

Integration of Spiritual Healing and Islamic Education through Ruqyah

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ARTICLE INFO	ABSTRACT
Article History: Received: September 23, 2025 Revised: October 10, 2025 Accepted: December 3, 2025 Keywords: integration; spiritual healing; islamic education; ruqyah	This study aims to analyze the integration between spiritual healing and Islamic education in the practice of ruqyah in Ponorogo. It has been perceived solely as a method of spiritual healing through reciting verses from the Qur'an and special prayers. Some researchers said that it not only serves as therapy but also as Islamic education. This study employed a qualitative case study approach, focusing on the ruqyah practices of <i>Jam'iyah Ruqyah Aswaja</i> (JRA) Batoro Katong Ponorogo. The data was obtained through interviews, observations, and documentation. Then, it was analyzed using the Miles and Huberman model. The findings reveal that ruqyah serves a dual function: first, as a means of healing for individuals experiencing medical, non-medical, or psychological disorders; second, as an instrument of Islamic education that instills the values of faith, worship, and morals in patients. The integration of these two functions shows that ruqyah can be positioned as a holistic religious practice, combining therapeutic and pedagogical aspects. This study implies that ruqyah can be developed as an integrative non-formal model of Islamic education, serving not only as a spiritual healing therapy but also as a medium for nurturing faith, worship, and moral values within the community.

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INTRODUCTION

Ruqyah in the Islamic tradition is generally understood as a method of spiritual healing through the recitation of Qur'anic verses and special prayers sourced from the Sunnah of the Prophet.¹ This understanding often makes ruqyah perceived solely as a practice of curative medicine,² Limited to disorders related to jinn, magic, or non-medical diseases.³ However, in the context of Islam in Indonesia, especially in the context of Islamic boarding schools and religious organizations, the practice of ruqyah has transformed in meaning and function.⁴ One example is *Jam'iyah Ruqyah Aswaja* (JRA) Batoro Katong Ponorogo, a ruqyah organization guided by Ahl as-Sunnah wa al-Jama'ah, which develops ruqyah not only as a means of healing but also as a medium for spiritual development and Islamic education.⁵ Ruqyah as medicine focuses on the physical, psychic, and spiritual healing process by emphasizing the divine power of the Qur'anic verses as a medicine and an intermediary of healing.⁶ Meanwhile, ruqyah, as an Islamic education, focuses more on fostering faith, strengthening worship, and improving morals as part of the tarbiyah process.⁷ Therefore, it is essential to reassess the practice of ruqyah from a broader perspective, as a means of integrating the therapeutic and pedagogical dimensions, so that ruqyah is not only a medical practice but also a holistic model of Islamic education.

Academic studies on ruqyah have thus far focused primarily on its medical, psychological, or spiritual aspects. For example, research shows the effectiveness of ruqyah in alleviating psychological disorders, enhancing peace of mind,⁸ and assisting in the recovery of patients from spiritual disturbances.⁹ Several other studies associate ruqyah with missionary work and religious social services.¹⁰ However, the literature has not yet extensively explored the educational dimension of ruqyah, particularly in relation to the development of

¹ Muhammad Omar et al., "Factors Affecting the Effectiveness of 'Ruqyah' Treatment among Muslim Community in Malaysia," *Journal of Spirituality in Mental Health* 27, no. 2 (2025): 202–221, <https://doi.org/10.1080/19349637.2024.2338839>.

² Holly K Oxhandler et al., "The Relevance of Religion and Spirituality to Mental Health: A National Survey of Current Clients' Views," *Social Work* 66, no. 3 (2021): 254–264, <https://doi.org/10.1093/sw/swab025>.

³ Bernika Nova Salsabil et al., "Stigma Pengobatan Ruqyah di Kalangan Mahasiswa," *Tashdiq (Journal of Religious Studies and Da'wah)* 2, no. 3 (2024): 6–9, <https://doi.org/10.333/Tashdiq.v1i1.571>.

⁴ Ngato'llah Al Mugito, Ahmad Mustofa, and Abu Nadlir, "Terapi Ruqyah Aswaja dalam Penyembuhan Penyakit Non-Medis; Respon terhadap QS. Yunus: 57," *Syntax Idea* 7, no. 3 (2025): 487–498, <https://doi.org/10.46799/syntaxidea.v7i3.12732>.

⁵ Rofik Maftuh, "Kontestasi Identitas dalam Pengobatan Ala Nabi; Kajian Fenomenologi Kemunculan Jam'iyah Ruqyah Aswaja," *Journal of Interdisciplinary Islamic Studies* 4, no. 1 (2019): 60–63, <https://doi.org/10.14421/jkii.v4i1.1078>.

⁶ Ngaisyatuz Zakiyah, "Resepsi Peruqyah (Rāqi) terhadap ayat-ayat Al-Qur'an sebagai Media Pengobatan Jam'iyah Ruqyah Aswaja Kebumen" (Undergraduate Thesis, UIN Professor Kiai Haji Saifuddin Zuhri Purwokerto, 2025).

⁷ Emma Nolan-Thomas, "Practicing the Prophet's Medicine: Health, Illness, and Islamic Therapeutics in Indonesia" (Dissertation, University of Michigan, 2023).

⁸ Bibi Kulsoom, "Ruqyah: Listening to Quranic Verses, A Disease Treatment Strategy," *International Journal of Islamic and Complementary Medicine* 5, no. 1 (2024): 56–70, <https://doi.org/10.55116/IJICM.V5I1.64>.

