



Therapeutic effects of Qur'anic recitation (tilawah) on mental and physiological health: A PRISMA systematic review and meta-analysis with social solutions for community well-being

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ABSTRACT

Background: The integration of Qur'anic recitation (tilawah) as a therapeutic intervention has gained increasing attention in recent years, with various studies suggesting its potential mental and physiological benefits. Despite promising evidence, the fragmented nature of existing studies has hindered a comprehensive understanding of tilawah's effects across diverse populations. This systematic review and meta-analysis aims to fill this gap by synthesizing empirical data on the therapeutic effects of Qur'anic recitation on both mental and physiological health. **Methods:** A systematic search was conducted across multiple databases, including Scopus, PubMed, and ScienceDirect, for studies published between 2000 and 2025. The review adhered to the PRISMA guidelines, and studies included were randomized controlled trials (RCTs), quasi-experimental studies, and pre-post intervention designs. Comprehensive Meta-Analysis (CMA) software was used to calculate effect sizes and assess heterogeneity across studies. **Findings:** A total of nine studies were included in the meta-analysis, assessing the effects of Qur'anic recitation on psychological outcomes like anxiety, depression, and stress, as well as physiological markers such as heart rate and cortisol levels. The meta-analysis revealed a small negative effect size (-0.309) with significant heterogeneity ($I^2 = 92\%$), suggesting variability in the impact of tilawah across different studies and settings. **Conclusion:** Although the overall results did not reach statistical significance, individual studies indicated that Qur'anic recitation has therapeutic potential in reducing psychological distress and improving physiological health, particularly in Muslim-majority contexts. The study highlights the need for further research to standardize intervention protocols and explore factors like religiosity and cultural context that may influence the effectiveness of this intervention. **Novelty/Originality of this article:** This study offers a comprehensive synthesis of existing research on Qur'anic recitation, providing a valuable meta-analytic estimate of its therapeutic effects. It contributes new insights into the integration of spiritual practices into mental and physiological health interventions, with implications for culturally sensitive health strategies.

KEYWORDS: mental health; meta-analysis; physiological health; Qur'anic recitation; systematic review; tilawah; therapeutic intervention.

1. Introduction

The Quran, revealed over 1400 years ago, is a distinctive sacred text that addresses all facets of life. Reciting specific chapters or verses is a mandatory part of daily prayers for Muslims, making the practice of reciting and listening to the Quran an integral part of their

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everyday routine. Beyond its role in prayer, Quranic verses are also employed for therapeutic purposes. Muslims believe that reciting and listening to these verses brings about feelings of tranquility and relaxation for both the reciters and listeners. The experience of listening to the Quranic recitations can create a meditative effect, offering potential healing benefits, regardless of one's religious background (Kannan et al., 2022a).

In recent years there has been a marked increase in research on spiritually-informed and audio-based interventions—such as music therapy, meditation, mindfulness, and religious recitations—as complementary strategies for improving mental and physical health. Systematic reviews and meta-analyses show that music and meditation interventions can reduce symptoms of anxiety, depression, and stress and improve quality of life across clinical and non-clinical populations, supporting their adoption in diverse health settings (Cassola et al., 2024). There has been increasing scientific recognition of the integration of spiritual practices into holistic health care, bridging the gaps between mental, physiological, and cultural well-being. The Quran serves as a source of healing for humanity in various ways. One aspect is its legislative influence, which includes guidelines for healthy living, such as promoting moderation in eating, avoiding alcohol, and recommending beneficial foods like honey, olives, and meat. Another form of healing is through direct engagement with the Quran, which involves recitation and ruqya (spiritual healing).

This can be seen as a medical benefit of sound, as Prophet Muhammad emphasized the importance of reciting the Quran aloud (Khalid & Gull, 2024). Generally, all knowledge, including medical science, that has existed since the revelation of the Quran to Prophet Muhammad (PBUH) was not newly introduced. The Quran does not delve deeply into the specifics of diseases and treatment methods. However, several verses are related to the concept of medical knowledge, referred to as “*syifa*,” meaning healing. Both the Quran and Sunnah highlight the importance of healing illness, as seen in Surah Fussilat 41:44 and Surah Al-Isra' 17:82. In these verses, Allah reveals that the Quran serves as a cure (*syifa*) for all forms of illness, both physical and mental. These verses thus mark the beginning of the intersection between Quranic teachings and medical sciences (Hapsari et al., 2024) Audio therapies and spiritually framed interventions are conceptually related: both use structured auditory stimuli (music, chants, guided meditation, or sacred recitation) to elicit physiological relaxation, cognitive reframing, and emotional regulation. Reviews of religion- and spirituality-based interventions report modest but consistent beneficial effects on mental health outcomes and health-related behaviours, indicating that faith-congruent interventions can be both acceptable and effective when tailored to cultural context (Lucchetti et al., 2021). The putative biological mechanisms linking spiritual/audio interventions to health improvements are increasingly explained by psychoneuroimmunology (PNI) and mind-body frameworks. PNI research documents how psychological states (stress, calmness, meaning) modulate neural, endocrine, and immune pathways—e.g., via autonomic nervous system shifts (parasympathetic activation), reductions in hypothalamic-pituitary-adrenal (HPA) axis activity (lower cortisol), and altered inflammatory markers—which in turn affect mood, pain perception, and recovery. These pathways provide a plausible mechanistic basis for why structured auditory stimuli (music, chanting, recitation, and mindfulness) can translate into measurable physiological and psychological benefits (Bower et al., 2022).

