



MEDICAL THERAPY AND RUQYAH IN THE TREATMENT OF SCHIZOPHRENIA: A PERSPECTIVE OF ISLAMIC LAW AND HEALTH REGULATION IN INDONESIA

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Abstract

Schizophrenia is a serious mental disorder characterized by perceptual, thought, and behavioral disorders. In societies with strong religious backgrounds, many view this disorder as the result of spiritual disorders, preferring ruqyah therapy to medical treatment. This study aims to explore and compare the effectiveness of medical therapy and ruqyah therapy in the treatment of schizophrenia, as well as to understand the public's perception of the two approaches. The method used was qualitative research with a phenomenological approach, through in-depth interviews with eight participants consisting of medical personnel and scholars in the Sumedang area. The results of the study show that medical therapy remains the main cornerstone in controlling the symptoms of schizophrenia, especially through the use of antipsychotics. However, ruqyah therapy provides positive psychological effects such as calmness and increased spiritual spirit of the patient, and is often chosen because it is considered more in accordance with religious values. The integration between medical and spiritual approaches is seen as a holistic strategy, especially in the context of Muslim society. The study also highlights the importance of the role of family, community education, and stigma reduction in supporting therapy success. In conclusion, an integrative approach that includes medical and spiritual therapies can improve patient adherence, reduce stigma, and strengthen social support in schizophrenia recovery.

Keywords: *Schizophrenia, medical therapy, ruqyah, mental health*

A. Introduction

Many less educated people believe that ruqyah is a remedy for people who often speak for themselves, considering it a spiritual disorder. However, medical science identifies the symptom as schizophrenia, a serious mental condition that interferes with



a person's ability to carry out daily activities independently. Schizophrenia causes changes in the way they think, feel, and behave, often leaving sufferers feeling isolated from the world. The lack of understanding of mental health causes many people to rely on alternative treatments such as ruqyah, so people with schizophrenia do not get proper and necessary medical care. The problem so far is that some of the general public feel embarrassed to do a direct examination at a psychiatric hospital because there is still a negative stigma from the community. Not only that, the cost of consulting a psychiatrist who is not cheap is one of the factors not to check herself. In fact, early detection of schizophrenia is very necessary so that it is given quick and appropriate treatment, so as to minimize the occurrence of more severe conditions (Haraini et al, 2021). The results of a 2018 World Health Organization (WHO) survey stated that currently it is estimated that around 20 million more people in the world are affected by schizophrenia. Cases of mental disorders based on the results of Basic Health Research (Riskesdas) in 2018 increased by around 450 thousand severe mental disorders. Central Java ranks seventh in number (8.7 per mile). The health profile of Central Java province in 2019 stated that there were 81,983 people with severe ODGJ in Central Java Province and 68,090 people received health services according to standards or 83.1 percent (Ayuningtyas, D., & Rayhani, M. (2018).

Study by Muneer Ali Abdul Rab et al. Exploring the causes, prevention, and treatment of psychological diseases in Malaysia from a Sharia perspective using a qualitative approach and content analysis, this study concludes that psychological illnesses are caused by genetic, biological, environmental, and psychological factors. Recommended methods of prevention and treatment include Sharia knowledge, faith, good deeds, as well as spiritual practices such as reading the Qur'an and ruqyah. The study emphasizes the integration of medical and spiritual approaches to mental health. In addition, Marli Candra, Umi Asmaul Fauziah Adha, and Athifatul Wafirah from UIN Sunan Ampel Surabaya researched the practice of ruqyah at the Ruqyah Center Sidoarjo Institute in maintaining family harmony from the perspective of sharia maqashid. With qualitative methods, interviews, and documentation, this study shows that ruqyah, which involves the recitation of Qur'an verses and prayers, as well as giving advice, plays a role as a preventive effort in maintaining the integrity of the household. On the other hand, Amalia Diah Intan Pratiwi and Arni Nur Rahmawati explored the effectiveness of dhikr therapy in treating sensory perception disorders, especially auditory hallucinations, in patients at Banyumas Hospital. The method used was a case study with a nursing approach, they found that dhikr therapy helped patients control hallucinations, improve calmness, and sleep quality. The therapy also contributes to lowering anxiety and improving the emotional well-being of patients, suggesting that a spiritual approach can complement medical treatment. Meanwhile, Md Rosli AN, Hashi AA, and Razali ZA from

International Islamic University Malaysia and Universiti Sains Islam Malaysia explored the Muslim community's belief in jinn as a cause of mental disorders and its impact on mental health treatment. With a literature review and data analysis, the study found that these beliefs lead to delays in seeking medical help and reinforce stigma. They use a multidisciplinary approach, including education, advocacy, and further research. In addition, an integration between medical and spiritual approaches, as well as a better understanding of the concepts of Islamic medicine, is necessary to provide holistic and effective care for patients.

