



The effect of spiritual-religious interventions on patients' pain status: systematic review

Aminolah Vasigh¹, Asma Tarjoman², Milad Borji^{*3,4}

ABSTRACT

Introduction: Lack of adequate pain management can lead to increased disability and abnormalities in various systems of the body. A variety of pain management strategies have been tried throughout the known history of mankind. Opioids, non-opioids and local anesthetics have been the mainstay for the previous many decades, but some spiritual-religious interventions continue to be practiced in various forms in almost all societies. We aimed to determine the effect of spiritual-religious interventions on the patients' pain status in the currently available literature.

Methodology: The present study is a systematic review that was carried out by two members of the research team by searching literature available in the domestic databases such as SID, Magiran, Iran Medex, Iran Doc and existing international databases such as Scopus, PubMed, ScienceDirect, Web of Science, Embase, Cochrane central, and Proquest, during the years 2000 to September 2018. All articles entered into the systematic review were extracted based on a pre-designed checklist.

Results: Of the 8 studies entered into this systematic review, 6 were clinical trials and 2 semi studies. The questionnaires used were based upon MPQ, pain rating scale, visual analogue scale (VAS), the form of received pain-killer, and neonatal infantile pain scale (NIPS). The population under study included patients from neonates to adults. In this model, the pain was caused by different diseases including cancer, venipuncture, child birth, burn and coronary artery disease. In the interventions pain was reduced

Conclusion: Various religious interventions can reduce pain in patients. It is thus recommended that the treating physicians may also use these interventions, which are based on the religion and culture of Iran and are considered as a non-drug intervention with no cost, no complication or side effects.

Key words: Spiritual-religious intervention; Pain; Systematic review

Citation: Vasigh A, Tarjoman A, Borji M. The effect of spiritual-religious interventions on patients' pain status: systematic review. *Anaesth Pain & Intensive Care* 2018;22(4):499-505

¹Anesthesiologist, Department of Anesthesiology, Medicine Faculty, Ilam University of Medical Science, Ilam, IR, (Iran)

²Student Research Committee, Kermanshah University of Medical Sciences, Ilam, IR (Iran)

³Department of Nursing, Faculty of Nursing and Midwifery, Kermanshah University of Medical Science, Kermanshah, (Iran)

⁴Nursing and Midwifery School / Students Research Committee, Kermanshah University of Medical Sciences, Kermanshah, (Iran)

Correspondence: Milad Borji

Department of Nursing, Faculty of Nursing and Midwifery, Kermanshah University of Medical Science, Kermanshah, (Iran); Phone: 01983404704; E-mail: Borji_milad@yahoo.com

Received: 17 Oct 2018

Reviewed: 17 Oct, 01 Nov, 13 Nov 2018

Corrected: 26 Oct, 01 Nov 2018

Accepted: 29 Nov 2018

INTRODUCTION

Lack of pain management can result in increased disability, prolonged hospital stay, increased costs, as well as abnormal functioning of various systems of the body.¹⁻⁴ Another pain-associated problem

and complication includes the lack of nurse-patient communication. Consequently, the patients may feel that the nurse does not understand their pain which ultimately leads to stress and anxiety in them.^{1,5}

There are various ways to reduce pain in patients,⁶ which include drug interventions⁷ and non-drug

spiritual-religious interventions and pain

interventions.^{8,9} The drug interventions include the use of a variety of analgesics such as midazolam,¹⁰ pethidine,¹¹ morphine,¹² etc. which are both costly and have different complications.^{13,14} For this reason, the use of non-drug methods can be helpful in this regard.¹⁵

Some of the various non-drug methods used to control the pain of patients include nursing interventions,¹⁶ aromatherapy,¹⁷ psychological interventions,¹⁸ relaxation,^{19,20} etc. Religious interventions are another type of non-drug intervention that can be effective in improving patients' physical status²¹⁻²⁵ and reducing pain in patients.²⁶ Spiritual health plays an important role in the health of the individual.²⁷⁻³⁰

Among the types of religious interventions are the sound of the Holy Quran,^{31,32} prayer^{21,33,34} and the recommended Azkar,³⁵ which seem to be effective in improving pain in patients. Regarding the role of pain in patients' quality of life,³⁶ it is necessary to carry out a review study on effective ways to reduce pain.