⁹ Erlina Yulia, Elmeida Effendy, and Mustafa M. Amin, "A Trance Case Report with Ruqya (Exorcism) Approach in Aceh," *Open Access Macedonian Journal of Medical Sciences* 10, no. T7 (2022): 45–47, <https://doi.org/10.3889/oamjms.2022.9234>.

¹⁰ Deni Riswanto and Tarek Younis, "Ruqyah Therapy Based on Local Wisdom to Overcome Dissociative Trans Disorders in Patients at Home Ruqyah and Al-Qur'an Therapy," *Jousip: Journal of Sufism and Psychotherapy* 3, no. 2 (2023): 135–148, <https://doi.org/10.28918/jousip.v3i2.2038>.

faith, worship, and morals. This research gap suggests that the academic aspect of ruqyah remains relatively underexplored. In fact, the ruqyah practice of JRA Batoro Katong Ponorogo provides strong indications that ruqyah has a dual role: in addition to healing, it also internalizes Islamic educational values. Thus, this research occupies an essential position in filling this gap in the literature.

The urgency of this research lies in efforts to reconstruct the public's understanding of the function of ruqyah, which has often been reduced to a mere spiritual healing practice. A paradigm that is too therapeutic towards ruqyah not only limits the space of its meaning but also has the potential to have negative impacts, such as the emergence of dependence on the mystical dimension, the marginalization of Islamic rationality, and the neglect of the educational and moral values that are the primary substance of this religious practice. Therefore, this study emphasizes the importance of repositioning the meaning of ruqyah within a broader and integrative context that bridges Islamic medicine and education.¹¹ Through this integrative perspective, Ruqyah serves not only as a medium of physical and psychological healing but also as an instrument of Islamic education, instilling the values of faith, monotheism, worship, and morals. Thus, this research contributes to the development of a holistic, contextual, and rooted Islamic education model in the community.¹² By placing ruqyah within the framework of Islamic education, this study also presents alternative da'wah strategies while strengthening the values of Ahlussunnah wal Jama'ah.¹³ Thus, the results of this study are expected to enrich the literature on Islamic education while presenting contextual religious tradition-based educational practices.

The primary objective of this study is to examine the integration of ruqyah as a form of Islamic medicine and education, with a focus on the practice of *Jam'iyah Ruqyah Aswaja* (JRA) Batoro Katong Ponorogo. In particular, this study aims to: (1) describe the practice of ruqyah in the context of spiritual medicine; (2) explain how ruqyah functions as a means of Islamic education; and (3) develop a conceptual framework that integrates the values of faith, worship, and morals through the practice of ruqyah. In addition to its theoretical contribution to the study of Islamic education, this research also has significant practical implications for society. The results of the research are expected to serve as the basis for developing an Islamic education model that incorporates religious practices, where ruqyah is utilized not only as a healing method but also as a medium for da'wah. Through this model, communities and spiritual organizations such as Nahdlatul Ulama can adopt an educative ruqyah approach in da'wah activities, taklim assemblies, and ummah development. Thus, this research not only expands the academic discourse on the integration of Islamic medicine and education but also makes a real contribution to the strengthening of moderate and contextual religious traditions.

¹¹ Nur Farida, Sokhi Huda, and M Anis Bachtiar, *Message of Da'wa in Ruqyah on Covid-19 Treatment: Speech Act Analysis of Prof Zabro's Broadcast on Youtube 'Ain Disease*, 4, no. 1 (2022): 110–113, <https://doi.org/10.15642/icondac.v4i1.3178>.

¹² Mukhlis Habibi, "Internalisasi Nilai-Nilai Pendidikan Islam melalui Ruqyah (Studi Kasus Jam'iyah Ruqyah Aswaja Batoro Katong Ponorogo)" (Thesis, Universitas Islam Negeri Sunan Kalijaga, 2022).

¹³ Amiyati Khusnul Khotimah, Sabdo, and Fathur Rohman, "Upaya Dakwah Jam'iyah Ruqyah Aswaja di Kecamatan Bangunrejo tahun 2019-2020," *Decoding: Jurnal Mahasiswa KPI* 1, No. 1 (2020): 37–44, <https://doi.org/10.24127/decoding.v1i1.389>.

RESEARCH METHOD

This study employed a qualitative approach, aiming to explore the meaning, experiences, and socio-religious dynamics associated with the practice of ruqyah, particularly in relation to the integration of medicine with Islamic education.¹⁴ This approach is relevant because it allows researchers to understand phenomena in depth from the participants' perspective, as well as to interpret the values underlying the practice of ruqyah in local Muslim communities. This research is descriptive and naturalistic in nature, with the researcher acting as the main instrument in the research process.

The type of research employed is a case study, as it is well-suited for examining contextual phenomena in real-life settings.¹⁵ This case study focused on the practice of ruqyah at *Jam'iyah Ruqyah Aswaja* (JRA) Batoro Katong Ponorogo, with an emphasis on how ruqyah activities not only function as a form of treatment but are also integrated with the dimension of Islamic education. The research was conducted from July to September 2025, covering observations of mass ruqyah activities and family ruqyah practices.

The research subjects included administrators, practitioners, and patients of ruqyah who were selected using purposive sampling based on their active involvement in ruqyah activities. The study focused on the practice of ruqyah as a means of treatment and a medium for Islamic education. Details of the research informants are presented in Table 1.