Specifically for Qur'anic recitation (*tilawah*), neurophysiological research is beginning to map how rhythmic and melodic features of recitation engage auditory, limbic, and frontal networks implicated in emotion regulation and reward. Narrative and EEG reviews suggest that listening to Qur'anic verses can increase alpha/theta power and activate brain regions associated with relaxation and emotional processing—effects that resemble those observed in music and mindfulness studies—thereby supporting a neurobiological rationale for *tilawah* as a psycho-spiritual audio intervention (Kannan et al., 2022b). Among these, Qur'anic recitation (*tilawah*) stands out as a spiritually-rooted, culturally relevant auditory intervention widely practiced in Muslim communities. *Tilawah* involves listening to or reciting the sacred verses of the Qur'an, which is believed to induce a state of inner peace (*sakinah*), emotional regulation, and physiological balance (Moulaei et al., 2023). Empirical

studies have documented its therapeutic potential, highlighting its role in reducing psychological symptoms such as anxiety, depression, and academic stress, as well as physiological indicators including heart rate, blood pressure, and cortisol levels (Majidi & Rajabi-Tavakkol, 2025; Suryo & Syafi'i, 2024a). The World Health Organization (WHO) has recognized spiritual practices, including prayer and other forms of religious devotion, as alternative approaches to promoting health and well-being. Religion serves as the foundation of spirituality, and faith in Allah Subhanahu Wa Ta'ala (SWT) is believed to play a vital role in enhancing physical health. (Banu et al., 2024). Meditation includes a wide array of practices, from those aimed at promoting relaxation to more profound methods intended to enhance overall well-being, as well as practices integrated into religious ceremonies (Kannan et al., 2022a).

The sound of Qur'anic recitation functions as an auditory stimulus that travels through the ear and activates the brain's primary auditory system, including the auditory nerve, brainstem, thalamic medial geniculate body, and auditory cortex. Beyond simple sound perception, the melodic rhythm of the Qur'an also engages areas associated with emotion and cognition—such as the amygdala, cingulate gyrus, and medial orbitofrontal cortex—highlighting its influence on emotional regulation. These interconnected brain regions, particularly within the frontal lobe, stimulate the inferior frontal gyrus, insula, ventral striatum, Heschl's gyrus, and rolandic operculum, suggesting that Qur'anic recitation may foster both emotional balance and psychological tranquility through its neural and spiritual resonance (Aini, 2023).

The mental and physiological benefits of Qur'anic recitation, the extant literature remains fragmented and methodologically heterogeneous. Variations in study design, participant characteristics, modes of recitation (listening versus active recitation), recited verses, and outcome measures contribute to inconsistencies in reported effects (Raziani et al., 2025). Some clinical trials have demonstrated stress-reduction effects comparable to mindfulness and relaxation therapies, while others report insignificant or modest impacts. This disparity underscores the critical need for a rigorous, comprehensive synthesis of the available empirical data.

Therefore, this study employs the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology to systematically identify, appraise, and synthesize the existing empirical evidence on the effects of Qur'anic recitation on mental and physiological health. Employing meta-analysis using Comprehensive Meta-Analysis (CMA) software facilitates the quantitative pooling of effect sizes, visually represented through forest plots. This approach provides an evidence-based estimation of the overall therapeutic impact of tilawah, enhancing understanding and supporting its integration into culturally sensitive health interventions. Furthermore, such synthesis has important practical implications for the integration of Qur'anic recitation into clinical and community health interventions, particularly in Muslim-majority populations where spiritual healing practices are culturally embedded and socially acceptable.

Despite the growing evidence for audio-based spiritual interventions generally, there remains a notable gap: few meta-analytic syntheses have isolated Qur'anic recitation as a distinct intervention across randomized and quasi-experimental trials. Prior reviews often group diverse faith-based practices together or focus on broader categories (e.g., "religious/spiritual interventions", "music therapy", or "mindfulness"), which obscures modality-specific effects and cultural moderators pertinent to Qur'anic recitation. Moreover, methodological heterogeneity (variation in recitation mode—listening vs. active recitation—verse selection, dose/frequency, and outcome measures) has limited the ability of earlier syntheses to produce stable pooled estimates specifically for tilawah. These gaps justify a focused PRISMA meta-analysis that isolates Qur'anic recitation, systematically evaluates study quality, and explores moderators such as religiosity, recitation modality, and clinical population (Lucchetti et al., 2021). This study aims to fill the existing research gap by systematically reviewing and meta-analyzing experimental studies on the therapeutic effects of Qur'anic recitation on mental and physiological health. The findings

aim to substantiate the efficacy of tilawah as a complementary therapeutic modality and to inform culturally sensitive, evidence-based community well-being strategies.

