

This is the Book (The Qur'ân), whereof there is no doubt, a guidance to those who are *Al-Muttaqûn* [the righteous persons who fear Allâh] (Chapter2, verse 2)

# **The Holy Quran**

**&**

# **Psychotherapy**

**Dr. Aziz Ahmed Quadri**

Psychiatrist

Director, Mental Health Center,

Nashik Road, Aurangabad-431002

*I would like to dedicate this book to my parents for the deep inspiration and persuasion for my education in Quranic studies, as well as in Psychiatry.*

*And to my beloved wife, Anjum, without whose support and dedication this work could not have been possible.*

*To my children; Sana, Meraj , Hana & my son-in-law, Faisal for being there.*

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And finally I must acknowledge my family for their love and blessings. Their encouragement and support goes beyond words.

## Why this book?

In my thirty five years of practice, I have come to a horizon where I consider spirituality and religion more empowering than science. A man's psychology is a product of his personal, socio-cultural and religious belief systems.

I did not find any area covered in a standard text book of psychiatry that is not guided by the Holy Quran and Sunnah of Prophet Mohammed [PBUH].

Over time I started counseling my patients in the light of religious knowledge I have acquired in my life so far, through the Holy Quran. And I must say it has rewarded me. This therapy has worked wonders in certain cases.

Through this book I have made a humble effort to share my experiences in treating patients through religious psychotherapy.

Dr. Aziz Ahmed Quadri

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## Foreword

I congratulate Dr. Quadri and his team for emerging with an interesting manuscript, *“The Holy Quran and Psychotherapy”* which emphasizes the fact of, religion being an important force in preserving sanctity of human mind.

It does so in an easy to comprehend and lucid manner by way of varied descriptions of the common clinical situations faced in mental health practice, associated mistaken patterned magico-religious reactions of patients and relatives, cognitive misunderstandings about disturbed conduct resulting therein and appropriate educative, medical and cognitive psycho-therapeutic approaches founded in the Islamic teachings from Holy Quran, aimed to aid mental health care.

It informs us about *power of Islamic religion* in removal of misconceptions regarding disturbed conduct, educating about harmful effects of intoxicants, guiding patients in leading a hopeful, positively directed and supported day to day life, helping the carer’s overcome magico-religious reactions and causing positive changes in attitudes and encouraging responsive handling of sufferers, by loved ones, in the face of mental health problems.

Clinical descriptions of cases are extracts from *real life experience of the clinician*, along with flavor

of *socio-cultural context* in which they have presented, as result, have been informative of common magico-religious approaches noticeable in the population studied.

The literary descriptions impress about the importance of *strong doctor-patient relationship, essential commonness of “religious orientation” in the world view of both, the client and the therapist and an accurate and precise comprehension of the religious background of sufferer* as pre-requisites for effective religion based cognitive psychotherapy.

Psycho-educative approaches in varied common psychopathological conditions, accurate identification of faulty thinking and reasoning patterns about different manifestations of common mental illnesses and correcting these errors based on *religious insights from Holy Quran* has formed the core educative material of this manuscript.

It's a creative insight of practicing cognitive psychotherapy founded in principles of Islamic religion to the determined mental health professionals aiding the cause of improving the lives of mentally ill.

Dr. Prasad Deshpande

M.D., Associate Professor of Psychiatry,  
Government Medical College & Hospital,

Nanded, Maharashtra

*In the name of Allah, the most beneficent and merciful.*

## **Preface:**

A Muslim is supposed to believe in one God (*Allah*). He has to submit his will to the will of *Allah*. He is supposed to do all that *Allah* desires and refrain from all that *Allah* forbids.

The personality of a Muslim is guided by the Holy Quran and, life history of Prophet Muhammad (*Serat*) [PBUH]. Life of Prophet [PBUH] is an ideal for every Muslim. A Muslim cannot take guidance in his personal matters from any other source which is not in light of Holy Quran and *Hadith*.

It is obligatory for a Muslim to have knowledge of the Quran, which one acquires through behavior of elders in the family, religious scholars, reading and understanding the Holy Quran. The Quran is the book of guidance revealed on Prophet Mohammed [PBUH]. Angel Gabriel [AS] had revealed it through visions. The holy book gives guidance right from birth to death and life after death. A Muslim is answerable to all his deeds. Hence his behavior, thinking and emotions are as per the will of *Allah*.

In my 35 years of dealing with psychiatric patients I have found that in dealing with the psychological problems of a Muslim, be it counseling or any form of psychotherapy it has to be in the light of Holy Quran for it to be more effective and more acceptable.

I did not find any area which is covered in any standard text book of psychiatry that is not guided by the Holy Quran and *Sunnah* of Prophet Mohammed [PBUH].

Understanding of counseling and psychotherapy in the light of Holy Quran will encompass understanding of Holy Quran and *Sunnah* as applied to different life problems.

I shall try to give brief description of teachings of Holy Quran Life of Prophet Mohammed [PBUH] and *Sunnah* wherever relevant.

Different types of psychotherapies e.g. individual psychotherapy, personal psychotherapy, dialectical psychotherapy, family therapy, couple therapy, marital therapy, cognitive therapy ,supportive therapy, some aspects of analytical therapy, behavior therapy, etc. all should be guided by the Holy Quran.

I shall prefer to deal with psychosocial therapies of different disorders and try to incorporate in them Islamic aspect which helps one to improve one's behavior to expected level of normality.

I have made a humble effort to give relevant histories of some of the cases which fall under different diagnostic categories. Counseling and psychotherapy done with these patients with Islamic background is included along with case histories so that one can easily make out which areas of belief system are considered in a given case.

I hope, *Insha Allah*, this book will help those who are dealing with counseling and psychotherapy of patients with Islamic background. It may also help in understanding the psyche of a Muslim. May *Allah* accept this work and make it a source of my salvation, *Ameen*.

## Cognitive Behavior Therapy:

Cognitive therapy is an empirically validated form of brief psychotherapy. It is used in many psychiatric disorders like depression, generalized anxiety disorder, panic disorder, social phobia, obsessive compulsive disorder, post-traumatic stress disorder.

Several studies have documented its effectiveness as an adjunctive therapy to medication.

Aaron T. Beck *developed* cognitive therapy in 1977 which has since then been growing.

Cognitive therapy is a short term structured therapy that uses information processing model for understanding and ameliorating psychopathological conditions.

Beck drew on the work of many other influential theories that irrational beliefs were the basis of psychological dysfunction. When individuals are distressed, many of their perceptions are incorrect.

Beck has given the following cognitive model:

Situation

Automatic thoughts

Emotion

Physiological reaction

Behavior

In a psychopathological state, individuals hold negative core beliefs which fall in two broad categories:

a) Related to helplessness and unlovability      b) Related to unlovability

Beck described following helpless symptoms:

I am incompetent

I am a failure

I am powerless

I am weak

I am vulnerable

I am trapped

I am inferior

I am worthless

I am defective

I am not good enough

Following are the core beliefs in unlovability:

I am unlikable

I am ugly

I am bad

I am evil

I will be rejected

I will be abandoned

I am different

I am worthless

There is something wrong with me

I am defective

I'm not good enough

According to cognitive theory core beliefs are stored in mental structures or schemas. Schemas are responsible for processing, storing and retrieving information such as people's perception of themselves and others; their goals and expectations; memories, fantasies and previous learning. Two kinds of schemas are described:

a) Constructive schemas and b) Primal schemas

Constructive schemas are under conscious control. They consist of personal goals and guiding principles of society. They are relatively flexible and facilitate problem-solving, rational thinking and creativity.

Primal schemas are rigid, obsolete. It's processing occurs automatically and at a pre-conscious level. According to Beck, when primal schema is activated the individual tends to process information in a distorted way.

Schemas are cognitive, behavioral, affective, motivational and psychological in nature. Structures of schemas activated together are called modes.

In anxiety mode, patient views themselves and others as vulnerable to harm, perhaps weak. They feel anxious and fearful. They become physiologically aroused to deal with the threat.

In depressive mode persons see themselves, their world and their future in a negative way. They feel sad, empty, hopeless and guilty.

The aim of cognitive therapy is to help patients achieve a remission by solving problems and reducing symptoms. Correcting their faulty thinking leads to improvement in their mood and functioning. Beck has recommended cognitive conceptualization diagram to collect the information. The cognitive conceptualization diagram is as follows:

#### RELEVANT CHILDHOOD DATA

Mother had mood swings, was unreliable.

Parents expected patient to take on age-appropriate responsibilities.

He/ She had a slight learning disability, did only "fair" at school.



#### CORE BELIEF(S)

I am helpless/ inadequate



#### CONDITIONAL ASSUMPTIONS/ BELIEFS/ RULES

**Positive assumption(s):** If I rely on others, I'll be okay.

**Negative assumption(s):** If I have to rely on myself, I'll fail.



## COMPENSATORY STRATEGIES

Rely on others.

Defer to other's wishes.

Avoid challenges.

SITUATION



AUTOMATIC THOUGHT



MEANING OF AUTOMATIC THOUGHT



EMOTION



BEHAVIOR

Cognitive therapy requires strong therapeutic alliance. It emphasizes providing rationale for intervention and eliciting and responding to patient's feedback. Clinicians aim to create a collaborative relation with patient in which they function in a team with patients. Together they test thoughts through experiment.

Cognitive therapy is educative in nature and aim of the therapist is to teach patients to become their own therapists. This therapy is time limited and goal-oriented.

If we look at all these principles the therapy is centered on finding automatic or distorted thoughts, their emotional components and correcting them in a rational way by allowing them to have alternative thoughts.

## Cognitive Behavior Therapy in light of Holy Quran

The psyche of a Muslim is guided by teachings of the Holy Quran. Human psyche deals with both conscious and unconscious matters, which are guided by the Quran. So any deviations or distortions of thinking are to be corrected only in the light of Holy Quran. Any other logic which is not in keeping with its teachings is not acceptable to a Muslim.

A Muslim faces conflict if he does anything which is not permitted by *Allah*. Resolution of conflict should be done in the light of Quran and *Sunnah*. Behavior is also to be modified according to *Sunnah* as behavior in all matters of life is guided by the teachings of Holy Prophet.

