

OUTCOME OF MOTIVATION IN THE LIGHT OF QURANIC TEACHINGS IN POST STROKE PATIENTS WISHING FOR DEATH

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ABSTRACT

Objective: To determine the outcome of motivation in the light of Quranic teachings in post stroke patients praying to Allah to take them from this world (wishing for death).

Study Design: A descriptive study.

Place and Duration of Study: Combined Military Hospital (CMH) Lahore form 1 Jan 2015 to 30 June 2016.

Material and Methods: Post stroke Muslim patients visiting Neurology clinic of CMH Lahore and praying to Allah to take them from this world (wishing for death). They were motivated in the light of Quranic teachings and outcome was determined during subsequent visits.

Results: A total of 30 patients, all of them male Muslims, were studied; 23.3% showed some motivation, 66.7% were fairly motivated and 10% were highly motivated.

Conclusion: In post stroke Muslim patients motivation in the light of Quranic guidance had change their attitudes towards their disability and wish for death.

Keywords: Motivation, Post stroke patients, Quranic teachings.

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INTRODUCTION

Stroke is one of the leading causes of major disability in the world. It can cause significant physical, emotional and cognitive impairments among the survivors. After a stroke, most of the hemiplegic patients regain some of their ability to walk within 3 to 6 months; aphasia, dysarthria, cerebellar ataxia. Walking may improve for more than a year in some patients. However, in majority of the patients motor and language deficits remain permanent after 6 months¹.

Persistent post stroke neurologic deficits can cause enormous impact not only on the patient and his family but also on the society as well. After a disabling stroke the patient and his caregivers have to accept a need for profound adaptation. The disabilities associated with stroke often result in depression in stroke patients². The prevalence of post stroke depression ranges from 17 to 61 percent³. It has been observed that treatment of depression after a stroke sometimes

improves functional outcome⁴.

Recent studies have indicated that religion and spirituality may promote mental health⁵. Religious beliefs can change the attitudes of the patients to their disease as faith and trust in God can provide them a source of comfort and support. It has been observed that as compared to healthy controls, individuals with chronic diseases including cancer, traumatic brain injury and stroke rely on their spiritual beliefs to assist them in adjusting emotionally to their disease⁶. People with positive religious beliefs having psychological support through spiritual guidance may have reduction in psychological stress. This can enhance the immune system and reduce symptoms associated with disease⁷.

Although exact incidence of stroke is not known in Pakistan, it is estimated to be 250/100,000, of which 60% survive with residual disabilities⁸. The prevalence is reported to be twice the highest reported in the world⁹. Majority of the people of Pakistan are practicing Muslims and they recite the Holy Quran for spiritual gains. Very few of them understand the message contained in it. However, most of them turn to

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Received: 04 Nov 2016; revised received: 08 Feb 2017; accepted: 08 Feb 2017

spiritual practices when confronted with some serious problem in their life. Religious and spiritual coping strategies such as looking to a higher power for strength, support and guidance can provide peace and happiness.

Stroke patients who are believers can also use their spiritual, religious and congregational support to assist them in emotionally coping with their disease, although it may not alter the course of the disease and improve their physical health. Belief in a mighty and merciful power, prayers, reading of scriptures and religious congregations may give a sense of meaning to life. Teachings of scriptures may give a deep sense of responsibility for other human beings and may give the patient

to have a sensitivity of 86 percent and specificity of 78 percent when used against one of the common depression rating scales¹⁰.

Despite the impact of modern science and technology and western culture on our society, the influence of religion remains very strong among our Muslim population. The aim of this study was to determine the outcome of motivation in the light of Quranic teachings in our post stroke patients with the hope that these findings may be used as a reference for further studies on this subject.

PATIENTS AND METHODS

This is a descriptive observational study conducted at Neurology Clinic of CMH Lahore

Table-I: Modified Rankin Scale.