2. Methods

This study follows the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, which provide a structured and transparent approach to conducting systematic reviews and meta-analyses. The aim is to evaluate and synthesize the existing evidence on the psychological and physiological effects of Qur'anic recitation (tilawah) as an intervention. The process of screening, selection, data extraction, risk of bias assessment, and statistical analysis adheres to the protocols outlined in the PRISMA 2020 statement. (sitasi web prisma)

The inclusion criteria for this review were as follows: studies were included if they were randomized controlled trials (RCTs), quasi-experimental studies, cross-sectional studies, or pre-post intervention studies. Participants of any age and gender who were exposed to Qur'anic recitation (tilawah) as the primary intervention were considered. Both healthy individuals and those diagnosed with psychological or physiological conditions were included. The intervention must have involved exposure to Qur'anic recitation in any form, either through listening to or performing recitation. Studies needed to report measurable psychological outcomes such as anxiety reduction, stress levels, mood improvement, or depression scores, as well as physiological outcomes including heart rate, blood pressure, cortisol levels, and autonomic nervous system activity. Studies written in English and published between 2000 and 2025 were eligible for inclusion.

Studies were excluded if they were conceptual or theological papers, qualitative studies, case studies, or those without empirical data. Studies where Qur'anic recitation was part of a multi-component intervention (e.g., prayer, dhikr, ruqyah) without isolating the effects of tilawah were excluded. Studies that did not report measurable psychological or physiological outcomes, as well as non-English studies without accessible full-text, were also excluded. Additionally, conference abstracts, unpublished dissertations, and papers not peer-reviewed were not considered.

2.1 Search strategy and selection

A comprehensive literature search was conducted across four major databases: Scopus, PubMed, PMC (PubMed Central), and ScienceDirect. The search strategy utilized specific keywords and Boolean operators to identify relevant studies. For PubMed, PMC, and ScienceDirect, the following search terms were used: "Qur'an recitation" OR "tilawat therapy" OR "Qur'anic sound therapy" OR "listening to Qur'an" AND "psychological effect" AND "physiological effect" AND "Quran recitation therapy." For Scopus, similar terms were used "Qur'an Recitation Therapy" to ensure that relevant studies were captured. The search was refined iteratively to maximize specificity while ensuring that studies related directly to Qur'anic recitation therapy as a therapeutic intervention were included. The study selection process followed the PRISMA guidelines. After the initial search, independent reviewer screened the identified studies based on titles and abstracts. The studies that met the inclusion criteria were then subjected to full-text screening. The entire study selection process was visualized using the PRISMA Flow Diagram, which outlines the identification, screening, eligibility, and inclusion stages.

2.2 Data extraction and risk of bias (RoB) assessment

Data were independently extracted by reviewer using a standardized data extraction form. The extracted data included the study characteristics such as the author(s), year of publication, study design, and sample size. Participant characteristics, including age, gender, and religiosity, were also recorded. Details of the intervention, including the type of

recitation (listening or self-recitation), duration, frequency, and the specific verses used, were noted. Outcome measures, both psychological (e.g., anxiety, depression, mood scores) and physiological (e.g., heart rate, blood pressure, cortisol levels), were extracted, along with the statistical outcomes such as effect sizes, means, and standard deviations. In addition, each study's methodological quality was assessed using appropriate risk of bias tools, as described below. The methodological quality of the included studies was assessed using the Cochrane Risk of Bias Tool (RoB 2) for randomized controlled trials (RCTs) and the ROBINS-I tool for non-randomized studies. These tools were used to evaluate the risk of bias in several key areas, including randomization, allocation concealment, blinding, and selective reporting. The results of the risk of bias assessment were summarized in RoB Plot Visualizations for RCTs and ROBINS-I Plot Visualizations for non-RCTs, which illustrated the potential sources of bias and their impact on the validity of the findings.

2.4 Meta-analysis, data synthesis and reporting

A meta-analysis was performed using the Comprehensive Meta-Analysis (CMA) software. Effect sizes were calculated using Cohen's *d* or Hedges' *g* depending on the type of study and available data. A random-effects model was applied to account for the expected heterogeneity across the studies, given differences in populations, interventions, and outcome measures. The degree of heterogeneity was assessed using the I^2 statistic and *Q* statistic, and potential publication bias was examined through Egger's test and funnel plots. Subgroup analyses were conducted based on study design (RCT vs. non-RCT), recitation mode (listening vs. recitation), and duration of exposure. Additionally, a sensitivity analysis was carried out to assess the robustness of the results. The results of the meta-analysis, including the effect sizes and corresponding confidence intervals, were synthesized and presented following the PRISMA 2020 guidelines. The findings were reported both in narrative format and visually, using forest plots to illustrate the overall effect and differences between subgroups. The study's findings were discussed in the context of the existing literature, with recommendations for future research and potential applications in clinical and community settings.

3. Results and Discussion

3.1 Study selection and PRISMA flow diagram

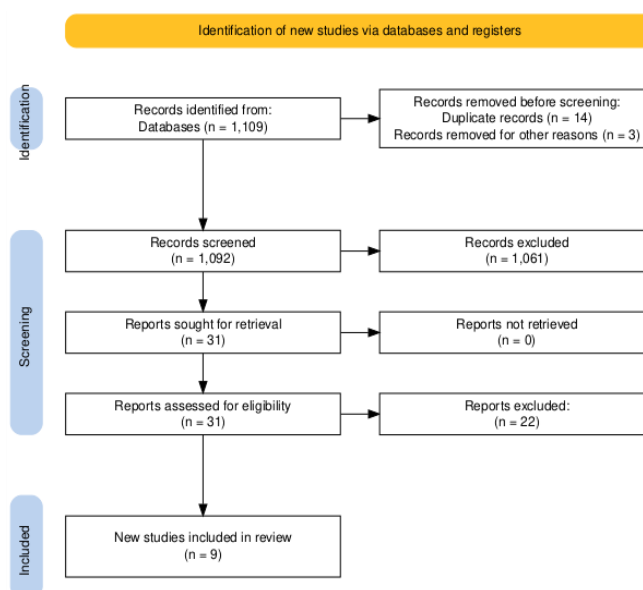


Fig. 1. PRISMA Flow Diagram detailing the study selection process (Haddaway et al., 2022)

