SYSTEMATIC REVIEW

Theoretical Understanding and Clinical Effectiveness of Ruqyah Treatment for Mental Health Patients in Malaysia: A Systematic Review

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ABSTRACT

Introduction: In Malaysia, religious and cultural factors have contributed to the growing studies conducted to examine the effectiveness of ruqyah in treating mental disorders. The relevance of this topic was also supplemented by the micro-credentials provided by the Malaysia government. However, the lack of a clear understanding of ruqyah's theoretical foundation has prevented conclusive findings regarding its clinical effectiveness. Therefore, this study aims to conduct a systematic literature review to identify two key aspects. First, the theoretical understanding of ruqyah's application. Second, an examination of studies that provide various forms of evidence regarding the clinical effectiveness of ruqyah to mental illness. **Materials and Methods:** This review performs a comprehensive search across academic databases including Scopus, Google Scholar, Web of Science, and DOAJ, focusing on topics related to the conceptual understanding of ruqyah and its clinical effectiveness for mental health patients in Malaysia. **Results:** Based on this systematic search, 16 literatures were found. The discussion reveals that the understanding of ruqyah's foundations among both practitioners and patients is directly related to the level of effectiveness of ruqyah treatment among mental health patients in Malaysia. Nevertheless, this correlation does not necessarily imply causation, which positing such requires further research through robust experimental study design to minimise bias in findings and improve the accuracy of data interpretation. **Conclusion:** Additionally, it reveals a lack of large-scale experimental studies that assess ruqyah's effectiveness among patients in Malaysia. Hence, this review highlights the need for standardized clinical trials on ruqyah's therapeutic efficacy in Malaysia.
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INTRODUCTION

Terminologically, 'ruqyah' is commonly defined as Quranic incantation and supplications to the ail or those who have had health problems [1]. Contemporary clinical interest indicates its role as a culturally attuned medical treatment on mind-body problems that may influence emotion regulation, attention, meaning-making, and biopsychosocial arousal in Muslim patients [2, 3].

Mental illness has received increasing attention as one of the most challenging global health issues. In Malaysia and Muslim-populated settings, patients often seek ruqyah alongside biomedical care. Although conventional treatment such as psychotherapy and pharmacotherapy remains the main approach, the increasing demands among Muslim population on the spiritual-based intervention such as ruqyah suggests the importance of assessing the efficacy and understanding of this culturally-attuned method in complementing mental health treatment in Malaysia [4, 5, 6].

From a theoretical understanding perspective, ruqyah often perceived as a method that can be used in treating all kinds of health problems, whether physical or metaphysical illness. It is suggested that ruqyah is a holistic treatment applicable not only to treat psychological problems, but also spiritual diseases -which seems to be sidelined in conventional medicine. In Islam, spiritual disease has symbiotic relationship with physical diseases because it is the heart and soul which moves human being, in both moral and biological senses [7, 8, 9].

From the clinical perspective, empirical studies on ruqyah based-intervention indicate the significant impact it has in improving the quality of life and decreasing symptoms of mental illness such as depression, as evident in the studies conducted by Pramesona & Taneepanichskul [10] and Che Wan Mohd Rozali et al. [11], among others.

Overall, both insights strongly indicated a plausible clinical and theoretical research on ruqyah as a plausible complementary treatment for mental health problems. Previous writings had framed ruqyah as a mind-body intervention in which incantation (tilāwah), remembrance (dhikr), and supplication (duʿā') in tandem with theoretical understanding which forms cognitive appraisal and expectancy, had congruent effect on stress and mood pathways [12]. Therefore, clinicians require explanation on the theoretical basis and clinical efficacy in informing a culturally attuned medical approach and research agendas. Especially when both perspectives, the theoretical and empirical, are systematically synthesized. The relevance of this issue in Malaysia is highlighted from the increase of application for micro-credential by Health Ministry on the Traditional and Complementary Medicine (TCM) [13, 14]. Notwithstanding, systematic literature review on the theoretical understanding and clinical effectiveness of ruqyah towards mental health in Malaysia is almost non-existence. This gap grounds the raison d'ĸtre of this review. This would then be a beneficial academic reference for the Malaysia's TCM initiatives.

