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The effect of a combined intervention of Qur'an recitation, effleurage massage, and autogenic relaxation on pain reduction in patients with gastritis

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Abstract

Background: Gastritis is an inflammation of the gastric mucosa that is generally caused by irregular eating patterns, which can trigger increased gastric acid production. Gastritis remains a global health problem due to the high number of cases, including in Kutai Kartanegara, Indonesia. One of the nursing efforts to help reduce patient complaints is the application of complementary therapy to decrease the degree of pain in patients with gastritis.

Purpose: To analyze the intervention of Qur'an recitation therapy combined with effleurage massage and autogenic relaxation in reducing epigastric pain in patients with gastritis.

Method: A quasi-experimental study. The data used were primary data obtained through observation and intervention using nursing care instruments for patients with gastritis. The study was conducted in December 2025 at Aji Muhammad Parikesit Tenggarong Regional General Hospital. The sample consisted of one intervention patient and two control patients. Data were collected through observation, interviews, and case documentation. The results were presented descriptively by comparing the degree of pain reduction between the intervention patient and the control patients.

Results: The patient with gastritis who received the combination of Qur'an recitation therapy, effleurage massage, and autogenic relaxation appeared to experience a more marked reduction in epigastric pain than the control patients. The intervention patient showed a decrease in pain scale from moderate to mild, accompanied by improved comfort and relaxation, whereas the control patients showed smaller reductions in pain intensity.

Conclusion: The nursing innovation intervention showed potential to support faster and more optimal pain reduction in patients with gastritis.

Keywords: Autogenic Relaxation; Effleurage Massage; Gastritis; Qur'an Recitation Therapy.

INTRODUCTION

An unhealthy lifestyle that is maintained over a long period may lead to various disturbances in the body's systems. One of the most common consequences is a disorder of the digestive system, particularly of the stomach, known as gastritis. Gastritis refers to inflammation of the gastric mucosa and may be caused by several factors, including infection with the bacterium *Helicobacter pylori*. In the general community, this condition is more widely recognized as a stomach ulcer (Sari, Savitri, Widiyanto, & Yuanto, 2024).

Gastritis remains a global health problem because of its high number of cases. Globally, the prevalence of gastritis is estimated to exceed 1.7 billion cases. In Indonesia, the number of hospitalized patients with gastritis was reported at 33,580, placing it sixth among the most common conditions with a proportion of 60.86% (Ministry of Health of the Republic of Indonesia, 2024). In addition, the number of outpatient visits due to gastritis reached 201,083 cases, making gastritis the eighth most common disease in Indonesia. Another report noted 274,396 gastritis

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cases out of a total population of 238,452,952 (Septiana, Andora, & Erwin, 2025). At the provincial level, data from the East Kalimantan Provincial Health Office in 2017 showed that gastritis ranked third among the most common diseases, with 456,432 cases or 13.58% of the total population of 3,426,638.

One of the most common signs and symptoms experienced by patients with gastritis is pain (Rehan, Nurman, & Apriza, 2024). This pain is generally felt in the abdominal area, especially in the epigastric region. Patient discomfort may be reflected in a variety of behavioral responses, such as changes in voice, including crying, grimacing, or moaning; changes in body movement, such as restlessness and muscle tension; and disturbances in social interaction, including disorientation to time and a tendency to avoid communication with others. To help reduce these complaints, nurses may apply complementary therapy as part of nursing care. Complementary therapy includes various non-pharmacological approaches, such as distraction techniques, deep breathing relaxation, *effleurage* massage, guided imagery, warm compresses, progressive muscle relaxation, and finger-hold relaxation (Syokumawena, Sulistini, Sari, & Jaya, 2024). Among the complementary interventions that may be used to manage pain are Qur'an recitation therapy and autogenic relaxation. These interventions have been reported to reduce pain intensity by promoting relaxation, suppressing stress-related hormones, and increasing the production of endorphins, which function as the body's natural analgesics (Fauziyyah, Fitriani, A., & Purwati, 2025; Salsabila, Ningrum, Aisyah, Rohmah, Ibrahim, Salsabila, & Lestari, 2024).