0	No symptoms at all
1	Able to carry out all usual duties and activities
2	Unable to carry out all previous activities but able to look after own affairs without assistance.
3	Requiring some help, but able to walk without assistance
4	Unable to walk without assistance and unable to attend to own bodily needs without assistance
5	Bedridden, incontinent and requiring constant nursing care and attention
6	Dead

Table-II: Some key aspects of Quranic teachings (Ayah: Surah).

We shall surely test (your steadfastness) with fear and famine, with loss of property, life and produce. Give good news to those who endure with patience. [155:2]
No affliction can ever befall except by the leave of Allah. He that believes in Allah, his heart is guided to the right way. Allah has the knowledge of everything. [11:64]
Never give up hope of Allah’s mercy; in fact none despairs of Allah’s mercy except the unbelieving people. [87:12]
Surely, those who recite the Book of Allah, establish Salah (prayers), spend out of what We have given them, secretly and openly, may hope for imperishable gain. [29:35]
For all, there will be ranks according to their deeds, so that He may reward them fully for what they have done and they shall not be wronged. [19:46]
(O believers), give what is due to your relatives, the needy and the traveler in need. That is best for those who seek the pleasure of Allah and it is they who will attain felicity. [38:30]

a sense of mission in his own life.

There are many depression scales which can be used to assess the degree of depression after a stroke. Depression in post stroke patients can easily be screened with a single question "Do you often feel sad or depressed?" This has been found

form 1 Jan 2015 to 30 June 2016. Patients having stroke duration of ≥6 months having functional disability visiting Neurology clinic of CMH Lahore consecutively for follow up and expressing in Urdu that they are praying to Allah to take them from this world or equivalent

phrases in response to query about their health were included in this study. Their expression in Urdu was interpreted as their wish for death. Patients with cognitive impairment and inability to express themselves were excluded from the study. Patients who reported that they feel depressed or showed symptoms of depression other than their explicit wish for death were also excluded from the study.

Their functional status was ascertained from patient interview and their physical examination and their degree of disability was measured using Modified Rankin Scale (table-I)¹¹.

The patients were engaged in discussions about purpose of life and life after death in the light of teachings of the Holy Quran to give them

During the next follow up visits the outcome of their motivation, for the purpose of this study, was arbitrarily stratified as:

Motivation level 0: No change.

Motivation level 1: Feels better but still having occasional ideas of death.

Motivation level 2: Stopped thinking about death but did not change his routine.

Motivation level 3: Stopped thinking about death and striving to change his routine in the light of previous discussion.

Data were analyzed using statistical package for social sciences (SPSS) version 17 and descriptive statistics were used to describe results. Numerical values i.e. age and time duration were expressed as mean \pm SD (standard

