



FIVE YEAR REPORT

RECOVERY OUTCOMES

2021 - 2025

Published by:
Ruqya Clinic

www.ruqyaclinic.com

Table of Contents

1. **Preface**
2. **Study Methodology & Data Collection**
3. **Definition of “Recovery” in Ruqyah Clinical Terms**
4. **Year-wise Outcome Overview (2021–2025)**
5. **Clinical Recovery vs Overall Recovery**
6. **Session Duration & Treatment Efficiency**
7. **Dropout & Discontinuation Analysis**
8. **Multi-Ailment Treatment Framework (Ayn, Hasad, Sihr, Jinn, Trauma)**
9. **Comparative Insight (Ruqyah vs Psychiatry Success Rates)**
10. **Key Insights from 5-Year Trend**
11. **Forward Vision (2025–2035 Roadmap)**
12. **Conclusion Statement**





PREFACE

In the Name of Allah, The Most Gracious the Most Merciful

Over the past decade, the world has witnessed a rapid rise in emotional, psychological, and spiritual suffering — yet most of these struggles continue to be treated as purely medical or purely psychological. The unseen components of illness are either overlooked or dismissed entirely. This gap has left thousands searching for answers beyond conventional frameworks.

Ruqyah Clinic was established to respond to this crisis. What began as a mission to help individuals regain their spiritual balance has evolved into a structured, clinically-tracked healing model rooted in Qur'anic guidance, Prophetic tradition, and therapeutic insight. Unlike traditional one-dimensional Ruqyah, our approach integrates diagnosis, structured treatment, emotional rehabilitation, and post-recovery support — allowing outcomes to be measured, not assumed.

This journal presents the five-year recovery outcomes of Ruqyah Clinic (2021–2025), derived from real clinical data across completed therapy cases. The purpose of this report is not merely to display percentages, but to show that Qur'anic healing — when delivered with structure, integrity, assessment, and continuous follow-up — can achieve consistent and repeatable results.

By Allah's permission, these outcomes demonstrate that recovery is not anecdotal; it is measurable, trackable, and reproducible.



SECTION 2 — METHODOLOGY

This section outlines how the recovery data was collected, verified, and classified over the five-year period.

2.1 Data Source & Collection

All outcome data was derived from real patients who underwent Ruqyah therapy at Ruqyah Clinical Services between 2021 and June 2025. Each case was documented from the point of diagnosis through treatment completion, with outcomes recorded manually and later compiled year-wise. Treatment progress was tracked through session logs, diagnostic reassessment, and patient-reported functional outcomes.

2.2 Completion Criteria

A patient is considered to have completed treatment when:

- 1.They attended the prescribed number of sessions for their case type, and
- 2.They underwent a final re-diagnosis, and
- 3.A conclusive outcome (recovered, partial, or not resolved) was established.

Patients who discontinued before completion were documented separately and not included in the clinical recovery denominator.



**Actual Data &
Reporting**



2.3 Clinical Definition of Recovery

Ruqyah Clinic defines “recovery” using a multi-dimensional standard that is both spiritual and functional:

Full Recovery = Complete removal of the spiritual ailment (verified through re-diagnosis) + emotional regulation + functional improvement in daily life.

This ensures that recovery is not assumed based on a “feeling of relief,” but verified through a structured reassessment of both internal (spiritual) and external (behavioral/emotional) outcomes.

2.4 Classification Framework

Each patient was categorized into one of five clinical outcome groups:

Category	Criteria
✔ Recovered	Completed treatment + verified healing via re-diagnosis
● Partial Recovery	Significant improvement but not full resolution
✗ Not Resolved	Completed treatment but ailment persisted
⛔ Discontinued	Stopped therapy before completion
⌚ Ongoing	Currently in treatment; excluded from statistics

This separation allows for a more accurate analysis compared to conventional mental health reporting, where partial outcomes or dropouts are often merged into a single “non-recovery” category.



SECTION 2 — METHODOLOGY

2.5 Why Discontinued ≠ Failure

Discontinuation does not reflect the effectiveness of the treatment — it reflects the interruption of the process. Reasons include:

- Travel or relocation
- Financial constraints
- Emotional overwhelm or impatience
- Fear of confronting underlying spiritual causes
- External family/pressure interference

For this reason, clinical recovery rates are calculated only from completed patients, which aligns with global health reporting standards.

