



## Case Study of Asmaul Husna Listening Therapy to Lower the Scale of Pain in Head Injury Patient

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### ABSTRACT

**Objective:** This case study was conducted to describe the intervention of Asmaul Husna in reducing pain in patients with head injuries.

**Method:** This study uses a case study design with an evidence-based practice implementation approach that focuses on nursing interventions. The study was conducted at the BLUD RSU Banjar City on 25-27 May 2022. The participant in this study was a patient 35 years old, male, who complains of pain in the back of the head. The process of assessing and establishing a diagnosis is focused on the main problem. Objective and subjective data become a reference for periodic evaluation of nursing implementation. And the researchers measured the pain scale using the Numerical Rating Scale (NRS) measurement design.

**Result:** The patient acknowledged that the pain decreased after the Asmaul Husna intervention was given. Asmaul Husna's intervention should be suspected of being effective in reducing pain in patients with mild head injuries as evidenced by subjective patient recognition, although it has not been supported by a normal pulse rate as an indicator of physical health.

**Conclusion:** Theoretically, this research does not conflict with previous research so it can be a reference in future research. Clinically, Asmaul Husna intervention can be an alternative intervention to reduce pain scale in patients with chronic diseases such as head injuries in hospitals and health centers.

**Keywords:** asmaul husna, head injury, pain

### Introduction

The problem that usually arises in people with head injuries is pain (Mindayani, 2021). Pain is an unpleasant feeling that is often experienced by individuals (Suhanda et al., 2021). Pain that does not go away can affect discomfort, behavior and daily activities. Pain is characterized by the patient often grimacing, frowning, restless and others (Puspa & Budi, 2021). Pain management

has several procedures, both pharmacological and non-pharmacological. Pharmacological procedures are carried out by giving analgesics, namely to reduce pain (Astutik & Kurlinawati, 2017). One of the non-pharmacological pain management is by listening therapy to Asmaul Husna (Permana et al., 2021).

Asmaul Husna therapy is a form of involving the Qur'an in the healing system (Wulandini et al., 2018). Asmaul Husna chanted can cause calm and affect improvement (Apriyati, Endarwati, & Dewi, 2021). Physiologically speaking or listening to Asmaul Husna, the brain will try to provide comfort, especially neuropeptides (Dinasti, 2021). After the brain provides this substance, this substance will be involved and assimilated in the body which then at that time will provide a therapeutic effect as a feeling of comfort. Sounds in music can restoratively affect the brain and body, as well as affect body physiology in the application of the tactile cortex with optional actuation in the neocortex, and progressively to the limbic skeleton, nerve centers, and autonomic sensory systems. (Imardiani, Sari, & Ningrum, 2019).

In a previous study conducted by Wulandini et al., (2018), it was shown that there was a significant effect after listening to Asmaul Husna's therapy for a decrease in pain scale in fracture patients. According to Insani & Rokhanawati (2014) which states that when someone listens to Asmaul Husna, the patient feels calm because the endorphins released will be captured by receptors in the limbic system and hypothalamus. This endorphin hormone will increase so that it can reduce the pain scale (Mulyani, Purnawan, & Upoyo, 2019).

From this description, it can be assumed that the administration of listening therapy to Asmaul Husna in head injury patients is effective in reducing pain scale. Therefore, researchers are interested in taking a case study with the title "A Case Study of Asmaul Husna's Listening Therapy Intervention to Reduce Pain Scale in Head Injured Patients".

## **Objective**

This case study aims to describe the intervention of Asmaul Husna in reducing pain in head injury patients.

## **Method**

This research uses a case study design that is to explore a problem or phenomenon with detailed boundaries, has in-depth data collection and includes various sources of information. This research was conducted at the BLUD RSUD Banjar City on 25-31 May 2022. The subject of this case study was a head injury patient with pain problems. The intervention for this problem is by listening therapy to Asmaul Husna. This Asmaul Husna listening therapy is done by helping the patient to choose a comfortable position, bringing the sound source and equipment closer to the patient, then turning on the Asmaul Husna chant used for therapy and adjusting the volume (not too loud), instruct the patient to breathe naturally, start listening and absorb the reading of Asmaul Husna that is played. If the patient can listen, then give the patient the opportunity to say the chant of Asmaul Husna and give the patient 10-15 minutes to listen to it from the cellphone using a headset while sitting on the bed. Case study data obtained by researchers is through direct interviews with patients who experience pain problems. The analysis technique is used by means of observation by researchers who produce data for further interpretation and comparison with existing theories as material to provide recommendations for the intervention. This study emphasizes the issues of informed consent, anonymity, and confidentiality. And the researchers measured the pain scale using the Numerical Rating Scale (NRS) measurement design.