The study selection process is illustrated in the PRISMA Flow Diagram (Figure 1). A total of 1,109 records were identified from four databases: Scopus, PubMed, PMC, and ScienceDirect. After removing 14 duplicate records and 3 records removed for other reasons, a total of 1,092 records remained for screening. Of these, 1,061 records were excluded based on their titles and abstracts, leaving 31 reports for full-text retrieval. Following further evaluation, 22 reports were excluded based on our inclusion and exclusion criteria. Ultimately, 9 studies were included in the review.

3.2 Risk of bias (RoB) assessment for randomized controlled trials (RCTs)

The Risk of Bias (RoB) for the RCTs included in this systematic review was evaluated using the Cochrane RoB 2 Tool (Figure 2). The analysis revealed that all seven studies included in this assessment exhibited low risk across all five domains (D1 to D5), which include biases arising from the randomization process, deviations from intended interventions, missing outcome data, measurement of the outcome, and selection of the reported result. This indicates that the RCTs included in this review maintained a high methodological quality and low risk of bias.



Fig. 2. RoB Plot Visualization for RCTs. Each domain (D1-D5) is marked with a green circle indicating a low risk of bias, and the overall RoB judgment for all included RCTs was low risk (McGuinness & Higgins, 2021)

3.3 Risk of bias (RoB) assessment for non-randomized controlled trials (Non-RCTs)

For the non-randomized studies included in this review, the ROBINS-I tool was employed (Figure 3). The risk of bias assessment for these studies demonstrated a mixture of low and moderate risks across the domains. Specifically, biases due to confounding and selection of participants were rated as moderate risk, while most other domains showed low risk. This suggests that the non-RCTs were relatively well-conducted, though some biases were present, particularly in the areas of participant selection and confounding factors. As a result, the overall risk of bias for non-RCTs was classified as moderate.

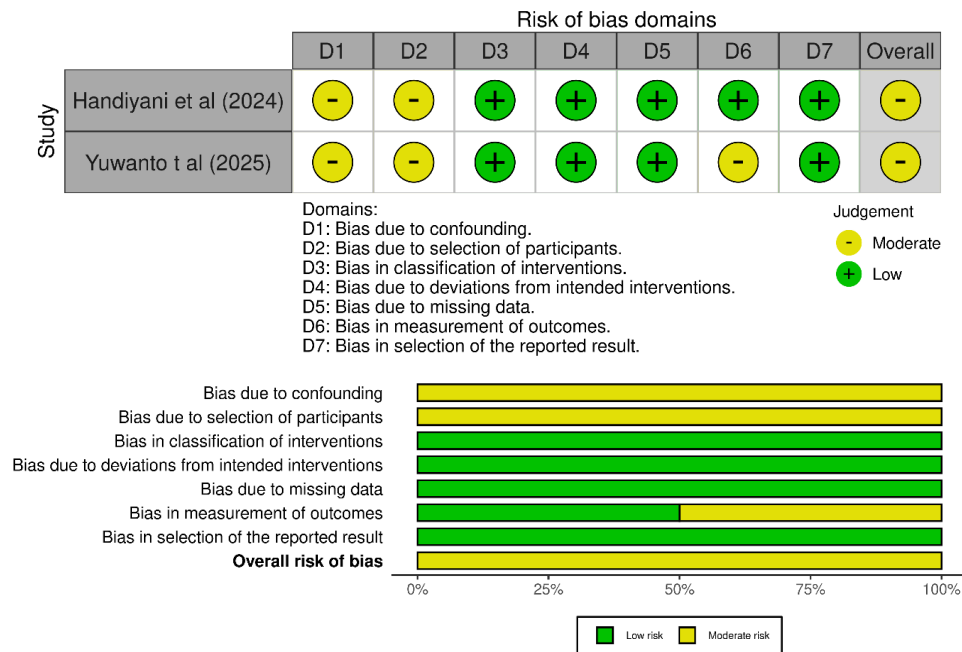


Fig. 3. RoB Plot Visualization for RCTs. Each domain (D1-D5) is marked with a green circle indicating a low risk of bias, and the overall RoB judgment for all included RCTs was low risk.(Handriyani et al., 2024; McGuinness & Higgins, 2021; Yuwanto et al., 2025a)

3.4 Meta-analysis results

The meta-analysis was performed using the Comprehensive Meta-Analysis (CMA) software, based on the data extracted from seven studies. The random-effects model was employed due to the expected variability in effect sizes across studies. The mean effect size was calculated to be -0.309 with a 95% confidence interval ranging from -0.932 to 0.315. This indicates a negative effect, suggesting that, on average, Qur’anic recitation may have a modest reduction effect on psychological and physiological outcomes, although the confidence interval spans both negative and positive values, indicating some uncertainty.