A systematic review of studies, the overall conclusion from the state to offer and have a special place.³⁷⁻³⁹ Therefore, the aim of the present study was to determine the spiritual-religious intervention on the patients' pain status.

METHODOLOGY

This study is a systematic review, which was conducted by two members of the research team through searching the literature available in the domestic databases of Iran such as SID-Magiran-Iran Medex-Iran Doc and existing international databases including Scopus, PubMed, Science Direct, Web of Science, Embase, Cochrane central, and Proquest during the year 2000 to September 2018.

In order to ensure the retrieval of all relevant articles, their list of references was also used. The keywords used in this study included Religious intervention, Spiritual intervention, Allah, prayer, Holy Quran, Quran, pain, and patient.

Inclusion criteria included the use of one of the types of religious intervention in reducing the pain of patients and the availability of the articles under study. It should be noted that given the fact that the type of religious intervention may vary in different religions, only those articles published in Iran were included in the study. On the other hand, review studies or letters to the editor were excluded from the preliminary data of the study and eventually the studies that met the inclusion criteria were included in the study.

To examine the subject, the titles of all the articles were first referred to by the two authors. Then

duplicate items and items that did not qualify for inclusion in the study were deleted. Then the title, key word(s) and method of doing extracted study papers were studied. Finally, qualified articles were selected (Figure 1).

All final articles entered into the systematic review phase were extracted based on a pre-designed checklist, which includes the author's name, year of publication, type of religion belief, sample size (number of subjects in the experimental and control groups) of the patients, the pain instrument, the exact type of intervention, and the results of previous studies.

This study was conducted with the code of design and the code of ethics from Kermanshah University of Medical Sciences.

RESULTS

In the initial search, 145 articles were retrieved, of which only 8 had the inclusion criteria of the present study. The final studies were reviewed and categorized based on the authors' names, year of publication, objective, type of intervention, sampling and randomization method, type of questionnaire/scale, sample characteristics, and final results of religious intervention on the patients' level of pain.

Demographic information of religious interventions:

Of the 8 studies entered in this systematic review, 6 were clinical trials and 2 semi studies. The period of publication of articles varied, from 2014 to 2018. Two articles were published in English, the rest were in Persian. Articles were published both in national and international journals and were indexed by various scientific-research indexing agencies including PubMed and ISI. The questionnaires used were diverse including MPQ, pain rating scale, pain visual analogue scale (VAS), the form of received pain-killer, and neonatal infantile pain scale (NIPS). The population under study included a wide range of patients from neonates to adults. In this model, the pain was caused by different diseases including cancer, venipuncture, burn, coronary artery disease as well as labor pain.

In all of the studies, the pain level of the patients was reduced after the religious intervention, but the amount of reduction was mentioned differently depending on the type of scale and the time of measuring the pain. The data regarding the included studies as well as the types of intervention and the conclusions have been tabulated in Table 1.

Those who believe, and whose hearts find satisfaction in the remembrance of Allah

