

## Practice of Religion as a Therapeutic Tool for Obtaining Neuropsychiatric Benefits

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### KEYWORDS

Religion; Mental Health; Neuropsychiatry; Epidemiology.

### INTRODUCTION

Since antiquity, the religion is attached with the mankind. It is defined as “*the belief in, and worship of, a superhuman controlling power especially a personal God or gods*”. It is a particular system of faith and worship. In general, there are more number of subjects attached to one or the other religion (or its sects or denominations), in comparison to complete atheists. This situation however varies, table 1, for each individual country. Based on a survey, countries where most people feel religious were those from Asia, Africa, and middle-East and North Africa (MENA). In USA, based on a similar survey, only 3.0% were convinced that God does not exist at all [1]. About 20.0% of countries have an official state religion, most of these are in MENA. In many countries religion is seemingly unimportant, for instance in China 7.0% feel religious, in Israel 30.0% feel religious, table 1.

**Table 1:** The Most and least religious countries.

MOST	COUNTRY	LEAST	COUNTRY
99.0%	Ethiopia, Malawi, Niger, Sri Lanka, Yemen	<10.0%	China
98.0%	Burundi, Djibouti, Mauritania, Somalia	10-19.0%	Estonia, Japan, Sweden
97.0%	Afghanistan, Comores, Egypt, Guinea, Myanmar	20-30.0%	Czech Republic, Hong Kong, Israel, Netherlands, Norway, UK

96.0%	Cambodia, Cameroon, Jordan, Senegal	31-40.0%	Australia, Azerbaijan, Albania, Austria, Belarus, Cuba, Germany, Hungary, Luxembourg, New Zealand, Spain, Switzerland, Vietnam
95.0%	Chad, Congo, Ghana, Mali, Qatar, Rwanda, Zambia	xx	xx

### But which religion? What is the reliability?

Broadly, there are three major religions, namely Islam, christianity, and Hinduism, to which atleast 70.0% of the world population is attached. Currently, the nature and reliability of religions is yet to be fully defined and understood; as seen in many examples below. Leaving aside Islam, there are about 200 different sects and denominations within Christianity; each having their own version of Bible and preaching. Moreover, the current Bible has atleast 30 known scientific mistakes which may explain in-part the reason that only 28.0% believe that Bible is the actual word of God [2]. This matches with general argument that Bible has a mix of text from God, interpreters, and religious institutions. Furthermore, The Holy Quran said that the God sent 124,000 messengers, most of whom were for a particular region and its people. Each time, the message of God got modified over time, thus requiring him to send the “last” messenger to correct this confusing polytheistic situation, but this time for the whole world, by repeating the same message that was given by 124,000 messengers.

Further substance on the comparative nature and reliability of religions can be derived from the title of individual holy scriptures. For instance, the word Bible has no intuitive meaning and just means a paper or a book, and the word Christianity indicates its central reliance on Jesus Christ as God (and the ultimate figure). In contrast, the meaning of word Islam is submission (to one God, not to messenger) and the word Quran means the recitation (of God’s message to The Prophet). Similarly, Hinduism also contains varied systems of philosophy, beliefs, and rituals. It has no generally agreed one holy scripture at all. It is also incorrect to term Hinduism as the name of a religion as it is just an ethnogeographic term that was derived from the word Sindhu (indus), a large body of water.

**Are religion and spirituality same and whether both are beneficial?**

In sociology, the religion is clearly differentiated from spirituality but in medical field, being religious and being spiritual is seen as an identical concept [3]. This is important since health benefits disappear when a person becomes spiritual instead of religious [4]. This can also be clearly understood from their individual definitions and a comparison below, table 2. Religion as *“the belief in and worship of a superhuman controlling power, especially a personal God or gods”*. Spirituality as *“the quality of being concerned with the human spirit or soul as opposed to material or physical things”*.

**Table 2:** Difference between religion and spirituality

RELIGION	SPIRITUALITY
Specific ideology, set of rules	No
Promise of punishment and reward	No
Fear of consequence, based on deeds	Voluntary
Tells you truth; therefore less chances of conflict arousal	Asks you discover truth yourself; therefore more chances of conflict arousal

**Why is the religion medically important?**

Since antiquity, the religion has a close and a strong relationship with the practice of medicine and provision of community medical services [5]. This can be seen from the fact that since French revolution, the practice of medicine was performed by clergies-cum-physicians and medical services were most often provided by (and through) religion-attached institutions [5]. Many such institutions currently exist even today such as the Red Cross. A better way to determine medical relevance of religion can be derived from the holy scriptures itself. For instance, in The Holy Quran, it is mentioned in Sura 4 verse 79, *“everything good that happens to you (O Man) is from God, everything bad that happens to you is from your own actions”*. It is now well known that a disease occurs as physiology (natu-

ral state) gone wrong, almost always because of man-made factors [6, 7].

