

The Efficacy of Quran Recitation Therapy for Chronic Disease Patients: A Systematic Review

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ABSTRACT

Background

Chronic disease patients require to adapt and should find new coping strategies for maintaining a functional life. Spirituality is considered as a very useful coping for many patients with chronic diseases. One of the spiritual therapies in Islamic medicine that has been scientifically proven to improve mental and physical health is the Quran recitation therapy. The aim of this study was to review the literature regarding the efficacy of Quran recitation therapy for patients with chronic diseases.

Methods

A comprehensive search was conducted in databases through Google scholar, PubMed, and Science direct used search term Quran recitation therapy, spirituality, chronic disease, depression, cancer, and hemodialysis. Inclusion criteria were articles in English and full text over the period of 2008-2018.

Results

By examining the titles and abstracts, 9 articles that focused on chronic diseases were extracted. After reading the full texts, 2 articles were skipped because not completely published anywhere. Finally, 7 relevant articles were chosen for systematic review.

Conclusions

Quran recitation therapy had positive effect on both psychological and physiological aspect among chronic disease patients. Quran recitation therapy could reduce depression symptoms and anxiety, increase the spiritual well-being, lead to more life expectancy, and improve quality of life in cancer and hemodialysis patients. Quran recitation therapy in combination with physical therapy improved physical condition of hemodialysis patients. The larger portion of the Quran memorization were less likely to have one of chronic diseases (hypertension, diabetes, and depression).

Keywords

Efficacy; Quran Recitation Therapy; Chronic Disease Patients

BACKGROUND

Chronic diseases are the leading cause of death and disability throughout the world. Chronic diseases including heart disease, stroke, cancer, diabetes and chronic lung disease contribute to 41 million (71%) of deaths per year globally. Fifteen million people die due chronic disease at 30-69 years, more than 85% of that premature deaths occur in low and middle income countries.¹

Chronic disease is a persistent disease lasting more than three months and can affect a person's ability to function normally.^{2,3} After being diagnosed with chronic disease, the patient will be faced with a new situation which is a challenge to daily coping mechanisms. The process of infection and inflammation of the disease can induce unspecified symptoms called disease behaviors such as weakness, malaise, inability to concentrate, decreased mood, lethargy, anhedonia, and anorexia.² Research by Moussavi et al. (2007)⁴ from WHO World Health Survey (WHS) data with 245,404 depression respondents from 60 countries showed that the depression prevalence of chronic disease patients (angina, arthritis, asthma, and diabetes) reached 9.3-23%. This fact was significantly higher than the incidence of depression without chronic disease. Systematic review from Solano et al. (2006)⁵ proved that pain, depression, anxiety, confusion, fatigue, breathingless, insomnia, nausea, constipation, diarrhea, and anorexia were common and homogenously distributed in patients with heart disease, COPD (chronic obstructive lung disease) and kidney disease. Three symptoms (pain, breathingless, and fatigue) were found in more than 50% of that patients.

Patients are required to adapt to that changes for maintain a functional life. Patients must find new coping strategies.^{6,2} One of the interventions that can encourage patient adaptation is meet their spiritual needs.

Spirituality or religiosity is very useful coping for many patients with chronic diseases. Patients often report unmet spiritual and existential needs. Caring for spiritual, existential, and psychosocial needs is not only relevant for terminal patients but also for chronic disease patients.⁷ Delgado's (2007)⁸ study proved that high spirituality was associated with decreased of stress and improved quality of life patients with COPD. Spirituality can be a buffer for stress in chronic diseases. Elements of spirituality play an important role in the recovery process of chronic diseases. Spiritual treatment techniques can support and complement the medical care that patients undergo.⁹ Spirituality intervention and outcomes were corner stone of holistic nursing practice.¹⁰

One of the spiritual therapies in Islamic medicine that has been scientifically proven to improve mental and physical health is the Quran recitation therapy.^{11,12} Quran recitation therapy has been proven to reduce anxiety, depression, and improve symptoms of psychological and spiritual disorders.^{13,14,15} The aim of this study was to review the literature and explore more about the efficacy of Quran recitation therapy for patients with chronic diseases.

METHODS

Search strategy

A comprehensive search was conducted in databases through Google scholar, PubMed, and Science direct.

Search term

The following search terms were used: Quran recitation therapy, spirituality, chronic disease, depression, cancer, and hemodialysis.

Inclusion criteria

Articles collected in databases were English from 2008-2018. Only full text articles were assessed.