A fundamental issue that lies at the heart of multi-cultural clinical competence is the understanding that psychotherapy itself is not a universal phenomenon. Its general tenets, techniques, expectations as practiced in United States are not understood and accepted by all. Many scholars have asserted that traditional forms of psychotherapy were developed within a context in which normality was characterized by belief, observations, cognitions and perspectives of middle to upper class heterosexual European and European-American men. (Lee & Ramirez, 2000; Sue & Sue)

Subsequently criteria of what constitutes normality and the means by which normality is assessed have been set in a culture-specific context.

A lack of clinical awareness at this basic level may lead to misunderstandings, premature termination and even mistaken assignments of client with respect to psychiatric disorders at every level of therapeutic contact, from initial

interview to case conceptualization, assessment and diagnosis. (Cuellar, 1998; Harris *et al*, 2001)

Baruth and Manning (1999) defined *worldview* as the sum of an individual's experiences along with social, religious, and political beliefs and attitudes held in common with individual's reference group. The reference group may consist of family or community, racial or ethnic group, socio-economic group or nation. They believed that it is imperative that a client's world view be incorporated into the clinical conceptualization and treatment of clients. They stated that a client's world view is an over-riding cognitive frame of reference that influences most human perceptions and values. To understand an individual's response to a situation and to avoid a communication break-down, the counselor needs to learn the meaning of that response in the client's world view.

Perhaps one of the most significant yet most ignored elements of the therapeutic relationship is the lack of recognition on the part of the therapist of his or her own world view and how it may differ from the client's world view.

In reference to Muslim culture, as far as causation of mental illness is concerned there is a misbelief in many people in the community that they are caused by either black magic or *Jinn* effect and these beliefs need to be corrected in light of Holy Quran. Correction of these misbeliefs reduces severity of symptoms and improves compliance for treatment as well as reduction in relapse rate.

Quranic education increases acceptability of the explanation and readiness to change in its light. It also increases acceptability of pharmacotherapy. Quranic education reinforces faith in belief system. It also helps in

increasing acceptability of the psychiatric patient(s) and their good care by relatives.

In cognitive behavior therapy many alternative thoughts are allowed. In Quranic cognitive correction, thoughts are to be corrected from Quranic teachings as they are easily acceptable to the Muslim psyche.

**While giving psychotherapy we do not deny the biological causation of disease. Keeping in mind the biological causation, emphasis is laid on reducing severity of symptoms through psychotherapy while treating the biological cause of disease.**

In this section I shall discuss different cases in which cognitive correction is done in light of Holy Quran and *Hadith*.

## **Panic Disorder with Agoraphobia**

A 26 yrs old male was brought to me by his father with the complaints of palpitations, sweating, giddiness, tingling numbness, nausea, and fear of death and paralysis for a period of three years. His complaint started for the first time when he was attending the Friday prayer and he was in first row. While listening to the sermon, he all of a sudden started getting palpitations and he had to go in back row. Since then when ever he went to the mosque, he started getting palpitations. So he started avoiding going to the mosque and used to offer prayer alone. After that he used to get palpitations when ever he used to go in crowded places, or even if he had to stay alone he used to get palpitations. So he always remained in company of someone.

He was not able to leave the house alone. Gradually these symptoms increased, affecting his work and lifestyle. He consulted several faith healers. Some told it is black magic effect while others told it is Jinn effect. This led to further aggravation of his symptoms. Three months back he consulted a psychiatrist and he was put on clonazepam and he always took clonazepam before offering prayer and going to crowded places. His symptoms were relieved by 25%. He consulted me and I asked him to offer prayer along with me. He did so without taking clonazepam, on enquiry he told that as Doctor was with him he could offer his prayer without clonazepam.

Psycho-education:

Patient was told that he had symptoms of Panic attack with Agoraphobia. He was told that this disease cannot cause death or paralysis.

It is characterized by acute intense attack of anxiety accompanied by feelings of impending doom. The anxiety is characterized by discrete periods of intense fear that can vary from several attacks during one day to only a few attacks during a year. Patients with panic disorder present with a number of co-morbid conditions, most commonly agoraphobia, which refers to a fear of or anxiety regarding places from which escape might be difficult. This disease can be treated with pharmacotherapy and psychotherapy.

Quranic education:

He should have faith in *Allah* and always think that *Allah* is with him as it is mentioned in the Quran (Chapter no.50, Verse 16)-

“I am nearer than the jugular vein”.

As he always remained in company of someone to avoid anxiety, this verse was told to remind him that he is not alone, *Allah* is with him at all times. For a believer this thought is easily acceptable and by this thought, his anxiety is reduced.

He should have belief that time of death is fixed (Chapter 7, verse 34) *“And every nation has its appointed term; when their term is reached, neither can they delay it nor can they advance it an hour (or a moment).”* When time of death comes it is not postponed or preponed even by a second. This thought helps in avoiding negative thoughts of death whenever he gets palpitations.

He was also told the incidence of Prophet Mohammad (PBUH) when he traveled from Makkah to Madina with Hazrat Abubaker (RA). Enemies of believers (unbelievers) could not harm them as the Prophet (PBUH) always used to

recite “*La Tahzen! Innallahe Maana!*” (‘Do not grieve, Allah is with us’). Thus they reached Madinah safely, remembering Allah on their way. This incident helps a believer to think that Allah is always with him so he should not depend on any person or thing to reduce anxiety. The verse from Holy Quran is added, “*Do they not get tranquility by remembering Allah.*” (Sur-e- Mohammad)

He seemed to have been relieved by this and promised to offer prayers without clonazepam and thanked me.

He has been regular on his follow up visits and takes care of a busy garage in his city, free of panic and fear.

### ***Cognitive Model:***

AUTOMATIC THOUGHT: I cannot go out alone.

MEANING OF AUTOMATIC THOUGHT:

- I will get palpitations.
- I may die.

EMOTION: Restlessness, anxiety.

BEHAVIOR: Isolation.

### ***Quranic Perspective:***

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

- There is no need for you to fear because Allah is with you at all times.
- *Jinns* cannot cause such problems and you need not worry about *Jinn*. If you recite *Ayat-al-khursi* and *Muwazatein*, even if you believe by any remote

chance it is *Jinn* effect you will be protected from its effects. So you need not bother or follow treatment of *Amils* who misguide you.

- This condition is treatable.
- This disease cannot cause death or paralysis.

#### RESPONSE OF PATIENT:

- Decrease in anxiety and restlessness.
- He was convinced that his illness is not because of *Jinn* effect.

#### BEHAVIOR:

- Reads *Namaz* in congregation (*Jamat*).
- Goes out of the house alone.
- Resumed work.

## Obsessive Compulsive Disorder

A 45 year old Muslim lady came to me 5 years back with complaint of recurrent thoughts and feelings of committing sins for last 6 yrs.

She was an apparently alright *Alima* 6 yrs back when she developed an intense feeling that she had committed sins in her life. The same thought ruminated in her mind all day and she was not able to concentrate on anything; leading to a disturbed family, personal & social life. She visited faith-healers for this problem. Disappointed, she later saw a psychiatrist who put her on anti – depressant medication. She reported 40-50% relief from her guilt feelings, but never recovered completely. The psychiatrist re-assessed the patient and this time also she reported that she has committed a sin & she will go to hell. The psychiatrist decided to give her CBT. The therapist tried to correct her thought in this way (as described by the patient): “Whenever you feel you have committed sin you will go to hell, tell yourself nothing will happen even if you go to hell”. Even with repeated sessions, patient remained distressed because of the same thought, On the contrary her distress increased as she used to say nothing will happen if I go to hell.

Five years later, she saw me for the same complaint.

Psycho-education:

Obsessive-compulsive disorder (OCD) is represented by intrusive thoughts, rituals, preoccupations, or compulsions which cause severe distress to the person. They are time-consuming and interfere significantly with the person's normal routine, occupational functioning, usual social

activities, or relationships. A patient with OCD may have an obsession, a compulsion, or both.

An obsession is a recurrent and intrusive thought, feeling, idea, or sensation. In contrast to an obsession, which is a mental event, a compulsion is a behavior. A patient with OCD realizes the irrationality of the obsession and experiences both the obsession and the compulsion as ego-dystonic (i.e., unwanted behavior).

Although the compulsive act may be carried out in an attempt to reduce the anxiety associated with the obsession, it does not always succeed in doing so. The completion of the compulsive act may not affect the anxiety, and it may even increase the anxiety. Anxiety is also increased when a person resists carrying out a compulsion.

This disorder can be treated with medicines, behavior therapy and psychotherapy.

Quranic education:

In the light of religious knowledge, she was reminded that she was an *Alima* (an Islamic scholar) and the Holy Quran mentions that if you ask for forgiveness from the bottom of your heart, you will be granted forgiveness & sent to heaven (*Insha Allah*). Chapter 4 (*Al-Nisa*) of the Holy Quran says (verse no.106) *“And seek the Forgiveness of Allâh, certainly, Allâh is Ever OftForgiving, Most Merciful.”*

And verse no.110 says, *“And whoever does evil or wrongs himself but afterwards seeks Allâh's Forgiveness, he will find AllâhOftForgiving, Most Merciful.”* Being a person with strong religious orientation, she was convinced with the idea. Medications were prescribed by me and she was asked to follow-up in a week's time. On her next visit she

reported 80% betterment with Quranic insight, a significant relief from her feeling of guilt.

For a Muslim, the thought of going to hell is distressing enough even for a normal person, and then justifying that nothing will happen even if one is sent to hell is not acceptable to a Muslim, rather more distressing. This is what exactly happened in this case when she was given CBT without considering religious background.

When her religious background was considered and her distressing thought was replaced by the hope of going to heaven, it was more acceptable to the patient's psyche, thus relieving her of her long-standing distress.

The above case has been analyzed in a rational as well as Islamic perspective.

***Cognitive Model:***

AUTOMATIC THOUGHT: I have committed sin

MEANING OF AUTOMATIC THOUGHT: I will go to hell.

EMOTION: Sadness.

BEHAVIOR: Isolation.

***Rational perspective***

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

Nothing happens if one goes to hell.

RESPONSE OF PATIENT: More anxiety, more sadness.

BEHAVIOR: Rejected treatment.

*Quranic perspective:*

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST: If you repent and ask for forgiveness, *Insha Allah*, Allah (SWT) will forgive your sins.

RESPONSE OF PATIENT: Decrease in anxiety and sadness.

BEHAVIOR: Started leading normal life.

