Analysis of Cancer Patients Characteristics and the Self-ruqyah Treatment to the Patients Spiritual Life Quality

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Abstract

AIM: The research aimed to analyze the characteristics of cancer patients and the self-ruqyah treatment to the spiritual life quality among patients.

METHODS: The research used the analytical observation studies with 20 respondents who were selected using the purposive sampling technique. In the research, the depression was measured with the Beck Depression Inventory and the quality of life was measured with (FACT-G) and the spiritual life quality with FACIT Sp.12 (the functional assessment of the chronic illness therapy spiritual) on the case (experimental). Namely, 10 cancer patients undergoing radiotherapy who participated in the self-ruqyah treatment program and the control group, namely 10 patients who did not participate in program. After 25 days, the cancer patients of both groups were examined their cortisol saliva and were measured their levels of depression, life quality, and spiritual life quality.

RESULTS: This study illustrates that the number of cancer patients are more female (65%) than male (35%). Then, the risk of the age group, then the age range most found in this study is the age range of 40–49 years which is as much as 55%, then the age of 50–59 (25%) and the rest in the young age group (20%). The number of respondents sampled in this study was mostly found in the middle/junior high school education gap of 40%, not at school or elementary school at 35% and respondents who had a Strata education of 25%. Most all patients who were sampled in this study had a permanent job of 30% as civil servants or 25% private, the rest stopped working because of suffering from this disease as much as 30%.

CONCLUSION: There are differences in the average value of quality of life in cancer patients who do independent ruqyah therapy and who do not do ruqyah independently.

Introduction

Within a period of 10 years, it was seen that the ranking of cancer as a cause of death rose from rank 12 to rank 6. Every year there are estimated to be 190 thousand new sufferers and one-fifth will die from this disease [1]. Indonesia was a developing country with a fairly high prevalence of cancer. In the ASEAN region, Indonesia ranks second after Vietnam with cancer cases reaching 135,000 cases per year. The data are almost the same as that found by the Center for Data and Information Pusdatin (Ministry of Health of the Republic of Indonesia) (2007) which mentions the prevalence of cancer reaching 100 thousand per year. In Indonesia, cancer is the second leading cause of death after heart disease [2], [3].

Quality of life according to the World Health Organization Quality of Life (WHOQOL) Group is defined as an individual’s perception of the position of individuals in life in the cultural context and value system in which individuals live and their relationship to goals, expectations, standards set, and one’s attention. One of the instruments for QL is WHOQOL-BREF.
a significant increase in serum CD4 + levels and decreased depression [4].

Radiotherapy is a treatment aimed at the possibility of survival of cancer patients after adequate treatment. However, the side effects of radiotherapy allow the emergence of negative physical and psychological impacts on cancer sufferers. Changes in the body’s systems and functions that occur in cancer patients can cause disruption of the patient’s self-concept that will result in a decrease in the functioning of the body so that sufferers depend on others to meet their basic needs. Changes in self-image due to self-concept disorders occur in all cancer patients and if these changes are not integrated with self-concept, it will result in a decrease in the quality of life [5].

Based on the description, the researchers felt the need to conduct research that sought solutions so that cancer patients who underwent radiotherapy and were at risk of experiencing depression and loss of meaningful spiritual life through a religious psychotherapy approach using the self-ruqyah method (self-healing) as part of alternative interventions in the concept of palliative care in cancer sufferers.

Materials and Methods

This type of research used in this study, researcher used the observational analytic with 20 respondents who were selected using the purposive sampling technique. The research measured the depression score using the beck depression inventory and the life quality (FACT-G) and the spiritual life quality FACIT Sp.12 (The Functional Assessment of the Chronic Illness Therapy Spiritual) on the case group (experimental) namely 10 cancer patients undergoing the radiotherapy who participated in the self-ruqyah treatment program and the control group namely 10 patients who did not participate in the program.

Place and time of research

This research was conducted from February to March 2016 in the Radiotherapy Unit of Hasanuddin University Hospital, Makassar, South Sulawesi Province.

Research population

The population in the study was all cancer patients who underwent complete radiotherapy at the hospital Hasanuddin University, February to March in 2016.