**Past exploration of medical relevance of religion**

Despite clear association of religion, there is almost complete dearth of appropriate medical research on its possible impact and benefits (preventative and curative) for human health. This is because the research on this topic is deliberately avoided [5, 8]. One possible reason for this deliberate avoidance might be widespread misconceptions about religion, such as violence. Based on a UN survey, the most violent region in the World is Latin America, followed by sub-Saharan Africa, and then MENA [9], unlike widespread popular beliefs. Besides this, although The Holy Quran is exclusively attributed to violence connotations, the current Bible (and other holy scriptures) has more number of such verses (eg, Book of Samuels chapter 15, verse 3, Book of Kings chapter 2, verse 23-24, Book of Chronicles chapter 25, verse 12, etc.).

**How much religion is neuropsychiatrically important?**

The religion has a valid clinical context [10]. For instance, it was historically established that about 1/4th of all mental illness cases can be clinically explained through religion [11]. This matches well with a very recent survey performed by the author in MENA which suggested that 29.0% variance in mental health and health-related lifestyle is attributed to the practice of religion (currently unpublished, D Bhalla, 2018). Despite such a considerable significance, religion aspects are never or rarely enquired about in a day-to-day clinical practice [10]. Besides this, hyper-religiosity [12] is negatively (but erroneously) attributed to a number of neuropsychiatric conditions such as epilepsy, schizophrenia, obsessive compulsion, etc, especially those in refractory states. This hyper-religiosity is rather more a consequence of underlying anomaly, instead of hyper-religiosity causing any of these ailments.

**Extent of neuropsychiatric benefits of religion**

The benefits are either preventative, curative, or both [13-15]. The primary prevention is one of the most effective ways to reduce public health burden, as can be seen from a number of field data. For instance, fasting (eg. Ramadan in Islam, Navratri in Hindu religion, Paryushan in Jain religion, Vinaya rule in Buddhism) is an important event among various religions during which sexual abstinence is one of the essential duties. It was seen that a casual sexual abstinence lessens the risk of illicit drug use, need for a health insurance, and reduces mental health scores for depression and anxiety [16].

Against suicide, The Islam prevents this risk by directly prohibiting it and indirectly by lowering the causes of suicide such as substance abuse or encouraging for maintenance of

mental, social, and emotional well-being [17]. According to current Bible (Book of Samuels 17, verse 23), suicide is not an unforgivable sin although in Islam it is among the greatest sins. Based on a recent survey by the author, it was estimated in MENA that over a period of five long years, only 70 subjects attempted suicide and only two of them died (currently unpublished, D Bhalla, 2018).

In another example, meningococcal infection is an endemic tropical infection of which humans are the only reservoir. It is an important risk factor for a variety of neuropsychiatric ailments (eg. photophobia, sleep-related ailments, epilepsy, sensory deficits, depression, etc) and upto 20.0% of those affected have permanent neuropsychiatric sequelae. It was observed that a casual religion practice leads to >90.0% reduction in meningococcal infection and therefore of associated morbidities [18]. Another example comes of mortality and longevity, wherein those who practice religion live longer (upto 13.7 years) than their non-religious counterparts [19-21].

With regards to curative benefits, the recitation of Quran provides curative benefits related to cognitive, behavioral, socio-emotional, and mental health domains [13]. This matches with several curative effects of Islam on cognition, anxiety, depression, bereavement, schizophrenia [22, 23]. Few more curative examples are provided in subsequent sections.

### Who does religion benefit?

We may only provide few perspectives. Based on a recent survey, it was shown that the practice of religion benefit males 5.5x more than the females ( $p=0.0001$ ) in terms of mental health prevention; even if both have an identical religion practice (currently unpublished, D Bhalla, 2018). This is seen in many other populations as well [10, 11, 24-27]; indicating that religion may benefit independent of its type. The males also obtain better mental health improvement than females, in terms of cognition, behavioral, and socio-emotional domains [13].

Similarly, in comparison to young, elders have different frequency of practicing religion [28], have different spiritual [29] and health [5, 11] needs, and are far more inclined to seek health and welfare benefits from religion [27]. It is shown that religious practices are associated with better physical health and greater longevity as well as better mental health and greater social support. It benefits elders through healthy aging, longevity [30, 31], as well as slower progression of dementia [32].

### How does religion benefit?

The religion exert both positive (i.e. inspirational) [33] and negative (i.e. punishment) influence on an individual [34]. It can therefore impact health behaviour and choices depending at the least upon the personality type, environment, and coping skills of an individual [35]. Limited information is available on how may religion provide good benefits. But it is shown that the practice of religion helps through abstinence, better discipline, lesser susceptibility to diseases, positive attitude and knowledge towards health maintenance, etc [36]. It is also shown to cause beneficial immune effects [37].

### CONCLUSIONS

To conclude, the religion is an important health, medical, and neuropsychiatric topic, with clear possible benefits, both preventative and curative, with regards to a number of neuropsychiatric situations. How these benefits emerge from religion is not yet fully understood but initial concepts indicate modification of immune system, behavioral and lifestyle changes, change in how an individual thinks (i.e. perception) and interact (i.e. response to exposure to risk) with his environment, etc. The benefits are more likely for males and elderly. Among major religions, Islam seem to be better defined, preserved, and authentic religion; thus in better position to answer some of the greatest medical questions. There is also a need to differentiate spirituality from religion. Lastly, there is a need to better define, organise, and formalise neurotheology as an independent speciality; for which wider collaborations are invited from only values-driven individuals.

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### CONFLICT OF INTERESTS

There is no conflicting interest.

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