Even after five years of follow-up, she is enjoying a quality life without any distress from her original thoughts.

## Obsession

A 35 year old shopkeeper came to me with complaints of restlessness, anxiety, pain in chest, heaviness in abdomen, indigestion, loss of interest, sadness of mood, disturbed thoughts, increased anger and irritability, decreased appetite, suicidal ideas.

When I asked how long had it been since the start of illness, the Pt and relatives said that it all started 4-5 months back. The patient continued “Dr. *Sahib*, one morning I got up early for my prayer (*Fajar*). Out of the blue, I started getting thoughts as to why I pray, what was the need for prayer? Despite many efforts I could not get this recurrent thought out of my mind. I spoke to a particular *Mufti Sahib* about this, who said this was because of excessive praying and asked me to read *Muwazatein*. He added, ‘There is the fear of theft only where there are riches (your faith is strong).’ Dr. *Sahib*, I have always been a short-tempered person. My business, family life, *Alhamdulillah*, is well settled. I offer the *Namaz*, my wife takes care of the house, my kids are doing well in school, and I engage in religious activities and lead a good social life. But of late, I am not able to concentrate while praying in congregation. Sometimes I feel like considering suicide but I convince myself in light of religious teachings, and I try to control my feelings. My life has become like hell. I firmly adhere to my routine of prayer, reciting *Azkar* and *duaas*. I even offer my *Ishraque* and *Tahajjud* prayers regularly and plead in my prayers. I wonder for what sins god is punishing me. I cannot even sleep at night. I have started becoming irritable and angry, even towards my customers.

After visiting many doctors, I feel better only temporarily; but there is no relief from these disturbing thoughts. I went for congregational prayer once in *Chilla*. There I got so anxious I had to be taken to a doctor who said I must have had some stress. The leader of the group (*Ameer-e-Jamaat*) tried to convince me that I will be alright and if *Allah* wills nothing will happen to me. I used to feel even more troubled when alone. My problem had become a big concern for my family. My mother even once said that since I own a shop of religious books it could be because I would have shown disregard for some books sometime. I was taken to an *Amil*, though I never had faith in Amils. The *Amil's Darbaar* was full of troubled women. On seeing me, he made a loose fist in front of his eyes and started saying "*Hazrat (Jinn)* is saying he has possessed you. He is causing acidity, increased blood pressure and he doesn't allow you to be in the *Masjid* for long. I was prescribed material worth 800 rupees which included two mineral water bottles, eleven bottles of *Attar*, and two kilograms of mustard. One bottle of water to use with bathing water (*ghusl*), another to splash my face, the mustard seeds to be thrown on my face, while the attar was to be rubbed on my chest. He gave me *Falitas* and a total of forty Talismans to be tied on the waist, arms, chest and head. He also asked me to recite *La hawlawallahkhuwata*.

Dr. *Sahib*, I only made use of the water bottles, the rest I could not convince myself to use since it is nowhere mentioned in the Quran and *Hadith*. These things would spoil my both worlds."

After listening to the story of the patient I diagnosed him as a case of obsessive compulsive disorder with secondary depression.

Psycho-education: regarding depressive disorder and obsessive symptoms and panic attacks was given. Generally anxiety, restlessness, fearfulness and sleeplessness are not considered pointers to a major disease by the general public and are attributed to supernatural effects of Jinn. The patient feels tense that he may get a heart attack due to the palpitations, sweating and restlessness, which are a part of the disorder. If this recurs despite a normal electrocardiogram, a diagnosis of panic attack should be considered so that there is no need to repeat ECGs every now and then. This patient was told that he had obsessive thoughts (recurrent intrusive thoughts) about his prayer which were the root of his depression, causing sadness, loss of interest, decreased sleep and appetite as well as suicidal ideas. He also had panic symptoms like anxiety, pain in chest and irritability.

We admitted the patient to our Inpatient Department since he also had suicidal ideas. We gave him Cognitive behavior therapy along with medicines.

Quranic Education:

Thanks to his religiosity he could protect himself from committing suicide till now. Had he not been exposed to Islamic teachings in his life, he would not have shunned from committing suicide. Also because of this attitude he did not consider the *Amil's* advice and slept in the *Masjid* all night. We have seen so many patients who are deprived of the Mosque and prayer because of such advices given by *Amils*.

The Quran mentions: *“The Mosques of Allâh shall be maintained only by those who believe in Allâh and the Last Day; perform As-Salât (Iqâmat-as-Salât), and give Zakât and fear none but Allâh. It is they who are expected to be on true guidance.”* (Sura at-tauba, verse no. 18).

One of the Hadith also mentions in this regard- Prophet Mohammad (PBUH) said *‘O People, be happy. Your Lord has opened the gates of heaven and showed your view to his angels, and said with pride, “Look at my devotees. They have finished one prayer and are awaiting the next hour of worship.”’* (Ibn-e-majah)

The patient was asked to follow up regularly for treatment. He was convinced it was not due to the effects of *Jinn*, so he need not fear. He was also told that in the Mosque where the *Namaz, Azaan* and Quran are read, non-believer *Jinns* cannot survive at such a place.

### ***Cognitive model:***

AUTOMATIC THOUGHT: Why am I praying?

MEANING OF AUTOMATIC THOUGHT: My faith is weak.

EMOTION: Anxiety and sadness; suicidal ideas.

BEHAVIOR: Not able to concentrate at work.

### ***Quranic perspective:***

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

- These thoughts come to those who have strong faith.
- Suicide is considered *Haram* in Islam.

- He was also advised to neglect these thoughts. Because of these thoughts his faith will not be at stake.

#### RESPONSE OF PATIENT:

- Anxiety and sadness reduced.
- Suicidal ideas reduced.
- Eventually his thought disappeared.

#### BEHAVIOR:

- Concentration and work improved.
- A sense of general well-being in patient.

In this patient there was automatic thought which questioned his (need for) prayer. As it was corrected in light of Quran and he was told that people with strong faith only get such thoughts it helped him get rid of the thought.

The thought that *Jinn* is causing this thought was troubling him even more and by clarifying that it is a symptom of obsessive disorder and not the effect of *Jinn* the misconception about causation of thought was removed.

## Post Traumatic Stress Disorder

A young girl came to me with her parents who complained that she falls several times during the day. She had headache, dizziness, hiccoughs, body ache and weakness since the past three months. They had visited several doctors and gone through many tests including MRI of the Brain. Some said it was acidity, some said it was a cranial nerve problem. A psychiatrist was considered lately. He advised some medications and asked the parents not to discuss delicate or bothersome issues in front of the patient. The parents noticed evident improvement in her condition until one day she came home from her relatives' house in an agitated state, talking irrelevantly. Nothing would calm her.

An *Amil* was consulted. He said she was under the influence of an evil spirit and asked for five types of sweets and a chicken with upside-down legs. She was also prescribed *Dabur* hair oil by one *Amil*. She did not improve in any way despite seeing half a dozen *Amils* and trying their crazy solutions.

After knowing the details I asked if there was any major incident preceding the start of illness. Her mother replied, "Once she was traveling by bus and witnessed a road traffic accident on the highway where she was strangled with her younger brother. There was a mob throwing stones over the bus. She saw a dead body drooling with blood close to her. She was scared to death." After knowing the situation, I made further queries and found out that she used to have frequent flash-backs of the incident. Since then she has frequent night-mares and is not able to sleep. She becomes

restless even at the mention of this incident. She has lost interest in everything.

I diagnosed this patient as having Post Traumatic Stress Disorder.

#### Psycho-education:

This illness occurs after witnessing a traumatic life incident. These symptoms usually manifest in a month after the incident. It is seen in 9-15% of the general population and is more commonly seen in youngsters and children, more in females than males. The more closely one has witnessed the incident, the more troubled one is. Because of recurrent nightmares, the patient had restlessness and loss of interest. The patient tries to avoid everything related to the incident, is not able to sleep and remains depressed. At times they remain hyper vigilant. This illness is related to certain chemical changes in the brain which include a rise in brain nor-adrenaline and a fall in brain endorphin levels. There are changes observed in the Hippocampus and Amygdala of the brain because of which the patient remains fearful. It usually follows some major life event like trauma, floods (*Tsunami*), earthquake, storms, riots etc.

These patients are given SSRIs and taught relaxation therapy. They are given psychotherapy, CBT and Exposure therapy (visual imagery).

#### Quranic Education:

She was advised to offer prayer regularly for relaxation along with reciting of *Muwazatein* and *Ayat-al-Khursi*. Her fear of *Jinn* and Evil spirit was tackled in the light of *Hadith* about *Muwazatein*. - Say: "I seek refuge with (Allâh) the

*Lord of the daybreak, From the evil of what He has created; And from the evil of the darkening (night) as it comes with its darkness; (or the moon as it sets or goes away). And from the evil of the witchcrafts when they blow in the knots, And from the evil of the envier when he envies."* (Chapter no. 113, verse no.1 through 5).

Whosoever recites *Muwazatein* regularly, morning and evening, is protected from all the evils. She was told that this is a very simple method given by Holy Quran. You should follow it and be sure that no *Jinn* or black magic will work on you. You should not run after *Amils* and follow their baseless advices.

*'Say: "I seek refuge with (Allâh) the Lord of mankind, The King of mankind, The Ilâh (God) of mankind, From the evil of the whisperer (devil who whispers evil in the hearts of men) who withdraws (from his whispering in one's heart after one remembers Allâh), Who whispers in the breasts of mankind, Of jinns and men."*' (Chapter no.114, Verse no. 1 through 6)

She was also told that any soul does not wander after death, so there is no question of one entering your body. *"It is Allâh Who takes away the souls at the time of their death, and those that die not during their sleep. He keeps those (souls) for which He has ordained death and sends the rest for a term appointed. Verily, in this are signs for a people who think deeply."* (Chapter 39, Verse no.42).

### ***Cognitive Model:***

AUTOMATIC THOUGHT: Soul of dead body has entered my body.

MEANING OF AUTOMATIC THOUGHT: Evil soul is troubling me.

EMOTION: Anxiety and fearfulness.

BEHAVIOR: Avoidance.

*Quranic perspective:*

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

- Have faith in *Allah*. If you seek refuge in Him, he will protect you at all times, even from any kind of *Jinns*.
- No soul can enter your body.