Participants

In this study, participants included patients suffering from chronic diseases like cancer, end-stage renal disease with hemodialysis, hypertension, diabetes, and depression.

Articles Selection

The first stage has begun with selection of the terms of “Quran recitation therapy” and limited the publication of articles in 2008-2018. We found 3.710 articles. Next, we focused to the chronic disease topic by examining the titles and the abstracts and 9 articles were extracted. In addition, by reading the whole texts of the remaining articles, 2 articles were skipped because not completely published anywhere. Finally, 7 relevant articles were chosen for systematic review.

RESULTS

The summary of the results presented in Table 1 below.

Table 1. Characteristics of articles

Study	Title	Purpose	Design	Patient, Problem, Population	Intervention	Comparisons	Outcome Measures	Main Findings
Hojjat <i>et al.</i> (2010) ¹⁶ Iran	Comparing Qur'an recitation with normal condition, silence, Arabic music and Iranian music on adequacy of dialysis	to compare the effect of Qur'an recitation with normal condition, silence, Arabic music and Iranian music on adequacy of dialysis.	experimental clinical trial (posttest only design)	end-stage renal disease patients admitted in hemodialysis ward of Motahari hospital of Jahrom in 2008 (n=68)	Interventions were done in 5 stages: normal condition, Qur'an recitation (Yasin: 1-83), Iranian music (30 minute), Arabic music (30 minute) and silence	normal condition, Iranian music (30 minute), Arabic music (30 minute) and silence	Dialysis adequacy was measured by kt/v formula	No significant difference was observed in 5 groups by ANOVA test (p>0.05). None of the situations had impact on dialysis adequacy; although the calculated adequacy by kt/v formula for Qur'an recitation condition shows an increase which is not significant.
Hematti <i>et al.</i> (2014) ¹⁷ Iran	Spiritual Well-Being for Increasing Life Expectancy in Palliative Radiotherapy Patients: A Questionnaire-Based Study	to investigate the effects of listening, reading, and watching the text of the Holy Quran, called (in this study) Quran recitation, for increasing life expectancy (LE) in palliative radiotherapy patients	Observational clinical trial: A questionnaire-based study (cross sectional approach)	89 palliative radiotherapy patients	-	Frequency and duration of Quran recitation of the patients applied vs spiritual well-being and LE	European Organization for Research and Treatment of Cancer C30 Scale Quality of Life Questionnaire (EORTC C30 Scale QLQ)	Using the Spearman's rank correlation, it was found that there was a correlation between Quran recitation and subjective well-being (r = 0.352, P<0.001). Moreover, there was a correlation between Quran recitation and increasing LE (r = 0.311, P<0.003). More than 60 % of the patients stated that more frequent recitation would lead to more LE and/or greater reassurance.
Babamohamadi <i>et al.</i> (2016) ¹⁸ Iran	The Effect of Holy Qur'an Recitation on Depressive	to examine the effect of the Holy Qur'an recitation on depressive symptoms in	experimental randomized clinical trial	54 hemodialysis patients were randomized to either an experimental (n =	"Ya-Sin" from the Holy Qur'an was recited with the voice of Shateri (a well-known reciter of the Qur'an) using an MP3 player with	experimental group listened to recitation of the Holy	Beck Depression Inventory-II (BDI-II) at baseline and	Repeated-measures general linear model controlling for baseline differences indicated a significant treatment effect

	Symptoms in Hemodialysis Patients: A Randomized Clinical Trial	hemodialysis patients.		27) or a control (n = 27) group Participants were patients on the dialysis ward at Shahid Mahalati hospital in Tabriz, Iran.	headphones. The Qur'an recitation was listened to three times a week for 20 min each during the 1-month intervention. The 20 min was played five minutes before the beginning of dialysis and continued until 15 min after the start of dialysis.	Qur'an, while those in the control group received no intervention	at 1 month after the intervention.	(F = 9.30, p = 0.004, Cohen's d = 0.85). Holy Qur'an recitation has a significant effect on lowering depressive symptoms in hemodialysis patients.
Frih <i>et al.</i> (2017) ¹⁹ Tunisia	Effects of listening to Holy Qur'an recitation and physical training on dialysis efficacy, functional capacity, and psychosocial outcomes in elderly patients undergoing haemodialysis	to determine whether listening to Holy Qur'an recitation would augment the beneficial effects of physical exercise on physiological and psychological measures in elderly patients undergoing haemodialysis.	clinical trial, pretest–posttest experimental research design	Fifty-three male haemodialysis patients were randomly assigned to an intervention group (listening to Holy Qur'an recitation in combination with endurance–resistance training, n = 28) or a control group (endurance–resistance training only, n = 25) in Department of Nephrology and Internal Medicine, Fattouma Bourguiba Hospital,	listening to Holy Qur'an recitation in combination with endurance–resistance training	endurance–resistance training only	Functional capacity: Timed Up and Go test (TUG) and the Six-Minute Walk Test (6MWT). Psychosocial outcomes: Medical Outcomes Study 36-item Short-Form Health Survey (SF-36), Hospital Anxiety and Depression Scale (HADS)	– a significant Group × Period interaction effect was observed for all measured parameters (p < 0.05), except for 6MWT performance (p > 0.05). – all measured parameters were significantly improved over baseline in both groups, except for Kt/V in the control group (p > 0.05) – final measurements were significantly higher in the intervention group than in the control group for all measured parameters, except for 6MWT performance and the physical component summary of the SF-36 (p > 0.05)