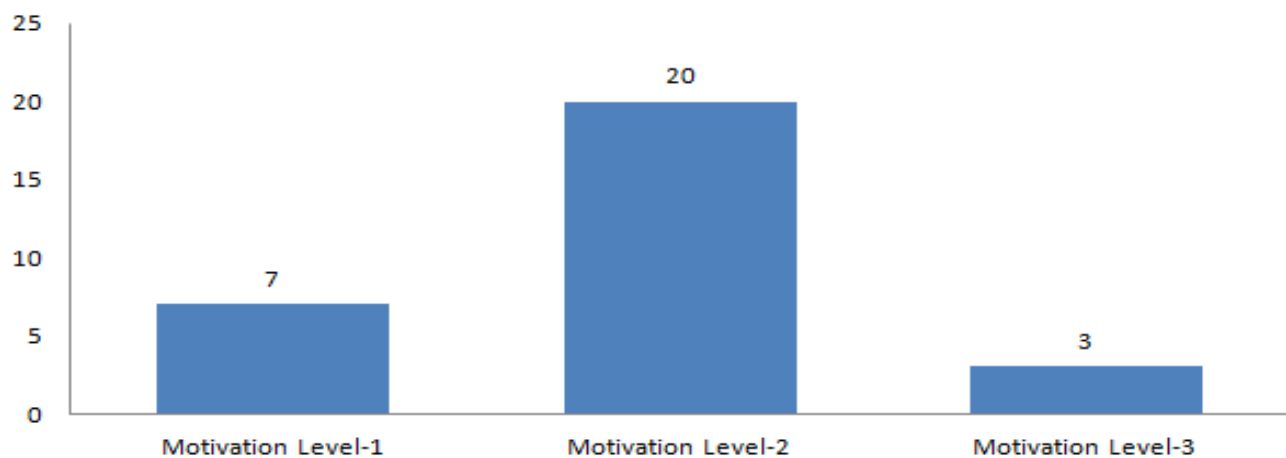


Figure: Motivation level achieved by post stroke patients after spiritual psychotherapy in the light of the teachings of the Holy Quran in our study population (n=30).

a mission in their remaining life (table-II)¹².

They were encouraged to study and understand the Holy Quran in addition to their customary prayers, read religious literature, watch religious programs in television, engage in Zikr (to recite glorification of Allah) and Durud (to pay homage to the Prophet PBUH), spend in charity and attend religious congregations to give a sense of meaning to their life. They were assured that they had been given a chance by their Rabb (Lord) to improve their score card of good deeds to qualify for a higher rank in life after death.

deviations). Distribution of categorical variable i.e. motivation level was expressed in percentage.

RESULTS

A total of 30 stroke patients, all of them males and Muslims, with age range of 64 to 86 years; mean age 73 years (SD=5.85); were recruited during the period of data collection. All of them were educated (\geq graduation), married and being looked after by their family members or servants. They were financially well off and had been living a very active and social life before their stroke. All of them could recite the Holy Quran and able to understand it with Urdu or

English translation. The reason for their wish for death was their feeling of being useless and being a burden on others.

The mean duration of stroke was 11.8 months (SD = 5.15); range 6 to 24 months; and the modified Rankin scale was graded as 3 in 26.7% (8) and 4 in 73.3% (22).

All the post stroke patients in our study population responded to motivation in the light of Quranic guidance to varying extent; 23.3% (7) achieved Motivation level-1, 66.7% (20) Motivation level-2 and 10% (3) Motivation level-3 (figure).

DISCUSSION

Although modern medicine has increased the survival rate of stroke patients, their psychosocial adaptation after stroke is related to their residual neurologic deficits. Their post stroke physical disabilities and cognitive impairment has been associated with depression in these patients¹³. Linden et al found, in their case controlled study, that 34% of elderly stroke survivors suffered depression as compared to only 13% of age matched population control¹⁴. Remission of depression in these patients is associated with a better functional outcome at three and six months than continued depression¹⁵.

The benefits of interventions for prevention of post stroke depression are not clear. Some studies suggest that pharmacological therapy alone gives no clear benefit but psychotherapy can play a role in prevention of post stroke depression. In a controlled study of 176 patients, escitalopram was found to be superior to placebo for prevention of post stroke depression when given within three months of acute stroke¹⁶.

In post stroke depression the effectiveness of pharmacotherapy, psychotherapy or combination of both is not well established but accumulating evidence suggests that these interventions are beneficial. Mitchell et al have reported that in severe depression within four months of ischemic stroke, eight week psychosocial and behavioral

intervention plus antidepressant therapy was superior to antidepressant treatment alone for reduction in depressive symptom at 12 months of follow up¹⁷.

Our study suggest that psychotherapy based on the teachings of the Holy Quran can reduce sadness and cause peace and happiness in religious minded post stroke patients.

It has been found that patients who have religious beliefs also have a greater tendency to accept their disability than those who do not turn to religion¹⁸. Bonelli et al concluded, after examining original research on religion and spirituality published in some of the top psychiatry and neurology journals, that religious involvement is correlated with better mental health in depression and stress related disorders¹⁹. Koenig also concluded, after review of the literature on the subject, that religious beliefs and practices can represent a powerful source of comfort in depression and anxiety²⁰.