RESPONSE OF PATIENT:

- Restlessness and somatic complaints reduced.
- Sleep improved.

BEHAVIOR:

- Avoidance reduced.
- Concentration and work improved.
- Takes interest in activities.

Over a period of one year of follow up she maintained improvement and her re-experiencing of the event has stopped. She spends her days like any other normal young girl of her age.

## Conversion disorder

One twenty year old girl, an '*Alema*', had been suffering from insomnia, lock jaw, and headache. Wailing and weeping, reciting eulogies on Prophet Mohammed (SAW), asking for food at odd hours, thinking that her life will end now, wrapping herself in a shroud as done to dead bodies, saying that the soul is leaving her body; speaking different languages etc. were the other symptoms. Her father had brought her to my clinic. He said, "Doctor, we are very much worried for the painful condition of our daughter for the last several months." Giving details about his daughter, he said, "She always used to keep herself busy with household work and domestic chores. She had visited a village to attend a marriage function last year. All of a sudden I received a phone call from one of my relatives who informed that my daughter is not well and asked me to come over immediately. I rushed to the spot and saw the strange behavior of my daughter. I thought that she was under influence of some evil effects. She said that she is affected by *Jinn* who had fallen in love with her hair and would take her and not leave her. In view of her condition we took her to an exorcist. We took his treatment for two months. He gave a few talismans, some for dissolving in water and drinking and some for burning till the patient is left gasping at its smoke. The exorcist, a stout fellow, used to give her a slap with a heavy hand and splash cold water over her face during cold winter season." When the patient's father objected to this, the exorcist explained that actually this slap hits the *Jinn* who had possessed his daughter.

The patient now had become irritable, muttering to herself; breathlessness and physical weakness reached to an

extreme. Around this time her father came into contact with another exorcist. This exorcist used to hold the patient's finger in his hand, squeeze it forcefully and the patient used to cry out with pain but the exorcist never felt bad about his way of treatment. He also said that she is possessed by *Jinn* and gave a talisman for burning. The patient's father was more aggrieved by the methods of treatment of the exorcists rather than the actual sufferings of his daughter. They (exorcists) when asked used to say that this is the only way for her treatment. Thus the patient took treatment from many exorcists, one after the other. One exorcist restricted her from eating meat, egg and fish and prevented her from visiting houses where a delivery has taken place or someone is dead. This treatment continued for about forty days. He gave talismans for wearing in the arm and for burning. The patient felt better for a couple of days and then again her condition deteriorated. One more exorcist broke all records of cruelty. He held her hair and pushed lemon in her mouth. The exorcist said, "I will bring you out and will burn you." After this he gave a slipper to the patient and asked her to hold it in the mouth. Then he pushed it inside. He cut a lemon and threw its pieces over the head and body of the patient. He then asked the patient, "Tell me will you trouble her?" Then the exorcist demanded money.

After carefully examining the patient, I made the diagnosis. She was suffering from Conversion Disorder (Hysteria). I found two important conditions in the patient i.e. 1) lock jaw and 2) stating that *Jinn* fell in love with her and that she is possessed by *Jinn*. These are the symptoms of Conversion Disorder and Dissociation Disorder.

### Psycho-education:

The symptoms of Conversion Disorder generally appear after mental stress and mostly women are its victims. Despite not having any physical defect in any part of the body one may suffer from this disease. The symptoms of Conversion Disorder are similar to the symptoms of some physical ailments. Therefore, it is difficult to diagnose the case as there is no distinction between the somatic symptoms and the symptoms of psychological origin. The patient falls down on the floor and wags his hands and legs. If you want to stop him from doing this, he resists. However, he ensures that he is not harmed. This doesn't happen during sleeping situation. It happens during waking situation when someone becomes extremely emotional after an argument, a quarrel, a fight or a failure in a love affair and in sorrowful and melancholic conditions. Sudden manifestation of choked throat, bloating and weakness of limbs is seen in the patient. Some patients suffer from blindness, deafness, limping or a paralytic attack, joint pain, nausea and vomiting. There is impaired coordination between right and left hemispheres of the brain in such patients. The patient or his/her relatives suspect that someone has bewitched or put a magic spell on him/her when they notice the symptoms like fits, lock jaws and breathlessness. The second symptom of the patient points at Dissociative Disorder. It is due to mental stress. The patient speaks different languages and her relatives think that some ghost has entered into his/her body and he/she is talking in strange languages. In this particular case, the parents of the patient thought that she is talking *Telugu* language; they themselves did not understand it though. I also heard this conversation but it was not in *Telugu* or any

other language. It was only a mixture of unintelligible words.

I started the treatment through counseling and medicines. In one of the counseling sessions, it was found out that this patient had a love affair, and that her father was very strict and was bound to object to this. The patient's secrecy was maintained as she did not wish that her father would know this.

It is necessary to tell such type of patients how to manage mental stress and they are trained in stress management such as relaxation therapy etc.

#### Quranic education:

I always tell my patients that they should praise Allah under all circumstances and should seek His protection from all evils. As soon as you feel that you have taken refuge of Allah, feelings of pain are drastically reduced. One should be moderate in all pursuits of life. This reduces both physical as well as mental stress. One *Hadith* reads, "A moderate deed is the best deed."

Verse No. 103 of *Al-Nisa* reads, translation: "*When you have finished As-Salât (the prayer - congregational), remember Allâh standing, sitting down, and lying down on your sides, but when you are free from danger, perform As-Salât (IqâmatasSalât). Verily, the prayer is enjoined on the believers at fixed hours.*"

*Namaz* (5-time prayers) are made obligatory for offering on appointed times.

In Chapter *Dharyat*, verse no. 56 of the Holy Quran it is mentioned that man and Jinn were both created to worship Allah “And I (Allâh) created not the jinns and humans except they should worship Me (Alone).”

She was told that there are no such incidences of having a dialog with *Jinn* in Holy Quran or *Hadith*. So one should not believe that one is talking with *Jinn*.

Holy Quran clearly mentions that no one can see a *Jinn*.

The Quran quotes (Chapter 7, verse 27) “Verily, he (*Shayâtin*) and *Qabîluhu* (his soldiers from the jinns or his tribe) see you from where you cannot see them. Verily, We made the *Shayâtin* (devils) *Auliyâ'* (protectors and helpers) for those who believe not.”

In light of this verse we have explained that when one can't see *Jinn* how can one know that he/she is conversing with the *Jinn* or the *Jinn* is in love with her or whatever language she was talking was that of the *Jinn*.

### ***Cognitive model:***

AUTOMATIC THOUGHT: *Jinn* has possessed me.

MEANING OF AUTOMATIC THOUGHT: *Jinn* is causing symptoms.

EMOTION: Anxiety and fear.

BEHAVIOR:

- Lock jaw.
- Fainting.
- Reciting eulogies on Prophet Mohammad (PBUH).
- Speaking in *Telugu* (as per relatives).

### *Quranic perspective:*

#### ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

- These symptoms are not due to effects of the *Jinn*. It was just her imagination that someone (*Jinn*) was in love and possession of her which resembled her real life situation.
- If you avoid over-indulgence in anything, it will reduce your stress. The patient is advised to work according to his capability and capacity.
- Patient was also advised to offer the *Namaz* regularly.

#### RESPONSE OF PATIENT:

- Internal conflict resolved.
- More at ease with self.
- Feeling more relaxed after offering her prayers (*Namaz*).

#### BEHAVIOR: Return to normal behavior.

- Not talking in different languages.
- Not talking about jinn or any soul.
- Resumed house-work and other duties on a positive note.

## Dissociative disorder

A 16 year old girl was brought by her father who complained, "Doctor, she talks irrelevantly, hears voices of strangers and shouts for no reason. Sometimes she says she is possessed by something, the other times she says she is in paradise. She forbids everyone from going to the top floor of our house. She is fearful at other times saying someone will beat her up and she hears threats.

One evening she was preparing for the evening meal in the kitchen. All family members were nearby. Suddenly she started feeling as if something was entering her body. She started shouting and talking irrelevantly, saying there was Jinn in the kitchen smoke. We thought she was possessed by somebody. We visited an *Amil* who gave some special water to drink. She remained the same as before. On seeing a doctor she was given some tranquilizer which relaxed her. On getting up from sleep she was again the same. We visited another *Amil* who ordered a list of material and asked us to dig nails in all four corners in the patient's room and put a talisman around her neck. He went through the entire house spreading fumes of special incense (*Lobaan*) with the patient by her side. He asked her, 'What is your name?' to which she mentioned an arbitrary name. He said, 'I will drive you out of her body and throw you into a well'. He explained us that it was some *Jinn* from the family on the top floor.

My daughter has stopped eating since the past few days. One day she held the talisman tight in her neck and said there was something in the talisman. She insisted that the *Amil* be called and said that she is possessed by her

grandfather. Sometimes she starts talking in a male's voice. The *Amil* was called for. He removed the talisman and put it in a bottle saying he is capturing the *Jinn* in the bottle. He instructed that this bottle should be disposed off in a river 50 kilometers away before sunrise. We did as we were told.

At the time of morning *Azaan (Fajar)* she says the *Jinn* is calling her. She wakes up in the middle of the night hearing the *Jinn's* voices. She feels restless during the *Namaz*. One day she started talking in her late grandfather's voice."

She was given medicines and Psychotherapy.

Psycho-education:

I explained them about possession syndrome which is included under dissociative disorder. Relatives were explained that because of some underlying conflict she is having this type of behavior and we will have to find out this conflict or any other stress. Along with this she will need medicines and psychotherapy sessions.

Quranic Education:

I explained to the relatives that the *Amil's* instructions were baseless and there is no mention in the Holy Quran or *Hadith* about such instances. No *Amil* can arrest the *Jinn* in bottle (since one cannot see *Jinn*) and this type of act doesn't have religious sanction. "*Verily, he (Shayâtin) and Qabîluhu (his soldiers from the jinns or his tribe) see you from where you cannot see them. Verily, We made the Shayâtin (devils) Auliyâ' (protectors and helpers) for those who believe not.*" (Chapter no.7, verse no.27)

She was explained that *Jinns* are creatures of *Allah* as are men. Even if they dwell you can be safe by reciting *Ayat-al-Khursi* (Chapter 2, verse 255-256) and *Muwazatein* (Chapter 113,114). She was counseled by telling nothing will harm you without the will of *Allah* and *Allah* is most powerful, like *La-hawala-khuwata* means, '*There is no power but with Allâh.*'(Chapter 18, verse 39).