Table 1. Research Informants

Informant Category	Informant Code	Description
JRA management	A	chairperson/core management of JRA Batoro Katong
JRA practitioner	B1, B2, B3	The practitioner is active in JRA
Ruqyah patient – medical	C1, C2, C3	patients with medical complaints
Ruqyah patients – non-medical	D1, D2, D3	patients with non-medical complaints
Ruqyah patient – psychological	E1, E2	patients with psychological complaints

Data collection was conducted using three primary techniques: interviews, observation, and documentation. In-depth interviews were conducted with administrators, practitioners, and ruqyah patients from various categories to explore their experiences, interpretations, and perceptions of ruqyah and its integration with Islamic education. Participatory observation was conducted during mass ruqyah activities at the NU Mosque in Ponorogo on Friday Legi evenings on July 18, 2025, and August 22, 2025, as well as during the treatment of ruqyah patients by their families. This observation aimed to observe the ruqyah process and the direct interactions between participants. Meanwhile, documentation included activity archives, ruqyah guidebooks, organizational records, and photographs of activities related to JRA. Details of the data collection techniques are presented in Table 2.

¹⁴ John W Creswell, *Qualitative Inquiry and Research Design* (Los Angeles: Sage Publications, 2018).

¹⁵ Lexy J Moleong, *Metodologi Penelitian Kualitatif* (Bandung: Remaja Rosdakarya, 2017).

Table 2. Data Collection Techniques

Data Collecting	Data Source	Focus on Data Collection
interview	administrators, practitioners, and patients of Ruqyah	perceptions, experiences, and interpretations of ruqyah
observation	mass ruqyah, family ruqyah	The process of implementation, interaction, and dimensions of islamic education
documentation	archives, manuals, activity records	written and visual evidence related to ruqyah practices

Data analysis was performed using Miles and Huberman's interactive model, which consists of data reduction, data presentation, and drawing conclusions and verification.¹⁶ Data reduction was carried out by sorting and grouping important information according to research themes. Data presentation was organized in the form of descriptive narratives and thematic matrices, while verification was conducted through in-depth interpretation to yield valid conclusions.

The validity of the data was tested through source and method triangulation, which involved comparing the results of interviews, observations, and documentation to ensure consistency and reliability. This triangulation strengthened the objectivity and consistency of the research findings. The entire research process also took into account research ethics, including obtaining informed consent from informants, maintaining patient confidentiality, and respecting local religious and cultural norms.

RESULT AND DISCUSSION

Ruqyah Practice as a Method of Spiritual Healing

Ruqyah is a method of treatment based on reciting verses from the Qur'an and special prayers, as well as zikr, practiced in accordance with Islamic law.¹⁷ This practice is believed to have spiritual powers to overcome various forms of illness, including medical conditions such as physical ailments,¹⁸ non-medical causes such as supernatural disturbances or witchcraft,¹⁹ as well as psychological issues such as stress, anxiety, and depression.²⁰ At the *Jam'iyah Ruqyah Aswaja* (JRA) Batoro Katong Ponorogo, ruqyah is understood not only as a

¹⁶ A. Michael Huberman, Matthew B. Miles and Johnny Saldana, *Qualitative Data Analysis: A Methods Sourcebook* (Los Angeles: Sage Publications, 2018).

¹⁷ Omar et al., "Factors Affecting the Effectiveness of 'Ruqyah' Treatment among Muslim Community in Malaysia.", 205.

¹⁸ M. Fais Satrianegara and Anwar Mallongi, "Analysis of Cancer Patients Characteristics and the Self-Ruqyah Treatment to the Patients Spiritual Life Quality," *Open Access Macedonian Journal of Medical Sciences* 8, no. T2 (2020): 224–228, <https://doi.org/10.3889/oamjms.2020.5238>.

¹⁹ Alfiyah Laila Afiyatin, "Ruqyah sebagai Pengobatan Berbasis Spiritual untuk Mengatasi Kesurupan," *Hisbah: Jurnal Bimbingan Konseling dan Dakwah Islam* 16, no. 2 (2020): 216–226, <https://doi.org/10.14421/hisbah.2019.162-09>.

²⁰ Zul Azlin Razali, Nor Azian Ab Rahman, and Supyan Husin, "Complementing the Treatment of a Major Depressive Disorder Patient with Ruqyah Shar'iyah Therapy: A Malaysian Case Study," *Journal of Muslim Mental Health* 12, no. 2 (2018): 48–52, <https://doi.org/10.3998/jmmh.10381607.0012.204>.

form of treatment but also as a spiritual effort that combines the dimensions of treatment with strengthening the patient's faith.²¹ Through the process of reciting verses from the Holy Qur'an, patients are encouraged to purify their hearts, strengthen their faith in Allah, and cleanse themselves of their sins. Thus, ruqyah at JRA Batoro Katong not only functions as a healing therapy but also as a means of Islamic education that instills the values of monotheism, patience, and steadfastness of faith.

Aswaja ruqyah has fundamental differences compared to other forms of ruqyah that have developed in society. According to an interview with A, the sources of ruqyah recited in ruqyah include verses from the Qur'an, hadiths of the Prophet, and prayers of scholars, thus emphasizing the continuity of scientific sanad.²² Aswaja ruqyah has fundamental differences compared to other forms of ruqyah that have developed in society. According to an interview with A, the sources of ruqyah recited in ruqyah include verses from the Qur'an, hadiths of the Prophet, and prayers of scholars, thus emphasizing the continuity of scientific sanad. Before the ruqyah procession begins, practitioners always perform tawassul and invite patients to do the same as a means of establishing a spiritual bond with the teachers who have passed down this knowledge. In terms of method, Aswaja Ruqyah emphasizes a humanistic, gentle, and compassionate approach, rather than a harsh or intimidating one. Additionally, this practice accommodates local religious traditions such as grave visits or caring for heirlooms, which are viewed as cultural wisdom, as long as they remain within the framework of Islamic beliefs. This differs from the Wahhabi perspective on ruqyah, which often views such traditions as bid'ah or shirk.²³ Aswaja understands it as a means to get closer to Allah. Thus, Aswaja Ruqyah serves as a means of healing, spiritual strengthening, preservation of tradition, and inclusive and moderate Islamic education.