That being said, this study aims to systematically review the previous and current studies conducted from two key dimensions:

(i) The understanding of ruqyah as a treatment modality in Malaysia. In other words, reviewing studies related to "what are the theoretical underpinnings of ruqyah?"

(ii) The clinical effectiveness of ruqyah on patients with mental health issues in Malaysia. Meaning, reviewing studies on "what had substantiated ruqyah's clinical effectiveness on mental health?"

Hopefully, the review would contribute in underpinning the improvements needed in conducting research on ruqyah and mental health, and complements as an invaluable reference point for research on the topic of ruqyah's efficacy and understanding in general. Consequently, it identifies gaps to guide future randomised controlled trial studies.

MATERIALS AND METHODS

Design

This study is a systematic review on the studies conducted on the theoretical understanding of ruqyah and its clinical effectiveness among mental health patients in Malaysia. The review does not involve meta-analysis because of the heterogenic nature of the subject. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2009/2020 as outlined by the MJMHS Journal will be adhered to in conducting the study.

Search Methods

This review was conducted through systematic search on five academic database platforms namely Scopus, PubMed, Web of Science (WoS), Google Scholar, and Directory of Open Journals (DOAJ). The search started to cover literatures published from 2010 until 29th July 2025 (Malaysia time).

The strategy employed involves four stage reviews which includes an identification, screening, eligibility, and inclusion process. For identification level, relevant keywords are used based on the search engine of the platforms mentioned which peruse Boolean operators in order to limit the irrelevant literatures [15]. The Boolean operators are summarized as in **Table I.**

Table I: Boolean search strings based on topics in focused

BOOLEAN SEARCH STRINGS

NO.	SEARCH ENGINES	SEARCH STRINGS
1	Google Scholar	("Ruqyah" OR "Islamic spiritual healing") AND ("mental health" OR "emotional disorder") AND ("Malaysia" OR "Muslim") AND ("effectiveness" OR "clinical outcome")
2	Scopus	"Ruqyah AND mental health" OR "emotional disorder AND effectiveness AND clinical outcome AND Malaysia"
3	PubMed	("Ruqyah" OR "Islamic spiritual healing") AND ("mental health" OR "emotional disorder") AND ("Malaysia" OR "Muslim)
4	WoS	"Ruqyah AND mental health" OR "emotional disorder AND effectiveness AND clinical outcome AND Malaysia"
5	DOAJ	("Ruqyah") AND ("Effectiveness")

The general rule is, the smaller the Boolean search strings, the greater the scope of the search results provided by the engines. This rule, in tandem with the generic-driven identification explain the minor differences of keywords used on different platforms. The goal is to maximize the number of relevant findings of the respective search engines.

Eligibility

Inclusion and exclusion criteria are required over the search results in order to define avoid committing red-herring fallacy and minimizes subjectivity in the findings. The criteria is stipulated in **Table II.**

In light of this, the eligibility of this study also excludes the need for ethical committee approval because it is a literature review which does not involve physical interaction with human research subject/ trial such as cross-sectional study and experiment.

Table II: Inclusion and Exclusion Criteria

INCLUSION AND EXCLUSION CRITERIA

INCLUSION	EXLUSION
theoretical/conceptual literature on ruqyah	the non-Islamic spirituals unrelated to *ruqyah*
clinical studies such as Randomized Controlled Trials, quasi-experimental, cohort, and case series which centred on *ruqyah*	opinion pieces without usable theory
outcomes in mental health or correlated state such as anxiety, depression, stress, pain, distress (suicidal thought)	biomedical studies with no psychological outcomes
literatures ranging from English or Malay	

Quality Appraisal

The result of the literature can be discerned into two major discussions: (i) the conceptual and theoretical understanding of Ruqyah among mental health patient in Malaysia; and (ii) the clinical effectiveness of ruqyah towards mental health patient in Malaysia. In assessing the quality of these literatures to the discussions in concerned, Critical Appraisal Skill Programme (CASP) is used since the review is about ruqyah and mental health, which is featured by qualitative or mixed approach and requires flexibility [16]. The quality appraisal results for the literatures are shown in **Table III.**