Table 1: Studies data as well as the types of intervention and the conclusions

Author	Research type	Objective	Type of intervention	Sampling method	Type of scale	Sample characteristics	Conclusion
Soltani (2017) (43)	Clinical trial	Spiritual care program on patients with coronary artery bypass grafting (CABG)	<p>1. Supportive presence: includes attending the patient's bed, verbal and nonverbal communication, taking patients' hand and talking to them, listening actively to the patient, answering patient's questions and explaining the patient's treatment process.</p> <p>2. Supporting the patient's religious rituals A: Providing the necessary facilities for worship such as turbah, prayer rug, rosary, Qur'an, praye book, chador and tape of prayers. B: Helping the patient to perform rituals, such as tayamum, prayer, supplication, and reading Quran for the patient and their company C: Coordination for the presence of clergy at the patient's bedside and the patients were able to get answers to their questions at a 50-minute session.</p> <p>3. Using supportive systems In this section, a family member was allowed to attend the patient's bedside for one hour in coordination with the patient and staff and authorities.</p>	Convenience-randomized	MPQ	70 patients with CABG	Before the intervention, the mean (standard deviation) of pain in the experimental group was 4.9 (0.07) and 2.8 (0.99) in the control group, but after the intervention, the mean (SD) of pain was 3.4 (0.74) in the experiment group and 2.8 (0.99) in the control group i.e. the difference of mean score (SD) of the pain between the experimental and control groups was significant after the intervention.
Farzin Ara (2018) (42)	A 3-armed randomized clinical trial	Comparing the recitation of "Allah" and rhythmic breathing on postoperative pain in patients undergoing orthopedic surgery immediately after surgery up to 12 hours	<p>In the experiment group, the patient was taught to recite "بسم الله الرحمن الرحيم، لا حول و لا قوة الا بالله اللهم صل على محمد و آل محمد"</p> <p>100 times. The verses were printed on a card which was given to the patient with a rosary to count their recitations.</p>	Non-probable convenience-simple randomization		90 patients undergoing orthopedic surgery	The pain severity was 5.8 before surgery in the Experiment group and reduced to 4 in 4 h after surgery; however, it reached 6.7 in 12 h after surgery. In control group, pain severity before surgery was 7 and increased to 8.
Hassanpour Dehkordi (2015) (35)	Clinical trial	The Effect of mustahabb recitations on the pain of hospitalized patients	<p>The patient was instructed to recite mustahabb praises, pointing to the importance of remembrance of God in the verse "الا يذكر الله تطمئن القلوب" and mentioning the word "remembrance" 260 times in the Quran. Patients recited Hazrat Zahra's praises which includes the word "Allah" 100 times. It should be pointed that this group of mustahb recitations was repeated 6 h before surgery until 24 h after surgery.</p>	Randomized	VAS	108 candidates of elective surgery	Mustahabb recitations and repeating them reduced pain severity in the experiment group.
Aavazeh (2017)(44)	Semi-experimental	The effect of reciting the word "Allah" on pain and anxiety of dressing change in patients with burns	The patients were asked to repeat Hazrat Zahra's praises and the word "Allah" in their bed 30 minutes before entering the dressing room and 10 minutes during dressing change	-	Pain rating scale	30 hospitalized patients	The mean (SD) of pain in patients of experiment group was 5.21 (2.3) and 7.85 (1.3) in the control, showing a significant difference (p=0.007)

Table 1: Studies data as well as the types of intervention and the conclusions (Contd)

Author	Research type	Objective	Type of intervention	Sampling method	Type of scale	Sample characteristics	Conclusion
Ferozari (2017) (45)	Clinical trial	The effect of listening to the Holy Quran on the pain of child delivery	In this study, 30 patients in the experimental group (A) listened to the surahs al-Hamd and al-Maryam which were played on a tape. For the experimental group (B), an Arabic Tawashih was played at the same time.	Randomized	MPQ	90 women in their 1 st pregnancy	The results of one-way variance analysis showed that pain severity difference was not significant before the intervention among 3 groups; but became significant after intervention, and the group who listened to Quran showed the least pain.
Nasiri (2014) (40)	Clinical trial		The researcher attended patients' bed 24, 48, and 72 h after surgery in the evening when the traffic in ICU was not intense and asked them to recite Hazrat Zahra's praises (AS) in which the word "Allah" is repeated 100 times for 10 to 15 minutes depending on the conditions. The praise includes recitation of 'Allahu Akbar' 34 times, Alhamdulillah 33 times and Subhan Allah 33 times.		The dosage of received pain-killer	80 patients in ICU	The times of taking pain-killer in 24 and 48 h after the surgery had no significant difference between control and experimental; but the time of first injection in 24 and 48 h after the surgery was significantly longer in the experiment group ($p < 0.05$). Moreover, the dosage of pain-killer was significantly lower in the experiment group ($p < 0.5$).
Marofi (2018) (26)	Clinical trial	The effect of Holy Quran on pain due to heel-stick	Quran was played during venipuncture until 3 minutes after it. Infant's pain was measured 3 minutes before, during the process, and 3 minutes after the intervention		neonatal infant pain scale (NIPS)	72 hospitalized term neonates at the NICU	According to the findings, there was no significant difference between the pain of the patients in the intervention group before and during the intervention, but the pain reduction was statistically significant 3 minutes after the intervention, from 4.2 during the intervention to 0.8 in 3 minutes after the intervention, while in the control group the pain level reduced from 4.9 to 2.2.
Eilami (2018) (41)	Semi-experimental	Religious intervention based on prayer	For patients in the experiment group the 15th and 23rd praises at Sahifeh Sajadiyeh were recited. Patients were also recommended to attend religious gatherings, read Quran and to say prayers. Religious interventions lasted 4 sessions.		Pain rating scale	76 patients with cancer	The mean of pain in the experiment group decreased from 8.2 to 5.6, but in the control group, the pain was decreased from 7.93 to 7.21, which was not statistically significant.