The Quran is quoted to clarify that nothing can harm without order from *Allah*, as is mentioned in Chapter 58, verse no.10- "*Secret counsels (conspiracies) are only from Shaitân (Satan), in order that he may cause grief to the believers. But he cannot harm them in the least, except as Allâh permits, and in Allâh let the believers put their trust.*" She was advised to put her full faith in *Allah* (SWT) and be free from fear of any *Jinn*.

The *Amil* reinforced the patient's fear of going to the top floor saying she was possessed by *Jinn* who lived there. This point was clarified by telling that your symptoms are of illness and not of *Jinn* possession.

In subsequent interviews she addressed to her stressor of doing excess of house-hold work like cooking and cleaning. The association between her thought and her fainting was brought to her notice and she was told that she has to do work as per her capacity. Even the Holy Quran supports this view. A verse from Quran mentions, Nobody is overburdened that his capacity- "*Allâh burdens not a person beyond his scope.*" (Chapter 2, verse no. 286)

***Cognitive Model:***

SITUATION: Cooking.

THOUGHT: I am overworked.

INTERPRETATION: I cannot convey this to my parents.

EMOTION: Anxiety.

BEHAVIOR: Fainting.

***Amil's perspective:***

ALTERNATIVE THOUGHT SUGGESTED BY AMIL: Fainting is because of possession by *Jinn*.

MEANING OF THOUGHT: *Jinns* are more harmful.

EMOTION: Fear and anxiety

BEHAVIOR: Original symptoms were reinforced and increased in intensity.

***Thought correction in Quranic perspective:***

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST: These symptoms are not caused by *Jinn*. Explanation from Quran and *Hadith* was given.

RESPONSE OF PATIENT: Decrease in anxiety and fear. Alleviation of symptoms.

BEHAVIOR: Started routine life with moderation.

## Paranoid Personality Disorder

A 25 year old male was brought by his in-laws with complaints of decreased sleep, excessive anger, suspiciousness, restlessness, fighting on trivial issues, misbehaving with in-laws, doubting wife's fidelity, and aggressiveness towards children and wife.

The in-laws said, "It was only a year since our daughter's marriage, but there has not been a single day when our son-in-law hasn't misbehaved. We are just bearing with him hoping some day things will be better. It's getting too much now. Our daughter is considering calling off the marriage. He is very suspicious and easily believes in superstitions. For instance, one day he was going home from work when his motorbike crossed a piece of lemon. He thought someone was doing black magic on him through the lemon. The same day his wife fell ill and she got up in the middle of the night, screeching in pain. His family has a strong following of *Amils*. He immediately saw the *Amil* the following day who ordered a list of things. The *Amil* came home with mustard, lemons, eggs, camphor and bottles of mineral water. He said the husband and wife have been shadowed by *Jinn*. He performed a long ritual with pieces of papers burning in upturned glasses kept in four corners of the room. In front of the couple he said, 'Across seven seas, come all *Jinns* in this boat. Come through the ways of mountains and waters. Come, come and save my people.' The glasses started shaking. He said the *Jinns* had come and saved the couple."

"He is very rude even to the kids in the family and scolds them unnecessarily, at times hitting them hard. One day our daughter got frustrated and said she could take it no more.

She immediately left for our home. The same night he came to our house at 3:00am and started shouting and abusing her. He started persuading his wife to come back with him by singing songs.

The other day he started mentioning the *Jinn*. We repeated the same experiment of those glasses done by the *Amil* and the glasses started shaking this time also. We told both husband and wife that the *Amil* was just trying to fool them.”

After carefully listening to the whole story I told the family that the patient had Paranoid Personality Disorder.

Psycho-education:

Such people easily mistrust others. They even doubt their partner’s fidelity and try to find out ways to justify their doubts. This is the reason why these people don’t get along well with others. It is mostly seen in males.

These patients are treated with medicines and psychotherapy. It is very important to build a trusting therapist-patient relationship given the nature of this illness. We generally give them anti-psychotics and anti-anxiety medication to control their irritability and aggression. We explained him that this paranoia is part of Paranoid Personality Disorder which results from chemical changes in the brain neurotransmitters, mainly dopamine and serotonin. He had to sort his attitude; otherwise he would end up having bitter relationships in life.

Quranic Education:

The patient believed that crossing a lemon was an indication of black magic being done against him. He was told in light of Hadith that *'On the authority of Anas (may Allah be pleased with him) who reported that the messenger of Allah (may the peace and blessings of Allah be upon him) had said: There is no infection and no evil omen, but I am pleased with auspice. He was asked: What is auspice? He replied: A good word.'* (Al-Hadith)

The *Amil* fuelled the patient's suspiciousness that there was some black magic or *Jinn* effect on him. One should not believe if someone says it is effect of *Jinn* unless one confirms by all scientific measures.

*"On the authority of Abu Huraira (may Allah be pleased with him) who reported that the messenger of Allah (may the peace and blessings of Allah be upon him) had said : "It is sufficient for a man to prove him self to be a liar, that he narrates whatever he hears."* (Muslim)

The experiment done by the *Amil* to intimidate the family had a scientific basis, but used in the wrong way. Chapter No.3, Verse no.191 says *'Those who remember Allâh (always, and in prayers) standing, sitting, and lying down on their sides, and think deeply about the creation of the heavens and the earth, (saying): "Our Lord! You have not created (all) this without purpose, glory to You! (Exalted be You above all that they associate with You as partners). Give us salvation from the torment of the Fire."*' This verse emphasizes the importance of scientific attitude. If one looks at things with a scientific attitude one will not be misguided by such *Amils*.

Above all suspicion is prohibited in Islam. A quote from the Holy Quran says, (Chapter *Al-Hujraat*, verse no.12) *"O you*

*who believe! Avoid much suspicions, indeed some suspicions are sins. And spy not, neither backbite one another. Would one of you like to eat the flesh of his dead brother? You would hate it (so hate backbiting). And fear Allâh. Verily, Allâh is the One Who accepts repentance, Most Merciful.”*  
As Prophet Muhammad (peace and blessings of Allah be upon him) said, *“Leave that which makes you doubt for that which does not make you doubt, for truthfulness is certainty and tranquillity, whilst lying is doubt and confusion.”*  
(Reported by al-Tirmidhi, 2520; al-Ni...saa'i, 8/327...; and Ahmad, 1/200).

Anger management was taught to patient in light of Quran. Chapter 3, verse no. 134 says, *“Those who spend [in Allâh's Cause - deeds of charity, alms, etc.] in prosperity and in adversity, who repress anger, and who pardon men; verily, Allâh loves Al-Muhsinûn (the gooddoers).”*

Patient and his family were more than convinced by this explanation.

### ***Cognitive Model:***

I) THOUGHT: My wife is unfaithful.

MEANING OF THOUGHT: My wife has illicit relations with another man.

EMOTION: Aggression.

BEHAVIOR: Misbehaving and fighting.

II) THOUGHT: Someone has done black magic on my wife.

MEANING OF THOUGHT: My wife has become ill.

EMOTION: Anger

BEHAVIOR: Consulting *Amils* and getting rituals performed.

*Quranic Perspective:*

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

- You must not doubt without any proof (explained on the basis of Quranic verse)
- One should control anger.
- Considering bad omens is not allowed in Islam, as it amounts to disbelief.

RESPONSE OF PATIENT: Decreased anger, irritability

BEHAVIOR: Patient agreed to take treatment with psychiatrist with regular follow up.

A tremendous change in his personality was noted over time.

## Substance-induced Psychosis

A 30 year old married male was brought by his father to me who complained, “Dr. *Sahib*, my son is having trembling of hands and feet, irrelevant talk, forgetfulness, hiding away from people, and not eating because of suspiciousness that his food has been poisoned. He has been abusing everyone at home and gets easily irritable since one and a half years. He sells utensils door to door with his friends and comes home exhausted by the time his family is fast asleep. Since the past few days he has changed a lot. He abuses his wife physically and verbally owing to which his wife has now left him. The other family members are worried. Friends and relatives suggested that he be taken to an *Amil*. Who called them to a religious place where they stayed for forty days where patient is given a bath in the morning and made to sit in a corner.

Since the past few days he looks troubled and restless and fearful. He says that neighbors are letting snakes into their house. He has stopped eating saying that his food has been poisoned. When taken to another *Amil* we were told that he has been poisoned by one of the relatives. The *Amil* got angry when we asked about the identity of that relative. He advised us to bring water from the mid-flow of river Ganges and asked the patient to bathe with it. He read some mantras and gave us a list of rituals to be performed. We never got proper guidance and treatment for his complaints.

When I asked his friends whether he had certain habits I was told he was habituated to ganja use. It was then that one of my close friends suggested that we consult a psychiatrist for the patient.”

After listening to the patient's information and talking to him I diagnosed him as a case of Cannabis induced psychosis. He had been smoking about 12 grams of ganja everyday since 15 years. He said he started consuming ganja in the company of friends fifteen years back.

Psycho-education:

Cannabis when used via smoking cigarettes the patient becomes euphoric in only about 30 seconds and the patient remains in the effect of ganja for 4-5 hours.

When used patients eyes become red, there is dryness of mouth and tachycardia. When used for long, patient may undergo cerebral atrophy and have epileptic seizures. There is a decrease in serum testosterone levels leading to sexual difficulties.

This patient had a psychosis induced by cannabis use. He had features of visual hallucinations and baseless suspiciousness (paranoia). He also reported frequent alcohol use.

He was treated in our in-patient department with antipsychotic medications and electro-convulsive therapy.

