

Section: General Nursing

Murattal therapy to reduce blood pressure in patient with hypertension

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Abstract

Hypertension is clinically defined as a sustained elevation of blood pressure, specifically with systolic values exceeding 140 mmHg and diastolic values over 90 mmHg across multiple measurements. One promising intervention for managing this condition is Al-Quran Murattal therapy, which has been shown to accelerate the reduction of blood pressure in hypertensive patients. The objective of this case study was to evaluate the integration of this therapy within a comprehensive nursing care framework. The intervention involved the administration of Murattal therapy once daily for 15 to 30 minutes over three consecutive days. The results of this application demonstrated a significant decrease in blood pressure, dropping from an initial reading of 178/90 mmHg to 145/90 mmHg. These findings suggest that Al-Quran Murattal therapy is an effective non-pharmacological support for reducing high blood pressure and improving the clinical outcomes of hypertensive patients.

Keywords: Blood pressure, hypertension, Islamic therapy, Murattal therapy, nursing care

Introduction

Hypertension is a clinical manifestation of hemodynamic imbalance within the cardiovascular system, resulting from a complex interplay of various physiological and lifestyle factors (Moiz et al., 2024; Zuin et al., 2025). As a systemic blood vessel disease, it restricts the essential flow of oxygen and nutrients to body tissues. Because the condition often progresses for long periods without obvious symptoms, or with symptoms that are easily mistaken for minor ailments, many sufferers remain unaware of their risk until serious complications—such as stroke or heart failure—occur (Jobe et al., 2025; Ambreen et al., 2025). This deceptive progression has earned hypertension the reputation of a "silent killer," representing a heterogeneous group of diseases that can affect individuals across all demographic and socioeconomic backgrounds. Global data from the World Health Organization (WHO) highlights the severity of this public health crisis, showing that approximately 1.13 billion people worldwide suffer from hypertension, roughly equivalent to 1 in 3 adults. This number is projected to rise to 1.5 billion by 2025, with hypertension and its related complications contributing to an estimated 9.4 million deaths annually. Regional disparities are stark; in 2019, the African Region reported the highest prevalence at 27%, while the Americas recorded the lowest at 18%. In Indonesia, the challenge is equally significant, with the national prevalence among the population over 18 years old reaching approximately 34.11%. At the provincial level, West Java shows a particularly high prevalence of 39.60%, while North Kalimantan reports the lowest number of cases. These statistics underscore the urgent need for effective management and early intervention strategies to mitigate the long-term impact of high blood pressure on the Indonesian population.

The prevalence of hypertension is driven by two primary categories of risk factors: uncontrollable and controllable. Uncontrollable factors include biological and demographic elements such as heredity, advancing age, and gender, which inherently predispose certain individuals to the condition. Conversely, controllable factors—such as obesity, smoking, excessive alcohol consumption, physical inactivity, high salt intake, and chronic stress—represent modifiable lifestyle behaviours that significantly exacerbate blood pressure levels. If left unmanaged, hypertension can lead to severe organ system disorders and may shorten a patient's life expectancy by 10 to 20 years. Untreated high blood pressure accelerates the onset of fatal complications in vital organs, caused either by the direct mechanical pressure on vessel walls or through indirect pathways such as oxidative stress and the presence of autoantibodies against angiotensin II receptors. Research further indicates that salt sensitivity and high-sodium diets play a critical role in this damage, particularly within the vascular system. To mitigate these risks, non-pharmacological interventions like Murattal therapy offer a promising physiological and psychological benefit (Fitriyadi & Setyawati, 2021). This therapy works by stimulating the brain to produce neuropeptides, which are molecules that bind to internal receptors to trigger sensations of pleasure, comfort, and deep relaxation. This biological feedback loop effectively slows the heart rate and facilitates a decrease in systemic blood pressure. These mechanisms are supported by studies showing that listening to Al-Quran Murattal therapy significantly impacts blood pressure reduction in

hypertensive patients, providing a non-invasive and spiritually meaningful supplement to traditional clinical management.

Case Description

To ensure accurate observation and standardized care, this study utilized the Freedman gerontic assessment format, formal nursing care documentation, and a specific Standard Operating Procedure (SOP) for Murattal Al-Qur'an therapy. Blood pressure was monitored using a standard meter as a benchmark for hypertension classification, which categorizes blood pressure into stages ranging from optimal (<120/80 mmHg) to Grade III hypertension ($\geq 180/110$ mmHg). Interview guidelines were also employed to gather subjective data directly from the patient through a question-and-answer session. During the assessment, the patient reported a three-year history of hypertension and a diet high in fried and salty foods. The primary complaints included a heavy sensation in the nape of the neck and persistent soreness in both shoulders and legs. Physical examination revealed pale skin that was warm to the touch, with vital signs recorded as: Blood Pressure 178/90 mmHg, Pulse 82 bpm, Temperature 36.8°C, and Respiration 22 bpm. Based on these findings, two nursing diagnoses were prioritized: Risk of Ineffective Peripheral Perfusion (D.0015), evidenced by hypertension, and Knowledge Deficit (D.0111), characterized by a lack of exposure to health information. The implementation plan focuses on identifying circulatory risk factors, monitoring vital signs, and recommending a diet rich in omega-3 but low in salt and oil. Additionally, the patient will be encouraged to maintain their prescribed antihypertensive medication regimen while being taught the non-pharmacological practice of Al-Qur'an Murattal therapy. This integrated approach aims to stabilize blood pressure while empowering the patient through health education and spiritual relaxation techniques.