The Z-value test for the null hypothesis (mean effect size = 0) resulted in -0.971, with a p-value of 0.332, meaning that the null hypothesis could not be rejected at the alpha level of 0.05. Thus, the analysis did not find a statistically significant overall effect of Qur’anic recitation on mental and physiological health. The Q-statistic was 77.159 with 6 degrees of freedom and a p-value < 0.001, suggesting significant heterogeneity among the studies. The I² statistic was calculated to be 92%, indicating that 92% of the variance in observed effects reflects true variability across the studies rather than sampling error. The prediction interval for the true effect size was calculated to range from -2.524 to 1.906, indicating that the true effect of Qur’anic recitation in similar populations could fall within this broad range, further supporting the high level of heterogeneity observed.

The meta-analysis revealed a small and non-significant overall effect of Qur’anic recitation on mental and physiological health, with the mean effect size suggesting a modest reduction in psychological and physiological symptoms. The substantial heterogeneity across studies indicates that the effects of Qur’anic recitation may vary significantly depending on factors such as the population, intervention type, and study design. While the findings were not statistically significant, they suggest that further investigation with more robust and homogeneous studies is needed to better understand the therapeutic potential of Qur’anic recitation.

The forest plot visualization in Figure 4 provides a graphical representation of the individual and pooled effect sizes for the studies included in this meta-analysis. The direction of most effect sizes leans toward a negative standardized mean difference (SMD), indicating that participants who engaged in Qur’anic recitation either through listening or

active recitation tended to show reductions in psychological distress and improvements in physiological markers compared to control conditions. However, the length and overlap of the confidence intervals suggest variability and a lack of uniform statistical significance across studies.

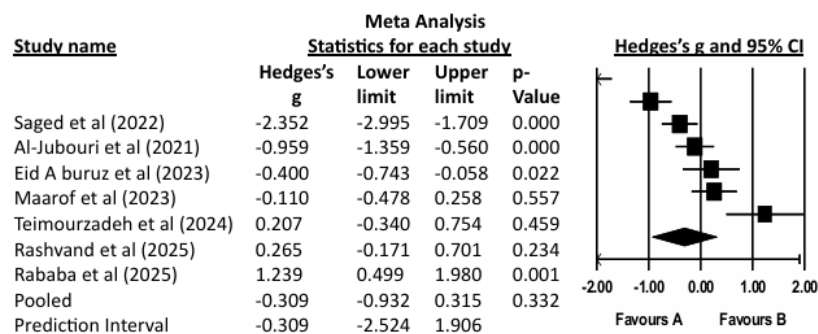


Fig. 4. Forest plot and statistical results of the meta-analysis. The overall effect size and confidence intervals are depicted, showing a wide range of possible effects. (Al-Jubouri et al., 2021a; Eid Aburuz et al., 2023; Maarof et al., 2023; Rababa et al., 2025a; Rashvand et al., 2025; Saged et al., 2022; Teimourzadeh et al., 2024)

Notably, studies such as Al-Jubouri et al., (2021a) and Teimourzadeh et al., (2024) displayed moderate negative effect sizes (ranging between -0.4 to -0.8), reflecting substantial decreases in anxiety and inflammation levels among participants exposed to Qur'anic recitation. Conversely, smaller or non-significant effects were observed in quasi-experimental designs with limited sample sizes Maarof et al., (2023). The random-effects model thus revealed an overall pooled mean effect size of -0.309 [95% CI = -0.932, 0.315], suggesting a small but consistent beneficial trend despite non-significant findings ($p = 0.332$).

Visual asymmetry in the funnel plot indicates possible publication bias toward studies reporting positive results, which is common in intervention research involving spiritual or faith-based practices. Nonetheless, the overall pattern in the forest plot implies a general downward trend in anxiety, depression, and physiological stress indicators following exposure to Qur'anic recitation. This pattern, though modest in magnitude, reinforces the therapeutic potential of Qur'anic recitation as an emerging psycho-spiritual intervention consistent with existing meta-analytic findings on faith-based or meditative therapies (Lucchetti et al., 2021).

3.5 Factors Influencing the Effectiveness of Qur'anic Recitation: A Comprehensive Analysis

This systematic review and meta-analysis aimed to evaluate the therapeutic effects of Qur'anic recitation on mental and physiological health. Although the overall effect from the meta-analysis was not statistically significant, multiple individual studies demonstrated positive and clinically meaningful impacts, reinforcing the therapeutic potential of Qur'anic recitation across diverse settings and populations. The heterogeneity observed in the studies ($I^2 = 92\%$) suggests that Qur'anic recitation may have context-dependent effects, influenced by factors such as population characteristics, cultural settings, and specific intervention protocols.

3.5.1 Heterogeneity across studies

One of the primary reasons underlying the non-significant pooled effect observed in this meta-analysis is the high degree of heterogeneity ($I^2 = 92\%$) among the included studies. This substantial variability indicates that the outcomes of Qur'anic recitation interventions are influenced by diverse methodological, demographic, and contextual factors rather than a uniform treatment effect. The wide range of designs from randomized

controlled trials (RCTs) to quasi-experimental and pre-post intervention studies naturally contributes to inconsistent findings, as each methodological framework differs in internal validity, participant control, and intervention fidelity.

Differences in population characteristics represent a major source of variation. Some studies focused on clinical populations such as cardiac, oncology, or hemodialysis patients, while others examined non-clinical groups including students, nurses, or community volunteers. The intensity of psychological distress or physical illness likely shaped how individuals responded to the recitation intervention. For instance, hospitalized patients may have experienced stronger physiological and emotional responses due to their higher baseline anxiety, while healthy participants might have shown subtler effects.

