



The Effects of Islamic Roqya on a Female Patient Exhibiting Symptoms Attributed to Sorcery A Case Study

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Abstract

This qualitative case study aims to explore in depth the effects of Islamic roqya on an adult female patient experiencing persistent, debilitating, and unexplained symptoms, which she attributed to a supernatural influence related to sorcery (*sihr*). The patient, a 34-year-old woman, had been suffering for over eight months from a constellation of manifestations, including chronic fatigue unrelieved by rest, recurring insomnia accompanied by threatening-themed nightmares, involuntary weight loss, emotional instability, and a significant deterioration in her social and professional relationships. Standard medical investigations, including biological, endocrine, and psychiatric assessments, failed to identify any clear organic or psychiatric diagnosis.

Faced with this medical deadlock, the patient turned to a spiritual approach, seeking help from an experienced *raqi* (practitioner of roqya). The therapeutic protocol involved six sessions based on selected Quranic verses, the application of Quranic water, and spiritual counseling by the *raqi*. Reactions during the sessions included notable physical manifestations (tremors, vomiting, chills) and verbal expressions of inner conflict and emotional release episodes.

Both subjective and objective outcomes revealed a significant improvement in the patient's general condition, as confirmed by her relatives' observations. This study highlights the relevance of considering roqya as a spiritual healing approach that may contribute to alleviating psychosomatic disorders, particularly in cultural contexts where spiritual explanations for illness hold substantial meaning. It invites reflection on the ethical and cultural integration of such practices within a holistic vision of care.

1. Introduction

In Islamic tradition, sorcery (*sihr*) is considered an occult but real phenomenon that can affect an individual's physical, mental, and spiritual health. It is mentioned several times in both the Qur'an and the Sunnah and is perceived as the result of harmful acts by third parties employing supernatural means. In Surah Al-Baqara (2:102), the story of the two angels Harut and Marut illustrates the existence of this forbidden knowledge and its dangers. Many individuals, when facing unexplained suffering, turn to the hypothesis of sorcery as a possible cause of their ailments.

In parallel, Islamic *roqya* has emerged as a spiritual healing method based on the recitation of Qur'anic verses, supplications (*du'ā'*), and authentic invocations from the Prophetic tradition. According to Islamic scholars (*'ulamā'*), this practice is legitimate as long as it relies exclusively on authentic religious texts and avoids any form of superstition or polytheism (*shirk*). Practiced for centuries, *roqya* is frequently sought in Muslim societies to address both physical and spiritual afflictions.

Despite its popularity, few academic studies have examined *roqya* through a clinical or psychosocial lens. This gap can be attributed in part to the difficulty of reconciling modern scientific paradigms with spiritual representations of illness. The objective of this article is to contribute to this reflection by documenting a real case in which *roqya* was applied to a patient whose symptoms, unexplained by modern medicine, were attributed to a form of sorcery.

By exploring the entire process—from the emergence of symptoms to the post-*roqya* stabilization—this study aims to highlight the possible mechanisms through which this practice exerts its effects, whether psychological, spiritual, or cultural in nature. It aligns with a holistic health perspective that respects the beliefs and cultural contexts of patients.

This case study is part of a wider project available at <https://roqyatodo.com>.

2. Methodology

This research is based on a single case study, following a qualitative and descriptive approach. It adopts a comprehensive framework aimed at capturing the subjective experience of the patient, while cross-referencing data collected from the practitioner's and researcher's observations.

2.1 Study Design

This is an exploratory single-case study. Such a study design is appropriate when the objective is to deepen the understanding of a rare or under-documented phenomenon in a real-life context. The goal here is not to generalize the findings but to offer analytical insights, working hypotheses, and a nuanced understanding of the *roqya* process.

2.2 Data Sources

The data were collected from the following sources:

- Three semi-structured interviews with the patient (before, during, and after the sessions), each lasting approximately one hour.
- Direct observations during the *roqya* sessions, conducted with the patient's explicit consent.
- A practitioner's journal (*raqi*), containing notes, impressions, and observed patient reactions.

2.3 Ethical Consent

The patient was informed of the study framework, the objectives of the publication, and the guarantee of anonymity. She gave her written consent for the use of her data, in full respect of her dignity and privacy.

2.4 Analytical Framework

The analysis was based on data triangulation (patient narratives, observations, and practitioner notes). It combined both thematic analysis (identifying recurring patterns in the narrative) and interpretative analysis, taking into account the cultural and spiritual dimensions of care.