The combination of Qur'an recitation therapy, *effleurage* massage, and autogenic relaxation is considered relevant for patients with gastritis because each intervention contributes through a different but complementary mechanism. Qur'an recitation therapy provides relaxation through auditory stimulation, autogenic relaxation helps reduce stress and muscle tension, and *effleurage* massage improves circulation and comfort in the abdominal area. Qur'an recitation therapy is a spiritual-based complementary intervention that uses auditory stimulation in the form of recited verses from the Holy Qur'an to produce calmness and relaxation. One of the surahs frequently used in *murottal* therapy is *Surah Ar-Rahman*

because it has a stable rhythm, repeated verses such as *fabiayyi ālā'i rabbikumā tukadzdzibān*, and meanings that emphasize the blessings and mercy of Allah SWT. The repetitive pattern and harmonious rhythm of *Surah Ar-Rahman* may influence brain waves toward a more relaxed state, thereby helping reduce psychological tension, anxiety, and the perception of pain, including in patients with gastritis (Oktavianto, Timiyatun, Sunny, & Lutfah, 2023). In patients with gastritis, the relaxation produced by *Surah Ar-Rahman* recitation therapy may help reduce sympathetic nervous system activity and suppress excessive gastric acid secretion, thereby decreasing the intensity of epigastric pain and improving comfort. Therefore, this therapy is considered relevant and potentially effective as part of a holistic nursing approach that integrates the patient's physical, psychological, and spiritual dimensions (Salaka, Hasir, & Yusuf, 2024).

Effleurage massage is one of the classic massage techniques commonly used in nursing practice as a non-pharmacological intervention for pain reduction. This technique is performed through gentle, rhythmic, and continuous stroking movements using the palms of the hands with light pressure on the skin surface. *Effleurage* massage is considered a safe and simple relaxation technique, does not require substantial cost, and has minimal side effects. The gentle pressure and rhythmic movements are intended to provide a relaxing effect, increase warmth in the back and abdominal areas, and help reduce pain intensity (Salsabila & Mochartini, 2022). In addition, *effleurage* massage is regarded as a safe intervention, easy for nurses to apply, and suitable for patients experiencing pain due to gastritis (Zuidah, 2022).

Autogenic relaxation is a relaxation technique that emphasizes autosuggestion and mental control to physiologically reduce the body's stress response. It is performed by directing attention to bodily sensations, such as warmth, heaviness, and calm breathing, so that muscle tension and sympathetic nervous system activity can be reduced. In patients with gastritis, autogenic relaxation plays an important role in controlling psychological factors, particularly stress and anxiety, which are known to increase gastric acid secretion and worsen epigastric pain (Ayuningsih, Sobayar, & Susaldi, 2024). Neurophysiologically, autogenic relaxation may

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stimulate the hypothalamus to decrease the release of stress hormones such as cortisol and to increase endorphin production, which acts as a natural analgesic. In nursing practice, autogenic relaxation also serves as a nurse-led intervention that empowers patients to regulate their own response to pain. For this reason, it is considered appropriate for patients with gastritis, especially within the context of holistic and promotive-preventive nursing care (Ayuningsih et al., 2024).

Based on data on patient visits to the *Emergency Room* (ER) of Aji Muhammad Parikesit Regional General Hospital during October and November 2025, cases of gastritis were still identified, although the number was relatively low. In October 2025, 13 patients with gastritis visited the ER, while in November 2025 the number decreased slightly to 12 cases. These data indicate that the incidence of gastritis in the ER remained relatively stable during that period. Based on this background, the present study examines the analysis of clinical nursing practice through an innovative intervention combining Qur'an *murottal* therapy, *effleurage* massage, and autogenic relaxation to reduce epigastric pain in patients with gastritis in the *Emergency Room* of Aji Muhammad Parikesit Regional General Hospital, Tenggarong. This study aims to conduct patient assessment, establish nursing diagnoses, develop nursing intervention plans, implement nursing actions, and analyze the application of the innovative combination of Qur'an *murottal* therapy, *effleurage* massage, and autogenic relaxation in reducing epigastric pain in patients with gastritis.

RESEARCH METHOD

This study used a quasi-experimental design to describe the application of an innovative intervention for reducing pain in patients with gastritis treated in the *Emergency Room* (ER). The intervention was not assigned randomly. Instead, the comparison was made between one patient who received the innovative intervention and two patients who received standard medical therapy according to hospital procedures. This design was intended to compare changes in pain intensity before and after treatment in a descriptive manner, particularly to determine whether the combined non-pharmacological

intervention could provide better pain relief in patients with epigastric pain due to gastritis.

The study subjects were patients with gastritis who came to the ER with complaints of heartburn or epigastric pain. The inclusion criteria were patients diagnosed with gastritis, those who were conscious and able to communicate well, and those who were willing to participate in the study. The exclusion criteria included patients with emergency conditions requiring immediate medical management and those who were unable to follow the intervention procedures completely. Data were collected in December 2025 through direct patient interviews, clinical observation, and review of medical records at Aji Muhammad Parikesit Tenggarong Regional General Hospital. The final sample consisted of three patients, comprising one intervention patient and two comparison patients. The nursing care process in this study included initial assessment, data grouping, problem identification, determination of nursing diagnoses, intervention planning, implementation, and evaluation. Pain intensity was assessed using the *Numeric Rating Scale* (NRS), supported by observation of behavioral and physiological responses. Nursing diagnoses and outcome evaluation referred to the Indonesian Nursing Diagnosis Standards (SDKI) and the Indonesian Nursing Outcome Standards (SLKI).

