

Section: General Nursing

Holy Quran recitation therapy to reduce pain in patient with post-caesarean section

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Abstract

A Caesarean section is a surgical delivery involving an abdominal incision that disrupts tissue and nerve continuity, inevitably leading to post-operative pain. This discomfort is a multifaceted experience, encompassing neural responses, physical limitations, and emotional or cultural factors that vary among patients. To address this, non-pharmacological cognitive-behavioral strategies are often employed. This case study evaluates the impact of Quran recitation therapy on pain reduction for a post-Caesarean patient at PKU Muhammadiyah Hospital in Wonosobo. On the second day following surgery, the patient reported a high pain intensity with a scale of 7. As a therapeutic intervention, she was provided with 30-minute sessions of Murottal therapy, specifically listening to an audio recording of Surah Al-Mulk each night before sleep. After two consecutive days of this relaxation therapy, the patient's pain scale significantly decreased to 2. These results suggest that Al-Qur'an Murottal therapy is a promising, non-invasive, and cost-effective intervention. The calming rhythmic chanting not only induces a relaxation response but also serves as a spiritually meaningful distraction, effectively supporting the management of post-operative pain.

Keywords: Caesarean surgery, complementary therapy, holy Quran recitation therapy, nursing care, pain management

Introduction

According to the World Health Organization (WHO), the recommended standard rate for Caesarean sections (CS) is between 5% and 15% (Angolile et al., 2023; Guner, & Yeniocak, 2025). However, global data indicates a significantly higher prevalence, with nearly 46.1% of births conducted via this surgical method. While necessary in many cases, a Caesarean section involves an incision through the uterine wall that inevitably results in acute pain, bleeding, and physical fatigue (Szablewska et al., 2025). These factors contribute to a recovery process that is often longer and more complex than that of a vaginal delivery. Because the perception of post-operative pain is highly individualized—shaped by a patient's unique physiological responses and prior experiences—management strategies must be adaptable to varying intensities and emotional needs. To address these challenges, non-pharmacological cognitive-behavioural therapies are increasingly utilized to supplement traditional care. One such intervention is Quranic recitation therapy, a relaxation technique involving the rhythmic and melodic chanting of holy verses (Haniyah et al., 2023). This method is believed to alleviate discomfort by reducing sympathetic nervous system activity and lowering stress hormones, thereby fostering a sense of spiritual tranquillity. Recognizing the potential of this non-invasive approach, this case study documents the application of Quranic recitation therapy to reduce pain levels for post-Caesarean patients at PKU Muhammadiyah Hospital in Wonosobo, providing a holistic pathway toward physiological and psychological recovery.

The title case study is significant because it explores a novel and culturally sensitive approach to pain management in a specific and often challenging clinical context. Post-caesarean section pain can be severe and impacts a mother's recovery, bonding with her new-born, and overall well-being (Pérez-Jiménez et al., 2025). Current pain management often relies heavily on pharmacological interventions, which can have side effects or may not be preferred by all patients (Bicket et al., 2025). This case study introduces the idea of integrating spiritual and religious practices, specifically Quran recitation, as a complementary therapy, which could offer an alternative or adjunct for patients seeking non-pharmacological methods rooted in their faith and cultural background. This is particularly relevant in regions or communities where religious beliefs strongly influence health practices and patient preferences, suggesting a more holistic and patient-centred care model. Furthermore, the importance of this title lies in its potential to bridge the gap between traditional medical practice and spiritual care, highlighting the often-overlooked dimension of faith in healing and pain reduction. By focusing on a "case study," it provides preliminary evidence and opens avenues for further research into how spiritual interventions can impact physiological and psychological outcomes, such as pain perception. Such research is crucial for developing personalized care plans that respect diverse patient needs and beliefs, moving beyond a purely biomedical model. If proven effective, this approach could empower

patients with a sense of control over their pain experience, reduce reliance on medication, and improve overall patient satisfaction, offering a unique contribution to the evolving field of integrative medicine and pain management.

Case Description

During the assessment, Mrs. W reported that the wound was seeping. She reported abdominal pain at the site of the CS wound, a longitudinal incision in the lower abdomen, and a stabbing, continuous pain on the pain scale at 7. Currently, Mrs. W is unable to move her legs and feels heavy when moved. She appears restless and repeatedly asks about the postoperative wound. Vital signs revealed blood pressure of 104/68 mmHg, pulse rate of 68 beats/minute, body temperature of 36.7°C, and respirations of 20 breaths/minute. unable to sleep because the post-operative wound feels a bit swollen and uncomfortable sometimes the body feels warm, the patient looks in pain: scale 7, the leukocyte laboratory results increased to 15.8, the laboratory results before the operation were 9, there are signs of infection at the operation site, namely Redness (redness): yes, Ecchymosis (bruising): yes, Oedema (swelling): yes, Discharge: yes (reddish fluid on the dressing), Approximation: there is a wound in the lower abdomen, a post-caesarean section wound with a dressing Based on Subjective and Objective Data, there are 3 diagnoses established, namely the first diagnosis is acute pain related to a physical injury agent (surgical procedure) as evidenced by the patient saying pain in the abdominal area (surgical wound), pain scale: 7, the frequency of pain is continuous, the patient appears to be enduring pain, since after delivery the patient has not slept (D.0077).