¹In the Name of God, the Compassionate, the Merciful ²There is no power but in God the High, the Great
³Peace be upon Mohammad and his holy family

DISCUSSION

The present study is the first systematic review in Iran that determined the effect of religious interventions on patients' pain status. Religious interventions are one of the effective interventions to improve the patients' conditions.^{46,47}

The findings of the present study showed that the implementation of religious intervention improved the patients' pain status in the experimental group, which is consistent with the results by Dedeli et al., which showed that religion and spirituality can be effective in reducing pain.⁴⁸ Jim et al. showed in their meta-analysis that there is a relationship between spiritual-religious health and the physical health of patients, which is why special attention should be paid to the spiritual-religious health of patients.⁴⁹ Also, Doolittle et al. showed in their systematic review

that religious-spiritual health plays an important role in patient care.⁵⁰

The findings of the present study showed that the implementation of religious interventions, one type of which is prayer, reduced the pain among patients. In a systematic review on the effect of prayer on the health status of patients, Simão et al. showed that the implementation of these interventions reduced the number of mothers having children with cancer and improved the physical functioning of the patients,⁵¹ which was consistent with the results of the present study. Similarly, in a study on the effect of prayer on the vital signs status in patients with chronic kidney disease, Brasileiro et al. showed that the implementation of prayer-based intervention improved the vital signs status of the patients,⁵² which was consistent with the results of the present study, demonstrating the effect of religious interventions on

the improvement of patients' condition.

One of the strengths of the present study is the fact that it is the first systematic review on the effect of religious interventions on the patients' pain status in Iran. One of the limitations of this study, which relates to the articles entered in the systematic review phase, is the fact that the same questionnaire was not used to assess the pain in the enrolled studies and thus we could not analyze the present study as a true systematic review and meta-analysis.

CONCLUSION

The findings of the present study show that the religious interventions have been successful in

reducing the pain. The pain treating physicians may learn these interventions based on the religion and culture of Iran and may consider as a non-pharma intervention while providing clinical care services to patients.

Acknowledgment: This article was approved by the research committee of Kermanshah University of Medical Sciences with the Project Code 3007123. Therefore, the researchers are grateful to the center .

Conflict of interest: None declared by the authors.

Authors contribution: All authors took part in literature search, analysis and manuscript preparation.