Quranic education:

He was also counseled in the light of Hadith and Quran. The Holy Quran says (chapter no. 5, verse no.9) *"Allâh has promised those who believe (in the Oneness of Allâh - Islâmic Monotheism) and do deeds of righteousness, that for them there is forgiveness and a great reward (i.e. Paradise)".* Including alcohol, all intoxicating substances are prohibited from being used by the Holy Quran. One

*Hadith mentions, ‘Mohammad (PBUH) said all substances that every substance that is intoxicating is forbidden.’ (Bukhari, Muslim).*

*Another verse says “you who believe! Intoxicants, gambling, idolatry and arrows (for seeking help on decision) one an abomination of order that you may be successful. Shaytan seeks only to cast amongst you enmity and hatred by means of strong drink and gambling, and hinder you from the remembrance of Allah and from his worship, will you then not refrain? ” (Surah Ma’idah Chapter 5,verse no.90)*

*Osman bin Affan (RA) had narrated this story:*

*‘Once a pious man met a woman, who invited him towards committing a sin (adultery).*

*The man flatly refused. After her constant insisting, she still failed.*

*Thereafter, she gave him options,*

- 1. Committing adultery with her, or*
- 2. To murder her newly born child, whom she begot from her previous husband. Or*
- 3. To consume some alcohol which she possessed.*

*If he were not willing to comply then she would scream and falsely inform the inhabitants of that place that he had raped her.*

*The man upon pondering decided to consume the alcohol, taking it to be least harmful of the three sins.*

*Upon the consumption of alcohol, he became intoxicated, and then consequently, he killed the child and also committed adultery with the woman.’*

Such are the consequences of intoxicants!

Patient was also told that suspiciousness is prohibited as per Islamic teachings “*O ye who believe! Avoid suspicion as much (as possible): for suspicion in some cases is a sin: And spy not on each other behind their backs. Would any of you like to eat the flesh of his dead brother? Nay, ye would abhor it...But fear Allah: For Allah is Oft-Returning, Most Merciful*”. (Sur-e-al Hujraat-Chapter 49, verse no.12)

The patient and his family were convinced by this view and made up his mind to quit cannabis and alcohol. He was also motivated to convince his friends to become teetotalers.

### ***Cognitive Model:***

DISTRESSING THOUGHT: There is something wrong with me.

ACTION OF THE PATIENT: Using ganja (cannabis) for relieving distress.

### ***Quranic Perspective:***

CORRECTION OF THE ACTION:

- Patient was told that use of intoxicants is forbidden in Islam.
- Patient should ask for forgiveness from bottom of heart and decide not to repeat the act so that, *Insha Allah* he may be forgiven.

CORRECTION OF THOUGHT: Suspiciousness is disallowed; it is not permitted in Islam.

BEHAVIOR: Motivated not to take cannabis or any other addicting substance and regularly follow prayers and Holy Quran.

## Depression

A 45 year old doctor (male) came to me with complaint of sadness of mood, lack of interest and enthusiasm in work, decreased sleep and appetite, and having suicidal ideas for the past 3 years.

He had been taking treatment for the same from outside but did not report a significant relief from his complaints. He used to remain restless and lost in his thoughts, looking depressed most of the time. His wife was called for to elaborate on the patient's illness. She said that he had been a very dedicated worker in an orphanage, both as a doctor and a secretary. He always sidelined his private practice as a BAMS doctor and was very much attached to the orphans and would strive for their well being.

Once the managing director of the school had gone for *Hajj*, following which most part of the administration including the accounts fell on his shoulders. He realized that there was a major misuse of funds by the junior staff. Being a man with a strong conscience he pointed out to this and objected vehemently, but never gave in to their misdeeds. What happened next was that he was attacked by a mob with sharp weapons owing to which patient took a leave. A letter was sent in his absence to the managing director showing that he had manipulated the funds, and he also had tried to sexually abuse one of the female workers in school. A show-cause notice was sent to him later, and he was forced to resign. The patient was extremely embarrassed and was left on his own resources now.

He opened a clinic in his town and somehow tried to run it but only for a year and a half. He later started working at

another clinic with a pay that would not suffice for even a single member of the family. Sacrifices had to be made not only in family expenses but also in his children's education. This has left the patient with a guilt feeling of being an insufficient and incapable father. To add to this he is constantly bothered by the charges of corruption and adultery and wonders what has happened of his image in the society.

This patient was clearly a case of major depressive disorder. He had a history of similar illness ten years back and was treated with medicines and ECTs then. This time it was in reaction to these problems with his job.

#### Psycho-education:

Patient, being a doctor himself, was fairly aware of the nature of his illness. He was told that his feelings of hopelessness and worthlessness were part of his illness. His concern about self, world and future fell in the classic triad of depression. So also his feelings of suicidality were part of severe depressive illness. He would be fine once his depression is lifted with the help of medicines, ECTs and psychotherapy.

#### Quranic Education:

I asked him if he felt like committing suicide, to which he hesitantly admitted that he got ideas of strangulating himself sometimes but would not give in to the idea. When asked 'Why?' he said it was because 'Suicide is *Haram* in Islam.'- *"O you who believe! Eat not up your property among yourselves unjustly except it be a trade amongst you, by mutual consent. **And do not kill yourselves** (nor kill one*

*another). Surely, Allâh is Most Merciful to you.”(Chapter 4, verse 29). Had this not been so, he added, he would have taken his life long back. It was easy for me to counsel this patient in Quranic perspective since he had faith and believed in Islamic teachings.*

Suicidal thoughts were tackled. His ‘no-suicide’ idea was reinforced by asking him to weigh the risk of committing suicide and going to hell (*Dozakh*); or bearing, rather fighting with his illness in this life so that he will be rewarded by *Allah* (SWT) in life Hereafter. This was necessary because the patient had a definite plan (strangulation), without intent. The patient was told that if he has a suffering in this life, he will be rewarded in life Hereafter for bearing with his suffering. (*Al Bukhari*)

He can pray to Allah, as one of the *duaas* mentions: “*O Allah, I seek refuge in you from grief and sadness, from weakness and from laziness, from miserliness and from cowardice, from being overcome by debt and overpowered by men (i.e. others)*” (*Al Bukhari, 7/158*). This *dua* helps in removing negative thoughts and feelings of incapability.

One *Hadith* stresses that if you think positive, the result will be positive; and if you think negative, the result will be negative. (*Al-Bukhari*)

### ***Cognitive Model:***

#### **AUTOMATIC THOUGHT:**

- I am incapable.
- I am vulnerable.
- I am incompetent.

MEANING OF AUTOMATIC THOUGHT: My life is not worth living.

EMOTION: Sadness, apathy.

BEHAVIOR: Disinterest in work; poor work performance.

*Quranic Perspective:*

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

- Do not curse yourself for what has happened to you.
- *Allah* is kind and merciful. He is testing you and will reward you for your suffering in your life Hereafter.
- If you think in a positive way *Allah* will help you in positive direction.
- Advice to read prayer (*duaa*) for warding off negative feelings.
- Advised to read the Quran with meaning for solace.

RESPONSE OF PATIENT:

- Decreased sadness.
- Decreased hopelessness.
- Decreased worthlessness.

BEHAVIOR:

- Positive outlook towards life.
- Improved work capacity and performance.

## Mania

A 30 year old unmarried girl well adjusted in her daily life came to me with complaints of anxiety, restlessness, decreased sleep, wandering, making tall claims, and excessive reading of the *Namaz* at odd hours. Her mother added, "We have given innumerable visits to many *Amils*. Whatever money I had gathered for her marriage I have spent on the *Amils'* treatment with the hope that she will get better. It started with restlessness, decreased appetite and sleep. We visited an *Amil* who said she is under black-magic effect. He called for turmeric and vermillion (*kumkum*) and asked us to offer it to a banyan tree. There was no improvement; rather she started deteriorating all the more. She started wearing new clothes, always remained well-decked wearing fragrant *attar* (perfume). She'd blast out at anyone who commented on her. *Amil* after *Amil* was seen for her treatment. Some asked for money, some asked for gold, some gave novel advices and talismans.

We never considered medical treatment. In the meantime we received many proposals for her marriage. When everything would be worked out between the families, she would call off the marriage. We were convinced that this was all due to the effects of black magic and *Jinn*. Of late she keeps herself excessively engaged in extra prayers."

Psycho-education:

She was diagnosed as bipolar mood disorder (type 1). There is heightened activity seen in such patients. They have excessive speech, easy irritability, preference for bright clothes, hyper religiosity and many more. Most of these signs were noticed in this patient.

This disorder has an episodic recurrence ranging from weeks to months , with the patient apparently alright in between. Some patients also experience depression. This disorder is associated with increase in brain nor-epinephrine and serotonin levels.

This patient was treated with anti-manic drugs and mood stabilizers. These patients have to take follow-up medicines for a considerably long term to prevent relapse. Such patients often fall prey to the absurd, illogical advices of *Amils* which often leads to delay in taking treatment. The wrong advices and explanations for the symptoms given by *Amils* also become hurdle in proper management of patients.

The patient was told by the *Amil* that some *Jinn* is trying to affect her which led to her excessive prayer (*Namaz*). I told the patient and her mother that this was due to her illness and not due to any *Jinn* effect.

Quranic Education: is given to the patient and relatives to show the absurdity of the behavior in light of the Holy Book.

One *Hadith* quotes, “Moderate act is the best act”.

The Holy Quran says (Chapter 7, Verse no.31) “*O Children of Adam! Take your adornment (by wearing your clean clothes), while praying and going round (the Tawâf of ) the Ka'bah, and eat and drink but waste not by extravagance,*

*certainly He (Allâh) likes not Al-Musrifûn (those who waste by extravagance)."*

It is important that these patients be educated on the importance of proper sleep. A verse from the Quran was quoted (Chapter *Al-Naba*, verse no.9, 10, 11) "*We have made your sleep as a thing for rest. And have made the night as a covering (through its darkness), And have made the day for livelihood.*"

Advice on sleep hygiene is also given to the patient and relatives. A Hadith quotes that one should sleep after night prayer and should not indulge in gossiping, talking and other activities; and get up early for Morning Prayer. It is in keeping with the age-old saying 'early to bed; early to rise makes one healthy, wealthy and wise.'

In this case behavior therapy was targeted at removing the misbelief about causation of illness and motivating normal behavior and stressing the need for regular treatment.

***Cognitive Model:***

THOUGHT: Illness is caused because of *Jinn*.

MEANING OF THOUGHT: *Jinn* is responsible for manic behavior of patient.

BEHAVIOR:

- Grandiose ideation and behavior.
- Excessive praying by patient.

***Quranic perspective:***

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST: *Jinn* is not responsible for causation of symptoms as there is no such mention in the Holy Quran.

RESPONSE OF PATIENT: Patient was convinced of the need for treatment. She started taking treatment regularly and over a period of time her manic behavior was in control.

**BEHAVIOR:**

- Moderateness in behavior.
- Improved sleep.
- Acceptance of treatment.