Table III: Quality Appraisal based on CASP

QUALITY APPRAISAL

CASP Criteria	Appraisal
Clear Aim	Yes (n = 16)
Methodology Appropriate	Yes (n = 16)
Design Appropriate	Yes (n = 16)
Recruitment Strategy	Yes (n = 14); Partly (n = 2)
Data Collection	Yes (n = 14); partly (n =2)
Researcher Participate	Yes (n = 9); partly (n = 7)
Ethical	Yes (n = 17)
Data Analysis	Yes (n = 16)
Findings Clear	Yes (n = 16)
Value of Research	Very high (n = 3); high (n = 5); moderate (n = 10)
Overall Quality Judgement	n = 16 moderate-to-high

Synthesis

Due to the heterogenic nature of the subject i.e. the varied understanding and clinical application of ruqyah (e.g. guided ruqyah versus self-ruqyah, etc.), comparators (usual care versus waiting-list setting) and outcomes (very effective; not effective), we used narrative synthesis clustered by design and endpoint.

RESULTS

The search outcome resulted into 328 related literatures. A large portion came from Google Scholar in maximizing the search for the related literatures. From the search, 25 records were removed before screening due to duplication (n = 22); and other reasons (n = 3). Thus, records to be screened after the removal is 306 literatures. The study is followed by screening process where the irrelevant literatures was excluded, based on keywords, snippets on search result and abstracts associated with the used search strings. The excluded literatures mostly due to the few search hits on 'Malaysia'. Based on the screening, 20 literatures have been collected and 285 literatures have been excluded. The review was further refined with second screening through a narrowing-down process to ensure greater focus and relevance. It's conducted with full-text assessment on the 20 literatures to identify its eligibility outlined from inclusion and exclusion criteria.

Following the full-text review, 16 literatures met all inclusion-exclusion criteria. The process perused inclusion and exclusion criterion through two phases. First, a generic inclusion-exclusion criterion was employed using search strings related to the study. Afterwards, the results were screened and collected. The data (results) which have been collected will forego a specific inclusion-exclusion criterion based on year published between 2010 and 2025 in English or Malay language. The study design about the empirical or conceptual focus on ruqyah and mental health with relevance to Malaysian context. The whole process is mapped out as in **Fig. 1**: PRISMA 2020 flow diagram for new systematic review includes databases and registers.

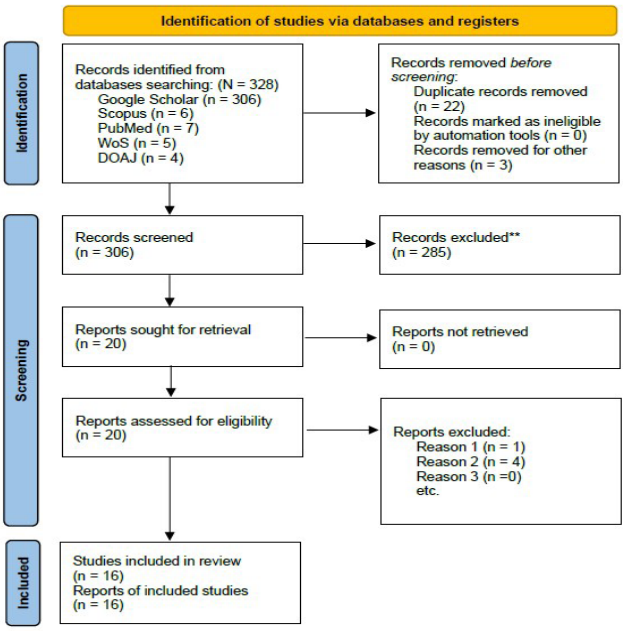

Fig. 1: PRISMA 2020 flow diagram for new systematic review includes databases and registers.

DISCUSSION

In terms of conceptual understanding of ruqyah, previous studies revealed varying philosophical and religious understandings from three different groups: the psychiatrist (physicist), the faith healers and the patient.