REFERENCES

- Brunner LS. Brunner & Suddarth's textbook of medical-surgical nursing. Lippincott Williams & Wilkins; 2010.
- Joshi GP, Ogunnaik BO. Consequences of inadequate postoperative pain relief and chronic persistent postoperative pain. *Anesthesiol Clin North America*. 2005;23(1):21-36 [PubMed] DOI: [10.1016/j.atc.2004.11.013](https://doi.org/10.1016/j.atc.2004.11.013)
- Andrade ÉVd, Barbosa MH, Barichello E. Pain assessment in postoperative cardiac surgery. *Acta Paul Enferm*. 2010;23(2):224-9. [Free Full Text]
- Chapman CR, Zaslansky R, Donaldson GW, Shinfeld A. Postoperative pain trajectories in cardiac surgery patients. *Pain Res Treat*. 2012;2012:608359. [PubMed] DOI: [10.1155/2012/608359](https://doi.org/10.1155/2012/608359)
- Rigi F, Feizi A, Naseri M, Salehi S. Effect of foot reflexology massage on pain in patients undergoing coronary bypass surgery. *J Anesthesiol Pain*. 2015;6(2):42-9. [Free Full Text]
- Glowacki D. Effective pain management and improvements in patients' outcomes and satisfaction. *Crit Care Nurse*. 2015;35(3):33-41. [PubMed] DOI: [10.4037/ccn2015440](https://doi.org/10.4037/ccn2015440)
- Jeon S, Lee HJ, Do W, Kim HK, Kwon JY, Hwang BY, et al. Randomized controlled trial assessing the effectiveness of midazolam premedication as an anxiolytic, analgesic, sedative, and hemodynamic stabilizer. *Medicine*. 2018;97(35):e12187. [PubMed] DOI: [10.1097/MD.00000000000012187](https://doi.org/10.1097/MD.00000000000012187)
- Weinberg B, Roos R, van Aswegen H. Effectiveness of non-pharmacological interventions for pain and physical function in adults with rib fractures: a systematic review protocol. *JBI Database System Rev Implement Rep*. 2018;16(8):1599-605. [PubMed] DOI: [10.11124/JBISIRIR-2017-003600](https://doi.org/10.11124/JBISIRIR-2017-003600)
- Amatya B, Young J, Khan F. Non-pharmacological interventions for chronic pain in multiple sclerosis: A Cochrane systematic review. *Ann Phys Rehabil Med*. 2018;61:e106.
- Chen X, Mou X, He Z, Zhu Y. The effect of midazolam on pain control after knee arthroscopy: a systematic review and meta-analysis. *J Orthop Surg Res*. 2017;12(1):179. [PubMed] DOI: [10.1186/s13018-017-0682-0](https://doi.org/10.1186/s13018-017-0682-0)
- Amin DM, El Teliti AM. Pethidine versus morphine in postoperative pain relief of opioid-dependent patients in Zagazig University Hospital, Asharqia, Egypt. *Drugs Ther Perspect*. 2018;34(10):484-7.
- McCulloch R, Sattar M, Henderson EM, Lane ME, Bluebond-Langner M. Use of buccal morphine in the management of pain in children with life-limiting conditions: results of a laboratory study. *Palliat Med*. 2018;32(2):554-8. [PubMed] DOI: [10.1177/0269216317717192](https://doi.org/10.1177/0269216317717192)
- Pak SC, Micalos PS, Maria SJ, Lord B. Nonpharmacological interventions for pain management in paramedicine and the emergency setting: a review of the literature. *Evid Based Complement Alternat Med*. 2015;2015:873039. [PubMed] DOI: [10.1155/2015/873039](https://doi.org/10.1155/2015/873039)
- Boldt I, Eriks-Hoogland I, Brinkhof MW, de Bie R, Joggi D, von Elm E. Non-pharmacological interventions for chronic pain in people with spinal cord injury. *Cochrane Database Syst Rev*. 2014;(11):CD009177. [PubMed] DOI: [10.1002/14651858.CD009177.pub2](https://doi.org/10.1002/14651858.CD009177.pub2)
- Shropshire M, Stapleton SJ, Dyck MJ, Kim M, Mallory C. Nonpharmacological interventions for persistent, noncancer pain in elders residing in long-term care facilities: an integrative review of the literature. *Nurs Forum*. 2018 Oct;53(4):538-48. [PubMed] DOI: [10.1111/nuf.12284](https://doi.org/10.1111/nuf.12284)
- Papathanassoglou ED, Hadjibalassi M, Miltiadous P, Lambrinou E, Papastavrou E, Paikousis L, et al. Effects of an integrative nursing intervention on pain in critically ill patients. *Am J Crit Care*. 2018;27(3):172-85. [PubMed] DOI: [10.4037/ajcc2018271](https://doi.org/10.4037/ajcc2018271)
- Xiao Y, Li L, Xie Y, Xu J, Liu Y. Effects of aroma therapy and music intervention on pain and anxious for breast cancer patients in the perioperative period. *Zhong Nan Da Xue Xue Bao Yi Xue Ban*. 2018;43(6):656-61. [PubMed] DOI: [10.11817/j.issn.1672-](https://doi.org/10.11817/j.issn.1672-)