Guidance in light of Quran helps in understanding need of keeping moderate behavior and motivates patient to take regular treatment to achieve the targeted behavior.

## Mental Retardation

An adolescent boy and girl were brought by their mother with complaint of mental weakness. She said, "My daughter is very weak in scholastic performance. She does not take interest in domestic work and is very forgetful. On the other hand my son cannot even read and write despite going to school till 9th standard. When he sits at our general store he cannot understand the cost and charges of items. My daughter can still read with difficulty. She remembers the characters of T.V. soaps that were aired years ago.

These children are a handful. They don't listen, and beat up other kids in the house. They have never been at par with their other classmates. They don't interact well with children of their age. They were relatively okay in their early childhood and had to be just promoted from class 1 to 9. They are a subject of mockery and jokes in their class. We are really worried about their mental health. When consulted a neurologist he said their brains had not developed properly and advised some medicines and follow up.

One of our relatives suggested this could be some black magic and we consult an *Amil* for that. The *Amil* said our native house was possessed by a bad *Jinn* and was troubling our family members. Even if we'd leave the house the *Jinn's* shadow will not leave. He took a piece of paper from his pocket and made a talisman out of it to be worn around the neck and gave some holy water to drink. All done, there was no improvement in the children. We have wasted so much time and money with *Amils*. Tell me what to do with my children."

We got an I.Q. test done which showed their IQs in the range of 36 to 50. These were clearly mentally retarded children.

#### Psycho-education:

Such children have a defect in brain development at some point of life leading to defect in brain structure and function. These children do not behave according to social norms, are scholastically backward, do not have a capacity to work and look after themselves.

Normally parents want their children to be well educated with other children of society. These children usually get admitted to normal schools where they usually do well till the age of 5 years. Problems start surfacing later and these children usually do not progress beyond class 6th. Later these children try to avoid school or do not comply with their assignments and homework. Significant time is lost in making these children stick to school when they can be given good vocational training and training in life-skills in the prime of their life. It is not possible to teach them with normal children and they need special training.

In this case there was need of counseling parents for the misconception about causation of mental retardation and helping them in coming out of their guilt feelings and frustration.

#### Quranic education:

Counseling was done in light of Holy Quran and *Hadith*.

One *Hadith* quotes, "*Can you count the number of sands. I have created intellect in different minds as numerous as*

sands. Some men have been given one grain, some two, some three, some four, some over one Farq, some one Wasq and some more.” (Ihya Ulum-id-din) This Hadith points towards normal distribution of IQ ranging from idiot to genius and this is created by Allah (SWT). So you need not feel guilty or ashamed about these children; you should take them as a challenge and testing from Allah (SWT) and take their proper care for their proper development. For this *Insha Allah* you will be rewarded in life Here-after.

Differences in mental abilities are clearly indicated in the Holy Quran through this verse, (Chapter, Zukhruf, verse no.32) “Is it they who would portion out the Mercy of your Lord? It is We Who portion out between them their livelihood in this world, and We raised some of them above others in ranks, so that some may employ others in their work. But the Mercy (Paradise) of your Lord (O Muhammad SAW) is better than the (wealth of this world) which they amass.” The same concept was clarified with the parents and they were advised not to expect from these children what is beyond their capacity.

***Cognitive Model:***

THOUGHT: Illness is caused because of *Jinn’s* effect on the native house.

MEANING OF THOUGHT: *Jinn* is responsible for causation of mental retardation.

EMOTION: Guilt feeling; sadness; excessive worry.

BEHAVIOR:

- Visiting *Amils* for solutions.
- Fruitless attempts to educate children in normal schools.

***Quranic perspective:***

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

- *Jinn* is not responsible for causation of mental retardation.
- Difference in IQ is natural and given by *Allah*.
- So you need not feel guilty and futile for these children's condition.
- Take proper care of children as it is testing of your duty (by *Allah* SWT).

RESPONSE OF PATIENT: Parents were convinced of the nature of the problem and understood importance of training as per capacity of the children.

## Conduct Disorder

One eighteen year old boy, weak in his studies, was brought to my clinic by his father for treatment. His father told me that his son had been failing repeatedly in the same class for the last four years. Symptoms like laughing without a reason, talking to himself and becoming mute sometimes, wandering aimlessly, persistently demanding things, unmindful, being detached and lethargic, have become very severe.

He was weak in his studies from the very beginning. He was always getting into some mischief right from his primary school. He would throw bags of other classmates out of school. Moving and disorganizing furniture in class, teasing teachers, beating other boys etc. were some of his activities. Sometimes he would whip animals and just not feel guilty about it.

He was so mischievous that whenever his father went to his workplace, he always worried at the thought of problems his son might create in his absence. His son sometimes left the house without informing anyone and the people who knew him, brought him back. He had no interest in his studies. His father said that his son had failed twice in eighth standard and his teachers were asking him to seek admission in a school for children with special needs. Lately he had started staring at girls and laughs foolishly at them. He had also become very obstinate. Whatever he asked for, had to be provided to him urgently. Instances of keeping awake till late at night, restlessness and annoyance, had increased. Having seen this, some friends had advised his father to consult an exorcist.

When the boy was taken to an exorcist, he opined that these are the effects of *Jinn* and that he will manage it. He gave a talisman asking to wear it in the arm and few more talismans for dissolving them in water and drinking it. He also gave some fragrant water to be sprinkled around all the four corners of his house. The exorcist had claimed that the boy will be alright within forty days. The exorcist asked for his remuneration, took it and disappeared. The boy did not improve in any way.

The father of the boy said, “Doctor, I became sad because in a busy place like Mumbai where no-one has time, work and only work, my son is causing me so much trouble. My other sons and daughters are very intelligent and sincere in their studies. I had complete idea that my son is unintelligent, but I did not make him feel ashamed because of this deficiency. I had enquired with the exorcist that why does this boy laugh foolishly. If any strangers notice this, they will be provoked. The exorcist said that the boy doesn’t laugh himself but the *Jinn* makes him laugh. I was surprised to hear this answer from the exorcist, “What a good task *Jinn* can perform, make people laugh and make them cry also!”

“I happened to meet another exorcist regarding my son’s illness. He examined my son and said that he seems to have crossed his steps over some mystical material. He noticed my son wearing in the arm the talisman given by the previous exorcist and asked to remove it if his talisman is to be used. He was annoyed when I said that both the talismans will be used simultaneously. I was fed up from the exorcists and their ways. At this point of time one more exorcist approached us and insisted. I told him “Please stop it. I have seen many such dramas. If you do not understand the nature of disease, why do you cheat people and waste

their money. I will pay your transportation expenses and some extra money but please stop cheating people.”

One of our relatives advised me to bring the boy to your clinic.

After examination of the patient and conducting different tests, he was diagnosed to be suffering from Conduct Disorder.

Psycho-education:

Children suffering from this disorder generally do not follow the instructions of others. They do not observe social norms. They exasperate quickly and do not hesitate to make use of brickbats, stones and knife etc. and are always ready for squabbles on a trifle issue. They are cruel towards small birds and animals. They get easily involved in thefts and sex crimes and leave their houses. They violate rules and laws and have a rebellious streak. This type of behavior is called Conduct Disorder. The patient in question had almost all these symptoms. About 10 % children suffer from this disorder. Boys are more prone to this disorder than girls especially the children whose parents are Below Poverty Line and who are drug addicts. Social and cultural traditions, very strict parents who punish their children on trivial matters, drug addiction, and temperament of the person concerned are some of the factors responsible for this disorder. Norepinephrine deficiency is related with this disorder. Obviously, if you shout at children and bang them frequently, they will develop such type of behavior. For the treatment of such children, the focus of attention is on reducing their aggressive behavior. Children are trained for this and some instructions are also given to them. It is

necessary that the home and school atmosphere is pleasant.

The children showing severe symptoms require use of anti-psychotic medicines. You cannot deny the fact that educating children is essential for self-confidence and good behavior.

Quranic education:

It was explained to the parents that it is absolutely necessary that the parents should understand the psychology and aptitude of their children and educate them accordingly. This is stated in the Verse 32 of Chapter 43 of Holy Quran, translation: *“We have distributed the amount of their sustenance for their worldly life and increased the ranks of some over the others so that one serves the other.”* If the aptitude of children is not considered for persuasion of their studies and choice of career, they will fail to meet expectations and due to resulting frustration, will fall prey to the Conduct Disorder.

*Allah* has created each human being with a different intellect and our expectations should not be beyond one's potential. Prophet Mohammed has said that *Allah* has gifted intellect like sand granules, some one measure, some two measures, some three measures, some four measures and some more than four measures. . *“I have created intellect in different minds as numerous as sands. Some men have been given one grain, some two, some three, some four, some over one Farq, some one Wasq and some more.”*  
(*Ihya Ulum-id-din*)

Regarding disinhibited behavior towards the opposite sex like staring and laughing, *“Tell the believing men to lower their gaze (from looking at forbidden things), and protect their private parts (from illegal sexual acts, etc.). That is purer for them. Verily, Allâh is All-Aware of what they do.”* (Chapter 24, verse no. 30)

About unnecessary killing or hurting any creature, the Holy Quran says, *“We ordained for the Children of Israel that if anyone killed a person (not in retaliation of murder), or (and) to spread mischief in the land - it would be as if he killed all mankind, and if anyone saved a life, it would be as if he saved the life of all mankind.”* (Chapter 5, verse 32)

Quran says one must be obedient to one’s parents. *“We have enjoined on man (to be dutiful and good) to his parents. His mother bore him in weakness and hardship upon weakness and hardship, and his weaning is in two years give thanks to Me and to your parents, unto Me is the final destination.”* (Chapter 31, verse no.14).

This should be the basis for educating children that will reduce the cases of Conduct Disorder.

***Cognitive Model:***

THOUGHT: Illness is caused by *Jinn’s* effect or black magic.

MEANING OF THOUGHT: So my child does not behave normally and is disinhibited.

EMOTION: Guilt feeling; sadness; excessive worry.

BEHAVIOR:

- Visiting *Amils* for solutions.

- Irritability in trying to keep up with his son's demands and behavior, while trying to educate patient like his other children.

***Quranic perspective:***

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

- *Jinn* is not responsible for causation of conduct disorder
- So you need not feel guilty and futile towards child's condition.
- Take proper care of your child as it is testing of your duty (by *Allah* SWT).
- Train him as per guidance of Holy Quran and Prophet (PBUH).