Monastir, Tunisia						Dialysis adequacy (Kt/V)	- listening to a recitation of the Holy Qur'an in combination with interdialytic endurance-resistance training induced an improvement in physical condition and quality of life and a large reduction in anxiety among patients undergoing haemodialysis	
Rafique <i>et al.</i> (2017) ²⁰ Pakistan	Efficacy of Surah Al-Rehman in Managing Depression in Muslim Women	to investigate the efficacy of Surah Al-Rehman for managing depression in Muslim women admitted for treatment of major depressive disorder in a psychiatry ward of a government hospital	clinical trial, pre-posttest experimental research design	A purposive sample of 12 Muslim women diagnosed with depression (n = 6 in treatment group and n = 6 in control group)	- Twelve structured group sessions of 22 min, two times a day, were conducted for a period of 4 weeks with the groups. - listen to Surah Al-Rehman. A recitation of Qari Abdul Basit Abdul Samad was played by a volunteer who was neither the staff of the hospital nor was directly involved in the research.	control group= was exposed to music used for relaxation and treatment of depression.	BDI-II - Both groups had decreased level of depression at post-assessment level (treatment group p=0.03, control group p=0.03) - treatment group had significantly greater decrease than control group on depression (p=0.04) - the efficacy of Surah Al-Rehman as a remedy to reduce depression	
Satrianegara <i>et al.</i> (2016) ²¹ Indonesia	The Role of Religious Psychotherapy with Independent Ruqyah in Reducing Depression and Improved Spiritual Quality	aims to reveal the spiritual quality of life in cancer patients who receive spiritual support to the intervention of religious psychotherapy approaches as well	using pre-experimental one group pre and post test design with 10 respondent who were taken by purposive	The sample in this study are Muslim cancer patients who undergoing full radiotherapy in RS. 10 respondent	independently ruqyah therapy consistently for 30 days can reduce levels of depression and improve the spiritual quality of life is better than before.	pretest vs posttest	BDI (Beck Depression Inventory) and FACIT Sp.12 (The Functional Assessment of Chronic	independently ruqyah therapy consistently for 30 days can reduce levels of depression and improve the spiritual quality of life is better than before.

	of Life of Cancer Patients at Hospital of Hasanuddin University Makassar 2016	as the efforts made to achieve a better life quality.	sampling technique.				Illness Therapy Spiritual)	
Saquib <i>et al.</i> (2017) ²² Saudi Arabia	Health benefits of Quran memorization for older men	examine the association between Quran memorization and health among older men	epidemiologic al observational study with cross-sectional approach	400 older Saudi men (age ≥ 55 years) from Buraidah, Al-Qassim, Saudi Arabia. The neighborhoods were selected randomly (20 out of 96); eligible men from the mosques were recruited.	-	number of memorized Quran section (<0.5, 0.5–1, 2–4, 5–9, 10–30) vs prevalence having hypertension, diabetes, depression	health: having or not of hypertension, diabetes, and depression	<ul style="list-style-type: none"> –Those who memorized at least 10 sections of Quran were 64%, 71%, and 81% less likely to have hypertension, diabetes, and depression compared to those who memorized less than 0.5 sections, after controlling for covariates. –There was a strong linear association between Quran memorization and hypertension, diabetes, and depression indicating that those who had memorized a larger portion of the Quran were less likely to have one of these chronic diseases.