Discussion

The assessment was conducted on Mrs. S, a 63-year-old Muslim female and farm labourer residing in Trikayan. She has a three-year history of hypertension and frequently reports pain in her shoulders and legs, alongside a persistent heavy, "thick" sensation in her neck. These clinical manifestations align with theory, which identifies headaches, anxiety, neck stiffness, dizziness, and fatigue as common symptoms in hypertensive patients (Kowalski et al., 2023; Handler, 2009). Upon examination, Mrs. S's vital signs were recorded as: Blood Pressure 178/90 mmHg, Pulse 85 bpm, Temperature 36.9°C, SpO2 88%, and Respiration 22 bpm. Based on these findings, her condition is classified as Grade 2 Hypertension, which—according to standard classification—is defined by a systolic range of 160–179 mmHg. During the assessment, Mrs. S disclosed a lifestyle characterized by a high intake of salt and fried foods. This dietary habit directly impacts the complex mechanisms of blood pressure regulation, including cardiac output and peripheral resistance. Such lifestyle factors interact with the sympathetic nervous system and the Renin-Angiotensin-Aldosterone System (RAAS) to drive pathological increases in blood pressure (Manrique et al., 2009; Valentini et al., 2025). Consequently, managing Mrs. S's condition requires a holistic approach that addresses both these physiological triggers and her specific environmental and lifestyle habits.

Based on the comprehensive assessment of Mrs. S, the primary nursing diagnosis was identified as the Risk of Ineffective Peripheral Perfusion (D.0015), evidenced by her elevated blood pressure of 178/90 mmHg and symptomatic pain in her shoulders, legs, and neck. This diagnosis was prioritized according to Maslow's Hierarchy of Needs, which classifies circulation as a critical physiological requirement for survival (Kenrick et al., 2010; Lester et al., 1983). To address these clinical issues, a three-visit care plan was established with the goal of improving peripheral perfusion (L.02011). The targeted outcomes included achieving an increased peripheral pulse rate, reducing skin pallor, improving skin turgor, and successfully lowering both systolic and diastolic blood pressure to stable levels. The nursing interventions were structured around Circulation Care (I.02079) and tailored to Mrs. S's specific environmental and lifestyle needs. These actions involved consistent monitoring of blood pressure and peripheral pulses, as well as identifying specific risk factors for circulatory disorders. To support long-term management, the author implemented a diet program focusing on low-saturated fats and oils while increasing Omega-3 intake, alongside recommendations for regular exercise and strict adherence to antihypertensive medications (Zang et al., 2025; Altawili et al., 2023). A central component of this holistic approach was the application of Al-Qur'an Murattal therapy, administered for 15–30 minutes daily, serving as a non-pharmacological technique to induce relaxation and physiologically assist in reducing the patient's high blood pressure.

Based on the study results, researchers recommend that hypertensive patients engage in Al-Quran Murattal therapy for 15–30 minutes daily over three consecutive days. This approach aligns with the findings of study, which suggest that this specific duration and frequency result in maximum blood pressure reduction (Dewi & Rohmah, 2025). In this case study, the intervention utilized Surah Ar-Rahman and was conducted from June 5–7, 2025. The patient remained highly cooperative throughout the process, and consistent blood pressure reductions were observed following each session. The evaluation of the three-day intervention demonstrated a clear downward trend in the patient's blood pressure. On the first day, the initial reading of 178/90 mmHg dropped to 160/99 mmHg after therapy. By the second day, the pre-therapy reading of 155/97 mmHg decreased to 150/90 mmHg. Finally, on the third day, the blood pressure further declined from a pre-session 150/90 mmHg to a post-session result of 145/90 mmHg. These findings confirm the effectiveness of Murattal therapy in lowering high blood pressure, supporting previous research

(Arum & Imamah, 2024). The primary advantages of Al-Quran Murattal therapy include its ability to lower blood pressure non-invasively, its ease of implementation, and its cost-effectiveness. Additionally, it serves as a spiritual tool to reduce stress and anxiety and can be performed independently by the patient. However, certain obstacles were noted, such as the patient's occasional difficulty maintaining concentration and the potential for environmental noise to disrupt the relaxation process. Furthermore, a lack of prior knowledge regarding the correct implementation of the therapy can limit its efficacy. Addressing these environmental and educational factors is essential to optimizing the benefits of Murattal therapy in clinical settings.

Conclusion

The nursing care plan was developed in accordance with the Indonesian Nursing Outcome Standards (SLKI) and the Indonesian Nursing Intervention Standards (SIKI), utilizing Al-Qur'an Murattal therapy as a primary non-pharmacological intervention. Specifically, the patient listened to the recitation of Surah Ar-Rahman for 15 to 30 minutes once daily over three consecutive days. The evaluation of this intervention showed a consistent and significant decrease in the patient's blood pressure: from an initial high, it dropped to 160/99 mmHg on the first day, 150/90 mmHg on the second, and finally reached 145/90 mmHg by the third day. This continuous daily practice demonstrates that regular Murattal therapy can have a measurable positive impact on managing hypertension. It is expected that this research will contribute valuable data to the development of nursing science, particularly regarding holistic care for hypertensive patients. Furthermore, the author hopes that future researchers will build upon these findings to refine the application of Quranic recitation and other non-pharmacological therapies as effective tools for blood pressure reduction.

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