headaches that were manageable. A week later, he had a severe episode and was taken to hospital but refused morphine. Instead, he chose to attend an intensive three-day ruqyah session three days later, where he underwent nine ruqyah sessions over the period. He still had minor episodes lasting less than 20 minutes with manageable pain levels for the next week. A single daily session of ruqyah was performed for the next two weeks, followed by one session per week as preventive therapy for the next three months. His condition is improving, but he still has headaches, which she attributes to migraines rather than cluster headaches. Towards the end of the period, he experienced an episode of cluster headache.

The frequency of ruqyah increased to one session daily for the next two weeks, followed by weekly preventive ruqyah for the next two months. He had no ruqyah sessions for the next five weeks, and a major episode of cluster headaches followed this. He was stable after nine ruqyah sessions over three days, followed by weekly sessions. He continued to have manageable mild episodes that occurred after midnight of decreasing severity and duration. The patient had not received morphine treatment since ruqyah, i.e. last ten months. Since his condition has improved, it is unlikely that he will need morphine as a form of treatment. The subjects engaged well with the therapy and improved their spirituality by studying and reading the Qur'an every day.

Therapy and spirituality alliance

The therapeutic alliance also plays an essential role in the recovery process. Ulama's recommendations help remove barriers to seeking complementary medicine, and ruqyah therapists are also considered trustworthy members of society.

Thus, it is easier for the subject to engage in therapy without hesitation. On the advice of the ulama, the patient embarked on a spiritual journey and began to learn to understand Holy Qur'an. Despite research supporting the importance of spirituality in health, implementation in mainstream health care systems is non-existent. Patients will usually get advice from outside the main health care system through their community.

3. Discussion

Spiritual healer roles have become more prevalent in the last decade. A study among 482 patients in Iraq who underwent a psychiatric consultation found that 57% of them went to a traditional healer before, during or after a psychiatric consultation, with 36.9% believing that the effect of the treatment was acceptable. In the case of the subject, the decision to seek the priest's opinion was not to avoid modern medicine but was driven by frustration that modern medicine is not effective in the treatment of cluster headaches.

Seeking complementary medicine seems a logical choice. Previous research has found that supplementing modern medicine with ruqyah has improved therapeutic outcomes.¹² A study of supplementing ruqyah with modern medicine with ruqyah in individuals with major depressive disorder concluded that combined treatment had sustained therapeutic benefits not seen when only one treatment method is administered. The subject of this case study does not suffer from mental disorders, but ruqyah is proven to have a therapeutic effect in reducing the impact of cluster headaches, especially in eliminating dependence on morphine.

Ruqyah has also been known to have a therapeutic effect in several cases of physical illness, such as in a case study in Indonesia in patients with acute skin diseases and ulcer sufferers. After undergoing modern medical treatment, both people had unsuccessful results but experienced a very



significant improvement after ruqyah. A study in Malaysia on five cases of patients with psychological disorders and physical illnesses found that ruqyah brought positive results.^{11,12}

4. Conclusion

Ruqyah as one of complementary therapies will continue to be exciting and relevant because modern medicine still does not have a solution for every disease. Calls for cooperation between health workers and traditional healers have often been made, and it is hoped that their implementation will become a reality.

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