Quranic Recitation as Supportive Cancer Therapy in Islamic Regions: A Systematic and Critical Review

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ABSTRACT:

Chronically ill patients in Islamic regions often use Quranic recitation. However, there is a clinical and theological dichotomy between the use of spiritual practices as a psycho-spiritual complementary therapy and the promotion of spiritual practices as an exclusive, alternative cure. This systematic review explores the empirical evidence for Quranic recitation as an adjunctive treatment in oncology, assesses its physiological effects, and reviews the serious dangers treatment delays and increased mortality rates of spiritual healing as an alternative to conventional medicine.

Research Methodology: The Study Was conducted a systematic desk-research framework as per international standards reviewing clinical trials, observational studies, and systematic reviews indexed in PubMed, Scopus and Google Scholar (2004-2026) and epidemiological reports on delays in oncology treatment in South Asia and the Middle East.

The clinical evidence showed that auditory Quranic therapy (Surah Ar-Rahman) significantly reduces chemotherapy-induced anxiety, decreases salivary cortisol levels, reduces subjective pain perception, and induces alpha brain waves associated with relaxation. In contrast, epidemiological data showed that when promoted as an exclusive alternative cure, patients run a serious risk of clinical delay, with a diagnostic and therapeutic delay ranging from 3 to 11 months, often leading to late-stage presentation and a near doubling of mortality rates. Hence, leading medical associations, moderate Islamic scholars, and investigative journalists have vehemently opposed the claims of absolute alternative spiritual cure, for the sake of public health.

The recitation of the Quran has been found to be a very effective non invasive supportive therapy that improves the quality of life

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(QoL) of cancer patients when incorporated into the standard oncological framework.

Keywords: Quranic Recitation, Complementary Therapy, Alternative Cure, Oncology, Quality of Life (QoL), Cancer Treatment Delay, Islamic Regions.

1. Introduction

The international cancer scene is not only marked by rapid therapeutic innovations but also by an increasing awareness of the psychological, emotional and spiritual needs of patients undergoing invasive cancer treatments. In South Asia, in the Middle East and in other parts of the world where Islam is the predominant religion, religious beliefs provide the basic framework for coping with life threatening diagnoses such as cancer (Koenig, 2012). For many patients, spiritual and religious resources are not merely passive systems of belief, but active therapeutic modalities integrated into their daily healthcare routines (Al-Anazi et al., 2023).

Of these spiritual modalities, the auditory recitation or active reading of the Holy Quran occupies a preeminent place. Patients and their families often request certain Surah, such as Surah Ar-Rahman, to obtain metaphysical peace, physical comfort, and spiritual connection during very disturbing clinical interventions such as chemotherapy and radiation, colloquially referred to as "Murottal" or spiritual therapeutic listening (Handayani & Rosydah, 2020). Likewise, in communities where Christianity is the dominant religion, prayer, Bible reading and chaplaincy services are used in a similar manner to enhance the psychological resilience of cancer patients who are receiving intense clinical regimens (Laubmeier & Zakowski, 2004).

1.1 Statement of the Issue

Despite the clinically validated psychological benefits of spiritual coping, a critical and exceedingly dangerous schism has emerged in public and academic discourse in developing nations, especially in Pakistan, Indonesia, and a number of Middle Eastern countries. This division is characterized by two diametrically opposed positions:

1. 1. The Complementary/Supportive Paradigm (Integrative Oncology): This is an evidence-based approach that considers spiritual recitation as a psycho-spiritual therapy that is used as an adjunct to conventional oncology (chemotherapy, radiation, and surgery). The aim is to minimize the side effects of treatment, distress, stress hormones and to improve the general quality of life of the patient (Ghiasi & Keramat, 2018).

2. **The Alternative/Exclusive Paradigm (Absolute Faith Healing):** This unscientific populist approach claims that spiritual recitation, prayers or holy waters are a complete, self-sufficient "cure" that will eradicate cancer cells and shrink tumors without medical intervention. This paradigm is frequently peddled by local faith healers and practitioners who are not authorized.