3. Presentation of the Case

3.1 Anonymized Personal Data

The patient, referred to here as "Fatima" (a pseudonym), is a 34-year-old Tunisian woman. She has been married for five years, has no children, and works as an employee in a private service company. She holds a university degree (a bachelor's in management), comes from a modest background, and lives in a stable family environment. She describes herself as a believer, a practicing Muslim, and someone strongly attached to her religious values.

3.2 Reported Symptoms

Fatima reported multiple symptoms: persistent and disabling fatigue, vague abdominal pain, insomnia accompanied by recurring nightmares in which she was pursued or attacked, palpitations, tremors, loss of appetite, weight loss, anxiety attacks, uncontrollable crying, withdrawal from social activities, and feelings of persecution. She also reported occasionally feeling "not alone" or sensing "negative energy" around her. Her husband confirmed observing unusual behavior, including abrupt mood changes, increasing isolation, and emotional detachment.

3.3 Prior Medical History

Fatima consulted several physicians (a general practitioner, an internist, and a neurologist), none of whom were able to identify an organic cause. Blood tests, hormonal assessments, and neuroimaging (MRI) all returned normal results. A psychiatric consultation led to a diagnosis of generalized anxiety disorder, with a prescription for anxiolytics. However, the patient discontinued the treatment, which she perceived as ineffective and unsuitable for her condition. Encouraged by a friend who had experienced a similar situation, she decided to consult a well-known *raqi* in her region.

4. Intervention through Roqya

4.1 Session Structure

The patient began a *roqya* program consisting of six sessions spread over a three-week period. Each session lasted between 45 and 60 minutes and took place in a calm, respectful, and confidential setting, with only the *raqi* present. The practitioner, trained in the strict religious principles of legitimate *roqya*, ensured adherence to foundational Islamic guidelines: no physical contact, recitation strictly limited to Qur'anic verses and Prophetic supplications, and exclusion of any superstitious or questionable practices.

The recited verses included:

- Surah Al-Fatiha
- Surah Al-Baqara (2:1–286), particularly Ayat Al-Kursi (2:255)
- Surahs Al-Ikhlās, Al-Falaq, and An-Nas (the "Three Protectors")
- Verses related to sorcery: Surah Al-A'raf (7:117–122), Yunus (10:81–82), Taha (20:68–70)

In addition, the *raqi* prepared *ruqyah water* (*ma' ruqya*) using the same verses. This water was used in three ways:

1. To drink every morning on an empty stomach
2. For reinforced ablutions (washing)
3. To spray on the walls of the house, especially in the bedroom

A personalized audio recording was also provided to the patient so she could continue the recitations daily at home, thereby reinforcing the therapeutic effect and encouraging spiritual autonomy.

4.2 Reactions During Sessions

From the first session, the patient exhibited intense physical and emotional reactions. After a few minutes of recitation, she began breathing irregularly, trembling, and crying profusely. She reported feeling intense heat in her neck and lower back, accompanied by a sensation of a "dark presence" leaving her body.

During the second and third sessions, she experienced vomiting episodes without any digestive cause, which she interpreted as an "expulsion." She also exhibited uncontrolled jolts during the recitation of verses specifically addressing sorcery. In the fourth session, she verbally expressed unexplained anger followed by deep emotional relief. In the days that followed, she described dreaming of an unknown woman who was freeing her from chains.

The fifth and sixth sessions were marked by notable improvement: crying gave way to a visible sense of peace. Fatima reported experiencing an inner calm that she had not felt in several months. She even spontaneously recited verses aloud, actively participating in the healing process.

5. Observed Results

5.1 Subjective Improvements

At the end of the *roqya* program, the patient reported a significant transformation in her overall condition. Symptoms of chronic fatigue had nearly disappeared. She regained restorative sleep, free from nightmares or nocturnal awakenings. Her mood stabilized, and her anxiety attacks ceased. She expressed a profound sense of relief, liberation, and reconnection with herself. She stated, “I feel alive again.”

She also described an inner reconciliation with her faith and a stronger spiritual perception of her life. Daily recitation of the Qur’an became a source of refuge. With emotion, she acknowledged no longer being afraid to be alone or to go outside. She spoke of renewed confidence—both in herself and in her relationship.

5.2 Objective Improvements

Fatima’s husband confirmed the changes, describing his wife as “transformed.” He noted her regained energy, her ability to manage daily tasks, and above all, her smile, “which we hadn’t seen in months.” Her colleagues observed her punctual return to work, renewed concentration, and a more dynamic attitude. A follow-up conducted three months after the final session revealed no signs of relapse. On the contrary, Fatima was maintaining a consistent spiritual practice, had resumed her social life, and was enthusiastically considering new professional projects.