Our group will conduct research with qualitative methods through in-depth interviews to explore the perceptions of scholars in Tanjungkerta village and psychologists in Sumedang towards medical therapy for schizophrenia and ruqyah. In contrast to previous studies that focused more on the integration of medical and spiritual approaches in general, our study will highlight the comparison of effectiveness between conventional medical therapy and ruqyah in treating schizophrenia. We will also compare our findings with previous studies, such as the study by Muneer Ali Abdul Rab et al. Which emphasizes medical-spiritual integration, as well as research by Md Rosli AN et al. Which discusses people's belief in jinn as the cause of mental disorders. The aim of our research is to understand how society views the two approaches, as well as to change societal stigma regarding the cure of schizophrenia with ruqyah treatment.

B. Method

1. Research Design

This study uses a qualitative design with a phenomenological approach to understand the perception and experience of medical personnel and ruqyah practitioners in dealing with schizophrenia. This design was chosen because it is able to dig deep into how the two approaches are viewed and integrated in real practice (Wijaya et al., 2025). This design also allows researchers to explore the socio-cultural contexts that influence the application of medical therapy and ruqyah. The main reference in the use of this design is the research by Creswell (2021) which emphasizes the importance of a qualitative approach in understanding complex phenomena such as the integration of medical and spiritual medicine.

2. Participant/Subject

Participants in this study consisted of medical personnel (psychologists) and scholars. The number of participants is planned to be 8 people, with a composition of 4 medical personnel and 4 scholars. Participants come from a variety of ages, genders, and professional experiences. They were selected from the Sumedang area and its surroundings, taking into account the diversity of socio-economic-cultural conditions.

Prior to participation, all respondents were asked for written consent and explained about the purpose of the research as well as the confidentiality of the data.

3. Research Location

The research locations were carried out in several health facilities and ruqyah centers in the Sumedang area, West Java. The selection of this location is based on the high prevalence of schizophrenia cases in the area and the existence of a fairly active practice of ruqyah. The location was chosen to ensure that the research could reflect a real context in the community. The name of the location is not mentioned directly to maintain the confidentiality and privacy of the participants. Approval from related parties was also obtained before the research began.

4. Data Collection

The data collection techniques used were in-depth interviews and participatory observation. The interview is conducted in a semi-structured manner with a pre-prepared question guide. This technique was chosen because it was able to dig deep information about participants' perceptions and experiences. Participatory observation was carried out to understand the context and dynamics of interaction between medical personnel, ruqyah practitioners, and patients. Data were collected from participants who had met the inclusion criteria, namely having direct experience in dealing with schizophrenia both through medical and ruqyah approaches.

The interview questions that will be asked to scholars and psychologists on April 13-18, 2025, are as follows:

a. Interview questions for scholars:

- What is Islam's view on mental disorders such as schizophrenia?
- To what extent can ruqyah help in dealing with mental disorders according to Islamic teachings?
- Are there any evidences or hadiths that support the use of ruqyah in curing mental illness?
- How to distinguish between mental disorders due to medical factors and spiritual factors such as jinn or magic disorders?
- Can ruqyah be used as the only method of healing for schizophrenia?
- What is Islam's view on the use of medical drugs in the treatment of schizophrenia?
- How do scholars see the integration between medical and spiritual medicine in dealing with mental disorders?
- What is the biggest challenge in educating the public about the balance between medical therapy and ruqyah?

- How to respond to a society that still considers schizophrenia only as a spiritual disorder?
 - What is your message to the families of schizophrenic patients in dealing with this disease in an Islamic manner?
- b. Interview questions for psychologists:
- How is schizophrenia explained in psychology?
 - What are the main factors that cause a person to develop schizophrenia?
 - How effective are medical therapies such as antipsychotic drugs in treating schizophrenia?
 - Are there any psychological therapies that can help schizophrenic patients besides the use of medications?
 - What is the impact if a schizophrenic patient only depends on ruqyah without medical treatment?
 - What is the role of psychologists in helping patients who have a belief that their illness stems from a spiritual disorder?
 - Is there an approach that can bridge medical and spiritual therapy for schizophrenic patients?
 - How can we educate the public to be more accepting of medical treatment in dealing with schizophrenia?
 - What is the biggest challenge in dealing with schizophrenic patients who refuse medical treatment for religious or cultural reasons?
 - What is your advice to the patient's family to support the recovery process with a balanced approach between medical and spiritual?