3. Promoting spiritual practices as an alternative cure is an immediate threat to public health. Highly vulnerable cancer patients that trust miraculous, non-medical absolute cures often put off or entirely abandon evidence-based oncological treatments (Johnson et al., 2018). This therapeutic delay allows the disease to progress unchecked from the early curable stages (Stage I and II) to the fatal metastatic stage (Stage III and IV) thereby resulting in preventable deaths and severe physical suffering and a heavy load on palliative care services (Shamsi et al., 2020).

Furthermore, when patients die from the advanced disease after eschewing medical treatment in favor of faith healing, it creates serious theological crises and undermines the faith of their families who feel betrayed by their spiritual efforts.

1.2 Scope and Objectives

The objective of this systematic and critical review is to clarify the analysis of clinical and

socio-religious dilemma. The specific objectives of this study are:

• To systematically synthesize empirical clinical trials and neuroscientific studies evaluating the psychological and physiological effects of Quranic and Biblical recitation on cancer patients.

• To critically review the statistical evidence of oncological presentation delays and increased mortality rates associated with the use of alternative spiritual therapies in Islamic and Middle Eastern regions.

• To document and analyze the socio-religious and clinical controversies surrounding alternative spiritual cure claims, focusing on the public backlash from oncologists, moderate Islamic scholars and investigative journalists in Pakistan.

•To Develop a well-defined model of integrative oncology that is medically safe and theologically sound, that maintains the supportive benefits of spiritual recitation and strictly forbids its use as an alternative therapy.

2. Methodological Framework

This study utilizes a stringent literature review protocol like that of high-impact medical journals with the aim to reach a high level of clinical validity, methodological transparency and avoid fraudulent or unverified references. The synthesis is based solely on validated, chronologically documented clinical trials, academic monographs and canonical religious scriptures.

2.1 Search Strategy and Selection Criteria

We conducted a comprehensive search in international medical and sociological databases, including PubMed, Scopus, Google Scholar, and the Cochrane Library. The search involved the use of specific medical Subject Headings (MeSH) and boolean operators, including: ("Quranic Recitation" OR "Murottal" OR "Spiritual Coping" OR "Biblical Prayer") AND ("Oncology" OR "Chemotherapy" OR "Breast Cancer" OR "Anxiety" OR "Cortisol" OR "Treatment Delay" OR "Alternative Medicine").

2.2 Inclusion and Exclusion Criteria

studies were selected according to the following criteria:

• Inclusion Criteria: Randomized controlled trials (RCTs), systematic reviews, meta-analyses, and observational clinical cohorts assessing spiritual listening or reading in cancer patients; peer-reviewed epidemiological studies measuring delays in cancer presentation; and publications from established institutional bodies.

• Exclusion Criteria: Non-peer reviewed blog posts, anecdotal case reports without medical verification, studies with unscientific methodologies, and articles with unverified or unindexed citations.

3. Literature Review and Comparative Synthesis

Over the past two decades, the academic literature on the intersection of religion, spiritual coping, and clinical oncology has been well studied. This section reviews the best peer-reviewed international evidence on the therapeutic utility of religious recitation as a modality of complementary care.

3.1 Empirical Evidence of Quranic Recitation as Complementary Care

The psychological and physiological benefits of listening to the recitation of the Quran in invasive procedures by cancer patients have been demonstrated in several landmark randomized controlled trials.

Babamiri et al. (2021) conducted a randomized clinical trial to examine the effect of recitation of the Holy Quran on anxiety in adult patients with cancer undergoing chemotherapy. The clinical trial demonstrated that the structured auditory exposure to the Holy Quran significantly reduced chemotherapy-induced anxiety, providing a highly cost-effective, non-pharmacological approach to manage the severe psychological distress associated with cytotoxic drug infusions. Similarly, a recent localized clinical study in Pakistan demonstrated a statistically significant reduction in depressive symptoms among hospitalized cancer patients exposed to

structured Quranic verses recitation (Ahmed et al., 2024). This reduction in anxiety is important because high pre-treatment anxiety has been clinically associated with severe post-treatment nausea, poor pain tolerance, and decreased compliance with future chemotherapy cycles (Adegbola, 2011).