RESPONSE OF PATIENT: Parents were convinced of the nature of the problem and understood importance of training as per capacity of their child.

## Dementia

A seventy year old male was brought to me by his son-in-law with complaints of forgetfulness; unable to understand time, place and person; decreased appetite; and not able to understand anything.

He said it all started 5 months back following a bout of heavy fever. He used to remain restless and would talk irrelevantly. We sought treatment from a local doctor to which the patient responded. After a few days he would find it difficult to recollect names of relatives and could not identify places easily. Later he even started forgetting the names of his own children. He had absolutely no clue of time. This went on for 3 months during which his appetite had also decreased and he had lost quite some weight. He did not remember if he has had his meals. He complains that he is not able to talk properly because of some tightness in his tongue.

Before the start of illness he was a pious man. He'd regularly offer his prayers and go to the mosque. He was very hard working in his business. He'd remember verses from the Holy Quran on the tip- of his tongue. Now he just stops while reciting saying he cannot talk because of his tongue problem. Sometimes he is absolutely fine, the other times he cannot recognize his children or identify relatives' voices over the phone. His memory has become significantly weak. Sometimes we think its better not to let him out for the fear he may forget his way back home.

We saw a local *Amil* for his condition. He said patient was under the effect of an evil spirit who has tied his tongue. He gave a talisman to be worn in a thread around the neck. It's been over 2 months since it is dangling in his neck but there

is no improvement in his condition. Rather he has become more irritable and all the more forgetful.”

After listening to the patient’s story the first thing we did was we opened the talisman in which were written the names of angels and some abstract words. This patient was clearly a case of dementia, most likely the Alzheimer’s type.

Psycho-education:

This illness is characterized by memory disturbances. The patient loses capacity to learn new information, so also he loses memory to recall already learned information (Amnesia). His speech becomes increasingly difficult with problems in pronunciation (Aphasia). Despite no significant problems with physical health, the patient finds difficulty to use his limbs purposefully (Apraxia). Patient’s thinking becomes slowed and he cannot plan things properly. Associated with it are behavioral problems like wandering unnecessarily, irritability, persistent behavior and poor bowel-bladder control. This illness usually starts after the age of sixty or rarely before that (Early-onset). If diagnosed in time the progress of illness can be modified. There is a decrease in overall brain substance (Atrophy) along with a decrease in brain acetylcholine, so the medication used in this disease works to increase the acetylcholine levels in particular areas of the brain. There may be associated metabolic changes, Vitamin B12 or folic acid deficiency, or a hypothyroid state. Underlying depression may mask such a presentation (Pseudo dementia). Certain toxins, drugs, alcohol may also be responsible for such changes. Infections, head injury, brain tumor also need to be ruled out.

Many people consider this as untreatable and give-in to the solutions of *Amils*. If given proper clinical attention, this condition is well manageable. One has to be very vigilant because slowly the patient becomes dependent on others.

Quranic education:

One *Hadith* quotes, Prophet Mohammad (PBUH) would often pray *“O Lord never bring me to an age where I cannot fend for myself” (Al-Hadith)*.

There is a verse from the Holy Quran that points towards this condition (dementia) (Chapter *Al-Hajj*, verse no.5) *“And among you there is he who dies (young), and among you there is he who is brought back to the miserable old age, so that he knows nothing after having known.”*

It is important to counsel the relatives of such patients. Since the patients have a deficit in memory, the relatives need to be tolerant and vigilant. Their extreme forgetfulness and irritable behavior is more bothersome to the relatives than to the patient himself. Chapter 17, verse no.23 from the Holy Quran says, *“And your Lord has decreed that you worship none but Him. And that you be dutiful to your parents. If one of them or both of them attain old age in your life, say not to them a word of disrespect, nor shout at them but address them in terms of honour.”* These are the basic teachings of Islam. This knowledge is imparted to a Muslim patient as well as his relatives and reading the *Muwazatein* is advised.

Counseling in these cases is meant for relatives for correcting their irrational beliefs about the illness and its causation.

Cognitive Model:

THOUGHT/ BELIEF: Symptoms of patient are due to *Jinn* effect or black magic.

MEANING OF THOUGHT: *Amils* are the right people to treat such conditions.

EMOTION: Hopelessness and anxiety in relatives by failed attempts at *Amil's* treatment and further deteriorating patient condition.

BEHAVIOR: Frustration, at times aggression towards patient.

ALTERNATIVE THOUGHT SUGGESTED BY THERAPIST:

- This is not due to the effects of *Jinn*.
- This is a disease called dementia in which there are degenerative changes in the brain.
- There is mention of this condition in Holy Quran.

RESPONSE: Acceptance of the fact that it is illness and is not caused by the *Jinn*.

BEHAVIOR:

- Change of attitude and outlook towards patient's condition.
- Not visiting any more *Amils*.
- Better care of old parents.

This change of behavior was easy because of the belief system which was corrected in light of Holy Quran and *Hadith*

## GLOSSARY:

- ❖ **Alhamdulillah:** All praise for **Allah**.
- ❖ **Alim:** Islamic scholar (male).
- ❖ **Alima/ Alema:** Islamic scholar (female).
- ❖ **Allah:** Name for one and only one God in Islam.
- ❖ **Ameen:** Amen.
- ❖ **Amil:** Exorcist.
- ❖ **Angel Gibrael:** The angel who brought *wahi* (revelation) on Prophet Mohammad (PBUH).
- ❖ **Attar:** Perfume concentrate.
- ❖ **Ayat-al-khursi:** Verse from Quran; chapter 2, verse no.255-256.
- ❖ **Azaan:** Prayer call.
- ❖ **Azkar:** Remembrance, of **Allah**.
- ❖ **Bukhari:** An authentic book on **Hadith**.
- ❖ **Chilla:** A stay of forty days for change.
- ❖ **Darbaar:** Court.
- ❖ **Dozakh:** Hell.
- ❖ **Duaa:** Prayer or supplication.
- ❖ **Fajar/ Fajr:** The first of five daily prayers, performed before sunrise.
- ❖ **Falita:** Paper on which exorcist writes some chants.
- ❖ **Ghusl:** Bath.
- ❖ **Hadith:** A tradition based on the reports of the sayings and activities of Prophet Mohammad (PBUH) and his companions.
- ❖ **Hajj:** Pilgrimage, to Mecca.
- ❖ **Hazrat:** Elderly person.
- ❖ **Haram:** prohibited by Islam.
- ❖ **Hazrat Abu Bakr:** One of the companions of Prophet Mohammad (PBUH).
- ❖ **Imam:** The leader of prayer (**Salat**).
- ❖ **Insha Allah:** If **Allah** wills.
- ❖ **Ishraque:** Prayer after **Fajr**.

- ❖ **Islam/ Islamic:** meaning peace; religion followed by Muslims.
- ❖ **Jamaat:** Congregation.
- ❖ **Jannat:** Paradise.
- ❖ **Jinn:** Jenie; Devil.
- ❖ **Lobaan:** Concentrate of incense.
- ❖ **Masjid:** Mosque.
- ❖ **Mufti:** One who opines on Islamic decree.
- ❖ **Muslim:** One who follows Islam; A book of *Hadith*.
- ❖ **Muwazatein:** Compilation of chapters 113 and 114 from Holy Quran.
- ❖ **Namaz (Salat: Arabic):** The name given to the formal prayer of Islam.
- ❖ **PBUH:** Peace Be Upon Him.
- ❖ **Quran:** The sacred text of Islam, considered by Muslims to contain the revelations of God (*Allah*, SWT) to Mohammad, the Prophet(PBUH).
- ❖ **RA: Razi Allah Anhu- Allah** is pleased with him.
- ❖ **Sahib:** Word used for a respectable person (mister).
- ❖ **Serat:life** Life history of prophet.
- ❖ **Sunnah/Sunnat:** Methods of Prophet.
- ❖ **SWT:** Subhanahu Talah; purest of all.
- ❖ **Tahajjud:** Voluntary night prayer before *Fajr*.
- ❖ **Vali:** Saint.
- ❖ **Vudhu/Wudhu/Vazu:** Ablution; washing face and limbs before prayer.

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Mental illness is an age old problem of mankind. It is recorded in the oldest literatures of all cultures all over the world.

In our region, there are only few psychiatric hospitals with the facilities of counseling and psychotherapy and people find it difficult to reach these centres.

Thanks to Dr. Aziz Ahmed Quadri (Director-Mental Health Center, Aurangabad), who, in his last 35 years of practice, has carried out good amount of research to understand the nature of mental illness and has tried to evolve effective treatment methods i.e. psychotherapy in light of Holy Quran and Sunnah.

Since majority of our population believe in religion, large number of patients are getting the benefits of extended religious cognitive behavior therapy. The results of these experiences have shown that most of these patients could discontinue their medication easily.

Psychotherapy on religious background helps them to recover early, to remove misconceptions about Jinn, Black Magic etc. Dr. Quadri is a widely known psychiatrist who has authored several books and written many articles in Marathi, English, Hindi, Urdu.

The present book “The Holy Quran & Psychotherapy” deals in very simple and impressive language with all psychiatric disorders in light of Psychiatry and Holy Quran.

From the day of its revelation to the day of judgment, this last Divine Book and the Sunnah of our Prophet (PBUH) will remain the guide for humanity.

In the seventh century, when the Quran was revealed, people had many superstitious and groundless beliefs. They believed in legends inherited from past generations, for

example possessions of jinn, black magic, ignorance, fear, misconceptions. They believed that mental illness is caused by Jinn, evil spirits, witchcraft, bad stars and bad deeds in the present or past life. Therefore they sought help of Faith Healers, Amils, Mantric who performs counter magic, exorcism, or offer baseless methods.

However all these superstitious beliefs were eliminated with the Quraan. Dr. Quadri in his book proved that why do people need Taviz, Falitas, Water from different wells, rivers, white or black cocks, when Prophet Mohammad (PBUH) gave us so many Duaas?

It is hoped that this book will, by the grace of "ALLAH" prove useful for readers, students, doctors and clinical psychologist and all those interested in understanding the basics of the same.

May ALLAH (SWT) reward all those whose valuable works have been drawn upon in the preparation of this book. (AMEEN)

Dr. Tauqeer Ahmed Farooqui