6. Discussion

The results obtained in this case study suggest that Islamic *roqya* can produce tangible therapeutic effects on certain types of unexplained suffering. The perceived effectiveness in this case likely results from a combination of spiritual, psychological, and cultural factors.

From a **spiritual** standpoint, *roqya* functions as a powerful ritual through which the individual reconnects with God (*tawhīd*), focuses attention on sacred texts, and develops a sense of moral security and divine protection. This return to faith can lead to a reorganization of one’s self-perception and relationship with the environment, which may explain part of the observed improvement.

On a **psychological** level, *roqya* acts as a structured framework for positive suggestion: the ritualized environment, the benevolent authority of the *raqi*, the spiritually meaningful verses, and the repetition of sessions all contribute to emotional soothing and cognitive restructuring. One could speak of a culturally encoded placebo effect, or of a resilience mechanism mediated by faith. Symptoms such as somatization, anxiety, and sleep disturbances are known to be responsive to this type of intervention, particularly in contexts where biomedical treatments are perceived as insufficient or inappropriate.

Moreover, the **recognition of the ailment** (here perceived as supernatural in origin) and the **ritualized neutralization** of that ailment provide meaning to the suffering and symbolically mark a break from the previous pathological state. This symbolic process of “liberation” is comparable to certain psychotherapeutic approaches that aim to reconstruct meaning around traumatic or unexplained experiences.

However, caution is warranted. This single case study does not allow for the generalization of findings to all individuals who believe they are victims of sorcery. The risk of **abuse or deviation** (charlatanism, exploitation, delay in appropriate medical care) is real if *roqya* is not practiced within a strict ethical framework. In the absence of official training or regulation, some practitioners may misuse their authority in harmful ways. It is therefore essential to promote **responsible practice**, firmly rooted in authentic sources and open to dialogue with the social and medical sciences.

Finally, this case study opens the door to **interdisciplinary research** at the intersection of spirituality, mental health, and the care of suffering individuals. An integrative approach could offer more comprehensive care pathways tailored to patients’ representations and cultural contexts.

7. Conclusion

This case study highlighted the positive impact that an Islamic *roqya* approach can have on a patient experiencing symptoms attributed to sorcery. The clinical evolution—both psychological and behavioral—was significant, lasting, and validated by observations from the patient's close environment.

This case illustrates the extent to which the **spiritual dimension**, often overlooked in conventional biomedical approaches, can play a central role in the healing process of certain individuals. When practiced ethically and respectfully, *roqya* may be considered a **complementary care practice**, contributing to the restoration of inner balance and the psychological peace of the believer.

Further studies are needed, involving a greater number of cases, **comparative analyses** with psychotherapeutic approaches, and **cross-interviews** with practitioners, patients, and health professionals. The goal would be to better understand the mechanisms of action, indicators of effectiveness, and optimal conditions for the use of *roqya* within an **integrative medicine** framework, adapted to the spiritual and cultural specificities of patients.

In conclusion, far from being a marginal practice, *roqya* deserves to be studied rigorously and with open-mindedness, as a **valid modality of support** for subjective suffering, especially in cases where purely biomedical approaches prove insufficient.

8. Author's Biography

Idriss Abou-Mansour is a researcher and practitioner in the field of Islamic spiritual healing (Roqya). With years of experience in studying and applying traditional Roqya methods, he is dedicated to exploring the psychological and spiritual aspects of occult-related ailments. He has authored multiple articles on the subject and aims to bridge the gap between traditional healing and modern understanding of spiritual health. He regularly shares case studies, insights, and practical guidance on his official website: <https://roqyatodo.com/category/roqya-et-protection/>.

9. References

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10. Appendices

Appendix 1: Symptom Tracking Grid per Session

(Summary of symptoms reported and observed during each session)

- **Session 1:** Tremors, crying, body heat
- **Session 2:** Vomiting, chest tightness
- **Session 3:** Verbalized anger, intense nightmares
- **Session 4:** Gradual calming
- **Session 5:** Active recitation
- **Session 6:** Emotional stabilization

Appendix 2: List of Recited Verses

- Al-Fatiha (1:1–7)
- Al-Baqara (2:1–286), notably: 2:102, 2:255 (Ayat al-Kursi)
- Al-A'raf (7:117–122)
- Yunus (10:81–82)
- Taha (20:68–70)
- Al-Ikhlās (112), Al-Falaq (113), An-Nas (114)

Appendix 3: Anonymized Excerpt from Patient Interview (Verbatim)

“I felt something crushing me from the inside, as if an invisible force was watching me. After the third session, I cried non-stop, but it felt like a relief. I dreamed that someone was cutting a black rope wrapped around my body... I woke up feeling light, something I hadn't felt in a long time.”