Study Design

From 7 articles have been reviewed, 5 articles were clinical trial^{16,17,18,19,20} and 2 were epidemiological trial^{21,22}. Five clinical trial articles consisted of 4 experimental study^{16,18,19,20}, (3 with pretest-posttest design^{18,19,20}, 1 with posttest only design¹⁶) and 1 observational (a questionnaire-based study with cross sectional approach)¹⁷. Two epidemiological trial articles were 1 observational with cross sectional approach²² and 1 pre experimental one group pre and post design²¹.

Quran Recitation Therapy Term

The types of Quran recitation therapy were difference in that studies. Not all studies gave Quran recitation therapy directly. Two studies were observational^{18,22}. Hematti *et al.* (2014)¹⁸ more assessed the effect of frequency and duration of Quran recitation behavior of patient in daily life as indicators of spiritual well being. Saquib *et al.* (2017)²² focused the study about Quran memorization (the portion of the section of the Quran that patients memorized) in association with prevalence of having chronic diseases (hypertension, diabetes, and depression).

Patient, Problem, and Population

From the aspect of patient and population target, three studies from Hojjat *et al.* (2010)¹⁶, Babamohamadi *et al.* (2016)¹⁸, and Frih *et al.* (2017)¹⁹ to hemodialysis patients consist of hemodialysis patients generally (n=68), depression patients (n=54, 27 for control and treatment group each) and elderly (n=53, 28 for treatment group and 25 for control group) respectively. Two studies from Hematti *et al.* (2014)¹⁷ and Satrianegara *et al.* (2016)²¹ to cancer patients with palliative radiotherapy (n=89) and full radiotherapy respectively (n=10). The remain studies from Saquib *et al.* (2017)²² to older men population (n=400) and Rafique *et al.* (2017)²⁰ to depression muslim women (n=12, 6 for control and treatment group each).

Intervention

The methods in the process of Quran recitation therapy were also varies in 5 experimental studies^{16,18,19,20,21}. Hojjat *et al.* (2010)¹⁶ delivered the intervention with Surah Yasin (1-83) for 30 minutes by a Qori during hemodialysis process, audibly broadcasted as stereo at the whole ward. Babamohamadi *et al.* (2016)¹⁸ was also used Surah Yasin, was recited with the voice of Shateri (a well-known reciter of the Qur'an) using an MP3 player with headphones. The Qur'an recitation was listened to three times a week for 20 min each during the 1-month intervention. The 20 min was played five minutes before the beginning of dialysis and continued until 15 min after the start of dialysis.

Frih *et al.* (2017)¹⁹ used listening to Quran recitation in combination with endurance-resistance training. The complete Holy Qur'an was entirely recited by the reader Al-Dosari, who reads with a relaxing and calming voice. Participants listened to the Holy Qur'an verses three times a week during 24 weeks, for 20 min each time (5 min before dialysis and continuing until 15 min after the start of dialysis). This method allows each patient to complete the Holy Qur'an at the end of the 24-week period. The Holy Qur'an recitation was played through headphones on MP3 players and the volume was adjusted according to the patient's comfort.

Rafique *et al.* (2017)²⁰ used Surah Al-Rehman. A recitation of Qari Abdul Basit Abdul Samad was played by a volunteer who was neither the staff of the hospital nor was directly involved in the research. The volunteer gave the patients instructions to listen to the recitation by closing their eyes and asked them to empty their mind of all thoughts and feel the presence of God Almighty. The Surah was then played and everyone listened to it till the end with deeper concentration. After the recitation ended, patients were asked to open their eyes. Then, the experimenter served every participant with a half glass of water and they were instructed to, “Close your eyes go deep into your heart and then say “ALLAH” three times in their hearts and then drink water while keeping their eyes closed. The last studies from Satrianegara *et al.* (2016)²¹ used Quran recitation that independently did by patients, called independent “Ruqyah” for 30 days.

Comparisons and Outcomes Measures

Hojjat *et al.* (2010)¹⁶ compared the effect of Quran recitation with normal condition, silence, Arabic music and Iranian music on adequacy of dialysis among hemodialysis patients (n=68). Interventions were carried out by the self-control (transverse) method; so that each patient underwent five types of intervention. In other words, in each session a single intervention was performed (30 minutes each). The dialysis adequacy was measured by kt/v formula.

Hematti *et al.* (2014)¹⁷ compared the frequency and duration of Quran recitation (never, sometimes/monthly, often/weekly, or very often/daily) among palliative radiotherapy patients (n=89) on spiritual well-being and LE (life expectancy). The variables were measured with a standardized questionnaire which was designed based on the European Organization for Research and Treatment of Cancer C30 Scale Quality of Life Questionnaire (EORTC C30 Scale QLQ).

