Enhancing Quality of Life: Murottal Spiritual Care for Reducing Anxiety and Depression in Coronary Heart Disease Patients - A Holistic Systematic Review

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ABSTRACT
Coronary heart disease is a chronic condition that can induce physiological and psychological changes in patients. One of the potential impacts is anxiety and depression related to the disease's progression. Patients undergoing procedures such as heart bypass often experience anxiety and depression due to various factors, particularly fear and a declining physical condition. Therefore, patients require therapy to alleviate anxiety and depression, promoting positive perceptions and relaxation to enhance their quality of life. Murottal therapy involves listening to the recitation of holy verses from the Quran, providing comfort and calmness to the patient. This research aims to assess the effectiveness of murottal therapy with Ar Rahman in addressing anxiety and depression in patients with coronary heart disease. The research methodology employed is a Literature Review, encompassing International Journals and National Journals published from 2018 to 2023. Literature was collected using Google Scholar and Pubmed databases with the keywords: Coronary Heart Disease, Anxiety, Depression, Murottal Ar-Rahman Therapy. The search yielded 317 articles based on the specified keywords. After filtering through predefined inclusion and exclusion criteria, 7 articles, comprising 6 National Journals and 1 International Journals, were reviewed. The results indicate that Ar Rahman murottal therapy can effectively reduce levels of anxiety and depression in patients with Coronary Heart Disease.

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1. INTRODUCTION
Cardiovascular disease, which affects the circulatory system (1), necessitates continuous attention and therapy. Individuals diagnosed with this condition undergo treatment either as inpatients or outpatients at the hospital. Patients receiving hospital-based treatment, particularly inpatients, may encounter both physical and psychological challenges. These challenges contribute to the deterioration of the patient’s condition, often leading to the manifestation of disease symptoms (2).

The patient's condition is deteriorating due to concerns about the illness not improving soon and a decline in physical health (3). This decline in physical health is associated with various issues such as shortness of breath, chest pain, limited activity tolerance, fatigue, ankle swelling, and difficulties with sleep or insomnia (4). Consequently, the
patient's daily activities are disrupted, preventing them from engaging in their usual routines. Additionally, psychological challenges, including stress, depression, discomfort, anxiety, and a fear of death, emerge. Anxiety and discomfort problems are components of psychological disorders frequently observed in individuals with cardiovascular issues that require attention (5).

Cardiovascular disease, a leading cause of global mortality and classified as a non-communicable disease, accounts for over 9.4 million deaths annually, as per worldwide statistics. By 2030, this death toll is projected to escalate to 23.3 million, with coronary heart disease being a significant contributor. The demographic most affected by cardiovascular disease-related fatalities is those aged 65 years and older, particularly in developing countries (6). In Indonesia, research data from RisKesDas in 2017 indicated a prevalence of 1.5%, with 1.6% of cases reported in Central Java province (7). Anxiety and depression disorders associated with cardiovascular problems exhibit a relatively high prevalence, ranging from 28% to approximately 44% among younger age groups. In contrast, for older age brackets, the prevalence of anxiety and depression falls within the range of 14% to 24% (8).

Efforts to alleviate the anxiety and depression experienced by patients encompass both pharmacological and non-pharmacological approaches (9). Pharmacological therapy involves the administration of drugs such as benzodiazepines, buspirone, and Selective Serotonin Re-uptake Inhibitors (SSRIs) (10). On the other hand, non-pharmacological therapy focuses on distraction and relaxation techniques. Distraction aims to divert the patient's attention away from feelings of anxiety and discomfort. Examples of distraction methods include engaging in classical music therapy, aromatherapy, massage therapy, and spiritual therapy like murottal Al-Qur'an (11). While music therapy, aromatherapy, massage, and acupuncture effectively reduce anxiety, they may not address the patient's spiritual aspect. Therefore, additional therapies are necessary to enhance spiritual values and address anxiety and depression issues, with murottal Al-Qur'an therapy being one such approach (12).

Murottal involves the recitation of sacred Quranic verses, emphasizing both the accurate pronunciation (tajwid) and the rhythmic delivery of the Quranic text (13). Engaging in murottal, or listening to the holy verses of the Quran, has a calming effect on the listener. Research by (14) has demonstrated that listening to these verses can effectively address various types of mental disorders. Consequently, this study seeks to explore the impact of murottal therapy on anxiety and depression in individuals diagnosed with coronary heart disease.

2. RESEARCH METHOD

The research methodology employed in this study is a literature review, conducted through a systematic search using computerized databases, namely Google Scholar, ScienceDirect, Pubmed, and NCBI. The search utilized keywords such as Coronary Heart Disease, spiritual care, anxiety, depression, and Murotal Therapy. A careful selection process identified 7 relevant journals, comprising 6 national and 1 international journals published between 2018 and 2023. The literature review focused on articles meeting specific inclusion criteria, including relevance to the topic, quantitative research design, randomized control trials (RCT), articles specifically addressing murotal therapy, and measurement of anxiety and depression levels within the study outcomes.