Studies done by Al-Naggar et al. [17] highlighted that most Islamic faith healers adopted a holistic-normativism understanding of diseases. This is evident through the interviewed faith healers' take on both realm of diseases, spiritual or physical; and that Islamic spiritual healing has more efficacy and less risky than modern-physicalist treatment.

Md. Rosli et al. [18] also highlighted the importance of theoretical understanding among Malaysian in order to ensure accurate assessment on the effectiveness of ruqyah treatment to mental health patient in Malaysia. His study highlights the differences in theoretical understanding which can be termed as (i) physical-reductionism; (ii) holistic-normativism; and (iii) Islamic compatibilism. In terms of understanding the efficacy of ruqyah, he also supports the fact that there are the empiricist view and the faith-based view. His study however does not involve clinical test on the effectiveness of ruqyah towards mental health patient, rather substantiating the theoretical framework for studying ruqyah effectiveness.

Muneer Ali Abdul Rab et al. [19] highlighted that there are two ways to understand the effectiveness of ruqyah towards mental health problems: (i) the empiricist understanding; and (ii) a faith-based understanding. The latter is more plausible because it maintains curability in a more holistic way. Plethora of religious reasons explain the physical symptoms exhibited pre and post treatment. For example, the understanding that any illness is God's blessing to the believer in order to expiate their sins or as a test of faith explains why the symptom of mental health problems after treatment still present. However, his study lacks clinical explanation over the effectiveness of ruqyah.

An interview-based study conducted on 357 patients by Khadijah Hasanah Abang Abdullah et al. [20] suggested that patient who exhibit mental health problems believes that their symptoms are the results of devil's intervention, which prompted them to seek the help of faith healers; whereas some had adopted a compatibilist understanding. On the other hand, the psychiatrist community in general believed in a compatibilist approach to mental health problems. Nonetheless, does not analyse what is the true theoretical understanding for ruqyah.

In 2017, Abang Abdullah et al. [21] carried out a study to investigate the prevalence of psychiatric illness among those who attended a faith healing centre in Malaysia, Darussyifa'. Their study indirectly suggested the importance of religiosity/ theoretical understanding of ruqyah in understanding its efficacy. Through cross-sectional study, it highlights that the religiosity and the patients' perception on the cause of psychiatric illness do influence the prevalence of ruqyah. However, it does not observe 'does the theoretical understanding of ruqyah among patients (and the healers) influence the clinical effectiveness of the ruqyah'.

Rahman et al [22] studies had shown the medical doctors' understanding: they acknowledge patients' cultural and spiritual needs, but largely rely on biomedical frameworks. Clinical effectiveness of ruqyah among doctors seem to be implausible. Some doctors see ruqyah as complementary, in fostering patient trust and improving engagement, though they express concern about lack of standardisation and clinical validation. Again, the study however does not outline the standards healer should subscribe to in conducting ruqyah.

Mohd Shahrul Kamaruddin [23] conducted a systematic review on literatures about ruqyah in Malaysia setting, especially during CoVid-19 pandemic. His study revealed that the correct conceptual understanding on ruqyah and mental health problem among community (patient, psychiatrist and faith healers) is key in ensuring the effectiveness of ruqyah treatment.

A study conducted by Rabi'atul Adawiyah Md Sa'ad et al. [24] demonstrates that faith healers in Malaysia generally adopted Islamic compatibilism, a view which urges the patient to have physical medication concurrently; although there were minority who subscribed to a holistic-normativist understanding.

There are studies that addressed both the theoretical understanding and clinical effectiveness of ruqyah to mental health. Razali et al. [25] conducted a case study on a woman who suffered a major depressive disorder. Their study highlights that there are faith healers who adopted an Islamic compatibilist approach; that both ruqyah and psychiatric prescription are required in curing a person. The study also exposed that most people believed that mental health symptoms are due to devil's work, which is a form of coping mechanism. The study exposes the culturally-embedded historical understanding of illness and disease among the Malays in the past does influence the current Malay's conceptual understanding on ruqyah and mental health. In terms of efficacy, it was shown in this case that ruqyah has to be self-applied as well; and that medication should be taken. Hence, due to no randomized-controlled test, the effectiveness of ruqyah is demonstrably ambiguous.