Based on observations, the practice of ruqyah of JRA Batoro Katong is generally divided into three primary forms, namely mass ruqyah, family ruqyah, and independent ruqyah. First, the ruqyah mass is carried out regularly at the NU Mosque every Friday Legi night, as well as at mosques, prayer rooms, or other places as requested by the community. According to B1, this model of ruqyah has the advantage of reaching a broad audience while also serving as a means of da'wah. Second, family ruqyah is performed by ruqyah practitioners who visit patients at their homes and administer ruqyah to them, accompanied by other family members. This pattern is considered more effective than mass ruqyah because it provides more personalized treatment and directly touches the patient's family environment. Additionally, this method involves the practice of protecting the home with ruqyah recitations, as a means to safeguard all family members and the home environment from disturbances caused by magic, jinn, or other negative energies. Third, independent ruqyah is provided to patients who have previously undergone ruqyah by a JRA Batoro

²¹ Walit Nuril Anwarudin, "Strategi Dakwah Terapi Qur'ani dalam Menanamkan Nilai-nilai Iman kepada Pasien: Studi Kasus Jam'iyah Ruqyah Aswaja Batoro Katong Ponorogo" (Undergraduate Thesis, IAIN Ponorogo, 2020).

²² Allamah Alauddin Shiddiqy, *Panduan Ringkas Jamiyyah Ruqyah Aswaja* (Jombang: Pengurus Pusat JRA, 2016).

²³ Ahmad Natsir, "Radikalisme dalam Ruqyah Shar'iyah (Analisis Semiotika atas Metode Ruqyah Quranic Healing Indonesia di Youtube)," *Dialogia* 16, no. 1 (2019): 98–117, <https://doi.org/10.21154/dialogia.v16i1.1495>.

Katong practitioner, and they are then assigned to continue the therapy independently within a specified period, depending on the type and severity of their illness. Thus, the self-ruqyah model not only functions as a healing therapy but also trains patients' spiritual independence in directly interacting with verses from the Qur'an, prayers, and zikr as a means of drawing closer to Allah.

The integration between physical and spiritual medicine in the practice of ruqyah Aswaja is reflected through a holistic approach that combines therapeutic and educational aspects in a series of activities. In the practice of *Jam'iyah Ruqyah Aswaja* (JRA) Batoro Katong Ponorogo, the healing process is not only focused on the medical or physical aspects of the patient, but also on the spiritual aspects of the patient. Still, it is also directed at strengthening faith and spiritual awareness. Ruqyah practitioners believe that the primary source of healing is not only in the recitation of the verses of the Qur'an or the process of ruqyah itself, but in the patient's steadiness of heart and belief in Allah as the only Substance that can heal. Therefore, before the ruqyah process is carried out, the patient is first guided to organize their heart, strengthen their belief, and straighten their intention, while also increasing istighfar and dhikr, so that their spiritual condition is ready to receive the healing process.

The ruqyah method used must refer to the teachings of the founder of JRA, which is to begin with the intention to make ruqyah for the patient sincerely, solely hoping for the pleasure of Allah SWT, as well as intending to help the followers of the Prophet Muhammad SAW, and hoping for healing only from Allah SWT. According to information from B2, the first thing to do when performing ruqyah is to make tawassul to the Prophet Muhammad, his family, his companions, and the teachers who are connected to the Prophet Muhammad through sanad, as well as the founder of the Nahdlatul Ulama organization, and, in particular, to recite Al-Fatiha for the patient who will undergo ruqyah. After tawassul, the JRA Batoro Katong practitioner then explains ruqyah to the patient, including the meaning of ruqyah, the history of ruqyah, the laws of ruqyah, several rules for treatment through ruqyah in Islam, the general classification of diseases, the rules for treating diseases, the origins of diseases in humans, and several reactions in ruqyah. After that, the JRA Batoro Katong practitioner asks the patient to perform wudu before the ruqyah procession begins. Next, the perquyah begins to perform ruqyah on the patient with standard ruqyah recitations, namely reciting Surah Al-Fatihah, Sholawat Thibbil Qulub, Ayatul Kursi, and Surah Al-Ikhlas, Al-Falaq, and An-Nas. Next, the practitioner prays for the patient with the following prayer:

*O Allah, You are the Great Healer, we ask You to heal the illnesses within us. O Allah, if the illnesses we suffer are due to our mistakes, we truly ask for Your forgiveness, we repent to You and accept our repentance, O Allah, lift all our illnesses, heal us, O Allah.*²⁴

After JRA practitioner Batoro Katong recited the prayer, he closed with the last two verses of Surah Yasin, then asked the patient to blow into the water with the intention of infusing it with the recited prayers. This aligns with Hani M. Henry's research, which found that water is capable of storing positive energy, for example, when prayers and dhikr are

²⁴ Allamah Alauddin Shiddiqy, *Panduan Ringkas Jamiyyah Ruqyah Aswaja*.

recited over it.²⁵ Not only that, but ruqyah readings are still tailored mainly to the specific disorder or illness experienced by the patient. After the ruqyah is performed, it is concluded with a prayer to break the agreement with the jinn, because many patients claim to be frequently disturbed by the presence of spirits inherited from their ancestors who made agreements with the jinn and demons.

