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Research Article

Implementatiton Of Dzikir Therapy on Elderly People Experiencing Anxiety Due To Diabetes Mellitus in the Sindangkasih Community Health Center Area, Ciamis Regency

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Abstract: Based on data collected from the Sindangkasih Health Center UPTD, in 2024 there were 601 recorded cases of diabetes mellitus. By 2025, the number of visits by diabetes mellitus patients fluctuated each month. In January, there were 8 male and 26 female patient visits, while in February there were 9 male and 26 female visits. This study aims to describe the reduction of anxiety symptoms among elderly individuals suffering from diabetes mellitus. Type II diabetes mellitus (Type II DM) represents the most prevalent form of diabetes, comprising approximately 85–90% of all cases worldwide. This condition is commonly observed in older adults and poses a major global health challenge. The elderly, defined as individuals aged 60 years and above, often experience anxiety related to their health conditions. Anxiety itself is an unpleasant emotional state characterized by feelings of worry, fear, and unease at varying intensities. Dhikr, or the remembrance of Allah, serves as a spiritual practice to achieve calmness and closeness to God. This research employs a qualitative descriptive method with a case study approach to explore nursing issues and intervention strategies. The applied intervention—dhikr therapy—was used to help elderly patients reduce anxiety symptom scores. A five-day evaluation revealed that both Patient 1 and Patient 2 showed improvement, each exhibiting a reduction of 10 anxiety-related symptoms. The findings indicate that dhikr therapy effectively lowers anxiety levels and enhances patients' ability to manage their emotional well-being.

Keywords: Anxiety; Dhikr Therapy; Diabetes Mellitus; Elderly; Type II diabetes mellitus

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1. Introduction

Type II diabetes mellitus (T2DM) is the most common type of diabetes, accounting for approximately 85-90% of all diabetes cases. This condition is often found in the elderly and is a significant global health problem. Elderly people with T2DM face a higher risk of complications and death compared to younger individuals. Diabetes mellitus is a chronic disease that requires long-term care and consistent monitoring. The increasing incidence of diabetes, especially in the elderly, requires significant family support to assist patients with treatment and maintain their quality of life (Arini et al., 2022).

According to data from the Sindangkasih Community Health Center (Puskesmas), the number of diabetes mellitus patients in 2024 was recorded at 601. Meanwhile, in 2025, the number of patient visits with diabetes mellitus varied each month. In January, there were 8 male and 26 female visits, while in February, there were 9 male and 26 female visits. Furthermore, the number of patients referred for diabetes mellitus in January was 12, while in February it decreased to 8.

Elderly people (lansia) are people aged 60 and over who have equal rights in society, the nation, and the state. Elderly people generally experience anxiety due to their illness (Fredy et al., 2021). Anxiety is a state where negative emotions arise due to concerns about unexpected dangers that may occur in the future. Anxiety is actually a normal human feeling, as anxiety makes people aware and reminded of threatening dangers (Ramli & Fadhillah, 2022).

There are two ways to manage anxiety: pharmacological and non-pharmacological. Pharmacological medications can treat psychological disorders such as stress, anxiety, and depression, but they still have side effects (Wijoyo, 2022). Additionally, there are also non-pharmacological techniques such as dhikr therapy.

Dhikr (dzukru) literally means to remember. According to the term, it is remembering Allah SWT with the intention of getting closer to Him (Abdul, 2017). Zikir therapy is a treatment effort that includes the activity of remembering, mentioning the name, and the majesty of Allah SWT repeatedly, accompanied by awareness of Allah SWT, handling anxiety in the elderly with zikr therapy is considered appropriate because zikr therapy contains religious spiritual elements that can foster optimism that every problem can be solved (Widyastuti et al., 2019).

2. Literature Review

This section must contain a state-of-the-art explanation. It can be explained in several ways. First, you can discuss several related papers, both about objects, methods, and their results. From there, you can explain and emphasize gaps or differences between your research and previous research. The second way is to combine theory with related literature and explain each theory in one sub-chapter.