Results

The results of this study illustrate the number of cancer sufferers more female sex that is equal to 65% while male respondents as much as 35% (Table 1).
The risk of the age group, then the age range most often found in this study is the age range of 40–49 years which is as much as 55%, then the age of 50–59 (25%) and the rest in the young age group (20%). This is in accordance with cancer studies that have been done showing this age range is the latent period of the pre-invasive phase to become invasive which takes 7–10 years, so most of it is known after age in this range (Table 2).

The number of respondents sampled in this study was mostly found in the middle/junior high school education gap of 40%, not at school or elementary school at 35% and respondents who had a Strata education of 25% (Table 3).

Almost all patients who were sampled in this study had a permanent job of 30% as civil servants and 25% private, the rest stopped working because of study had a permanent job of 30% as civil servants (25%) and the rest in the young age group (20%). This is in accordance with cancer studies that have been showing this age range is the latent period of the pre-invasive phase to become invasive which takes 7–10 years, so most of it is known after age in this range (Table 2).

Table 2: Distribution of cancer patients by age group of cancer patients who underwent radiotherapy at the hospital Hasanuddin University Makassar period February-March 2016

| Age Group | Total | % |
|-----------|-------|---|
| 30–39     | 10    | 100|
| 40–49     | 10    | 100|
| 50–59     | 10    | 100|
| Total     | 30    | 100|

Table 3: Distribution of cancer patients based on the stage of cancer patients education who underwent radiotherapy at the hospital Hasanuddin University Makassar period February-March 2016

| Education level | Total | % |
|-----------------|-------|---|
| Basic school    | 5     | 100|
| Junior and senior high school | 5 | 100|
| Higher education| 5     | 100|
| Total           | 15    | 100|

Table 4: Distribution of cancer patients by type of cancer patients work undergoing radiotherapy at the hospital Hasanuddin University Makassar period February-March 2016

| Occupation       | Total | % |
|------------------|-------|---|
| Civil servant    | 10    | 100|
| Businessman      | 10    | 100|
| Farmer/worker    | 10    | 100|
| Not work         | 10    | 100|
| Total            | 40    | 100|

Most of the respondents in the study were married and 85% and 10% were divorced and one person or 5% of respondents were not married (Table 5).

Table 5: Distribution of cancer patients based on the marital status of cancer patients undergoing radiotherapy at the hospital Hasanuddin University Makassar period February-March 2016

| Marital status | Total | % |
|----------------|-------|---|
| Marriage       | 10    | 100|
| Divorce        | 0     | 0%
| Not marriage   | 10    | 100|
| Total          | 20    | 100|

Table 6 illustrates that cancer is more dominated by female organ cancer, namely cervical cancer (35%), breast (25%), and men more suffering from nasopharynx cancer (25%) and the remaining SCC cancer (15%) and 5% who suffer from the disease lung.

On average new cancer patients are detected and treated at the hospital when entering Stage III (60%) and Stage II as much as 35% while the remaining one is at Stage IV (5%). The period of diagnosis of cancer patients is more in the span of 1–2 years (55%) and the period of more than 3 years is 30%. This proves that the changes in the body’s systems and functions that occur in cancer patients that cause pain symptoms are very fast development and disrupt the quality of life of cancer sufferers (Table 7).

Table 7: Distribution of cancer patients based on the stage of cancer patients undergoing radiotherapy at the hospital Hasanuddin University Makassar period February-March 2016

| Cancer stadium | Total | % |
|----------------|-------|---|
| I              | 10    | 100|
| II             | 10    | 100|
| III            | 10    | 100|
| IV             | 10    | 100|
| Total          | 40    | 100|

Table 8 illustrates the length of diagnosed patients generally ranges from less than a year (40%) and the length of diagnosed patients ranges from 1 to 2 years by 30% and respondents who have been diagnosed for longer than 3 years by 30%.