The types of disorders treated through JRA Batoro Katong ruqyah are very diverse, covering medical, non-medical, and psychological aspects. Based on B3's explanation, the first type of illness is a medical illness. These illnesses are usually complained about by patients in the form of physical ailments such as chronic headaches, weakness, stomach disorders or ulcers, vertigo, and various other physical illnesses. The second type is non-medical disorders, which are generally associated with witchcraft, black magic, or disturbances from supernatural beings. The symptoms experienced by patients are usually distinctive, such as severe pain that occurs at certain times, for example, at sunset until dawn, or pain that is concentrated in a specific part of the body. In addition, patients often experience a decline in their enthusiasm for worship, such as reluctance or laziness in performing prayers, or repeated symptoms of trance. Third, psychological disorders include excessive anxiety, depression, loss of motivation in life, unstable emotions, irritability, frequent feelings of apprehension, and deep trauma that interferes with daily activities. Thus, Aswaja ruqyah is not only positioned as a spiritual healing method but also as a holistic therapy that encompasses the physical, mental, and spiritual dimensions of the patient.

The positive effects of ruqyah practices on patients at JRA Batoro Katong can be categorized into three types: medical, non-medical, and psychological. First, medical disorders. This case was experienced by several patients, such as C1, who suffered from acid reflux and high cholesterol. Through patience and consistency in following ruqyah therapy, his condition gradually improved until he was cured. Similarly, C2, a patient with vertigo, was cured thanks to ruqyah recitations and his complete faith in Allah's help. A similar situation occurred with C3, who previously suffered from a respiratory tract infection and recovered after undergoing intensive ruqyah. From these cases, it is evident that ruqyah is not merely an alternative but can serve as the primary effort, which is then synergized with conventional medical treatment or *thibb an-nabawi* (prophetic medicine).

Second, non-medical disorders that are usually associated with magic or jinn. One of them befell D1, who often experienced trances due to magical attacks from a black magic practitioner. The magic even targeted his younger sibling, starting from a romantic problem when a man whose proposal was rejected then took revenge by spreading grave soil around their house. As a result, the vulnerable family was easily possessed by jinn and often experienced trances. Another case was experienced by D2, who also frequently lost consciousness due to complex factors, including a jinn inherited from ancestors that weakened his body, compounded by family problems that exacerbated his condition. As for D3, a female student, she experienced disturbances after collecting and practicing readings from books without clear sources, causing her body to be possessed by a jinn. After undergoing ruqyah and destroying the books, she finally recovered.

²⁵ Hani M. Henry, "Spiritual Energy of Islamic Prayers as a Catalyst for Psychotherapy," *Journal of Religion and Health* 54, no. 2 (2015): 387–398, <https://doi.org/10.1007/s10943-013-9780-4>.

Mental stress, family social conditions, and romantic problems generally cause third, psychological disorders. For example, E1 experienced trauma since childhood due to a broken home, causing him to grow up without sufficient affection. This trauma continued into adolescence, causing him to lose motivation and zest for life. A similar case was experienced by E2, a high school student who lived in a harsh family environment since childhood. Since childhood, E2 was forced by her father to attend school according to his wishes, which caused inner resistance. This disappointment made her reluctant to continue her education and instead choose to marry despite being underage. Both patients achieved recovery after undergoing ruqyah accompanied by spiritual guidance from practitioners, which helped them rediscover inner peace, motivation for life, and a more positive spiritual direction.

The positive effects of ruqyah practice on patients at JRA Batoro Katong can be categorized into three types based on the nature of the disorder, namely medical, non-medical, and psychological. In medical cases, indicators of ruqyah success can be observed in the recovery of physical conditions and mental health, such as the alleviation of acid reflux disease, vertigo, and respiratory tract infections after the patient undergoes ruqyah therapy regularly and increases their faith in Allah. In non-medical cases, success is characterized by the disappearance of trance, inner calm, and the patient's ability to resist suggestions and disturbances of the jinn after undergoing ruqyah and strengthening spiritual practices. Meanwhile, in psychological cases, the success of ruqyah can be observed through changes in the patient's mental state, such as a return to a sense of well-being, increased motivation to worship, and the establishment of a stable emotional balance. In general, the indicators of ruqyah success in the three categories show that the healing process extends beyond the physical aspect to encompass the spiritual and psychological dimensions, where the patient experiences calmness, optimism, and a more religious and meaningful life orientation.²⁶

In conclusion, the findings of this study are in line with Arthur Saniotis's article *Islamic Medicine and Evolutionary Medicine: A Comparative Analysis*, which asserts that Islam and evolutionary medicine should not be viewed as opposites, but rather as complementary to each other in enriching modern medical practice. Similarly, John Mayberry, in his article *Islamic Medicine: A True Discipline for the 21st Century or Quackery?*, emphasizes that ruqyah, along with thibbun nabawi and hijamah, is part of a valid spiritual medical discipline, not witchcraft, as long as adequate training, clear regulations, and links to modern health institutions accompany it. Thus, Aswaja ruqyah practice can be understood as an authentic spiritual healing model that remains relevant in contemporary healthcare services.²⁷

Islamic Educational Values Taught through the Practice of Ruqyah

Ruqyah Aswaja serves not only as a method of spiritual healing but also as a means of internalizing Islamic educational values, particularly in strengthening the patient's faith. Based on observations of mass ruqyah at the NU mosque in Ponorogo, patients are encouraged to

²⁶ Suryadi Nasution et al., "Empowering Santri Well-Being: Integrating Spiritual Practices and SEL in Pesantren Mental Health," *Cendekia: Jurnal Kependidikan dan Kemasyarakatan* 23, no. 1 (2025): 121–141, <https://doi.org/10.21154/cendekia.v23i1.10526>.