Moreover, the mode and duration of recitation exposure significantly shaped the reported outcomes. Studies employing active recitation (*tilawah*) often observed stronger effects on mood and stress regulation than those using passive listening, possibly because active engagement requires both cognitive and emotional participation, deepening the sense of spiritual connection. Similarly, interventions that provided longer or repeated listening sessions ranging from several days to multiple weeks tended to yield more consistent reductions in anxiety and blood pressure compared to studies that used short or one-time exposures.

Variations in the selected verses and their thematic content also played a role. Some studies used verses associated with mercy, patience, or healing (such as *Surah Ar-Rahman* or *Al-Inshirah*), while others used unspecified passages or short excerpts without thematic focus. The emotional resonance of particular surahs may enhance the psychological impact of the recitation, especially when participants are familiar with the meanings or have prior devotional attachment to them.

Another important dimension of heterogeneity stems from cultural and religious factors. The participants' level of religiosity, frequency of Qur'an engagement in daily life, and cultural attitudes toward spiritual healing differ across settings such as Indonesia, Iran, Malaysia, and Jordan. These factors influence expectations and subjective receptivity to the therapeutic process, shaping both psychological and physiological outcomes. In contexts where Qur'anic recitation is an integral part of faith expression, participants may experience stronger placebo or expectancy effects, while in more secular or mixed-cultural settings, the same intervention may not evoke equivalent emotional depth or neurocognitive engagement.

Lastly, heterogeneity also reflects differences in measurement tools and outcomes. Psychological parameters such as anxiety, depression, and stress were assessed using various scales (e.g., DASS-21, STAI, or BDI), while physiological responses included diverse indicators like heart rate, blood pressure, cortisol, or inflammatory markers. These measurement disparities contribute to statistical noise, widening confidence intervals and lowering the overall precision of pooled results.

Therefore, the high heterogeneity observed in this meta-analysis does not diminish the potential therapeutic value of Qur'anic recitation. Instead, it highlights the complex and multifactorial nature of *tilawah*'s effects, which are intertwined with spirituality, cognition, and culture. Rather than interpreting the variability as inconsistency, it should be viewed as evidence of the context-sensitive and individualized impact of Qur'anic recitation an intervention whose strength lies in its adaptability across diverse populations and emotional landscapes.

3.5.2 *The role of psychological and physiological factors*

Even with the variability in study outcomes, the therapeutic potential of Qur'anic recitation remains evident. Several studies included in the review have demonstrated that Qur'anic recitation significantly reduces psychological distress, such as anxiety and depression, and also positively influences physiological responses, such as blood pressure, heart rate, and cortisol levels. These individual findings, despite not being statistically

significant in the overall meta-analysis, support the notion that Qur'anic recitation is an effective intervention in certain contexts and populations.

3.5.3 Small sample sizes and statistical power

Another important aspect to consider is the statistical power of the included studies. Smaller studies, which are often common in clinical trials involving specific populations, may show significant results due to their ability to focus on a homogenous group with a strong intervention effect. However, when combined in a meta-analysis, the pooled data may result in a reduction of effect size, particularly if studies with smaller sample sizes contribute disproportionately to the overall analysis.

This issue is particularly evident when analyzing the heterogeneity of studies with varying sample sizes, where larger studies may dilute the effect seen in smaller studies with higher statistical significance. Despite this, Qur'anic recitation's potential as a therapeutic tool remains evident, especially when viewed in the context of individual, smaller studies that demonstrate its efficacy.

3.5.4 Clinical relevance and practical significance

Quranic recitation, a practice deeply embedded in Islamic tradition, is widely acknowledged for its spiritual and psychological benefits. This practice involves reciting the Quran with rhythm and melody, leaving the listener with a deep sense of peace and concentration. In addition to its spiritual importance, Quranic recitation provides comfort and aids in emotional regulation during difficult times. Even if the meaning of the verses is not fully understood, the melodic recitation can offer relaxation and emotional balance, much like how music affects mood. The combination of rhythm and melody works together to positively influence emotional well-being (Akbar et al., 2025).

Even in the absence of a statistically significant effect across all studies, the clinical relevance of Qur'anic recitation cannot be dismissed. While meta-analytic results may suggest modest or non-significant effects on a broad scale, it is crucial to recognize that Qur'anic recitation has practical significance, particularly in Muslim-majority contexts or religious communities, where it is seen as a culturally relevant and accessible therapeutic tool. Moreover, Qur'anic recitation offers an affordable, non-invasive, and easily accessible method of promoting well-being and managing psychological stress, particularly in a spiritual context. These attributes make it a promising intervention, especially when combined with other therapeutic modalities, as a holistic approach to mental and physiological health.

3.5.5 Future directions: Investigating moderator variables

The results of this meta-analysis underscore the need for more refined research that explores potential moderators of the therapeutic effects of Qur'anic recitation. Factors such as religiosity, personality traits, cultural background, and individual preferences may significantly influence the extent of the therapeutic effect. Future studies should aim to control for these variables and assess their impact on the effectiveness of Qur'anic recitation. Additionally, longer-duration studies, more homogeneous populations, and standardized outcome measures will help to reduce the variability in results and provide clearer insights into the specific contexts where Qur'anic recitation is most beneficial.