3. RESULTS AND DISCUSSION

The process of selecting literature was conducted utilizing the PRISMA flowchart, a tool that aids in narrowing down articles during literature searches and enhances the quality of reporting in publications. From two databases, namely Google Scholar, ScienceDirect, Pubmed, and NCBI, the literature selection process yielded 317 articles based on the specified keywords. Following the application of established criteria, 317 articles were excluded as they did not meet the relevance criteria. Consequently, 7 articles were retained for analysis based on their alignment with the research topic. The illustration of the literature selection process is detailed in the PRISMA flowchart (Figure 1).
Figure 1. Flowcharts for the results of data extraction are shown in Figure

Table 1
Data Extraction Of Research Articles

<table>
<thead>
<tr>
<th>Author Name (Year)</th>
<th>Country</th>
<th>Title</th>
<th>Method (Population/Sample)</th>
<th>Research result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murottal and Clasical Music Therapy (15)</td>
<td>Indonesia</td>
<td>Reducing Pra Cardiac Chateterization Anxiety: A randomized controlled trial</td>
<td>Pre-experiment, one group pre-posttest the intervention based on spiritual care Murrotal (15 respondents).</td>
<td>The results of the statistical tests revealed a reduction in anxiety within the treatment group by 9.01, with a significance value of 0.000. Regarding depression, the treatment group exhibited a reduction of 9.01 with a significance value of 0.002. Murrotal Al-Qur'an serves as an effective distraction, triggering the natural release of endorphins and balancing brain waves. Consequently, listeners can attain a positive response in the form of comfort, aiding in the reduction of anxiety and depression during challenging times.</td>
</tr>
<tr>
<td></td>
<td>Country</td>
<td>Title</td>
<td>Design</td>
<td>Control Group</td>
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<td>---</td>
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</tr>
<tr>
<td>16</td>
<td>Indonesia</td>
<td>Al-Qur'an Murottal Therapy to Reduce Cardiovascular Reactivity to Handgrip in Hypertensive Pre-Elderly Subjects</td>
<td>quasi-experiment, group control before and after the test.</td>
<td>spiritual care</td>
</tr>
<tr>
<td>17</td>
<td>Pakistan</td>
<td>Impact of Murottal and Muscle Relaxation Therapy on Anxiety, Depression Levels, and Quality of Sleep</td>
<td>quasi-experiment, group control before and after the test.</td>
<td>spiritual care</td>
</tr>
<tr>
<td>18</td>
<td>Indonesia</td>
<td>The Effect of Music Therapy and Murotal Therapy on Heart Patients with Anxiety-Depression in the Intensive Care Room: Case Report</td>
<td>quasi-experiment, group control before and after the test.</td>
<td>spiritual care</td>
</tr>
<tr>
<td>19</td>
<td>Indonesia</td>
<td>The Effect Of Murottal Therapy on The Level Of Anxiety and Depression in Patients with Cardiovascular Disease</td>
<td>quasi-experiment, group control before and after the test.</td>
<td>spiritual care</td>
</tr>
</tbody>
</table>
The results of a review of 7 articles showed that murottal therapy greatly affected the levels of anxiety and depression in heart disease patients. Coronary Heart disease, which affects the circulatory system (22), necessitates continuous attention and therapy. Individuals diagnosed with this condition undergo treatment either as inpatients or outpatients at the hospital. Patients receiving hospital-based treatment, particularly inpatients, may encounter both physical and psychological challenges. These challenges contribute to the deterioration of the patient's condition, often leading to the manifestation of disease symptoms (2).

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Al-Qur'an murottal therapy involves the recitation of Quranic verses as a form of religious therapy, with the individual listening to these verses for several minutes or hours. This practice aims to have a positive impact on the person's well-being (18). The primary objective of providing Al-Qur'an murottal therapy is to boost the release of endorphins, thereby reducing the reliance on medication. This release acts as a distraction from pain and has the potential to alleviate anxiety. The calming effect of listening to the Quran is attributed to the elements of meditation, autosuggestion, and relaxation embedded in it. This sense of calmness contributes to a positive emotional response, significantly influencing positive perceptions (19).

Moreover, sound therapy through Quranic recitation can induce changes in electrical currents in muscles, alter blood circulation, affect heart rate, and impact skin blood levels (20). These changes signify relaxation or a reduction in neuromuscular tension. The therapy also works on the brain, stimulating the production of chemicals called neuropeptides, which, in turn, provide a feedback loop in the form of pleasure or comfort. In a study conducted by (21), the impact of Ar-Rahman letter therapy on anxiety and depression levels in heart patients undergoing treatment was investigated. The statistical tests, utilizing paired sample t-tests, yielded a p-value of 0.000 (p < α = 0.05). The results suggest that Ar-Rahman letter therapy influences a reduction in anxiety levels among patients undergoing treatment.

CONCLUSION

The findings from literature reviews indicate that murottal therapy positively influences anxiety and depression among individuals diagnosed with coronary heart disease. Notably, a discernible reduction in anxiety and depression levels was observed before and after the implementation of murottal therapy. This form of therapy fosters a sense of calm and comfort among patients grappling with coronary heart disease. Furthermore, Al-Quran therapy serves as a means to divert the pain experienced by patients, consequently contributing to a decrease in levels of anxiety and depression.

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REFERENCES