²⁷ Arthur Saniotis, "Islamic Medicine and Evolutionary Medicine: A Comparative Analysis," *Journal of the Islamic Medical Association of North America* 44, no. 1 (2012): 2–5, <https://doi.org/10.5915/44-1-8780>.

believe in Allah as the Great Healer. Additionally, patients are taught that the Qur'an is an effective remedy for various diseases. The recitation of Qur'anic verses and prayers serves to instill the awareness that all forms of illness ultimately originate from Allah and that only He is capable of providing healing.

As stated by B1, when performing ruqyah on a patient, the first thing that is conveyed is to encourage the patient to have faith in the Qur'an. The Qur'an also recites several verses of *Syifa'*, which are verses related to the miracles of the Qur'an as medicine. The ruqyah practitioner also advises the patient not to rely solely on the ruqyah practitioner for healing; instead, the patient must understand that the ruqyah practitioner is merely seeking to invoke Allah SWT to grant healing. Meanwhile, according to C1's testimony, after receiving ruqyah, he gained new insight. He became thoroughly convinced that the Qur'an can cure all kinds of diseases, including the disease he is suffering from. Thus, ruqyah becomes a highly effective medium for educating people about their faith, as patients are taught to avoid practices of shirk, such as consulting shamans or believing in sacred objects. Not only that, but patients are also prohibited from believing absolutely that healing comes from medical drugs.

In addition to strengthening faith, Aswaja ruqyah also plays a crucial role in enhancing patients' worship. Based on B2's explanation, when performing ruqyah, he often finds that patients are negligent in carrying out their obligations, such as praying five times a day. According to him, this is what makes humans further away from Allah SWT and favored by jinn and demons. Therefore, during ruqyah, B2 often encourages patients to improve their worship of Allah SWT, whether by fulfilling their obligations to themselves, their parents, and Allah SWT. This is not merely a moral matter but also carries practical educational value, as patients are guided to make worship an integral part of their healing process.

Furthermore, patients are also guided to perform other sunnah practices, such as reciting specific prayers, reading the Qur'an more frequently, giving alms, and performing daily dhikr. Thus, ruqyah does not only stop at the process of spiritual healing, but also becomes a non-formal educational instrument that instills the value of ritual obedience and accustoms patients to live their daily lives with consistent worship. This impact demonstrates that Aswaja ruqyah is capable of integrating the dimensions of healing and tarbiyah, specifically educating the ummah to draw closer to Allah through the strengthening of worship practices.

Another prominent educational value in Aswaja ruqyah practice is character building. According to B3, during ruqyah, patients are not only focused on healing themselves from spiritual or physical disturbances, but also on seeking spiritual guidance. Still, they are also guided to improve their morals, such as patience, trust in God, forgiveness, and compassion. This process is based on the belief that many illnesses originate from unhealthy mental states, such as hatred, jealousy, or resentment. Under the guidance of JRA practitioner Batoro Katong Ponorogo, patients are often encouraged to release feelings of resentment towards those who have allegedly harmed them and replace them with forgiveness. This exercise not only calms the patient's heart but also helps them rebuild more harmonious social relationships. As stated by C3, after undergoing ruqyah, he learned to become a more patient, forgiving, and non-resentful person because he understood that illness can arise from

negative feelings. Thus, ruqyah plays a dual role: as a method of healing and as a means of moral education that shapes a more virtuous character.

Thus, ruqyah contains an educational dimension that occurs implicitly and contextually. Islamic values are not transmitted through formal mechanisms, such as classroom teaching, but rather through empirical experiences that patients undergo during the therapy process. Personal interactions between practitioners and patients, as well as the habit of worship that accompanies therapy, become a vehicle for fostering a deeper religious awareness. In this way, ruqyah can be seen as an effective non-formal educational tool, as it enables the natural internalization of Islamic values in the daily lives of patients. This practice is not only oriented towards healing physical and mental disorders, but also strengthens the patient's closeness to Allah and shapes a more complete religious personality.

In Aswaja ruqyah practice, the role of practitioners extends beyond reciting prayers and exorcising spiritual disturbances to include an educational function. As observed by researchers, practitioners perform a dual role, namely as therapists who help patients overcome physical and psychological suffering, as well as educators who instill Islamic values. As in the practice of JRA Batoro Katong ruqyah at the NU Mosque in Ponorogo, each ruqyah session guides patients to improve their faith, enhance the quality of their worship, and cultivate noble character as the foundation of a healthy spiritual life. Thus, the ruqyah process is not only oriented towards health recovery but also constitutes a unique pedagogical interaction space.