## Result and Discussion

The patient with the initials Mr. S 35 years old from Pamarican came to the ER on May 25, 2022 at 11.00 WIB with complaints of pain and dizziness in the back of his head due to falling from a tree. Previously, the patient had no comorbidities and the family did not have a history of the same disease. The patient was assisted by his family to the hospital with Mrs. K as her aunt. At the time of reviewing vital signs, the results showed that the respiratory rate was 20 times per minute, blood pressure was 130/80 mmHg, temperature was 36.4°C, pulse rate was 89 times per minute. The patient has a head injury. The patient's psychosocial status shows the anxiety that is obtained through the patient's answers when interviewed by saying that he is worried about not recovering and experiencing severity. Spiritual data do not show serious problems because patients say they are patient and trusting in their illness. Activity patterns are disrupted when sick because of infusion so that patients need to be assisted in changing clothes, sleep patterns are disturbed because patients complain that it is difficult to rest. The therapy given to the patient was ceftriaxone 1x2, paracetamol 3x1, vitamin k 1x1, kalnex 3x1, ranitidine 2x1, and 1500 drops of RL infusion fluid. Complete blood laboratory examination was performed with normal results. The results of the study found that the nursing problem that emerged was acute pain related to the physical injury agent with the diagnosis number D.0077 on page 172. Nursing interventions and activities need to be determined to reduce, eliminate and prevent nursing problems in patients with acute pain related to physical injury management according to SIKI, namely as follows:

Table 1. Intervention and Outcome

Intervention	Outcomes
After nursing action, it is expected that the level of pain (L088066) can decrease with the following criteria: Decreased pain complaints, Grinning down, Ready to be protective down, Anxiety decreases, Decreased sleep difficulty, Pulse rate within normal limits.	<p>Pain Management (I. 08238)</p> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li>location, characteristics, duration, frequency, quality, intensity of pain</li> <li>Identify the pain scale</li> <li>Identify non-verbal pain responses</li> </ul> <p><b>Terapeutik</b></p> <ul style="list-style-type: none"> <li>Provide non-pharmacological therapy to reduce pain scale (listening therapy for Asmaul Husna)</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Describe pain relief strategies</li> <li>Teach non-pharmacological techniques to reduce pain</li> </ul>

In the implementation there are procedures carried out for acute pain patients related to physical injury agents by identifying the location, characteristics, duration, frequency, quality, intensity of pain, identifying pain scale, identifying non-verbal pain responses, and providing non-pharmacological techniques to reduce pain by listening to Asmaul Husna therapy.

According to what has been done on the patient, an evaluation was obtained on the 1<sup>st</sup> day on May 25, 2022 at 13.15 WIB and the 2<sup>nd</sup> day on May 26, 2022 at 10.20 WIB. The results obtained are as follows:

Table 2. Nursing Evaluation

1 <sup>st</sup> day	2 <sup>nd</sup> day
S: The patient said the pain was slightly reduced on a scale to 4 out of 5 (0-10)	S: The patient said the pain was slightly reduced on the scale to 3 out of 4 (0-10)
O: The patient does not look grim	O: The patient does not look grim
A: Acute pain related with physical injury agent	A: Acute pain b.d with physical injury agent
P: Continue to apply therapy to listen to Asmaul Husna when pain occurs	P: Continue to apply Asmaul Husna listening therapy when pain occurs
I: do listening therapy for Asmaul Husna	I: do listening therapy for Asmaul Husna
E: The patient understands how to deal with pain using listening therapy Asmaul Husna	E: The patient understands how to deal with pain using listening therapy Asmaul Husna
R: The intervention of listening to Asmaul Husna is continued	R: The intervention of listening to Asmaul Husna is stopped

Based on the results of the intervention carried out by researchers there was a decrease in the pain scale. Before the intervention, the patient's pain scale was on a scale of 5 (0-10). After the first intervention, the patient's scale reduced from 1 to a scale of 4 (0-10) based on the patient's expression. On the 2nd day, the intervention scale became 3 (0-10) giving the second intervention the patient scale decreased from a scale of 4 to 3.