5. Material

The tools used in this study include interview guides, voice recording tools, and field notes for observation. The interview guide is compiled based on a literature review and consultation with experts in the field of mental and spiritual health. Voice recording tools are used to ensure the accuracy of interview data, while field notes help in documenting the context and dynamics observed during the study.

C. Finding and Discussion

Perception of Schizophrenia as a Mental and Spirituality Disorder

Schizophrenia is understood not only as a psychiatric disorder medically, but also has a significant spiritual dimension in the view of the public and health workers. Clinically, schizophrenia is considered a chronic disorder that affects a patient's cognition, emotions, and behavior. However, in some views, symptoms such as

hallucinations and delusions are not solely associated with neurological dysfunction, but also with weak spirituality and the individual's distance from aspects of faith and worship.

One of the speakers with the initials W stated, "Hallucinations mean that it is a thought that is beyond consciousness and there is a fear perhaps because of a lack of faith from a religious point of view and originates from far from Allah swt. When someone has done amal, we will be guided." In addition, the medical personnel with the initials I explained that, "Schizophrenia is a chronic disorder, the change in mindset and mood is rapid, and the patient cannot focus". This view shows the existence of two poles of explanation: medical and spiritual, both of which are lived together in the socio-cultural context of society.

From these findings, it can be concluded that the perception of schizophrenia is greatly influenced by the individual's scientific background and beliefs. Medical circles emphasize biological and psychological aspects, while spiritual practitioners and the general public see the contribution of non-physical disorders such as weak faith or jinn disorders. Therefore, a holistic and inclusive understanding needs to be developed to bridge these two points of view for a more comprehensive treatment of patients.

Effectiveness of Medical Therapy and Patient Compliance

Medical therapies for schizophrenia such as antipsychotics have been shown to stabilize the patient's condition, but their effectiveness is greatly influenced by adherence to long-term medication. Medical treatment generally targets physiological aspects, but the success of treatment depends on the extent to which the patient is routine and disciplined in taking the medication as recommended.

A nurse with the initials I explained, "If the dose is large but the patient does not comply, then the drug will not be effective. But if you follow the rules, the drug will be effective. Even though it is like dependence, it is what makes it stable." Meanwhile, psychopharmaceutical therapy is also seen as the basis for a medical approach by a resource person with the initials SW who said "People who have mental disorders cannot be cured without being given medication, because it is specifically for schizophrenic patients."

From this data, it can be concluded that the success of medical therapy is closely related to patient consistency and compliance. However, it should be realized that psychosocial factors such as family support and saturation of long-term treatment are major challenges. Therefore, continuous educational and motivational interventions are needed so that patients continue to undergo optimal treatment.

Ruqyah and Spiritual Therapy as Alternatives and Companions

Ruqyah syar'iyah is seen as a form of spiritual therapy that is believed to be able to help restore psychiatric symptoms such as hallucinations. In practice, ruqyah is often used as a first step by the community, especially when the symptoms of schizophrenia are associated with the disorder of jinn or spirit beings. This view is often encountered in communities with strong religious beliefs.

According to one of the religious leaders with the initials S, "Ruqyah is the recitation of the holy verses of the Qur'an, the Qur'an is syifa or medicine. Even if it's just listened to, it can soothe the soul." However, a nurse with the initials I gave a critical note, "If we only rely on ruqyah, we don't know what the diagnosis is. He may have only been sober for a week, and then relapsed. There must be medical treatment." This view shows that there is a difference in perception between the medical world and people's beliefs about spiritual approaches.

Although spiritual therapies such as ruqyah have a role in providing peace of mind, it is important to emphasize that they should be complementary, not the only method. The integration of spiritual therapy with medical treatment can be a harmonious middle ground to maximize recovery outcomes, while still respecting the cultural and religious values that patients and their families believe in.

The Role of Family and Social Support in Recovery

The family plays a central role in the recovery process of schizophrenia patients. When patients are in a family environment, they need not only supervision of treatment, but also emotional support and strong social acceptance. A lack of understanding and involvement of the family can lead to relapse and worsen the patient's condition.