Moving to related studies on ruqyah's clinical effectiveness, Afifuddin Mohamad & Nooraini Othman [4] employed the Beck Depression Indicator (BDI) scale to measure the efficacy of ruqyah on depression. The data collection involves interview and observation on two patients with depression of opposite gender, which informs us the respondents' conceptual understanding of ruqyah. The result shows that both patients believe that modern-physical treatment is unsatisfactory and inefficacious to treat their depression and according to the BDI scale post-ruqyah, both patients confirmed the effectiveness of ruqyah treatment done upon them.

Hielda Noviyanty [26] performed a study to identify the effectiveness of ruqyah against those who suffered mental disorders in Selangor, Malaysia. Her study supports the thesis that ruqyah suggests potential clinical efficacy in reducing mental health issues: the empirical findings from 100 drug addicts which at least suffer compulsive-obsessive disorder highlights a clinical effectiveness of self-ruqyah (i.e. spiritual psychotherapy) among the respondents. However, it the study is inadequate in providing a framework for a standardized clinical application of ruqyah towards mental health patient: no faith healers are involved.

Warlan Sukandar [27] conducted a qualitative study which perused interview data collection had suggested the effectiveness of ruqyah in healing mental health problems. The subjects were elderly people and they were prompted to practice dhikr (remembrance of God) for a period of time. The interview results shown that most respondents attested to the efficacy of dhikr as a therapeutic mechanism for spiritual and mental well-being. However, the study lacks objective standard to clinically test the effectiveness of dhikr.

Saged et al. [28] investigated the effects of religious interventions in particular. A randomized controlled trial (RCT) was employed in the research. The findings showed that Remembrance and Seeking Allah's Forgiveness Intervention (RSAFI) significantly supports the clinical effectiveness of religion-based interventions in mental health care. Notwithstanding, the approach in the study cannot be seen as providing comprehensive findings regarding the application of ruqyah in mental health, as the clinical trial did not involve practitioners, instead it is a self-administered ruqyah (RSAFI).

Muhammad Omar et al. [29] had commenced a rigorous study in understanding the clinical effectiveness of ruqyah treatment towards mental health patient. The study perused cross-sectional method to identify the relationships on five pivotal aspects, which complementing one another. In summary, the study concluded that there the follow-up practice factor is has the highest score as determinant to the effectiveness of ruqyah treatment. This study had suggested the empirical evidence for the effectiveness of ruqyah treatment for mental health patient. However, the study lacks pilot study and is not an experimentation study on ruqyah treatment towards mental health.

Mohd Afifudin Mohammad [30] had conducted a study to observe the effectiveness of ruqyah treatment towards mental health patient. However, the study lacks experimental setting and rely heavily on interview and questionnaire. This invites risk of bias. One of the reasons being, the respondent is viable to present a filtered understanding of the interconnecting physical laws which explains what really cured them. Overall, to claim that "ruqyah treatment causes reduction of mental illnesses" requires rigorous controlled experiment which results could be replicated for a plausible number of times. This is because, correlation does not necessarily imply causation [31].

In summary, the high relevance literature concerning the theoretical understanding and clinical effectiveness of ruqyah treatment towards mental health patient in Malaysia showed that efficacy of ruqyah in clinical setting is limited, but had promising evidence on the following aspects: (i) reducing anxiety, depression and emotional disturbance; (ii) cases of Tourette Syndrome showed reduction in symptoms post-ruqyah; (iii) Most clinical studies were qualitative, case studies, or used small non-randomised samples; (iv) absence of standardized clinical trial designs; (v) a few literatures indicated positive placebo effects and improved subjective wellbeing post-ruqyah; and (vi) the correlation-causation between the patient-healers conceptual understanding of ruqyah and its effectiveness showed a plausible result of ruqyah efficacy [31]; (v) the cross-cultural understanding of ruqyah's effectiveness. These are evidential in studies done by Kim [32]; Hamidi Rahman et al.[33]; and Ng [34].