Figure 1. Intervention line diagram

Nursing care for patients with physical injury agents at the BLUD RSU Banjar City has been carried out by researchers comprehensively based on theories found from various sources. Nursing care procedures are carried out in 5 stages, including assessment, determination of diagnosis, planning, implementation, and evaluation of nursing.

The results of the study on Mr. S obtained data from the patient and his family, Mr. S suffered a head injury due to falling from a tree. At the time of physical examination, there were no abnormalities in Mr. S. The patient reports pain in the back of the head. Pain is felt like being hit by a heavy load with a pain scale of 6 (0-10), the pain comes and goes, the pain increases when the patient is active and the pain decreases when the patient rests. Physical examination showed a pulse rate of 98 beats per minute (tachycardia) with a blood pressure of 130/80 mmHg, while temperature and respiratory rate were within normal limits. Increased pulse rate affects the patient's pain due to abnormal conditions experienced by head injuries. However, the opposite is true. The more a person's pain increases, the potential for an increase in pulse rate. This is in line with the research conducted by Handayani et al., (2014) which states that pain can

involve activation of the sensory nervous system which will affect changes in pulse rate. The increase in pulse rate is caused by peripheral nerve stimulation, which will increase blood pressure and pulse rate (Handayani et al., 2014). Therefore, the diagnosis obtained based on the results of the assessment is acute pain related to the nature of physical injury.

In theory, pain is an uncomfortable condition due to a certain stimulus. In the nursing diagnosis, pain includes a group of diagnoses with physiological problems with a diagnosis number 0077 page 172 (PPNI, 2016). In addition to physical data, pain is indicated by the patient grimacing, being protective (eg alert, position to avoid pain), restlessness, increased pulse rate, and difficulty sleeping (PPNI, 2016). The patient also said he had trouble sleeping. According to Ananditha (2014), patients with pain problems are at high risk for experiencing disturbed sleep patterns because the relationship between sleep and pain is complex.

To overcome this problem, the researchers carried out the same intervention and implementation as the Indonesian Nursing Intervention Standard number I.08238 page 201, among others, identifying the location, characteristics, duration, frequency, quality, and intensity of pain. However, researchers feel the need to add non-invasive and non-pharmacological interventions in the form of listening to Asmaul Husna. The results of previous studies showed a significant decrease in pain scale in fracture patients after being given the Asmaul Husna intervention, Wulandini et al., (2018). Insani & Rokhanawati, (2014) reported that this technique shows the effect that when someone listens to nasmaul husna the patient feels calm because the endorphins released will be captured by receptors in the limbic system and hypothalamus. These endorphins will increase so that they can reduce the pain scale, improve appetite, and increase memory.

The results of the nursing evaluation showed positive changes to the patient's psychological status on pain. The patient claimed to understand how to deal with pain with Asmaul Husna therapy after 2 times of intervention. These results are in line with research conducted by Erni Fajar Susanti (2021), which showed that the patient's pain scale starting from a scale of 5 to a scale of 3 had a significant effect on the pain scale after the act of listening to the reading of Asmaullhusna was carried out for 15 minutes at the time of dawn to dusk. yes for 2 times in a row in post multiple fracture patients.

## **Conclusion**

Based on the results of the research "A Case Study of Asmaul Husna's Listening Therapy Intervention to Reduce Pain Scale in Head Injured Patients" it can be concluded that the Asmaul Husna intervention should be suspected of being effective in reducing pain in patients with tissue head injuries as evidenced by subjective patient acknowledgment who said the pain scale decreased from 5 to 3 using the Numeric Rating Scales. In addition, the researcher did not find a significant gap between theory and facts that hindered the results of the study, so this research does not conflict with research that has been carried out by previous researchers.

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