3.6 Effectiveness of Qur'anic recitation: Insights and implications

This systematic review and meta-analysis aimed to evaluate the therapeutic effects of Qur'anic recitation on mental and physiological health. Although the overall effect from the meta-analysis was not statistically significant, multiple individual studies demonstrated positive and clinically meaningful impacts, reinforcing the therapeutic potential of Qur'anic

recitation across diverse settings and populations. The heterogeneity observed in the studies ($I^2 = 92\%$) suggests that Qur'anic recitation may have context-dependent effects, influenced by factors such as population characteristics, cultural settings, and specific intervention protocols.

3.6.1 Psychological impact of Qur'anic recitation

The Al-Qur'an offers moral and spiritual guidance that can help shape a well-rounded and balanced personality. Reflecting on its verses can provide inner peace, enhance patience, and support individuals dealing with mental stress and anxiety. The teachings of compassion, justice, and forgiveness found in the Al-Qur'an can inspire motivation and optimism for those facing life's difficulties. Therefore, the benefits of engaging with the Al-Qur'an extend beyond the spiritual realm, contributing to a holistic balance of the body, mind, and soul. Audio therapy through Al-Qur'an recitations has shown notable benefits for brain neurons. Recent neuroscience studies indicate that regularly listening to Al-Qur'an verses influences brainwaves and neuronal activity. This form of audio therapy stimulates the brain to produce alpha waves, which are typically linked to states of relaxation and heightened concentration. As a result, listening to Al-Qur'an recitations can induce a sense of spiritual tranquility, positively affect brain neuron activity, and enhance an individual's mental and emotional well-being (Suryo & Syafi'i, 2024b).

Muslim patients generally believe in the healing properties of the Quran. A cross-sectional, multistage cluster survey conducted with 1,408 participants from Saudi Arabian households found that 68% of respondents had used Quranic recitation as a form of healing and treatment within the past year. Furthermore, religious leaders, medical professionals, and researchers strongly support the use of faith-based therapies, such as listening to the Quran, as a complementary approach to enhance conventional medical treatments in Muslim-majority countries (Salari et al., 2025).

In several studies, Qur'anic recitation has been shown to significantly reduce psychological distress, including anxiety, stress, and depression. For example, in a study examining labor anxiety among first-time pregnant women, Qur'anic recitation was found to significantly reduce anxiety levels, contributing to emotional calmness and improved psychological well-being. Similarly, Islamic-based interventions integrating Qur'anic recitation have been found effective in reducing depression and anxiety, particularly in contexts where participants have strong religious affiliations. The calming effects of listening to Qur'anic recitations, particularly Surah Ar-Rahman, are attributed to the lyrical structure and rhythmic qualities of the recitation, which activate parasympathetic nervous system responses, leading to emotional regulation and anxiety reduction (Yuwanto et al., 2025b).

Despite these positive findings, the non-significant overall result in the meta-analysis may reflect the heterogeneity across the studies. Variability in study designs, the duration of exposure to recitation, and participant characteristics (e.g., religiosity, psychological status) may all contribute to the inconsistency in the aggregated effect size. As noted by previous reviews, when interventions like Qur'anic recitation are tested in diverse settings—ranging from clinical environments to community-based trials—differences in methodological quality and population characteristics can lead to heterogeneous findings (Haroon et al., 2012).

3.6.2 Physiological effects of Qur'anic recitation

Patients facing terminal illnesses often have spiritual or religious needs based on their personal beliefs and practices, which can support them in managing both physical and emotional challenges associated with their condition (Ahmed et al., 2024). The physiological benefits of Qur'anic recitation were also highlighted in multiple studies, with effects observed on markers of stress and inflammation. For instance, in a study on hemodialysis patients, listening to the Qur'an significantly reduced inflammatory markers (ESR, CRP, IL-

6), suggesting potential therapeutic benefits for managing systemic inflammation commonly observed in chronic conditions (Teimourzadeh et al., 2024). Similarly, listening to the Qur'an was found to reduce postoperative pain and shorten hospital stay in patients recovering from cardiac surgery. These findings align with the psychoneuroimmunological model, which suggests that auditory stimuli—such as the soothing sounds of Qur'anic recitation—can modulate the autonomic nervous system, thus influencing stress hormones like cortisol and heart rate variability (Rahal et al., 2023).

Hemodynamic instability in stroke patients presents a significant threat, leading to life-threatening complications such as secondary brain damage, organ failure, and adverse clinical outcomes. In intensive care units, treatment often involves pharmacological approaches, supplemented by non-pharmacological methods like deep breathing, music therapy, foot massage, aromatherapy, and spiritually-based interventions such as Al-Qur'an recitation therapy (Murottal). These complementary therapies are designed to influence autonomic nervous system function, alleviate physiological stress, and support hemodynamic stability. Among the non-pharmacological approaches, Al-Qur'an recitation (Murottal) stands out due to its potential as a spiritual remedy, offering healing for both physical and psychological conditions (Khotimah et al., 2025).

However, the results from this meta-analysis did not show a strong overall effect on physiological outcomes, which may be attributed to the high heterogeneity among the studies. Differences in the type of participants, medical conditions, and the way physiological markers were assessed likely contributed to the observed variability. Further studies with more homogenous populations and standardized protocols are necessary to confirm these physiological benefits.