The above discussion also demonstrated the overlaps between clinical effectiveness and theoretical understanding of ruqyah. This strongly suggests the correlation (or causation) claims between the two aspects which would call for a more robust scientific investigation. Significantly, studies on this topic had garnered attention from international community. This can be seen when World Health Organization (WHO) had developed WHO Global Traditional Medicine Strategy 2025-2034, which indirectly pointed out the importance of further research on religious-based intervention for mental health [35, 36]. Although in general, policy guidelines for traditional medicine produced by WHO were the results of several studies and health quality reports [36], studies on the clinical efficacy of ruqyah intervention as a part of traditional medicine is localized and still lacking recognition from international organization such as WHO.

CONCLUSION

While ruqyah remains a significant cultural-spiritual treatment avenue, current evidence for its clinical effectiveness in mental healthcare is inconclusive. It is helpful in intervention treatment to reduce symptom of mental disorder such as depression, anxiety and bipolar. However, due to insufficiency of precise and relevant studies in line with the growing recognition and use of Traditional and Complementary Medicine (TCM) in the Malaysian context, additional research is required in term of cross-sectional and experimental studies, development of standardised instruments and interdisciplinary discourse between 'ulama (Islamic scholars), clinicians, and mental health professionals.

This review therefore recommends for two distinct aspects: (a) clinical procedure/ policy relevance for integration of ruqyah in Malaysia mental healthcare; and (b) research recommendations on the efficacy of ruqyah treatment in Malaysia.

In terms of the clinical/ policy relevance, it indicates the need to conduct studies on developing ruqyah protocols and focuses on developing studies to implement ruqyah in clinical practice because substantial evidence outlined in the review had highlighted the potential of this treatment in healthcare system to support mental health. In terms of research recommendations, it suggests a large-scale experimental study in tandem with cross-sectional study design (if applicable), collaborated by psychiatrist and faith-healers to establish the effectiveness of ruqyah treatment in Malaysia from a naturalistic or 'scientific' viewpoint. For example, future research that employs randomized controlled trials and standardized ruqyah protocols to assess efficacy in clinical settings