Based on the findings, it can be seen that the Islamic educational values taught through ruqyah include cognitive dimensions (understanding of monotheism), affective dimensions (patience, trust in God, compassion), and psychomotor dimensions (worship habits). The practice of Aswaja ruqyah demonstrates that spiritual healing can be effectively combined with contextual, non-formal education. By combining the functions of healing and teaching, ruqyah offers an alternative model in Islamic da'wah strategies, grounded in religious practices. This also enriches the literature on Islamic education, as stated in Glory's research, which emphasizes that spiritual practices can serve as a means of character and spirituality education. Thus, Aswaja ruqyah not only heals but also educates, simultaneously integrating Islamic healing and education into a unified whole.²⁸

In conclusion, this study aligns with Nur Indah Sari's research article, which suggests that the internalization of Islamic educational values can be achieved through cultural media, such as wayang art, which serves not only as entertainment but also as an educational and spiritual medium. This demonstrates that Islamic education can be effectively delivered through non-formal channels by leveraging cultural practices closely tied to people's daily lives. In line with these findings, this study confirms that ruqyah can also function as a contextual non-formal educational medium. Through direct spiritual experiences during the therapy process, patients not only obtain healing but also internalize religious values, making ruqyah a bridge between spiritual healing and experience-based Islamic education.²⁹

²⁸ Glory Islamic et al., "Character Education through Philosophical Values in Traditional Islamic Boarding Schools," *Kasetsart Journal of Social Sciences* 45, no. 1 (2024): 31–42, <https://doi.org/10.34044/j.kjss.2024.45.1.04>.

²⁹ Nur Indah Sari et al., "Internalization of Islamic Education Values in a Cultural Frame: A Systematic Literature Review in Wayang Art," *Cendekia: Jurnal Kependidikan dan Kemasyarakatan* 22, no. 2 (2024): 203–207,

Integration of Treatment and Education in Ruqyah as a Model of Islamic Education Based on Local Religious Practices

The integration of ruqyah as a method of treatment and a model of Islamic education reflects a harmonious blend of therapeutic and pedagogical functions in a single religious practice. While treatment and education are generally understood as two separate domains that operate independently of one another, the practice of ruqyah presents a model that unites them within the same process. Patients who come seeking healing from physical, psychological, or non-medical disorders simultaneously gain religious learning experiences that strengthen their faith, worship, and morals. This view aligns with the concept of non-formal education, as outlined by Coombs & Ahmed, which posits that the learning process can occur through direct experience, rather than solely through formal institutions. Consequently, ruqyah can be viewed as a form of contextual education rooted in religious practice.

This integration is natural and contextual, not a forced theoretical construct, but rather born from the dynamics of religious practice in Ponorogo society, which is rooted in the Ahlussunnah wal Jama'ah tradition. In this context, ruqyah serves not only as a method of treatment but also as a space for religious transformation, internalizing Islamic educational values through empirical experience. This perspective can be understood through David Kolb's theory of experiential learning, which emphasizes that real experiences are the basis for the formation of knowledge and attitudes. Ruqyah presents a religious experience that also functions as the internalization of values.³⁰

Thus, ruqyah can be seen as an alternative model of Islamic education that synergizes spiritual and physical health with moral and religious guidance. This demonstrates that Islamic education extends beyond formal classrooms to encompass religious practices deeply rooted in local culture. The integration of medicine and education in ruqyah opens up opportunities for the emergence of a more contextual Islamic education paradigm, namely, education that grows from the daily religious experiences of the people. This idea intersects with the contextual teaching and learning (CTL) approach, which emphasizes the relevance of authentic experiences to the learning process, while also being in line with Thomas Lickona's character education theory, which asserts that character building is not sufficient through cognitive transfer alone, but rather through habituation in real life.

The Islamic education model derived from Aswaja ruqyah practices has a strong cultural basis because it accommodates local religious practices that have long existed in society. Activities such as yasinan and tahlil, grave pilgrimages, and caring for heirlooms like keris are not only viewed as cultural rituals but also as a means of strengthening social bonds, preserving ancestral heritage, and fostering collective religiosity. Within Clifford Geertz's framework, this demonstrates the function of religion as a symbolic system that constructs meaning and promotes social cohesion, integrating local traditions into the community's religious experience.³¹ Ruqyah Aswaja does not negate these traditions, but rather preserves

<https://doi.org/10.21154/cendekia.v22i2.9918>.

³⁰ David A. Kolb, *Experimental Learning: Experience as the Source of Learning and Development* (United States of America: Pearson Education, 1984).

³¹ Clifford Geertz, *The Interpretation of Cultures* (New York: Fontana Press, 1973).

them and gives them a deeper spiritual meaning, so that Islamic education does not have to reject local culture as long as these practices do not conflict with the principles of faith. This view aligns with Koentjaraningrat's theory of acculturation, which posits that cultural interaction can give rise to new syntheses without erasing the original identity; in this case, Islam is present through an inclusive approach that is in harmony with the values of religious moderation (*wasathiyah*).³²

This integration demonstrates that Aswaja Ruqyah is a contextual, inclusive, and down-to-earth model of Islamic education, where education occurs not only in formal classrooms but also through cultural interactions that foster harmony between religion and culture. This approach aligns with the concept of contextual religious education, which emphasizes the importance of considering the socio-cultural context in the teaching of religion.³³ Thus, Aswaja Ruqyah strengthens the religious and cultural identity of the Ponorogo community within the framework of moderate Ahlussunnah wal Jama'ah Islam, demonstrating that Islamic education can coexist with local culture without compromising the authenticity of faith values and Sharia.

The integration of ruqyah and Islamic education contributes significantly to the development of Islamic education discourse and practice at the community level. First, ruqyah serves as an effective non-formal education model in fostering the fundamental dimensions of Islamic teachings, namely faith, worship, and morals. Through the process of spiritual therapy, patients not only receive healing but are also guided to improve their beliefs, uphold their ritual obligations, and develop an Islamic character characterized by patience, trust in God, and compassion. Thus, ruqyah serves as a means of education that encompasses cognitive, affective, and psychomotor aspects simultaneously.