Babamohamadi *et al.* (2016)¹⁸ compared the effect of the Holy Qur'an recitation on depressive symptoms in hemodialysis patients between experimental group (n=27) that listened to recitation of the Holy Qur'an and the control group (n=27) that received no intervention. The depressive symptoms were measured by Beck Depression Inventory-II (BDI-II) at baseline and at 1 month after the intervention.

Frih *et al.* (2017)¹⁹ investigated the effect of listening to Holy Qur'an recitation and physical training on dialysis efficacy, functional capacity, and psychosocial outcomes in elderly patients undergoing haemodialysis. Intervention group (listening to Holy Qur'an recitation in combination with endurance-resistance training, n = 28) was compared to a control group (endurance-resistance training only, n=25). Functional capacity was measured by Timed Up and Go test (TUG) and the Six-Minute Walk Test (6MWT), psychosocial outcomes by Medical Outcomes Study 36-item Short-Form Health Survey (SF-36) and Hospital Anxiety and Depression Scale (HADS), and dialysis adequacy by Kt/V formula.

Rafique *et al.* (2017)²⁰ investigated the effect of Surah Al-Rehman recitation in Managing Depression in Muslim Women between treatment group (n=6) and control group (n=6) that was exposed to music used for relaxation and treatment of depression. The depressive symptoms were measured by Beck Depression Inventory-II (BDI-II)

Satrianegara *et al.* (2016)²¹ compared the depression levels and spiritual quality of life between treatment group that did independent ruqyah (n=6) and control group (n=6) that received no intervention. The depressive symptoms were measured by Beck Depression Inventory-II (BDI-II) and spiritual quality of life by FACIT Sp.12 (The Functional Assessment of Chronic Illness Therapy Spiritual).

Saqib *et al.* (2017)²² compared the Quran memorization (<0.5 section, 0.5–1 section, 2–4 section, 5–9 (n =section, and 10–30 section) with the prevalence of having hypertension, diabetes, depression among older men (age ≥ 55 years, n=400). Hypertension was defined as systolic blood pressure of ≥ 140 or diastolic ≥ 90 mm Hg or use of anti-hypertensive medication. Diabetes was defined as blood glucose ≥ 200 mg/dL or use of anti-diabetic medication. Depression was defined as a summary score of 2 or greater in the Patient Health Questionnaire-2 (PHQ-2).

Main Finding

The aim of Hojjat *et al.* (2010)¹⁶ study was to compare the effect of Qur'an recitation with normal condition, silence, Arabic music and Iranian music on adequacy of dialysis. The result showed no significant difference was observed in 5 groups by ANOVA test ($p > 0.05$). None of the situations had impact on dialysis adequacy; although the calculated adequacy by kt/v formula for Qur'an recitation condition showed an increase which was not significant.

Study of Hematti *et al.* (2014)¹⁷ investigated the effects of listening, reading, and watching the text of the Holy Quran, called Quran recitation, for increasing life expectancy (LE) in palliative radiotherapy patients. The result showed there was a significant difference for frequency and duration of Quran recitation among patients, before and after the diagnosis of their cancer ($P = 0.03$). Using the Spearman's rank correlation, it was found that there was a correlation between Quran recitation and subjective well-being ($r = 0.352$, $P < 0.001$). Moreover, there was a correlation between Quran recitation and increasing LE ($r = 0.311$, $P < 0.003$). More than 60 % of the patients stated that more frequent recitation would lead to more LE and/or greater reassurance.

The aim of Babamohamadi *et al.* (2016)¹⁸ was to examine the effect of the Holy Qur'an recitation on depressive symptoms in hemodialysis patients. The result showed that Holy Qur'an recitation had a significant effect on lowering depressive symptoms in hemodialysis patients. Repeated-measures general linear model controlling for baseline differences indicated a significant treatment effect ($F = 9.30$, $p = 0.004$, Cohen's $d = 0.85$).

Study of Frih *et al.* (2017)¹⁹ determined whether listening to Holy Qur'an recitation would augment the beneficial effects of physical exercise on physiological and psychological measures in elderly patients undergoing haemodialysis. The result showed listening to a recitation of the Holy Qur'an in combination with interdialytic endurance-resistance training induced an improvement in physical condition and quality of life and a large reduction in anxiety among patients undergoing haemodialysis.