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REFERENCES

1. Hussin ER. Kesan Perubatan Ruqyah Terhadap Pesakit Histeria di Pusat Perubatan Tradisional Islam di Darussyifa' dan Darussalam [PhD thesis]. Skudai: Universiti Teknologi Malaysia; 2016.
2. Dein S, Illaiee AS. Jinn and mental health: Looking at jinn possession in modern psychiatric practice. The Psychiatrist. 2013;37(9):290–3. doi: https://doi.org/10.1192/pb.bp.113.042721.
3. Razali ZA, Tahir MF. The Role of Psychiatrists and Muslim Faith Healers in Mental Health Issues. IMJM, 2018; 17 (1): 31-35. doi: https://doi.org/10.31436/imjm.v17i1.1037.
4. Mohamad MA, Othman N. The Ruqyah Syar'iyyah spiritual method as an alternative for depression treatment. Mediterr J Soc Sci. 2016;7(4). doi:10.5901/mjss.2016.v7n4p
5. Raaj S, Navanathan S, Tharmaselan M, Lally J. Mental disorders in Malaysia: an increase in lifetime prevalence. BJPsych Int. 2021;18(4):97–9. doi:10.1192/bji.2021.4.
6. Zarkasi KA, Danker TJ, Julani IM, Rasid NIM, Kumaran JS, Panirselvan P, Ramli NZ, Sani MHM. Levels of depression, anxiety, and stress measured by DASS-21 and their associated factors in a rural village of Ranau District, Sabah, Malaysia. Acta Med Philipp. 2022, 56(7): 49-57. doi:10.47895/amp.vi0.2524.
7. Ibrahim MA, Shah ASM, Mohd RA. Concept of Shifa in al-Quran: Quranic medicine approach in healing physical disorder. Al-Qanatir Int J Islam Stud. 2018;6(2), 23-39. Available from https://www.al-qanatir.com/aq/article/view/60.
8. Adynata, Idris. Effectiveness of Ruqyah Syar'iyyah on physical disease treatment in Riau Province. J Ushuluddin. 2016;24(2). doi: http://dx.doi.org/10.24014/jush.v24i2.1525
9. Ghazali USM. Kajian ketokohan dan sumbangan Haron dalam bidang perubatan Islam di Malaysia [master's thesis]. Penang: Universiti Sains Malaysia; 2021.
10. Pramesona BA, Taneepanichskul S. The effect of religious intervention on depressive symptoms and quality of life among Indonesian elderly in nursing homes: A quasi-experimental study. Clin Interv Aging. 2018;13:473–83. doi:10.2147/CIA.S162946
11. Rozali WNACWM, Ishak I, Ludin AFM, Ibrahim FW, Abd Warif NM, Che Roos NA. The impact of listening to, reciting, or memorizing the Quran on physical and mental health of Muslims: Evidence from systematic review. Int J Public Health. 2022;67. doi:10.3389/ijph.2022.1604998.
12. Kulsoom B. Ruqyah: Listening to Quranic verses, a disease treatment strategy. Int J Integr Care Med. 2024;5(1): 56–70. doi: https://doi.org/10.55116/IJICM.V5I1.64.
13. Ridzuan MH, Ali MF, Tan CK, Aziz AFA. Traditional and complementary medicine use during postpartum period: A cross-sectional analysis at a rural, public maternal and child health clinic in West Malaysia. Cureus. 2021. doi: 10.7759/cureus.15410
14. Ahmad K, Md Ariffin MF, Shafie MK, Ariffin S, Deraman F, Abdullah M. Penekanan aspek wasatiyyah bagi pembangunan kesejahteraan masyarakat Islam melalui pengubatan alternatif Islam: pengalaman di Malaysia. In: International Conference on Islam in Malay World V (ICON-IMAD V); 2015; Prince Songkhla University, Thailand. Available from: https://www.researchgate.net/publication/283349323_Penekanan_Aspek_Wastiyyah_Bagi_Pembangunan_Kesejahteraan_Masyarakat_Islam_Melalui_Pengubatan_Alternatif_Islam_Pengalaman_Di_Malaysia
15. Othman WMAQ, Zawawi TZT, Bakar M, Rasudin NS, Yaacob NA. Pembangunan digital solat ketika sakit: Sorotan literatur sistematik di Malaysia. Al-Hikmah Int J Islam Stud Hum Sci. 2021;4(4). doi:10.46722/hkmh.4.4.21a
16. Singh J. Critical appraisal skills programme. J Pharmacol Pharmacother. 2013;4(1). doi:10.4103/0976-500X.107697
17. Al-Naggar RA, Bobryshev YV, Abdulghani MAM, Rammohan S, Al-Jashamy K. Knowledge and perceptions of cancer and cancer prevention among Malaysian traditional healers: A qualitative study. Asian Pac J Cancer Prev. 2012;13:3841. doi:10.7314/APJCP.2012.13.8.3841
18. Rosli ANM, Hashi AA, Razali ZA. Jinn and mental illness among Muslims – A commentary. IIUM