- [7347.2018.06.013](#)
18. Pike A, Hearn L, Williams AC. Effectiveness of psychological interventions for chronic pain on health care use and work absence: systematic review and meta-analysis. *Pain*. 2016;157(4):777-85. [PubMed] DOI: [10.1097/j.pain.0000000000000434](#)
 19. Dikmen HA, Terzioglu F. Effects of reflexology and progressive muscle relaxation on pain, fatigue, and quality of life during chemotherapy in gynecologic cancer patients. *Pain Manag Nurs*. 2018;pii:S1524-9042(17)30611-2. [PubMed] DOI: [10.1016/j.pmn.2018.03.001](#)
 20. Smith CA, Levett KM, Collins CT, Armour M, Dahlen HG, Suganuma M. Relaxation techniques for pain management in labour. *Cochrane Database Syst Rev*. 2018;3:CD009514. [PubMed] DOI: [10.1002/14651858.CD009514.pub2](#)
 21. Johnson KA. Prayer: a helpful aid in recovery from depression. *J Relig Health*. 2018;57(6):2290-300. [PubMed] DOI: [10.1007/s10943-018-0564-8](#)
 22. Rainville G. The Interrelation of prayer and worship service attendance in moderating the negative impact of life event stressors on mental well-being. *J Relig Health*. 2018;57(6):2153-66. [PubMed] DOI: [10.1007/s10943-017-0494-x](#)
 23. Goudarzian AH, Jafari A, Beik S, Nesami MB. Are religious coping and pain perception related together? assessment in Iranian cancer patients. *J Relig Health*. 2018;57(6):2108-17. [PubMed] DOI: [10.1007/s10943-017-0471-4](#)
 24. Smothers ZP, Koenig HG. Spiritual Interventions in Veterans with PTSD: A Systematic Review. *J Relig Health*. 2018;57(5):2033-48. [PubMed] DOI: [10.1007/s10943-018-0680-5](#)
 25. Naimi E, Eilami O, Babuei A, Rezaei K, Moslemirad M. The effect of religious intervention using prayer for quality of life and psychological status of patients with permanent pacemaker. *J Relig Health*. 2018;1-8. [PubMed] DOI: [10.1007/s10943-018-0698-8](#)
 26. Marofi M, Abedini F, Shirazi M, Badiei Z, Baghersad Z, Nikobakht F. Effect of the sound of the Holy Quran on the physiological responses and pain caused by blood sampling from the heels of hospitalized neonates at the neonatal intensive care unit. *IJN Journal*. 2018;9(3):57-63. DOI: [10.22038/ijn.2018.28102.1376](#)
 27. Ziapour A, Khatony A, Jafari F, Kianipour N. Prediction of the dimensions of the spiritual well-being of students at Kermanshah university of medical sciences, Iran: the roles of demographic variables. *J Clin Diagn Res*. 2017;11(7):VC05-VC09. [PubMed] DOI: [10.7860/JCDR/2017/25114.10314](#)
 28. Tavan H, Sayehmiri K, Taghinejad H, Moghadam SR. Factor analysis of spiritual health on the Islam viewpoint. *Iran. J Public Health*. 2015;44(11):1572-3. [PubMed]