2.6 Monitoring & Verification

Recovery is confirmed through a re-diagnosis session using the same spiritual diagnostic methodology administered at the beginning of treatment. This reassessment ensures:

- Objective comparison (before vs after)
- No placebo interference
- No guesswork or assumption
- True closure of the case

2.7 Scope of Analysis

This journal covers:

- Five full years (2021–2024)
- All chronic, multi-case, and family-based cases are counted as single patient units to maintain clinical integrity



SECTION 3 — WHAT COUNTS AS RECOVERY IN RUQYAH?

(Detailed
Clinical
Breakdown)



Description

Unlike conventional therapy, where “improvement” is often considered success, Ruqya Clinic uses a complete outcome standard rooted in both spiritual clearance and real-life functional change. This ensures that recovery is not temporary, emotional, or placebo-driven, but genuine and sustained.





SECTION 3 — WHAT COUNTS AS RECOVERY IN RUQYAH (CLINICAL CRITERIA)

3.1 Dual-Dimensional Recovery

A patient is only recorded as Recovered when two dimensions are met:

Dimension	Requirement
Spiritual	The ailment is no longer present upon re-diagnosis
Functional	Emotional and daily life functioning has stabilised

3.2 Internal (Spiritual) Recovery Indicators

Recovery is spiritually validated through the absence of:

- Reactions during re-diagnosis
- Involuntary bodily responses
- Finger movements
- Inner agitation during specific verses

3.3 External (Functional) Recovery Indicators

Functional recovery is observed when the patient:

- Regains emotional balance
- Experiences mental clarity and motivation
- Resumes responsibilities with confidence
- Shows improved sleep and mood regulation
- Returns to consistent spiritual practice

3.4 Why “Feeling Better” ≠ Recovery

Temporary relief is common even without real healing. True recovery must be measured, not felt.



SECTION 3 — WHAT COUNTS AS RECOVERY IN RUQYAH (CLINICAL CRITERIA)

3.5 Verified Through Re-Diagnosis

Every recovered patient undergoes:

1. Initial diagnosis
2. Treatment
3. Re-diagnosis
4. Only when no spiritual reaction returns, the case is closed as Recovered.

Thus, recovery at Ruqyah Healing is not subjective, but verified.



SECTION 4

YEAR-WISE OUTCOME OVERVIEW (2021–2025)





SECTION 4 — YEAR-WISE OUTCOME OVERVIEW (2021– 2025 H1)

The following table summarises the recovery trends observed over the past five years. Two forms of recovery are presented:

- Overall Recovery — includes all cases (even if patient discontinued)
- Clinical Recovery — includes only patients who completed treatment

Year	Overall Recovery (All Patients)	Clinical Recovery (Completed Patients)	Observed Trend
2021	~61%	~90–95%	Early structured phase with strong
2022	~47%	~90–95%	Increase in complex and multi-layered
2023	~54%	~90%	Methodology becomes stable and
2024	~45%	~85–90%	Dominance of chronic/long-
2025	~74%	~89.7%	Improved completion rates; some cases still ongoing

Narrative Insight

- 2021 reflects the strongest responsiveness to treatment as most cases were first-time interventions with lower chronicity.
- 2022 shows a drop in overall percentage because more complex, multi-layered cases began presenting, though those who completed still largely recovered (~95%).
- 2023 demonstrates a stabilised “repeatable” result — proving the model works across different patient categories.
- 2024 reflects a high number of chronic and long-neglected cases, lowering the overall score but clinical outcomes remained consistently strong.



SECTION -5

CLINICAL RECOVERY vs OVERALL RECOVERY

In outcome-based healthcare, there are two valid ways to measure effectiveness:

1. By including all patients, even those who discontinued
 2. By measuring only those who completed treatment
- Ruqya Clinic reports both for transparency and accuracy.





SECTION 5 — CLINICAL RECOVERY VS OVERALL RECOVERY

5.1 Why Overall Recovery (%) Is Lower

Overall recovery includes patients who:

- Discontinued before completing treatment
- Stopped early due to fear, impatience, travel, or family pressure
- Paused treatment due to life changes

These patients are counted in “overall” but not in clinical, because recovery cannot be measured if treatment was not completed.

This is the same reporting method used in mental health and addiction therapy, where dropout rates affect overall figures but do not represent therapeutic failure.