Second, ruqyah shows that traditional religious practices can serve as a moderate, inclusive, and contextual da'wah strategy. Unlike exclusive approaches that tend to reject local cultural practices, Aswaja ruqyah accommodates community traditions such as *yasinan*, *tahlil*, grave pilgrimages, and heirloom care. This finding aligns with Samania's research, which emphasizes that Islamic education in Indonesia cannot be separated from local culture, as the integration of religion and tradition is a form of cultural da'wah that preserves Islamic values within society.³⁴ Thus, Islamic education does not exist as a force that breaks with tradition, but rather as an instrument that preserves tradition while giving it a deeper religious meaning.

Third, ruqyah provides an opportunity for experiential learning development. The therapeutic process allows patients to learn directly through their spiritual experiences, such as reciting prayers, chanting, internalizing the value of patience, and strengthening their faith in Allah. This model aligns with Kolb's Experiential Learning theory, which emphasizes that effective learning occurs when individuals directly experience, reflect on, and internalize the

³² Koentjaraningrat, *Manusia dan Kebudayaan di Indonesia* (Jakarta: Djambatan, 1979).

³³ Robert Jackson, "Contextual Religious Education and the Interpretive Approach," *British Journal of Religious Education* 30, no. 1 (2008): 13–24, <https://doi.org/10.1080/01416200701711675>.

³⁴ Nia Samania, Makmur Haji Harun, and Hosaini, "The Relevance of Islamic Education with Indonesian Culture," *Educate: Journal of Education and Culture* 1, no. 1 (2023): 50–57, <https://doi.org/10.61493/educate.v1i1.26>.

value of that experience.³⁵ Maimun's research indicates that religious activities, such as congregational prayer and religious lectures, serve as a medium for Islamic education that instills religious values more effectively because they are grounded in collective spiritual experiences.³⁶

Public acceptance of ruqyah, whether medical, non-medical, or psychological, reveals the complexity of socio-religious dynamics in understanding the relationship between spiritual medicine and Islamic education. In general, the people of Ponorogo view ruqyah as a valid religious practice because it is based on normative Islamic sources, namely the Qur'an, hadith, and the tradition of *Ahl as-Sunnah wa al-Jama'ah* scholars. Nevertheless, there is a variation in preferences among the public. Medical ruqyah tends to be in demand by modern society groups that integrate spiritual medicine with rational and conventional medical approaches. On the other hand, non-medical ruqyah is more practiced by traditional circles who still believe in the existence of magic and jinn disorders. The psychological ruqyah has received attention from young and urban people who experience psychic distress due to modern social dynamics and find calm through spiritual guidance.

Although it is widely accepted, the implementation of the three forms of ruqyah faces several challenges. First, there are still views of some people who stigmatize ruqyah as a mystical and irrational practice. Second, the limitations of ruqyah practitioners who possess scientific competence and moderate religious understanding, as outlined in Aswaja, cause variations in service quality. Third, the lack of public education causes some people to not understand the educational dimension of ruqyah as a means of fostering faith and morals. Thus, a more comprehensive socio-educational approach is needed to strengthen the public's understanding of ruqyah as a religious practice that is not only therapeutically oriented, but also pedagogically functions within a holistic and contextual Islamic education framework.

Thus, this study confirms that Islamic education is not limited to formal institutions, such as madrasas, schools, or Islamic boarding schools, but can also develop through local religious practices that are alive and accepted within the community. Ruqyah Aswaja at JRA Batoro Katong Ponorogo is a concrete example of how spiritual healing can be transformed into a pedagogical space that integrates healing with Islamic guidance. This enriches the contemporary Islamic education repertoire, while also highlighting the importance of developing contextual, inclusive, and locally grounded educational models.

CONCLUSION

This research confirms that the practice of ruqyah *Ahl as-Sunnah wa al-Jama'ah* serves not only as a means of spiritual healing but also has a significant dimension of Islamic education. Based on empirical findings at JRA Batoro Katong Ponorogo, ruqyah plays a role in internalizing the values of faith, strengthening the discipline of worship, and shaping the morals of al-karimah through direct and reflective religious experiences. The change in the patient's attitude, which is more spiritual, patient, and optimistic, shows that ruqyah functions

³⁵ David A. Kolb, *Experimental Learning: Experience as the Source of Learning and Development* (New York: Prentice-Hall, 1984).

³⁶ Agus Maimun, Agus Indiyanto, and M. Mujab, "Educating Islamic Values through Wiwitan Tradition," *Journal of Indonesian Islam* 14, no. 2 (2020): 359–386, <https://doi.org/10.15642/jiis.2020.14.2.359-386>.

as a transformative, contextual, and harmonious form of non-formal education that aligns with the values of *Ahl as-Sunnah wa al-Jama'ah*.

The implications of this research are essential for the development of formal and non-formal Islamic education in Indonesia. The educational values inherent in the practice of ruqyah can be incorporated into the curriculum of character and spiritual growth in Islamic boarding schools, madrasas, and community-based da'wah institutions. The integration of ruqyah principles, such as dhikr, muhasabah, and strengthening monotheism, into the Islamic education system can enrich holistic learning methods that combine therapeutic and pedagogical dimensions simultaneously. Thus, Ruqyah Aswaja offers an integrative, moderate, and rooted model of Islamic education.

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