This is additionally supported by a systematic review and meta-analysis by Ghiasi and Keramat (2018). The authors analyzed several clinical cohorts and demonstrated a statistically significant improvement of psychological comfort and concomitant reduction of anxiety levels in hospitalized cancer patients exposed to Quranic recitation. The meta-analysis indicated that spiritual therapies are a major "buffer" against death anxiety and enhance the patient's internal locus of control and emotional coping (Allami et al., 2015).

Handayani and Rosydah (2020) did a study on the effects of "Murottal Ar-Rahman" (the rhythmic recitation of Surah Ar-Rahman) on breast cancer patients undergoing chemotherapy in Indonesia in Southeast Asia. Their results showed a highly significant reduction in scores of state-anxiety. The particular focus on Surah Ar-Rahman has therapeutic implications because the rhythmic, low frequency acoustic features of the Surah together with the theological themes of divine mercy and gratitude work in tandem to pacify the patient's overactive sympathetic nervous system (Suryani et al., 2022).

From the neurophysiological perspective, studies conducted in Malaysia using Electroencephalography (EEG) on patients listening to Surah Ar-Rahman revealed a rapid transition in brain wave activity. Researchers found that the recitation exposure caused a significant increase in Alpha Waves (8-12 Hz) in frontal and temporal lobes. Alpha waves are direct neurological markers of deep relaxation, stress reduction and mental coherence. This relaxed state activates the parasympathetic nervous system, which directly reduces blood pressure, heart rate, and the release of stress hormones.

Furthermore, clinical studies on pain perception have shown that recitation of the Quran changes the subjective experience of the patient concerning physical pain. For example, Majidi (2014) investigated the effect of recitation of the Qur'an on pain and anxiety levels in clinical settings and found that patients listening to the Qur'an had significantly lower pain intensity scores. This effect of shifting cognitive resources from nociceptive (pain) signals to highly revered spiritual stimuli by focusing the patient's attention is an effective method of relieving the sensory and emotional suffering of physical pain (Rahnama et al., 2012).

3.2 Empirical Evidence of Biblical/Christian Spiritual Coping

The therapeutic effect of spiritual coping is not unique to Islamic practices but is a universal phenomenon across religious traditions when used as a supportive care. Equivalent clinical trials investigating the effect of prayer and Bible readings on cancer care have been conducted in Christian-majority countries (Pargament et al., 2004).

Laubmeier and Zakowski (2004) in a pioneering study investigated the relationship between spiritual well-being, prayer and Quality of Life (QoL) of cancer patients. They found that patients who had high spiritual well-being and prayed regularly had significantly lower psychological distress, anxiety and depression when they were diagnosed with cancer. The study found that spiritual beliefs offer a cognitive framework to make sense of their suffering and that this protects patients from existential despair.

Similarly, Robert et al. (2005) investigated the role of spiritual well-being in patients diagnosed with gynecologic malignancies. Their research revealed that spiritual well-being was one of the strongest predictors of overall QoL, even more than physical functional status. Patients who read the Bible and prayed Christian prayers daily were more emotionally stable and felt more supported during their surgical and chemotherapeutic treatments. These cross-cultural findings suggest that religious coping is a robust supportive

therapy that has universal physiological and psychological utility in oncology (Balboni et al., 2007).

3.3 Quantitative Metrics of Psycho-Spiritual and Physiological Impact

To demonstrate the physiological and psychological mechanisms of spiritual recitation, Table 1 summarizes the main clinical parameters affected by spiritual coping, comparing Quranic and Biblical interventions.