The baseline characteristics of the patients were identified to provide a clearer clinical picture. All participants were female. The intervention patient, Mrs. M, was 29 years old and had experienced gastritis for approximately nine years. She had a history of taking Polysilane, had a comorbidity in the form of shrimp allergy, and had previously undergone endoscopy. The first comparison patient, Mrs. S, was 45 years old and had a five-year history of gastritis. She had used sucralfate, had hypertension as a comorbidity, and had also undergone endoscopy. The second comparison patient, Mrs. R, was 38 years old and had experienced gastritis for around ten years. She had no recorded history of medication use, had no comorbidity other than gastritis, and had previously undergone ultrasonography and biopsy. At baseline, the pain score was 6 in the intervention patient and 5 in each comparison patient. At the end of observation, the pain score decreased to 2 in the intervention patient, while the two comparison patients showed pain scores of 2 and 3, respectively.

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The innovative intervention consisted of three non-pharmacological therapies delivered sequentially. First, the patient received Qur'an recitation therapy using earphones to listen to the recitation of *Surah Ar-Rahman*. Pain intensity was measured before and after this procedure using the NRS. The recitation session lasted approximately 15 minutes and was intended to promote relaxation through auditory stimulation (Fadli, Resky, & Sastria, 2019; Gunawan & Mariyam, 2022). After the recitation session, *effleurage* massage was administered by positioning the patient comfortably, encouraging slow deep breathing, warming lotion or oil in the hands, and then applying gentle, rhythmic, and repetitive strokes to the

abdominal or back area for approximately 3 to 5 minutes. This technique was intended to improve circulation, reduce muscle tension, and relieve pain. The final stage was autogenic relaxation, in which the patient was guided to rest in a lying or sitting position, close the eyes, regulate breathing, and focus on calming self-suggestions or a simple personal mantra according to religious belief. This procedure was performed for approximately 10 minutes to help reduce tension and increase relaxation (Fauziyyah et al., 2025). The combined intervention was administered once while the patient was in the ER, with a total duration of approximately 28–30 minutes.

RESEARCH RESULTS

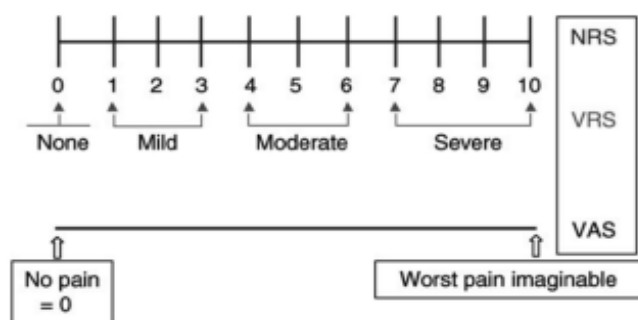


Figure Visual Analogue Scale, Verbal Rating Scale, dan Numeric Rating Scale

This figure indicates the assessments are conducted using standardised and pre-validated measurement tools. For example, to measure pain intensity, the Visual Analogue Scale (VAS), Numeric Rating Scale (NRS), Verbal Scale, Faces Scale, or Behavioural Scale can be used. A good assessment should also measure the impact of pain and the contribution of psychosocial factors. Pain intensity was measured using a Numeric Rating Scale (NRS) with a score range of 0–10, where a score of 0 indicated no pain and a score of 10 indicated severe pain. Patients were asked to state the number that best described the level of pain they felt. Measurements were taken twice such as Pre-test that conducted before the intervention was administered and Post-test that conducted after the entire intervention series was completed. Changes in pain scores were then recorded to observe the difference in pain levels before and after the intervention.

Table The Comparison of Pre- and Post-Intervention Pain Scale Scores in Gastritis Patients (N=3)

Case	Therapy	Pre-intervention Pain Scale	Post-intervention Pain Scale	Pain Reduction
Patient S (Control)	Standard medical treatment	5	2	3
Patient R (Control)	Standard medical treatment	5	3	2
Patient M (Intervention)	Murottal + Effleurage + Autogenic Relaxation	6	2	4
Mean ± SD		5.33 ± 0.58	2.33 ± 0.58	3.00 ± 1.00

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The table above shows that all patients experienced a reduction in pain intensity after therapy. In the control group, Patient S showed a decrease in pain scale from 5 to 2, while Patient R showed a decrease from 5 to 3. In the intervention group, Patient M experienced a decrease in pain scale from 6 to 2. The largest reduction was observed in the intervention patient, with a 4-point decrease, compared with 3 points and 2 points in the control patients. Overall, the mean pain score decreased from 5.33 ± 0.58 before treatment to 2.33 ± 0.58 after treatment, with a mean reduction of 3.00 ± 1.00 .

