## Spirituality, Medicine and Religion Shahid Athar, M.D, F.A.C.P., F.A.C.E.

Department of Medicine and Endocrinology, St. Vincent Hospital, Indianapolis, IN, USA

**Abstract**: What is the role of a physician beyond offering the diagnosis and therapeutic options? Does he need to understand the spiritual needs of the patient? How does his own spirituality affect the way he treats his patients? Should he incorporate spirituality and prayers as an adjunct to conventional treatment modalities and does it make any difference in the outcome? These questions and their answers are discussed in this article in light of current research and Islamic perspective.

Key Words: Spirituality, Religion, Islam, Health, Meditation.

The importance of spirituality as a strong factor in the healing process is being increasingly recognized both by physicians and other healthcare providers as well as by the patients and their relatives. When suddenly faced with a serious illness and its possible fatal outcome, an otherwise not-so-religious patient sometimes turns to God for some difficult questions (like why me?) and then finds support through his spiritual beliefs even outside the context of an organized religion. It is his own interpretation of the well being of his spiritual state that sustains him through the struggle that he goes through in fighting the illness.

As physicians we must ask ourselves these questions: What is our role beyond offering the diagnosis and therapeutic options for the patients? Should we try to understand the spiritual needs of our patients? How does our own spirituality affect the way we treat our patients? Should we incorporate spirituality in the treatment modalities that we offer? Does it make any difference in the outcome?

But, what is spirituality? Is it always a religious spirituality or can one have spirituality without religion? As a Muslim, I feel that spirituality is recognition of God within us. Man was created by God, who had "blown his spirit into him", but man, who was separated from God, tries to be connected to Him, like a child connected to his mother by an umbilical cord. As a physician, I feel that I am an instrument

of God's healing. I diagnose with the knowledge given by God. I dispense the medicines created by God (though it could have been discovered by a fellow human being) and after dispensing the medicine I ask God to make the medicine work for my patients. If we explore the spirituality of our patients, we will find that illness brings a patient closer to God. The patient sees his physician not only as a healer but as a holy man as well. He is not just a dispenser of medicine but also someone who has a special knowledge of healing. Thus, the patient says "Doctor, you have saved my life", while the doctor knows that the only actual savior is God.

Regarding the role of religion and where it fits into spirituality. I feel that the purpose of religion is to make us reflect and start asking questions like: Who created us? What is the purpose of our creation? What is our mission on earth? What is our duty toward ourselves, our fellow humans and our Creator? Hopefully the answers, when we find them, may modify our behavior.

There is no doubt that religion has influence on our health. In the book "Timeless Healing", Benson cites studies showing the beneficial effects of religion. In 16 out of 18 studies, religion was cited as a factor which reduced alcohol consumption. In 6 out of 6 studies it helped reduce nicotine use. Illegal drug use decreased in all 12 studies. There was decreased depression in 12 out of 17 studies, reduced blood pressure in 4 out of 5 studies, improved quality of life in 7 out of 9 studies and reduced anxiety in 8 out of 11 studies.

Presented at the IMANA Annual Convention in San Francisco, CA, USA in July 2005.

Reprint requests: Dr. Shahid Athar, 8424 Naab Rd Suite 2D, Indianapolis, IN, 46260 or by e-mail to sathar3624@aol.com.

Larry Dossey, in his book "Healing Words", describes an experiment on prayer and healing. In 1988, at San Francisco General Hospital, 293 critically ill patients in coronary ICU were chosen and divided into two groups.

Group A: Patients who were prayed for by name by prayer makers who did not know the patients personally.

Group B: Patients who were not prayed for.

The results were interesting. Group A had fewer complications and less Congestive Heart Failure (CHF), 2½ times less antibiotic usages and 1/5 less cardiac arrest. They also left the hospital earlier compared to Group B. Prayer makers were not told what to pray. Many used simple words such as "Lord have mercy on this patient" or "Thy will shall be done".

A good physician goes beyond the signs and symptoms of disease but also investigates other factors influencing that disease, including the patient's social and spiritual state. For example, if the diagnosis is cirrhosis of the liver, then he must go beyond treatment of the liver and find if the cirrhosis is related to alcoholism and, if so, what caused the patient to have alcoholism. I have seen both diabetic coma and hyperthyroidism precipitated by severe family stress. The physician is best equipped to offer sympathy, comfort and counseling during death, loss and mourning. Such offering by the physician has better effect on the patient's ability to cope with such loss than any tranquilizer. We must treat our patients like we would like ourselves and our relatives to be treated.

In a recent article, Rosenfield et al evaluated spirituality in terminally ill patients. One hundred sixty-eight such patients who were expected to live less than three months due to terminal cancer were selected. The outcome, especially in relation to their understanding of the meaning of life and religion and their behavior toward the illness, was evaluated. According to their conclusions, spirituality as measured by inner peace and recognition of meaning of life, helped these terminally ill patients avoid despair, wanting to die or suicidal tendencies as compared to similar patients without spirituality.