As explained by the resource person with the initials I, "If the patient is treated well, but when he returns home, he relapses again. That means it's not the patient's fault, but the lack of family support." SW added, "When a patient comes home from the hospital, he is not necessarily cured. So the family must also be given intervention, so that they know what to do when the patient is angry or hallucinating again."

From this exposure, it can be concluded that mental health interventions should not stop at the patient, but should be extended to family members as the main support system. Educating families on how to manage symptoms, the importance of therapy, and the need for an empathetic approach will go a long way in maintaining the stability of the patient's condition after discharge from medical treatment.

Integration of Medical and Spiritual Therapy as a Holistic Approach

The importance of an integrated approach between medical and spiritual therapies is a major issue in the effective treatment of schizophrenia. The collaboration between medical medicine and religious practices such as ruqyah, dhikr, and Qur'an recitation creates a healing synergy that not only touches the physical, but also the psychological and spiritual aspects of the patient.

In the SW interview, it was stated that, "Medical therapy and spirituality must go hand in hand. Walking medicine, road psychotherapy, and spirituality such as listening to the chanting of the Qur'an or prayer must also be improved." This was agreed by nurse I: "If the patient is hospitalized, yes, medical treatment, but we also listen to murottal, invite prayers, and so on. It can calm the soul."

In conclusion, the integration of medical and spiritual therapy is a promising approach in treating schizophrenic patients, especially in the context of a religious society. This collaborative care model not only provides medical healing opportunities, but also provides spiritual comfort that contributes positively to the recovery process and the patient's quality of life.

Schizophrenia is a clinical syndrome of various psychopathological conditions that are very disturbing, involving thought processes, emotional perceptions, and behaviors. The incidence rate of schizophrenia in men is greater than in women (Kirkpatrick B, et al., 2005). Schizophrenia is associated with stress, a neurological disorder characterized by a disorder of the mind. Data show that 1% of the world's population suffers from schizophrenia 3-5 schizophrenia is more common in urban populations and in low socioeconomic groups. Worldwide, schizophrenia is not evenly distributed geographically. Historically, the prevalence of schizophrenia in the northeastern and western United States has been reported to be higher than in other regions (Ronald, 2016). According to the American Psychiatric Association (APA), schizophrenia affects about 1% of the global population and often requires long-term treatment. Conventional medical approaches include the use of antipsychotics, psychosocial therapies, and rehabilitation to help patients manage symptoms and improve quality of life. However, the effectiveness of medical treatment is often hampered by patients' non-adherence to medication and significant drug side effects, such as metabolic and neurological disorders. A study by Correll et al. in JAMA Psychiatry suggests that a combination of pharmacological and psychosocial therapies can improve treatment outcomes, but a more holistic approach is still needed to address this challenge.

In addition, symptoms of schizophrenia can be hallucinations, delusions, irregular speech (melancholy), difficulty in thinking and decreased motivation. Schizophrenia is basically influenced by many factors including biological, genetic, and other factors

(Yudhantara & Istiqomah, 2018). Research by van Os et al. (2021) in the Schizophrenia Bulletin highlights the importance of early intervention to prevent the development of more severe symptoms. This early intervention includes detection of prodromal symptoms, family education, and psychosocial therapy. Although medical approaches have proven effective, there are still challenges in reducing stigma and improving the accessibility of care, especially in areas with limited resources.

In line with this, the findings from the patients also showed symptom manifestations that were consistent with existing theories about schizophrenia, especially related to auditory hallucinations. Based on data obtained from patients, it was found that the patient's signs and symptoms behavior in accordance with Wijayanti's theory (2019) stated that several behaviors of signs and symptoms of patients who experience auditory hallucinations are talking to themselves, smiling alone, laughing alone, moving their lips silently, rapid eye movements, slow verbal responses withdrawing from others, trying to avoid others, unable to distinguish between real and unreal, irritable, irritable and angry and restless.

Ruqyah when interpreted in Indonesian is a spell or mantra. Then it is associated with the process of healing based on Islam, then ruqyah is the treatment and cure of a disease whose identification is in the spiritual shutter through the guidance of the Quran and as-Sunnah, in other words in the process is by using the recitation of the verses of the Qur'an and the prayers of the Prophet (Susanto, 2014). This practice is based on the belief that some illnesses, including mental disorders, can be caused by spiritual factors such as magic or jinn disorders. A study by Muneer Ali Abdul Rab et al. (2021) in the International Journal of Islamic Thought explains that ruqyah can provide positive psychological effects, such as reducing anxiety and increasing calmness, through placebo mechanisms and spiritual support. However, ruqyah is often considered an alternative treatment that does not completely replace medical treatment. Research by Marli Candra et al. (2022) in the Journal of Islamic Studies shows that the integration of ruqyah with medical approaches can provide additional benefits, especially in the context of Muslim culture and beliefs.