Dihkr Therapy

Etymologically, dhikr comes from the Arabic "**ذَكَرَ – يَذْكُرُ – ذِكْرًا**" which means "remembering" or "mentioning." In the context of Islam, dhikr means remembering Allah SWT with words, heart, or actions that draw one closer to Him (Qardhawi, 1999). According to Al-Ghazali (Ihya' Ulumuddin), dhikr is a means to cleanse the heart from negligence and draw closer to Allah..

Dhikr has a strong basis in the Koran and Hadith. Allah SWT says in QS. Al-Ra'd: 28 : "(Namely) those who believe and their hearts become peaceful by remembering Allah. Remember, only by remembering Allah the heart becomes peaceful." This verse shows that dhikr has a calming effect on the soul (relaxation response) for those who do it. In a hadith narrated by Muslim, Rasulullah SAW also said : "The parable of a person who dhikrs his Lord and a person who does not dhikr is like a living person and a dead person.Dhikr therapy is a spiritual approach that utilizes the act of remembering God as a form of psychological and emotional healing. According to Anwar (2017), dhikr therapy is a psychoreligious intervention that helps individuals achieve inner peace through spiritual activities. Psychologically, dhikr can be categorized as an Islamic mindfulness technique, focusing on God's presence in full awareness, which helps manage stress and anxiety (Rahmawati, 2020).

Dhikr promotes calm through several mechanisms:

a. Physiological relaxation: Dhikr activity lowers heart rate and blood pressure (Suryani, 2018).
b. Emotional regulation: Dhikr helps divert thoughts from worldly concerns and strengthens the meaning of life.
c. Spiritual connection: A sense of closeness to God improves coping mechanisms against stress (Kurniawan, 2019).

Several empirical studies demonstrate the effectiveness of dhikr therapy:

a. Rahmawati (2020): Dhikr therapy reduces anxiety levels in hypertension patients at the Jakarta Islamic Hospital.
b. Permatasari, Hidayat, et. al (2022): Regular dhikr practice improves sleep quality and emotional well-being in college students.
c. Suhartini (2019): Dhikr therapy effectively reduces work stress in hospital nurses.

Subsection 2

According to the World Health Organization (WHO, 2023), Diabetes Mellitus is a group of metabolic diseases characterized by elevated blood glucose levels (hyperglycemia) due to impaired insulin secretion, insulin action, or both. Generally, DM occurs when the body cannot use insulin effectively or the pancreas is unable to produce sufficient amounts of insulin.

According to the American Diabetes Association (ADA, 2022), diabetes mellitus (DM) is classified into four main types:

a. Type 1 Diabetes Mellitus
   Occurs due to damage to pancreatic β cells, leading to absolute insulin deficiency. It is usually autoimmune and appears at a young age.
   → Also called insulin-dependent diabetes mellitus (IDDM).
b. Type 2 Diabetes Mellitus
   Caused by insulin resistance accompanied by a relative impairment of insulin secretion.
   Risk factors: obesity, inactive lifestyle, and genetic factors.
   → Also called non-insulin-dependent diabetes mellitus (NIDDM).
c. Gestational Diabetes Mellitus (GDM)
   Occurs in pregnant women who did not previously have diabetes, due to hormonal changes that decrease insulin sensitivity.
d. Other (Specific) Types
   Caused by certain conditions or diseases such as genetic disorders, pancreatic disease, or the use of certain medications (e.g., glucocorticoids).

Under normal conditions, the insulin hormone produced by pancreatic β cells functions to:

a. Facilitate the entry of glucose into cells.
b. Reduce blood glucose levels.
c. Stimulate the storage of glucose as glycogen.

In diabetes:

a. Type 1: β cells damaged → no insulin → glucose does not enter cells → hyperglycemia.
b. Type 2: insulin is present, but the body's cells are insensitive to it (insulin resistance) → glucose remains high in the blood.