Intervention Modality	**Key Physiological Markers Affected**	**Psychological & Cognitive Outcomes**	**Primary Scientific Citations**
Auditory Quranic Recitation (Surah Ar-Rahman / Murottal)	- Decreased Salivary Cortisol levels	- Statistically significant reduction in State-Anxiety	Babamiri et al. (2021)
	- Increased frontal Alpha Brain Waves (EEG)	-Decreased chemotherapy-induced distress	Ghiasi & Keramat (2018)
	- Stabilized Heart Rate Variability (HRV)	- Enhanced subjective pain tolerance	Handayani & Rosydah (2020)
	- Reduced systemic inflammatory markers		
Christian Prayer & Scripture (Biblical Reading / Chaplaincy)	- Decreased muscular tension	- Mitigated existential despair & depression	Laubmeier & Zakowski (2004)
	- Lowered autonomic nervous system arousal	- Higher reported Quality of Life (QOL) scores	Robert et al. (2005)
		- Stronger psychological coping capacity	Koenig, H. G. (2012)

Note: The physiological and psychological alignments are similar across religious traditions further illustrating the objective stress reducing utility of spiritual coping when used in conjunction with conventional medical care.

4. The Danger of Alternative Therapy and Clinical Delay

The efficacy of spiritual practices as a supportive care has been scientifically validated. The promotion of such practices as an exclusive substitute for the conventional medical treatment is a serious threat for the survival of patients. In developing and highly religious societies, faith healing is frequently marketed as a miraculous "complete cure," leading to catastrophic clinical outcomes (Saad et al., 2017).

4.1 Clinical Evidence of Delay and Mortality

When a person diagnosed with cancer chooses to wait for spiritual rituals, prayers, or faith healing alone, the biological course of the disease continues without hindrance. This delay is directly associated with a sharp rise in mortality.

In a landmark study, Johnson et al. (2018) assessed the clinical outcomes of patients who opted for alternative medicine (exclusive spiritual healing, herbs, and dietary regimens) instead of

conventional cancer treatments (chemotherapy, radiotherapy, surgery, or hormone therapy).

Yale University researchers found that patients taking alternative medicines were at significantly greater risk of death than those getting standard treatments. In particular, breast cancer patients using alternative therapies were more than five times likely to die during the study period, and colorectal cancer patients were four times as likely to die. The study concluded that the association between the use of alternative medicine and increased risk of death is largely explained by the subsequent refusal and delay of conventional, life-saving medical care.

This is a global fact that is seen clearly in the local populations in Islamic regions. In a major study, Shamsi et al. (2020) explored factors associated with delayed presentation among breast cancer patients in Pakistan. Their epidemiological research showed that a high dependence on spiritual healing and faith healers ("Dum/Darood" practitioners) was one of the most prominent reasons for postponement of diagnosis and treatment. The fear of side effects of chemotherapy and the false hope of an absolute spiritual cure made patients delay visits to specialized oncological centers for months.

The majority of these patients present with metastatic disease Stage III or IV, which makes their chances of survival very low (Gull et al., 2016).

This is not a trend limited to Pakistan. Bilisi et al. (2018) conducted a comprehensive systematic review to evaluate delays in the diagnosis and treatment of breast cancer in Arab and Middle Eastern countries. The review identified that key drivers of clinical delay included socio-cultural beliefs, fatalistic attitudes and a strong preference for traditional, religious and spiritual remedies prior to seeking medical help. In these areas, use of alternative spiritual healers led to a delay in medical care of 3-9 months on average, which allowed localized tumors that were highly curable to become incurable systemic malignancies (Azaiza & Cohen, 2006).

4.2 Ratio and Statistical Figures of Oncology Presentation Delay

This Table summarizes the data compiled on the presentation delays, primary spiritual drivers, and the increase of mortality risk in different countries to quantify the severe impact of using spiritual healing as an alternative therapy.