The second diagnosis is the risk of infection related to the effects of invasive procedures with the patient saying the post-operative wound is painful, reddish and feels like there is fluid leaking, the patient said that after the delivery until now he has not been able to sleep because the post-operative wound feels a bit swollen and uncomfortable sometimes the body feels warm, the patient looks painful: scale 7, the results of the leukocyte laboratory increased to 15.8, the results of the laboratory before the operation were 9, there are signs of infection at the operation site, namely Redness (redness): yes, Ecchymosis (bruising): yes, Oedema (swelling): yes, Discharge: yes (reddish fluid on the dressing), Approximation: there is a wound in the lower abdomen, post-caesarean section wound with a dressing (D.0142). The third diagnosis was Impaired Skin Integrity related to mechanical factors (postoperative wound). The patient reported a painful wound on the left lower extremity. The patient reported a longitudinal incision in the lower abdomen. The patient appeared to be grimacing, pain scale 7, a wound dressing, and signs of infection at the surgical site with a 7 cm incision. (D.0129).

Interventions were conducted for 2 x 24 hours, Monday and Tuesday. The nursing plan used SLKI and SIKI. The first diagnosis was acute pain (D.0077). After 2 x 24 hours of nursing intervention, the acute pain problem decreased with the following outcome criteria: decreased pain complaints, decreased grimacing, and decreased difficulty sleeping. The planning used pain management (I.08238), namely: Observation by identifying the pain scale, identifying the location, characteristics, duration, frequency, quality, and intensity of pain. Therapeutic measures include facilitating rest and sleep, providing non-pharmacological techniques to reduce pain, and educational measures. Teaching non-pharmacological techniques to reduce pain, as well as therapeutic measures through collaborative analgesic administration.

The first implementation of acute pain diagnosis was carried out on November 11, 2024, starting at 8:45 PM. This involved identifying the location, characteristics, duration, frequency, quality, intensity, and pain scale by asking the patient what the pain was like. At 9:00 PM, the implementation involved administering a 30 mg intravenous injection of ketorolac and teaching non-pharmacological techniques to reduce pain by asking the patient to take a deep breath through the nose, hold it for a moment, and exhale slowly through the mouth. At 9:10 PM, the implementation involved providing non-pharmacological techniques to reduce pain by asking the patient to listen to a recitation of Surah Al-Mulk via mobile phone. The implementation involved facilitating rest and sleep by asking the patient to remain calm and not to worry, allowing the mind to relax and rest. The second day of implementation was carried out on Tuesday, November 12, 2024, starting at 2:15 PM. The steps included identifying the location, characteristics, duration, frequency, quality, intensity, and scale of pain by asking the patient what the pain was like. Re-evaluating the patient's ability to perform nonpharmacological techniques to reduce pain by discussing with the patient whether they still remembered the deep breathing technique. Providing non-pharmacological techniques to reduce pain by asking the patient to listen to the recitation of Surah Al-Mulk via mobile phone. Nursing evaluation of the acute pain diagnosis was carried out on Tuesday, November 12, 2024, at 2:00 PM and Wednesday, November 13, 2024, at 8:00 AM. Data showed that on Tuesday the patient still felt pain in the lower abdomen.

The surgical scar has begun to subside, the pain feels like being stabbed, the pain comes and goes, pain scale: 2. The patient also said he can rest even though he sometimes wakes up. The patient still seems to wince in pain when his stomach area is touched. Evaluation on Wednesday, November 13, 2024 at 08.00 obtained data on the patient's pain complaints have greatly reduced, pain appears when the patient changes position or mobilization, the pain comes and goes, pain scale 1. The patient is no longer in pain and can rest. Evaluation for the nursing diagnosis of infection risk on Wednesday, November 12, 2024 at 14.00 and obtained data that the infection risk is resolved with the patient said the pain in the stomach of the surgical wound has greatly reduced, the frequency of pain comes and goes, pain usually appears when the patient changes position, the pain scale is at 1, P: physical injury agent (surgical wound), Q:

throbbing, R: stomach, S: 1, T: comes and goes. The patient said last night she could rest, the baby was also not fussy with objective data: The patient is not in pain, Pain scale: 1, Frequency of pain comes and goes, Mobilization (+).