 29. Bashar FR, Vahedian-Azimi A, Salesi M, Hajiesmaeili M, Shojaei S, Farzanegan B, et al. Spiritual health and outcomes in muslim icu patients: a nationwide cross-sectional study. *J Relig Health*. 2018;57(6):2241-57. [PubMed] DOI: [10.1007/s10943-017-0543-5](#)
 30. Paine DR, Sandage SJ, Ruffing EG, Hill PC. Religious and Spiritual Saliency, Well-Being, and Psychosocial Functioning Among Psychotherapy Clients: Moderator Effects for Humility. *Relig Health*. 2018;57(6):2398-415. [PubMed] DOI: [10.1007/s10943-018-0612-4](#)
 31. Jabbari B, Mirghafourvand M, Sehhatie F, Mohammad-Alizadeh-Charandabi S. The effect of Holy Quran voice with and without translation on stress, anxiety and depression during pregnancy: a randomized controlled trial. *Relig Health*. 2017;1-11. [PubMed] DOI: [10.1007/s10943-017-0417-x](#)
 32. Saged AAG, Yusoff MYZM, Latif FA, Hilmi SM, Al-Rahmi WM, Al-Samman A, et al. Impact of Quran in treatment of the psychological disorder and spiritual illness. *J Relig Health*. 2018;1-14. [PubMed] DOI: [10.1007/s10943-018-0572-8](#)
 33. Boelens PA, Reeves RR, Replogle WH, Koenig HG. The effect of prayer on depression and anxiety: maintenance of positive influence one year after prayer intervention. *Int J Psychiatry Med*. 2012;43(1):85-98. [PubMed] DOI: [10.2190/PM.43.1.f](#)
 34. Boelens PA, Reeves RR, Replogle WH, Koenig HG. A randomized trial of the effect of prayer on depression and anxiety. *Int J Psychiatry Med*. 2009;39(4):377-92. [PubMed] DOI: [10.2190/PM.39.4.c](#)
 35. HasanPour-Dehkordi A, Khodadadi K, Khaledifar A, Salehi S. The effect of recommended recitals on the severity of perceived pain in hospitalized patients undergoing surgery: A randomized clinical trial. *J Shahrekord Univ Med Sci*. 2015;16(6):111-8. [Free Full Text]
 36. Skevington SM. Investigating the relationship between pain and discomfort and quality of life, using the WHOQOL. *Pain*. 1998;76(3):395-406. [PubMed]
 37. Hassani P, Abdi A, Jalali R. State of science, "intuition in nursing practice": a systematic review study. *J Clin Diagn Res*. 2016;10(2):JE07-11. [PubMed] DOI: [10.7860/JCDR/2016/17385.7260](#)
 38. Mohammadi M, Raiegan V, Akbar A, Mirzaei M, Zahednezhad H, Jalali R, et al. Prevalence of underweight in Iranian children: a systematic review and meta-analysis. *Tehran Uni Med J*. 2018;76(4):241-9. [Free Full Text]
 39. Abdi A, Dalvand S, Vahedian-Azimi A, Ghanei Gheshlagh R, Kurdi A. Prevalence of depression among Iranian patients under hemodialysis: a systematic review and meta-analysis. *J Nephropathol*. 2018;7(4):224-32. DOI: [10.15171/jnp.2018.47](#)
 40. Nasiri M, Fayazi S, Jamshidifar F, Sheikh Zayeri R. Effect of reciting "Allah" word on requirement for