CONCLUSION

In post stroke Muslim patients motivation in the light of Quranic guidance had change their attitudes towards their disability and wish for death.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

REFERENCES

1. Ropper AH, Samuels MA, Klein JP. Adams & Victor's Principles of Neurology. 10th ed. New York; McGraw-Hill Education; 2014; p. 778-884.
2. Paolucci S: Epidemiology and treatment of post-stroke depression. *Neuropsychiatr Dis Treat* 2008; 4: 145-54.
3. Gainotti G, Marra C. Determinants and consequences of post-stroke depression. *Curr Opin Neurol* 2002; 15: 85-9.
4. Gainotti G, Antonucci G, Marra C, Paolucci S. Relation between depression after stroke, antidepressant therapy and functional recovery. *J Neurol Neurosurg Psychiatry* 2001; 71: 258-61.
5. Weber SR, Pargament KI. The role of religion and spirituality in mental health. *Curr Opin Psychiatry* 2014; 27: 358-63.
6. Johnstone B, Yoon DP, Rupright J, Reid-Arndt S. Relationships among Spiritual Beliefs, Religious Practices, Congregational Support and Health for Individuals with Traumatic Brain Injury. *Brain Injury* 2009; 23: 411-9.
7. Coruh B, Ayele H, Pugh M, Mulligan T. Does religious activity improve health outcomes? A critical review of the recent literature. *Explore* 2005; 1: 186-91.

8. Khealani BA, Hameed B, Mapari UU. Stroke in Pakistan. *J Pak Med Assoc* 2008; 58: 400-3.
 9. Kamal A, Itrat A, Murtaza M, Khan M, Rasheed A, Ali A, et al. The burden of stroke and transient ischemic attack in Pakistan: a community-based prevalence study. *BMC Neurology* 2009; 9: 58.
 10. Watkins C, Daniels L, Jack C, Dickinson H, van den Broek M. Accuracy of a single question in screening for depression in a cohort of patients after stroke: comparative study. *BMJ* 2001; 323: 1159.
 11. Wilson JT, Hareendran A, Grant M, Baird T, Schulz UG, Muir KW, et al. Improving the assessment of outcomes in stroke: use of a structured interview to assign grades on the modified Rankin scale. *Stroke* 2002; 33: 2243-6.
 12. Malik MFA. English Translation of the Meaning of Al-Quran. Pakistan Islamic Medical Association Islamabad 2004.
 13. Hackett ML, Anderson CS. Predictors of depression after stroke: a systematic review of observational studies. *Stroke* 2005; 36: 2296-301.
 14. Linden T, Blomstrand C, Skoog I. Depressive disorders after 20 months in elderly stroke patients: a case-control study. *Stroke* 2007; 38: 1860-3.
 15. Chemerinski E, Robinson RG, Kosier JT. Improved recovery in activities of daily living associated with remission of post stroke depression. *Stroke* 2001; 32: 113-7.
 16. Robinson RG, Jorge RE, Moser DJ, Acion L, Solodkin A, Small SL, et al. Escitalopram and problem-solving therapy for prevention of poststroke depression: a randomized controlled trial. *JAMA* 2008; 299: 2391-400.
 17. Mitchell PH, Veith RC, Becker KJ, Buzaitis A, Cain KC, Fruin M, et al. Brief psychosocial-behavioral intervention with antidepressant reduces poststroke depression significantly more than usual care with antidepressant: living well with stroke: randomized, controlled trial. *Stroke* 2009; 40: 3073-8.
 18. Levin J. Religion and mental health: theory and research. *Int J Appl Psychoanal Stud* 2010; 7: 102-15.
 19. Bonelli RM, Koenig HG. Mental disorders, religion and spirituality 1990 to 2010: a systematic evidence-based review. *J Relig Health* 2013; 52: 657-73.
 20. Koenig HG. Research on religion, spirituality, and mental health: a review. *Can J Psychiatry* 2009; 54: 283-91.
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