DISCUSSION

Epigastric pain in patients with gastritis generally arises from irritation and inflammation of the gastric mucosa caused by increased gastric acid secretion, and its severity may be aggravated by irregular eating patterns, delayed meals, and psychological stress. In this context, nursing assessment becomes essential to identify the patient's actual condition, determine clinical priorities, and guide appropriate intervention planning (Hidayat, Fitriani, & Lismayanti, 2023; Astutik & Cipto, 2025). The findings in this study, including stabbing epigastric pain, grimacing, restlessness, and signs of anxiety, were consistent with the common clinical manifestations of gastritis reported in previous literature. However, the present study also showed that pain and nausea were not only episodic, but could recur repeatedly throughout the day, especially when patients were late eating or under stress, suggesting that gastritis symptoms are influenced not only by physiological mechanisms but also by behavioral and psychological factors (Hidayat et al., 2023).

The nursing problems identified in this study included acute pain, nausea, decreased activity tolerance, risk of fluid imbalance, knowledge deficit, and anxiety. These findings indicate that gastritis affects patients in a multidimensional manner, involving physical discomfort, reduced functional capacity, hydration risk, and emotional disturbance. If these problems are not managed appropriately, they may reduce patient comfort and increase the risk of further complications, including dehydration and decreased activity tolerance. The evaluation findings showed that most of these problems were either partially resolved or fully resolved after nursing care, indicating that the interventions provided were

beneficial within the limited treatment period available in the emergency setting (Indonesian National Nurses Association, 2022; Rulino, 2023).

With regard to pain outcomes, both the control and intervention patients showed a decrease in pain intensity after treatment. This finding confirms that standard pharmacological therapy remains effective in reducing gastritis-related pain through the suppression of gastric acid secretion and reduction of the inflammatory response in the gastric mucosa. In emergency department care, such an outcome is clinically meaningful because nursing services are primarily directed toward stabilizing the patient's condition, alleviating the main complaint, and preventing further complications within a relatively short observation period. Therefore, the achievement of mild pain at the final evaluation in both groups may be regarded as an expected clinical outcome in the context of emergency nursing management (Kusmayanti, Agustina, & Yudianto, 2023).

Although both groups reached mild pain at the end of observation, the intervention patient showed a greater reduction in pain and more favorable behavioral improvement than the control patients. This suggests that the addition of Qur'an recitation therapy, effleurage massage, and autogenic relaxation may strengthen the effect of medical therapy in pain management. The similarity in post-intervention pain scores can be understood as the result of the dominant contribution of pharmacological treatment, whereas the larger reduction from baseline in the intervention patient indicates the added value of the combined non-pharmacological intervention. The intervention patient also appeared calmer, less anxious, and more comfortable during evaluation, indicating that the intervention contributed not only to pain relief but also to better psychological adaptation during treatment (Asmi & Lalla, 2025).

The additional benefit of this intervention may be explained by the complementary mechanisms of its three components. Relaxation-based interventions are known to reduce sympathetic nervous system activity and promote endorphin release, thereby helping to suppress pain naturally. Qur'an recitation therapy may provide a calming effect, reduce anxiety, and support better regulation of the patient's response to pain. Effleurage massage, as a form of therapeutic touch, may enhance comfort, distract the patient from

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pain stimuli, and facilitate adaptation during treatment. Autogenic relaxation may also contribute to stress control and emotional stabilization, which are especially relevant in patients whose symptoms become more severe under psychological tension. For this reason, the combination of these therapies appears to be relevant as a complementary intervention for gastritis-related pain in emergency care settings (Fauziyyah et al., 2025; Prabowo, Setiawan, & Wijayanti, 2025).

In addition to reducing pain, the nursing interventions also appeared to contribute to the improvement of nausea and vomiting, as reflected by the reduction of these complaints during observation and the gradual return of oral intake tolerance. This finding suggests that the nursing care provided addressed not only pain control but also broader aspects of patient comfort and prevention of further complications such as dehydration. Overall, these findings support the importance of holistic, continuous, and patient-centered nursing care, in which nurses combine independent, collaborative, and educational interventions to address immediate complaints, improve patient comfort, and reduce the likelihood of recurrence in patients with gastritis (Arslan & Çelik, 2024).

CONCLUSION

The innovative nursing intervention combining Qur'an recitation therapy, effleurage massage, and autogenic relaxation showed potential to support greater pain reduction and improved comfort in patients with gastritis compared with standard medical therapy alone. In addition to reducing pain intensity, the intervention was associated with reduced grimacing, lower anxiety, and better relaxation during treatment. Therefore, this intervention may be considered a safe and practical complementary approach in nursing pain management for patients with gastritis. Further studies with larger samples and longer observation periods are needed to confirm these findings.

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