Thus, the authors recommended that "health care providers should incorporate psychological and spiritual elements into the palliative care of dying patients.

Hope is also a medicine. Physicians may find that sometimes disbelief leads to despair and hopelessness. By rediscovering a patient's spirituality, a physician may be able to connect him to God and offer hope as an agent to conventional treatment. This will improve the compliance of the patient in the treatment offered to him. Our duty is to uncover the built-in but hidden spirituality within us and our patients. This awareness can be achieved by silent meditation, exploring nature, religious chanting like mantra, dhikr (remembrance of God) or reading of sacred scriptures, listening to spiritual music and caring for those in need. Spirituality in music or the healing power of music depends on the music. According to Imam Al-Ghazali, a famous Muslim scholar, "the music which increases spirituality and brings one closer to God is good music but the music which dulls the spirituality and diverts from remembrance of God is not so good".

Are there any medical effects of meditation? According to Dr. Ahmad El-Kadi, a Muslim physician from Florida who has done extensive research on this, meditation lowers heart rate and blood pressure, relaxes smooth muscle and improves breathing and memory. Certain words when chanted have an echoing effect and there are certain legislative effects of injunctions. This was also confirmed by La Forge in 1997. The Glorious Qur'an, the Islamic scripture, says, "Those who believe, whose hearts find peace in remembrance of God, for surely in the remembrance in God do hearts find peace."4 According to Prophet Muhammad (PBUH), "there is a polish for everything and the polish for removing the rust of the heart is remembrance of God."5 Now the question is: Does God listens only to the prayers of a certain faith or to everyone? According to the Quran, He listens to the prayers of everyone in need or in distress. "When my servants ask you about Me, tell them I am closer to them than their jugular vein. I listen to the prayers of each supplicant when he prays to Me. Let them listen to My call and believe in Me that they may be guided".6

In this disturbed world, there is a dire need for spirituality. It is the lack of spirituality which sometimes results in our misguided behavior. Dr. Martin Luther King said 40 years before September 11, 2001, "Our scientific power has overtaken spirituality. We have now created guided missiles and misguided men."

How do we increase our own spirituality? We must take time to pause and reflect upon who we are, what the purpose of our life is and what life means to us. We must observe life and its bounties. We must observe death or at least reflect upon death as a turning point in the journey of that person who dies and the people around him or her. We must conquer our self-destroying self. We must examine our relationship with God and, if it is disturbed, try to mend that relationship. We must serve others in order to improve our own spirituality. Dr. Rabindranath Tagore, an Indian poet who received the Nobel Prize in 1913, wrote this: "I slept and dreamt that life was a joy. I woke and saw that life was a service. I acted and behold the service was a joy." Thus, the dream becomes a reality when we perform service.

How do we dispense the gift of spirituality to our patients? We must take time to listen to them. We must befriend the patient and become a trusted partner in his care. We must try to know what else is happening in his life. That includes not only his home but also his job and his relationship with others. We must try to talk to him about his own spirituality and try to convince him that God loves him even in these desperate moments and cares for him. We must offer hope for him, not just dismal statistics about the probability of outcome of certain diseases. We must encourage him to pray and pray with him or for him. The results of such efforts will be noticed. The patient will be motivated to get well. He

will accept the negative outcome if there is any and he will take the bitter medicine willingly. His compliance will improve and he will thank you when he gets well. He will not complain if the medicine did not work, and he will be at peace even at the time of death.

Once the, physicians who are healed, will become the instruments of healing as nothing is needed more in our lives than healing both for us and our patients. We as physicians are weak human beings. We should stop playing God for others. We also need compassion for ourselves as well.

I end this article with this poem:

"Unwavering Love! in difficult times,
Help me to attend to my own spirit
My headaches also need compassion
Teach me how to offer kindness to parts of me
that hurt
Remembering Your great love for me,
I can reach out and lovingly embrace myself."

(poet unknown)

## References

- 1. Glorious Qur'an 32:9.
- 2. Benson H, Stark M. Timeless healing: the power and biology of belief. Collingdale, PA: DIANE Books Publishing Company; 1996.
- 3. Dossey L. Healing words: the power of prayer and the practice of medicine. New York: HarperCollins; October 1993.
- 4. Glorious Qur'an 13:28.
- 5. Al-Imam Al-Manāwi. Fayḍ al-qadīr sharḥ al-jāmi` al-ṣaghīr, 2<sup>nd</sup> volume, the letter hamza, number 2419. Available on-line from almuhaddith.org.
- 6. Glorious Qur'an 2:186.