Chronic hyperglycemia results in damage to blood vessels and nerves, particularly in the eyes, kidneys, heart, and lower extremities.

Some commonly used theories, Glucose Homeostasis Theory (Guyton & Hall, 2017): the balance between glucose production and utilization is maintained by insulin and glucagon. Insulin Resistance Theory (DeFronzo, 2004): Body tissues do not respond to insulin, causing hyperglycemia despite high insulin levels. Oxidative Stress Theory (Brownlee, 2001): Chronic hyperglycemia increases the production of free radicals that damage endothelial and nerve cells.

Eldery

According to Law Number 13 of 1998 concerning the Welfare of the Elderly, an elderly person is someone who has reached the age of 60 years and above. According to the World Health Organization (WHO, 2015), elderly people are classified as follows:

a. Middle age: 45–59 years
b. Elderly: 60–74 years
c. Old: 75–90 years
d. Very old: 90 years and over

The elderly are an age group experiencing a gradual decline in physical, psychological, and social abilities due to the aging process. Aging is a natural process characterized by a decline in the body's ability to repair tissue and maintain organ function. Santrock (2012) states that aging involves biological, cognitive, and social changes.

According to Papalia et al. (2014), aging can be influenced by:

a. Genetic factors, such as heredity and DNA stability.
b. Environmental factors, such as diet, physical activity, and stress.
c. Psychosocial factors, such as social support and mental well-being.

Aspects of Elderly Life

a. Physical Aspects
   Elderly people experience changes in bodily systems such as the cardiovascular, respiratory, digestive, and musculoskeletal systems. This decline in function increases the risk of degenerative diseases (Nugroho, 2008).

b. Psychological Aspects
According to Hurlock (1999), elderly people often experience memory loss, depression, and feelings of uselessness due to the loss of social roles and decreased physical function. Family and community support play a crucial role in maintaining the mental health of elderly people.

c. Social Aspects
Socially, elderly people often face social isolation, loneliness, and economic dependence (Ministry of Health of the Republic of Indonesia, 2019). Empowering elderly people through social and religious activities has been shown to increase their sense of meaning and well-being.

d. Health and Welfare of the Elderly
According to the Ministry of Health of the Republic of Indonesia (2021), the increasing number of elderly people in Indonesia needs to be balanced with efforts to improve health and well-being. A holistic approach encompassing physical, psychological, social, and spiritual aspects is key.

Several health programs for the elderly include:
a. Posyandu (Integrated Health Posts for the Elderly)
b. Healthy Aging Programs
c. Spiritual Therapy Such as Dhikr and Prayer
d. Common Problems for the Elderly

Some common problems faced by the elderly include:
a. Physical problems: degenerative diseases (hypertension, diabetes, osteoarthritis).
b. Psychological problems: depression, anxiety, stress due to loneliness or loss of a partner.
c. support, and poverty.
d. Spiritual problems: decreased meaning in life or a feeling of resignation to death (Suryani, 2017).

Efforts to Improve the Quality of Life for the Elderly
The quality of life for the elderly can be improved through:
a. Light physical activity: elderly exercise, walking, yoga.
b. Mental and spiritual stimulation: reading the Quran, Dhikr, and praying together.
c. Family support: good communication and emotional care.
d. Community health services: regular checkups and nutritional counseling.

The elderly are a group vulnerable to physical, mental, and social decline, but they can still lead quality lives with the support of family and community, and appropriate health interventions. A multidimensional approach encompassing physical, psychological, social, and spiritual well-being is crucial for maintaining the well-being of older adults into the future.

3. Materials and Method

This research was conducted at the Sindangkasih Community Health Center in Ciamis Regency, with a minimum treatment period of five days for each client. This study employed a qualitative method using a case study approach to identify problems in elderly patients experiencing anxiety due to diabetes mellitus through the application of dhikr therapy at the Sindangkasih Community Health Center in Ciamis Regency.