Country / Region	**Average Presentation Delay**	**Primary Alternative Spiritual Driver**	**Oncological & Mortality Consequences**	**Key References**
Pakistan	4.5 to 8.2 Months	Reliance on faith healers, specialized "Dum/Darood" water, and absolute spiritual cure claims.	Over 70% of breast cancer cases present at Stages III & IV; extremely poor prognosis.	Shamsi et al. (2020)
Middle East & Arab Countries	3.0 to 11.0 Months	Fatalistic beliefs ("Qadar"), reliance on honey, black seed oil, and exclusive prior to first oncology visit.	High rates of tumor metastasis, severe systemic deterioration prior to first oncology visit.	Bilisi et al. (2018)
United States (Global Alternative Cohort)	Variable Refusal Metrics	Alternative healing, holistic therapy, and absolute prayer-based spiritual treatment.	Breast cancer mortality risk increased by 5.68 times; Colorectal cancer risk increased by 4.57 times.	Johnson et al. (2018)

Note: Delay metrics demonstrate a positive, direct correlation between the length of time spent solely utilizing alternative spiritual therapy and advanced tumor stage at clinical presentation.

5. Socio-Religious and Medical Controversies: The Pakistan Case Study

This clash between supportive spiritual practices and claims of alternative spiritual healing is readily apparent in the public controversies witnessed in Pakistan, especially those concerning "Surah Rahman Therapy."

5.1 The "Surah Rahman Therapy" Controversy

In Pakistan, there was an interesting public discussion abouta local alternative medicine practitioner, who promoted "Surah Rahman Therapy". He claimed that listening to a particular audio recording of Surah Ar-Rahman thrice a day could cure cancer, eliminate cancerous cells and shrink tumors, thus rendering costly and painful traditional treatments such as chemotherapy and surgery redundant. He spread these statements on digital and social media platforms, presenting them as outright medical breakthroughs.

The use of Surah Ar-Rahman to reduce stress and anxiety is highly beneficial and medically supported. However, promoting it as a complete cure and a replacement of oncologist-directed treatments created a critical public health risk. This resulted in a strong backlash from the medical community, religious scholars and investigative journalists.

5.2 Medical Community Counter-Arguments

The Pakistani medical community, with the Pakistan Medical Association (PMA) and senior oncologists of the premier institutions like Shaukat Khanum Memorial Cancer Hospital and the INMOL Hospital at the helm, vehemently opposed these alternative spiritual claims. The main points they made were:

- **Lack of Medical and Clinical Credentials:** The practitioner had no recognized medical degree and no training in the area of oncology, his background being in alternative medicine. Yet he offered high-stakes oncological advice to critically ill patients.

- **Exploitation of Patient Vulnerability:** Oncologists observed that cancer patients are especially vulnerable to claims of painless and miraculous cures, because of fear of chemotherapy side effects (hair loss, severe nausea, and systemic fatigue) and willingness to abandon proven treatments (Jafri et al., 2014).

- **Lack of Empirical Clinical Data:** When attempts were made to test the therapy in intensive care units (ICUs) at Services Hospital, Lahore, without the structure of clinical trial protocols or peer-reviewed oversight, medical professionals objected, warning against using public health facilities to validate unproven, absolute therapeutic claims.

5.3 Theological and Doctrinal Critique

Moderate, scholarly Islamic theologians were equally vocal in their opposition, pointing to the doctrinal distortions that occur when spiritual practices are promoted as alternative medicine:

- **Violation of the Sunnah of Healing (Asbab):** Classical Islamic law prescribes It is a duty to seek treatment from a qualified medical practitioner (Al-Suyuti, n.d.). The Prophet Muhammad (PBUH) said, "Seek medical treatment, for Allah has not created any disease without creating a cure for it" (Sahih al-Bukhari, Hadith 5678). Relying solely on prayer or recitation and refusing physical medicine is a violation of the necessary balance between Tawakkul (trust in God) and the utilization of the physical means (Asbab) that God has provided (Al-Qaradawi, 1997).

- **Deterioration of Public Faith (Aqeedah):** Theologians warned that patients who are told they will be healed completely by recitation of the Quran, then succumb to the progression of their cancer, often leave their grieving families in deep spiritual crises. As the un-scientific promises of faith healers fail to materialize, their faith in the Holy Quran is shaken and a dangerous erosion of religious belief takes place (Ghamidi, 2015).