Discussion

Based on the initial assessment, Mrs. W experienced severe, continuous, and "stabbing" abdominal pain following a post-caesarean section surgery, reporting an intensity of 7 on the pain scale. Effective management of post-caesarean pain is critical (Zandomenico et al., 2022), as postpartum mothers who undergo surgical delivery often face more intense pain and a longer recovery process compared to those who deliver naturally (Mostafa et al., 2025). Consequently, a nursing diagnosis of acute pain related to a physical injuring agent—the surgical procedure—was established. This was designated as the primary diagnosis because, according to Maslow's hierarchy of needs, pain relief is a fundamental requirement for safety and comfort, prioritized immediately after basic physiological needs (Hayre-Kwan et al., 2021; Zalenski & Raspa, 2006). In this case, the pain resulted from the surgical breach of tissue continuity. Following the Indonesian Nursing Outcome Standards (SLKI), the primary objective was to achieve a decrease in the patient's overall pain level. To meet this goal, the nursing implementation integrated non-pharmacological techniques, including deep breathing exercises and Murottal therapy. The patient was instructed to listen to a recitation of Surah Al-Mulk via a mobile phone for 30 minutes, which also served to facilitate restorative rest and alleviate anxiety. This intervention aligns with existing research, such as the pre-experimental study which demonstrates the efficacy of Surah Al-Mulk in reducing pain for post-caesarean patients (Haniyah et al., 2023).

By the third day of nursing evaluation, the patient's pain had significantly decreased to a scale of 1, appearing only intermittently during position changes or mobilization. Murottal therapy is believed to reduce pain by stimulating the limbic system to produce endorphins—natural hormones that prevent depression and induce feelings of euphoria (Prihatno et al., 2025; Aburuz et al., 2023). These sound waves are processed by the hypothalamus, activating the nerve centre to increase relaxation and effectively divert the patient's attention from the physical sensation of pain. This case confirms that Murottal Al-Qur'an therapy is a powerful distraction technique that enhances both physical comfort and psychological well-being during post-operative recovery. In this case study, the nurse plays a multifaceted role as an assessor, care provider, and educator, bridging the gap between clinical surgical recovery and holistic spiritual care. Initially, the nurse's role is to perform a comprehensive pain assessment, identifying the nature of the pain (stabbing, continuous) and quantifying it using a standardized scale (Saleh, 2023; Alanizi et al., 2025). This allows the nurse to establish a formal nursing diagnosis of Acute Pain and prioritize it within the framework of Maslow's hierarchy of needs, ensuring that the patient's safety and comfort are addressed immediately following the surgical procedure.

As a care provider, the nurse is responsible for the strategic implementation of non-pharmacological interventions. This involves not only selecting the appropriate surah (Surah Al-Mulk) but also managing the environment to ensure it is conducive to healing. The nurse coordinates the timing of the therapy—specifically at 9:00 PM to align with the patient's sleep cycle—to maximize the combined benefits of pain reduction and restorative rest. By facilitating the use of mobile technology for the recitation, the nurse ensures the intervention is accessible and tailored to the patient's spiritual and cultural needs. Finally, the nurse serves as a clinical evaluator and coach, teaching the patient how to combine Murottal therapy with deep breathing techniques to achieve a synergistic relaxation effect. Throughout the three-day period, the nurse monitors the patient's physiological and behavioral responses—such as decreased grimacing, restlessness, and pulse rate—to validate the effectiveness of the therapy. By documenting the shift from a pain scale of 7 to 1, the nurse provides evidence-based support for Murottal therapy as a valid distraction technique that triggers the release of endorphins, ultimately promoting a faster and more comfortable recovery for the post-caesarean patient.

Conclusion

Based on the assessment of Mrs. W, who underwent a Caesarean section and reported sharp, continuous abdominal pain at the surgical site with an initial intensity of 7, a nursing diagnosis of acute pain related to physical injury was established. To address this, the nursing care plan prioritized a non-pharmacological intervention through the administration of Murottal therapy. The implementation involved the patient listening to the recitation of Surah Al-Mulk via a mobile device for approximately 30 minutes each night at 9:00 PM before sleep. The nursing evaluation revealed that this intervention was highly effective in resolving the patient's acute pain. Following the series of treatments, Mrs. W reported feeling significantly calmer and more comfortable, with her pain scale dropping from a 7 to a 1. The therapy successfully functioned as a spiritual distraction technique, diverting her attention from the surgical site and allowing her to rest adequately. These results demonstrate that Murottal Al-Quran therapy is a potent, non-invasive method for reducing post-operative pain and improving patient well-being.

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