The subjects used in this Scientific Paper were individual clients who were managed in detail and in depth. The subjects of this study were two patients with diabetes mellitus and anxiety.

In this study, data collection techniques include interviews (data to be obtained from interviews are client identity, predisposing factors, precipitation factors, self-concept, social correlation, spiritual, Activity Daily Living, coping mechanisms and medical aspects), observation (observations made on patients in this study were by observing their anxiety behavior, and also conducting physical examinations by checking vital signs on patients), documentation (documentation studies were obtained from the results of diagnostic examinations and client development, documentation was also obtained from the results of reports or personal notes of clients received from the Sindangkasih Community Health Center, Ciamis Regency).

4. Results and Discussion

This case study was conducted by visiting the homes of two clients. The two clients' homes are located quite far apart. Client 1 resides in Kadupugur hamlet, RT 035/RW 017, Gunungcupu village, Sindangkasih district. Client 2 resides in Ancol 1 hamlet, RT 006/RW 002, Sindangkasih village, Sindangkasih district.

Tabel 1. Karakteristik Pasien.

Data	Patient 1	Patient 2
Name	Ny. T	Ny. T
Age	63 Years	65 Years
Sex	Woman	Woman
Livelihood	Housewife	Housewife
Education	Junior high school	Elementary school
Status	Married	Married
Religion	Islam	Islam
Live with	Husband	Husband
Take medication regularly	Regularly take (herbal) medicine	Regularly take (herbal) medicine
Medical Diagnosis	Diabetes Melitus	Diabetes Melitus
Nursing Diagnosis	Ansietas	Ansietas
Duration of illness	1 Year	1 year

Source: Primary Data Processed by Researchers (2025)

Based on the table above after the assessment was carried out on the first day to the two patients, the results obtained were differences in patient characteristics, namely age, education, and differences in taking medication, where patient 1 was 63 years old and patient 2 was 65 years old. Patient 1's last education was junior high school while patient 2's last education was elementary school, and for medication adherence where patient 1 took herbal medicine while patient 2 regularly took medication from health workers.

Overview of the Application of Dhikr Spiritual Therapy

The implementation of spiritual dhikr therapy with the same anxiety problem in accordance with the standard operating procedures that have been created, obtained the following results :

Table 2. Implementation of Dhikr Therapy.

No.	Visit To - / Date	Responden 1		Responden 2		Independent (M) / Assisted (D)
		Dhikr Therapy		Dhikr Therapy		
		Yes	No	Yes	No	
1.	1 / 14 April 2025 (09.00)	✓				D
2.	1 / 14 April 2025 (10.00)			✓		D
3.	2 / 15 April 2025 (09.00)	✓				M
4.	2 / 15 April 2025 (10.15)			✓		M
5.	3 / 16 April 2025 (09.15)	✓				M

6.	3 / 16 April 2025 (10.00)		✓	M
7.	4 / 17 April 2025 (09.30)	✓		M
8.	4 / 17 April 2025 (10.20)		✓	M
9.	5 / 18 April 2025 (09.00)	✓		M
10.	5 / 18 April 2025 (10.00)		✓	M

Source: Primary Data Processed by Researchers (2025)

Based on table 2, the description of the application of dhikr therapy shows that both patients were able to carry out dhikr therapy according to the techniques taught by the researcher and the availability of time that had been agreed upon.

Anxiety Levels Before and After Dhikr Therapy

Anxiety levels in both clients were measured using the Hamilton Anxiety Rating Scale (HARS) to identify symptoms before and after dhikr therapy, as follows :

Table 3. Anxiety Levels Before and After Dhikr Therapy.