5.4 Investigative Journalism and Media Fact-Checks

Investigative reporters and media organizations played a crucial role in exposing the human cost of these alternative spiritual claims:

- **BBC Urdu Investigative Report:** BBC Urdu published a detailed and scathing investigative report on the tragic outcomes of "Surah Rahman Therapy". Journalists tracked down the families of several cancer patients who had stopped their chemotherapy after seeing viral videos praising the therapy. The investigation confirmed that these patients died in agony after their cancers rapidly metastasized, which proved that the much-hyped "miraculous recovery" claims were not substantiated.
- **Exposing Biased Success Stories:** The selection bias in promotional media was picked up by independent journalists and digital fact-checkers. Faith healers constantly advertise patients who report temporary psychological relief (a classic placebo effect or temporary alleviation of stress-induced pain) and ignore and bury the cases of patients who quickly deteriorate and die (Siddiqui, 2019).

In order to explain this crucial socio-religious and clinical divide, Table compares the supportive/complementary model of spiritual care with the alternative/exclusive model.

Analytical Parameter	Supportive/Complementary Model (Integrative Oncology)	Alternative/Exclusive Model (Faith Healing)
Primary Claim	Quranic recitation reduces chemotherapy-induced anxiety, stress, and subjective pain perception.	Quranic recitation destroys cancer cells, shrinks tumors, and acts as a complete, self-sufficient cure.
Clinical Application	Utilized alongside standard chemotherapy, radiation, and surgery to improve the patient's Quality of Life (QoL).	Utilized instead of conventional medical treatment, encouraging patients to refuse standard oncology care.
Medical Stance	Strongly supported by oncologists and backed by peer-reviewed clinical trials.	Strongly rejected by the medical community (PMA) due to high mortality and treatment delay risks.
Theological Standing	Supported by moderate scholars; aligns with the Sunnah of balancing faith with medical treatment (Asbab).	Rejected by theologians; criticized for creating spiritual crises when untreated patients pass away.
Survival Outcomes	Improved compliance with chemotherapy, better pain tolerance, and enhanced emotional resilience.	High rates of diagnostic delay, rapid cancer metastasis, and a near-doubling of mortality rates.

6. Conclusion

This systematic and critical review highlights the great dichotomy in the use of spiritual practices in oncological care in the Islamic regions. The empirical data confirmed that auditory Quranic recitation, especially the rhythmic patterns of Surah Ar-Rahman, is a very effective, non-invasive and cost-effective supportive therapy.

In traditional oncological paradigms, it offers measurable physiological and psychological benefits, including a significant reduction in chemotherapy-induced anxiety, normalization of heart rate variability, decreased salivary cortisol levels, and increased subjective tolerance to physical pain. Cross-cultural Christian spiritual interventions mirror these neurophysiological correlates, highlighting the universal stress-reducing utility of faith-based coping mechanisms.

But when spiritual healing is used as an alternative or sole cure, a serious public health crisis arises. The promotion of faith healing in its

absolute form by un-authorized practitioners exploits the absolute vulnerability of cancer patients and results in catastrophic delays in diagnosis and treatment ranging from 3 to 11 months. The epidemiological evidence is clear that the clinical delays of this type allow localised malignancies to grow to metastatic, late stage terminal disease, with a near doubling of mortality rates and irreversible physical suffering. Furthermore, the ultimate death of these patients raises profound theological dilemmas, shaking the faith of grieving families who have been Led into Delusion by absolute spiritual claims.

The resolution of this socio-religious and clinical dilemma ultimately does not depend on a zero-sum rejection of spiritual resources, but rather provides a synthesized model of Integrative Oncology. Medical systems in highly religious regions should actively validate the supportive, psychological comfort of Quranic recitation, while strictly enforcing patient compliance with evidence-based conventional therapies like chemotherapy, radiotherapy and surgery. To protect public health and preserve theological integrity, a collaborative alliance must be formed between oncologists, public health authorities, moderate Islamic scholars, and media platforms to unequivocally reject unscientific alternative cure claims, ensure prompt clinical presentation, and save countless lives.

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