The process of ruqyah that is spiritually oriented means that spiritual values are used as a guideline, then provide a balanced integration of values in the soul and body, so that the patient is able to carry out his function to try his best. As explained in Dedy's journal, ruqyah is a treatment and cure of a disease whose identification is in the internal dimension of humans (Susanto, 2014). Ruqyah therapy for patients is not only to provide motivation, but also as a means of Islamic da'wah. It is theoretically an invitation to people (individuals, groups, communities, nations) to the path of Allah (QS al-Nahl (16); 125) or to do good and avoid evil (QS Ali Imran (3); 104). (Kuntowijoyo, 1994).

On the other hand, ruqyah also has an important role in providing hope and peace of mind for patients and their families. In many cases, patients with mental disorders feel isolated and have no hope of recovery. Ruqyah can be a source of spiritual strength that helps them face life's challenges. However, it is important to emphasize that ruqyah should not be used as a substitute for necessary medical treatment. A study by Hashi AA et al. (2021) in the *Journal of Islamic Psychology* emphasizes the need to educate the public about the importance of a balance between spiritual and medical approaches. Thus, ruqyah can be a useful complement in the treatment of schizophrenia, especially if used wisely and integrated with medical care.

Public perception of medical therapy and ruqyah in the treatment of mental disorders, especially schizophrenia, is greatly influenced by cultural, religious, and educational factors. In many Muslim communities, there is still a belief that mental disorders are caused by spiritual factors such as magic or jinn disorders. This makes many individuals prefer ruqyah therapy as a first step, even replacing medical treatment that should be a priority. A study by Hashi AA et al. (2021) in the *Journal of Islamic Psychology* shows that this perception can lead to delays in diagnosis and effective treatment for people with schizophrenia. However, research by Razali ZA et al. (2022) in the *International Journal of Mental Health Systems* confirms that religion and culture-based education can change these perceptions as well as encourage integration between medical and spiritual approaches, resulting in more holistic interventions.

In addition, social stigma towards mental disorders also affects people's tendency to choose therapy. Many people still consider mental disorders to be a disgrace or curse, which causes the patient's family to feel ashamed and reluctant to bring their family members to a health facility. Alternatively, they prefer ruqyah because it is considered more in line with religious values and does not cause great embarrassment. In fact, it is important to emphasize that mental disorders such as schizophrenia are medical conditions that require professional treatment. A study by Marli Candra et al. (2022) in the *Journal of Islamic Studies* suggests the need for educational campaigns involving religious leaders and health workers as an effort to reduce stigma and build public awareness about the importance of combining medical and spiritual therapies in the treatment of schizophrenia.

The lack of socialization from the government and health institutions about schizophrenia also exacerbates the wrong perception of the public who often equate schizophrenia with "crazy people". This kind of assumption makes many patients and their families feel marginalized. In fact, with the right support, people with schizophrenia can function and work normally like everyone else. This disease is not a threat to the environment, but a neurobiological disorder that can be treated with proper

management. According to the Synopsis of Psychiatry by Kaplan and Sadock (1998), schizophrenia is a brain disease caused by a chemical imbalance in the brain, specifically dopamine. Therefore, it is important for society to understand that schizophrenia is not only a spiritual or social problem, but also a medical condition that requires a scientific, professional, and empathetic approach from the family as well as the surrounding environment.

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only a spiritual or social problem, but also a medical condition that requires a scientific, professional, and empathetic approach from the family as well as the surrounding environment.

D. Conclusion

Schizophrenia is a serious mental disorder that requires proper medical treatment. However, many people still believe that this disorder is caused by spiritual factors and prefer ruqyah as the main treatment, which can lead to delays in diagnosis and medical treatment. Studies show that ruqyah can provide psychological benefits, such as calmness and anxiety reduction, but it cannot replace the necessary medical treatment. Therefore, the integration of medical and spiritual therapies becomes a more holistic and effective approach in dealing with schizophrenia, especially in societies with strong religious beliefs. Religion and culture-based education is indispensable to reduce stigma against mental disorders and increase public understanding and acceptance of medical treatment.

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