Table 8: Distribution of cancer patients based on the length of diagnosed patients who underwent radiotherapy at the hospital Hasanuddin University Makassar period February-March 2016

| Diagnoses duration | Total | % |
|--------------------|-------|---|
| <1 year            | 10    | 100|
| 1–2 year           | 10    | 100|
| >3 year            | 10    | 100|
| Total              | 30    | 100|

Discussion

Effect of self-ruqyah to the improvement of cortisol level of cancer patient

Long-term stress and depression will result in a continuous flow of the hormones adrenaline and cortisol into the blood and cause damage to the body’s systems. High adrenaline levels that last for a long time can increase heart rate and blood pressure to a point where the body is accustomed to this state and assume this is a normal condition. High levels of adrenaline
can cause blood to clot more easily and cause clogged arteries, thyroid to be overactive, and the body to produce more cholesterol. This, of course, can result in body crunching which results in terminal diseases such as cancer, diabetes, and stroke [6].

Herbert Benson in his book entitled Healing Faith states that certain meditation and prayer movements can be used to evoke a relaxation response. Where the movement is actually a simple technique consisting of a four-step procedure that includes; (1) find a quiet environment, (2) consciously relax the muscles of the body, (3) concentrate for ten to twenty minutes on mental devices, such as one words or short prayers, and (4) be passive about the mind-disturbing thoughts by Herbert Benson and William Proctor [7]. Research has found how many psychological treatments explain the decline in body stimulation conditions caused by stress. The most well-known psychological method is progressive meditation and relaxation. The relaxation response method found by Herbert Benson can actually be found when people pray or Dhikr. For meditators or people who frequently do activities such as Dhikr also produce more alpha waves, namely brain waves associated with relaxation or calm/relax points [8]. The combination of relaxation response techniques with individual belief systems such as the independent ruqyah movement is actually a movement that represents the whole simple technique that Herbert Benson calls Faith Factor.

Effect of ruqyah Mandiri on decreasing depression of cancer patients

Humans have a balance regulating mechanism in the body's metabolic system known as homeostasis, for example the skin's pores shrink from cold to avoid loss of body heat. When we react positively to mild stress, PMOC (proopiomelanocortin) is formed by the adrenal cortex hormone that relieves physical stress. In addition, beta-endocrine which counteracts psychological stress will also be released. Interestingly, beta-endorphins are antitoxins to stress if we react with positive thoughts. Conversely, the two hormones will not be released if we react negatively and reject. The conclusion is that the body will produce substances that function as drugs if every stimulus is responded with positive thoughts [8]. With positive thinking, the objects that are around us will depend on how we perceive and perceive them. Conversely, if a person often does negative mental activities, such as negative thinking, he will be encouraged to always think negatively [9].

The results of this study are in line with research conducted by Faisal Idrus, who examined how many psychological treatments explain the decline in body stimulation conditions caused by stress. The operation of the sympathetic nervous system works through the stimulation of the hypothalamus and spinal cord due to stress stimulation. The operation of the sympathetic nervous system has an impact, among others, namely increasing blood pressure, increasing total energy consumption, increasing blood pressure, increasing total energy consumption, increasing blood glucose concentration, increasing energy release in muscles, increasing muscle tension, increasing mental activity, and increase the level of blood coagulation [16].

The influence of self-ruqyah on improving quality of life

Spiritual cancer patients

Based on the results of statistical tests on the variable quality of spiritual life, it is known that there are differences in the mean, so it can be concluded that there is a relationship between the independent ruqyah program to increase the spiritual quality of life of cancer patients undergoing radiotherapy. The difference in the score of quality of spiritual life during therapy before and after the intervention of religious psychotherapy illustrates
that the spiritual quality of life of cancer patients has increased significantly. The results of in-depth interviews with respondents who have done an independent ruqyah feel an increase in the quality of spiritual life that has a positive impact on their positive emotions on the environment of their friends and family. There are three subscales measured from the FACIT spiritual quality of life scale. The three scales are (1) meaningfulness of life which is a description of the reason he lives, the meaning and purpose of life felt by the sufferer, (2) peace, comfort, and perceived harmony sufferers, and (3) efforts to strengthen their faith and strength in perceived faith, and belief in healing (Peterman et al., 2002).

**Conclusion**

1. There are differences in the mean cortisol levels in cancer patients who do independent ruqyah therapy and who do not do independent ruqyah
2. There are differences in the mean value of depression in cancer patients who do independent ruqyah therapy and who do not do ruqyah independently
3. There are differences in the average value of quality of life in cancer patients who do independent ruqyah therapy and who do not do ruqyah independently

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