Study of Rafique *et al.* (2017)²⁰ investigated the efficacy of Surah Al-Rehman for managing depression in Muslim women admitted for treatment of major depressive disorder in a psychiatry ward of a government hospital in Pakistan. Both groups had decreased level of depression at post-assessment level (treatment group $p=0.03$, control group $p=0.03$) treatment group had significantly greater decrease than control group on depression ($p=0.04$). The result revealed the efficacy of Surah Al-Rehman as a remedy to reduce depression.

The aim of Satrianegara *et al.* (2016)²¹ study was to reveal the spiritual quality of life in cancer patients who receive spiritual support to the intervention of religious psychotherapy approaches as well as the efforts made to achieve a better life quality. The result showed that independently ruqyah therapy consistently for 30 days could reduce levels of depression and improved the spiritual quality of life was better than before.

Saquib *et al.* (2017)²² examined the association between Quran memorization and health among older men. The result showed those who memorized at least 10 sections of Quran were 64%, 71%, and 81% less likely to have hypertension, diabetes, and depression compared to those who memorized less than 0.5 sections, after controlling for covariates. There was a strong linear association between Quran memorization and hypertension, diabetes, and depression indicating that those who had memorized a larger portion of the Quran were less likely to have one of these chronic diseases.

DISCUSSION

In this systematic review, 7 articles were identified, in which participants suffered from chronic diseases (hypertension, diabetes, depression, cancer and chronic kidney disease with hemodialysis) and underwent quran recitation therapy as intervention or were identified the effect of their Quran memorization and recitation on their health. From the studies reported in this systematic review, we could conclude that Quran recitation therapy had positive effect on psychological aspect of chronic disease patients. Quran recitation therapy could reduce depression symptoms and anxiety, increase the spiritual well-being, lead to more life expectancy, and improve quality of life.

In addition, quran recitation therapy was also had positive effect on physiological aspect, although the psychological effect more prominent. The study of Frih *et al.* (2017)¹⁹ revealed that quran recitation therapy in combination with interdialytic endurance–resistance training induced an improvement in physical condition of hemodialysis patients. But positive effect of Quran recitation on dialysis adequacy was not observed in study of Hojjat *et al.* (2010)¹⁶. They concluded that calculated adequacy showed an increase, but non-significant improvement. This was because of music (including Quran recitation) has not always been able to have a positive effect on physiological factors and is more effective on factors such as pulse rate, respiratory rate, blood pressure, pain and arterial blood oxygen or in other words basic vital signs. Overall, Quran recitation could improve psychological aspect of chronic disease patients that further improve the physiological aspect especially if applied in combination with other complementary or medical therapy. Moreover, Saquib *et al.* (2017)²² proved that there was a

strong linear association between Quran memorization and hypertension, diabetes, and depression indicating that those who had memorized a larger portion of the Quran were less likely to have one of these chronic diseases.

The implementation of the Quran recitation therapy protocol varies in the articles reviewed in this systematic review both in terms of duration, frequency, media, and choice of surah. There was one study that used complete Quran²² dan some used selected surah (Surah Yasin and Al-Rehman)^{16,18,20}. Study from Satrianegara *et al.* (2016)²¹ did not explain in detail how the independent ruqyah was carried out and what surah were used. But regardless of differences in this implementation, all studies showed improvements in the outcomes studied. This showed that both complete quran or certain surah recitation had healing effect, even though certain surah were more recommended for therapy. The Qur'an itself states that it is a book of healing: "We have sent down in the Qur'an that which is healing and a mercy to those who believe" (17:82), and another verse indicates that it is a source of guidance and cure for illness: "O mankind, there has to come to you instruction from your Lord and healing for what is in the breasts and guidance and mercy for the believers" (10:57). Further experimental studies about Quran recitation therapy especially for chronic diseases are recommended to adopt their protocol in accordance with population targets and expected outcomes. Seeing the positive effects of Quran recitation therapy, it is recommended to apply it to other chronic diseases both to improve physical and psychological indicators with larger samples. Further studies about how therapeutic mechanisms of quran recitation therapy are also important, all articles reviewed in this study recommend it.

CONCLUSIONS

Quran recitation therapy had positive effect on both psychological and physiological aspect of chronic disease patients, although the psychological effect more prominent. Quran recitation therapy could reduce depression symptoms and anxiety, increase the spiritual well-being, lead to more life expectancy, and improve quality of life in cancer and hemodialysis patients. Quran recitation therapy in combination with physical therapy improved physical condition of hemodialysis patients. The larger portion of the Quran memorization were less likely to have one of chronic diseases (hypertension, diabetes, and depression).

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