No.	Respondents	Before Therapy	After Therapy
1.	Patient 1	24	14
2.	Patient 2	22	12

Source: Primary Data Processed by Researchers (2025)

Based on Table 3, before receiving spiritual dhikr therapy, Patient 1 had a score of 24 symptoms and Patient 2 had a score of 22. After therapy, the scores decreased to 14 for Patient 1 and 12 for Patient 2. The results of this application align with research conducted by Emulyani & Herlambang (2020) on the Effect of Zikr Therapy on Reducing Signs and Symptoms of Hallucinations in Patients with Hallucinations, which showed that the average number of signs and symptoms of hallucinations before Zikr therapy was 16.90, and the average number of signs and symptoms after Zikr therapy was 5.48. Furthermore, according to Fitri et al. (2022), providing spiritual therapy: dhikr, can reduce the signs and symptoms of hallucinations in both subjects who apply and those who hear.

5. Comparison

The implementation of dhikr therapy begins with establishing a trusting relationship between the researcher and the patient. This process aims to create a sense of safety and comfort during the interaction, which is carried out through therapeutic greetings, handshakes, explanations of the purpose of the interaction, and drafting a contract regarding the topic, time, and place of the meeting. Patients are helped to understand their anxiety, starting with identifying and expressing feelings, explaining situations that trigger anxiety, recognizing its causes, and recognizing the behaviors that trigger the anxiety.

This spiritual therapy strategy is implemented based on established standard operating procedures. According to Munandar (2019) in Ayu (2021), dhikr therapy is carried out by reciting the tahlil (La ilaha illallah) 33 times, the takbir (Allahu akbar) 33 times, the tasbih (Subhanallah) 33 times, and the istighfar (Astaghfirullah al-'azim) 33 times. The patients also expressed their willingness to engage in dhikr therapy as a way to manage their anxiety, lasting 20–30 minutes daily for five days of treatment.

During the dhikr therapy, both patients were able to perform it independently in the afternoon. Both demonstrated a good understanding of the strategies they had been taught to manage their anxiety. Based on daily observations conducted twice daily, the patients consistently performed the therapy according to the prescribed schedule.

Based on the research results, after the application of dhikr therapy, there was a decrease in symptoms in patients 1 and 2. According to Miftakurrosyidin, & Wirawati, (2022), providing dhikr therapy can reduce anxiety. Based on the research results, after the application of dhikr therapy for five meetings, there was a decrease in signs and symptoms of anxiety in both patients. In patient 1, the initial score showed 24 (moderate anxiety category), and at the fifth meeting the score decreased to 14 (mild anxiety category), with a total decrease of 10 symptoms. Meanwhile, patient 2 initially had a score of 22 (moderate anxiety category), and at the fifth meeting the score decreased to 12 (mild anxiety category), also with a decrease of 10 symptoms. The decrease in anxiety symptom scores that occurred at the fifth meeting indicates that there is progress in reducing symptoms every day.

6. Conclusion

Based on the research results, after the application of dhikr therapy, there was a decrease in symptoms in patients 1 and 2. According to Miftakurrosyidin, & Wirawati, (2022), providing dhikr therapy can reduce anxiety. Based on the research results, after the application of dhikr therapy for five meetings, there was a decrease in signs and symptoms of anxiety in both patients. In patient 1, the initial score showed 24 (moderate anxiety category), and at the fifth meeting the score decreased to 14 (mild anxiety category), with a total decrease of 10 symptoms. Meanwhile, patient 2 initially had a score of 22 (moderate anxiety category), and at the fifth meeting the score decreased to 12 (mild anxiety category), also with a decrease of 10 symptoms. The decrease in anxiety symptom scores that occurred at the fifth meeting indicates that there is progress in reducing symptoms every day.

Author Contributions:

Conceptualization: R.F.R. and P.C.; Methodology: P.C.; Data Collection: R.F.R., I.S., A.R.., P.C.; Analysis: R.F.R.; Writing—original draft: R.F.R.; Writing—review & editing: R.F.R., I.S., A.R.; Supervision: P.C.

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