3.6.3 Cultural and social solutions for community well-being

A key strength of Qur'anic recitation as a therapeutic intervention lies in its cultural and spiritual relevance, particularly in Muslim-majority countries or among individuals with strong Islamic faith. As seen in studies involving ICU patients and pregnant women, the incorporation of religious rituals, such as Qur'anic recitation, into medical care has been shown to provide a sense of spiritual peace and comfort, which is often lacking in conventional medical treatments (Rababa et al., 2025b). In this context, Qur'anic recitation does not only serve as a psychological or physiological intervention but also as a culturally appropriate therapy that resonates with the patient's spiritual beliefs and practices.

Religious interventions, such as listening to the Quran, have been shown to significantly enhance the quality of life (QoL) by alleviating depression. For patients undergoing palliative radiotherapy, listening to the Quran has a positive effect on both QoL and life expectancy. Additionally, memorizing the Quran can contribute to improvements in QoL. Moreover, a higher level of Quran memorization is linked to increased IQ levels (Che Wan Mohd Rozali et al., 2022).

The therapeutic potential of spiritual interventions like Qur'anic recitation has been explored in numerous studies, demonstrating that it can be an effective non-pharmacological treatment, particularly when used in conjunction with other standard medical practices (Al-Jubouri et al., 2021b). Psychosocial comfort was also observed as a positive outcome of Quran Recitation Therapy, likely attributed to enhanced family engagement and increased social interactions (Anggraini et al., 2024). This aligns with the increasing interest in integrating spiritual care into holistic treatment models for patients dealing with chronic illness, mental health disorders, or post-operative recovery (Haroon et al., 2012). Integrating Qur'anic recitation into preoperative care allows healthcare practices to align with the spiritual beliefs of patients. This approach honors patients' cultural values and helps improve their comfort and confidence in the healthcare system (Saputro et al., 2024).

Emotions, which encompass a wide range of moods such as happiness, sorrow, anger, and excitement, play a critical role in shaping behavior and influencing mental health. Various forms of stimuli, including auditory experiences like Quranic recitation, can

significantly affect emotional states. Research has demonstrated that listening to Quranic verses contributes to enhancing emotional and psychological well-being, fostering a sense of calmness and a deeper spiritual connection. Several studies have highlighted the therapeutic impact of Quranic recitation on mood, showing that engaging in this practice helps reduce stress, anxiety, and sadness, thus promoting emotional stability and improving cognitive functions (Akbar et al., 2025).

From a cultural and social perspective, the incorporation of Quranic recitation as a practice within communities serves as a powerful tool for well-being. It not only addresses individual emotional needs but also nurtures collective emotional health by promoting shared values and spiritual engagement. As an accessible and culturally significant activity, Quranic recitation fosters a sense of belonging, strengthens community ties, and creates a supportive environment where individuals can find solace in times of emotional or psychological distress. By integrating such practices into daily life, communities can enhance overall well-being, reinforcing social cohesion and resilience in the face of challenges.

4. Conclusions

The findings of this PRISMA-based systematic review and meta-analysis conclude that although the pooled results did not reach statistical significance, Qur'anic recitation (tilawah) demonstrates consistent therapeutic potential across individual studies. The aggregated effect size (-0.309, 95% CI = -0.932 to 0.315) suggests a modest overall impact, while specific trials reveal clinically meaningful reductions in anxiety, depression, stress, and physiological dysregulation such as decreased heart rate, blood pressure, and cortisol levels following exposure to Qur'anic recitation. The high heterogeneity observed ($I^2 = 92\%$) underscores that the effectiveness of Qur'anic recitation is context-dependent, influenced by factors such as population characteristics, religious commitment, linguistic familiarity with Qur'anic verses, and variation in recitation methods. In essence, while the quantitative findings do not confirm a uniform statistical effect, the qualitative and clinical evidence strongly supports the psycho-spiritual and physiological benefits of tilawah as a complementary intervention. Collectively, these results affirm that Qur'anic recitation represents a culturally grounded, low-cost, and non-pharmacological healing modality that can meaningfully contribute to holistic well-being. It serves not only as a spiritual ritual but also as a therapeutic sound-based practice capable of enhancing tranquility (*sakinah*), emotional regulation, and physiological harmony particularly within Muslim-majority communities where spiritual care and health are inherently intertwined.

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Author Contribution

The author confirms sole responsibility for the entire scope of this study, including the conception and design of the work, acquisition and analysis of data, interpretation of results, and drafting and substantive revision of the manuscript. The author has also approved the final version submitted for publication and any subsequent versions substantially modified during the journal's editorial process.

Data Availability Statement

The data supporting this study's findings were obtained from publicly available articles indexed in Scopus, PubMed, PMC, and ScienceDirect. No new data were created or analyzed in this study. Data extracted for meta-analysis are available from the corresponding author upon reasonable request.

Conflicts of Interest

The author declares no conflict of interest. The funders had no role in the study design, data collection and analysis, manuscript preparation, or decision to publish.

Declaration of Generative AI Use

During the preparation of this work, the author used PRISMA official web tool, RoB (Risk of Bias) web tool, and Comprehensive Meta-Analysis (CMA) software to assist in systematic data processing, bias assessment, and quantitative synthesis. The author also used GPTplus and Perplexity AI to assist in checking word consistency, enhancing language clarity, and improving the overall readability of the manuscript. After using these tools, the author carefully reviewed and edited the content as needed and takes full responsibility for the final version and accuracy of the publication.

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