spiritual-religious interventions and pain

- analgesic after coronary artery bypass graft surgery: a short report. *J Rafsanjan Uni Med Sci.* 2014;13(6):561-8. [[Free Full Text](#)]
41. Eilami O, Moslemirad M, Naimi E, Babuei A, Rezaei K. The Effect of religious psychotherapy emphasizing the importance of prayers on mental health and pain in cancer patients. *J Relig Health.* 2018;1-8. [[PubMed](#)] DOI: [10.1007/s10943-018-0696-x](#)
42. Ara F. Comparative Study of the Effect of Allah's Recitation and Rhythmic Breathing on postoperative pain in Orthopedic Patients. *JAP.* 2018;9(1):68-78. [[Free Full Text](#)]
43. Soltani F, Chahqui M, Arab M, Hosseini S-F, Dabbagh F. The effect of spiritual care on pain in patients undergoing coronary artery bypass grafting. *Eur J Cardiovasc Nurs.* 2017;5(4):20-1.
44. Avazeh A, Ghorbani F, Azimi V, Siahkali R. The effect of Allah on pain and anxiety caused by dressing change in burn patients. *Quran Med.* 2017;2(3):36-9.
45. Forouhari S, Honarvaran R, Masumi R, et al. Investigating the auditory effects of Holy Quranic voice on labor pain. *Quran Med.* 2017;2(3):14-8.
46. Naseri-Salahshour V, Varaei S, Sajadi M, Tajdari S, Sabzaligol M, Fayazi N. The effect of religious intervention on the level of consciousness of comatose patients hospitalized in an intensive care unit: a randomized clinical trial. *Eur J Integrative Med.* 2018;21:53-7.
47. Rahmati M, Khaledi B, Salari N, Bazrafshan M-R, Haydarian A. The effects of religious and spiritual interventions on the resilience of family members of patients in the ICU. *Shiraz E-Med J.* 2017;18(11):e13007. DOI: [10.5812/semi.13007](#)
48. Dedeli O, Kaptan G. Spirituality and religion in pain and pain management. *Health Psychol Res.* 2013 Sep 23;1(3):e29. [[PubMed](#)] DOI: [10.4081/hpr.2013.e29](#)
49. Jim HS, Pustejovsky JE, Park CL, Danhauer SC, Sherman AC, Fitchett G, et al. Religion, spirituality, and physical health in cancer patients: a meta-analysis. *Cancer.* 2015;121(21):3760-8. [[PubMed](#)] DOI: [10.1002/cncr.29353](#)
50. Doolittle B, Justice A, Fiellin D. Religion, spirituality, and HIV clinical outcomes: a systematic review of the literature. *AIDS Behav.* 2018;22(6):1792-801. [[PubMed](#)] DOI: [10.1007/s10461-016-1651-z](#)
51. Simão TP, Caldeira S, de Carvalho EC. The effect of prayer on patients' health: systematic literature review. *Religions.* 2016;7(1):11. DOI: [10.3390/rel7010011](#)
52. Brasileiro TOZ, Prado AAdO, Assis BBd, Nogueira DA, Lima RS, Chaves EdCL. Effects of prayer on the vital signs of patients with chronic kidney disease: randomized controlled trial. *Rev Esc Enferm USP.* 2017;51:e03236. [[PubMed](#)] DOI: [10.1590/S1980-220X2016024603236](#)

Essential Pain Management (EPM)

Essential Pain Management (EPM) is a short, easily deliverable and cost-effective training program designed to improve pain management worldwide. EPM provides a systematic approach for managing patients in pain and also a system for teaching others about pain management. EPM aims to: • Improve pain knowledge. • Teach health workers to Recognize, Assess and Treat pain (RAT). • Address pain management barriers. • Train local health workers to teach EPM

The Standard EPM program comprises two parts – the EPM Workshop and the EPM Instructor Workshop.

The EPM Workshop is a one-day program of interactive lectures and group discussions. Participants learn the basics of pain management, apply the RAT approach during case discussions, and problem-solve pain management barriers.

The EPM Instructor Workshop is a half-day program designed to provide participants with the knowledge and skills to become EPM instructors. Participants learn the basics of adult learning, practise teaching skills and plan their own EPM workshops. The EPM Instructor Workshop is followed by one-day workshops taught by the new instructors.

EPM Lite is designed for medical and nursing students and is a modified version of the one-day workshop. The program can be delivered in 4-5 hours and covers the basics of pain management as well as how to use the RAT approach.

Dr Usman Bashir has launched this programme in Pakistan with the collaboration of Royal College of Anaesthetists England. Currently, the programme is being run at different hospitals of Lahore, but the organizers intend to spread it through all corners of the country.