Med J Malaysia. 2020;19(1):125–8. doi: https://doi.org/10.31436/imjm.v19i1.1341
19. Abdul Rab MA, Ismail AM, Awang H, Hoque M, Aljabri NA, AlShibli AAS. Alternatives for psychological illness treatment and prevention in Malaysia from the perspective of Shariah. Malays J Syariah Law. 2022;12(3):633–51. doi:10.33102/mjsl.vol12no3.927
20. Abang Abdullah KH, Mohamed Saini S, Sharip S, Shaharom MH. Seeking help at an Islamic spiritual healing centre: Malaysia's perspective. Ment Health Relig Cult. 2016;19(7):742–51. doi: https://doi.org/10.1080/13674676.2016.1277986.
21. Abang Abdullah KH, Mohamed Saini S, Sharip S, Shaharom MH. Psychiatric morbidities among attenders of an Islamic spiritual healing centre in Malaysia. IIUM Med J Malaysia. 2017;16(1). doi: https://doi.org/10.31436/imjm.v16i1.360
22. Rahman MK, Zailani S, Musa G. The perceived role of Islamic medical care practice in hospital: The medical doctor's perspective. J Islam Mark. 2018;9(1):2–18. doi: https://doi.org/10.1108/JIMA-01-2016-0006
23. Kamaruddin MS. Mental health issues in Malaysia: a systematic review. African J Soc Work. 2022;12(6):295–305. doi: https://doi.org/10.4314/ajsw.v12i6.
24. Md Sa'ad RA, Razali ZA, Sanip S, Mohd Rani MD. Knowledge and attitude of Malaysia's Muslim faith healers in dealing with the mentally ill. Ment Health Relig Cult. 2018;20(10):1015–27. doi:10.1080/13674676.2018.1428793
25. Razali ZA, Ab Rahman NA, Husin S. Complementing the treatment of a major depressive disorder patient with Ruqyah Shar'iyyah therapy: A Malaysian case study. J Muslim Ment Health. 2018;12(2). doi:10.3998/jmmh.10381607.0012.204
26. Noviyanty H, Hanin Hamjah S, Mohammad AD, Ismail Z. Spiritual psychotherapy as an intervention for mental disorders to reach the level of self-awareness amongst drug addicts in Selangor, Malaysia. Pak J Life Soc Sci. 2024;22(1). doi:10.57239/PJLSS-2024-22.1.00312
27. Sukandar W. Dhikr as a psychospiritual therapy for the elderly: A phenomenological study at the elderly boarding school of Madrasah Ibnu Mas`ud, Segamat, Johor, Malaysia. J Kajian Pengemb Islam. 2025;8(1). doi: https://doi.org/10.31869/jkpu.v8i1.6767
28. Saged AAG, Sa'ari CZ, Abdullah M, Al-Rahmi WM, Ismail WM, Zain MIA, alShehri NBA. The effect of an Islamic-based intervention on depression and anxiety in Malaysia. J Relig Health. 2022;61(1):79–92. doi: 10.1007/s10943-021-01484-3.
29. Omar M, Abdullah M, Ahmad AR, Mat Amin AR, Shafei SA, Haron S, et al. Factors affecting the effectiveness of ruqyah treatment among Muslim community in Malaysia. J Spiritual Ment Health. 2024;27(2):202–21. doi:10.1080/19349637.2024.2338839
30. Mohammad MA. Rawatan spiritual ruqyah Syar'iyyah sebagai medium intervensi terapeutik kemurungan dan sumbangan terhadap polisi rawatan perubatan alternatif [master's thesis]. Skudai: Universiti Teknologi Malaysia; 2016.
31. Ransome Y. Religion, spirituality, and health. New considerations for epidemiology. American Journal of Epidemiology. 2020; 189(8): 755-758. doi: 10.1093/aje/kwaa022.
32. Kim YJ. The current studies of education for a traditional and complementary medicine in Malaysia. J Evid Based Complement Altern Med. 2017;22(4):531–7. doi: 10.1177/2156587217726882.
33. Hamidi Rahman R, Ridzwan Z, Saludin MR, Hussin S. Diagnosis of jinn possession amongst non-Muslims with mental disorders using Jinn Possession Scale. Eur J Med Health Sci. 2022;4(3):29–31. doi:10.24018/ejmed.2022.4.3.1342
34. Ng SS. Exploring cultural understandings of mental health disorders in multi-ethnic societies of Brunei Darussalam, Malaysia, and Singapore: a scoping review [dissertation]. Bangkok: Thammasat University; 2024. Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://ethesisarchive.library.tu.ac.th/thesis/2024/TU_2024_6617090698_20556_29944.pdf.
35. Winiger F, Peng-Keller S. Religion and the World Health Organization: An evolving relationship. BMJ Global Health. 2021; 6(4)(e004073): 1-9. doi:10.1136/bmjgh-2020-004073.
36. Wong YMA, Ahn S, Bana A, Dua PK, Eggers R, Kuruvilla S, Li Y, Liu Q, Shen Y, Kim S. Policy implications of WHO's Global Traditional Medicine Strategy 2025-2034. Bulletin of the World Health Organization. 2025; 103 (11): 715-721. doi:10.2471/BLT.25.293414.