5.2 Why Clinical Recovery (%) Is the True Measure of Effectiveness

- The clinical recovery rate includes only patients who reached the final re-diagnosis.
- These are the patients who:
- Completed all recommended sessions
- Followed treatment consistently
- Underwent re-diagnosis
- Had their outcome verified
- This is the group that reflects the actual efficacy of the Ruqyah methodology — when the process is followed fully.



SECTION 5 — CLINICAL RECOVERY VS OVERALL RECOVERY

5.3 Comparative Insight

Metric	Ruqya Clinic Outcomes	Conventional Mental Health Outcomes
Recovery Rate	84–95%	20–30% (global psychiatric average)
Dropout Impact	Minimal (tracked separately)	Often counted as “treatment failure”
Approach	Spiritual + psychological integration	Psychological only
Verification	Re-diagnosis after treatment	No objective closure test

5.4 Why This Matters

By reporting both figures separately, Ruqya Clinic:

- Shows transparency rather than exaggeration
- Demonstrates system integrity
- Prevents misuse of inflated recovery claims
- Establishes a higher research standard than typical ruqyah practice



SECTION 6 — SESSION DURATION & TREATMENT EFFICIENCY



One of the most significant findings across five years of data is the consistency in treatment duration. Despite the diversity of patient backgrounds, case types, and severity levels, recovery most frequently occurs within a stable range.





SECTION 6 — SESSION DURATION & TREATMENT EFFICIENCY

6.1 Average Treatment Duration

Across all completed cases:

- Most patients recover between 6–8 sessions
- This range has remained consistent across every year in the dataset (2021–2025), demonstrating methodological reliability.

6.2 Why Some Cases Require More Sessions

- A minority of cases extend beyond the 8–10 session range. These are typically:
- Long-standing chronic afflictions
- Multiple overlapping spiritual ailments (e.g., Ayn + Sihr + Jinn)
- Emotional trauma acting as a sustaining factor
- Patients with relapse from previous unstructured / incomplete ruqyah approaches
- Intergenerational or family-based afflictions
- These cases are classified as complex-layered cases, not “slow recovery cases”.

6.3 Why Duration Is Not Measured Per Recitation Time

- Unlike typical ruqyah practice, treatment here is not a recitation service, but a structured process.

Session count matters more than session length because:

- Healing is achieved through progressive removal of underlying spiritual layers, not prolonged recitation in a single sitting



SECTION 6 — SESSION DURATION & TREATMENT EFFICIENCY

Factor	What matters
Goal	<i>Elimination</i> of the root cause
Diagnostic alignment	Before/after comparison
Therapeutic load	Progressive + structured
Clinical endpoint	Verified through re-diagnosis

Therefore, completion is the true metric — not how long each sitting lasted.

6.4 Stability of the Efficiency Curve

- The consistency of the 6–8 session recovery range shows:
- The system is replicable
- Healing is predictable, not random
- Ruqyah can operate at a clinical standard
- A structured methodology outperforms “one-off sessions”



SECTION -7

DROPOUT & DISCONTINUATION ANALYSIS

Not all patients who begin treatment continue until completion. This is a universal pattern across all healing and therapy systems — and is a key reason why overall recovery is lower than clinical recovery.

In Ruqya Clinic, discontinuation does not mean the treatment failed — it means the treatment was left incomplete.





SECTION 7 — DROPOUT & DISCONTINUATION ANALYSIS

7.1 Why Patients Discontinue Early

The most common reasons include:

Reason	Description
Emotional overwhelm	The patient finds it difficult to confront spiritual reality or personal trauma
Impatience	Expectation of instant relief without process or commitment
Fear of manifestation	Some stop when symptoms intensify temporarily (healing crisis)
Lack of family support	Spouse/parents deny the issue is spiritual
Travel or relocation	Session interruption beyond control
Financial limitations	Pausing or inability to continue
Stigma	Fear of being judged for seeking Ruqyah

7.2 Dropouts are NOT Treatment Failure

- A dropout only reflects interruption, not ineffectiveness.

In clinical science, this is referred to as:

- “Non-therapeutic discontinuation”
- (not a failed outcome)

This is why clinical recovery percentages are always based on completed patients only.



SECTION 7 — DROPOUT & DISCONTINUATION ANALYSIS

7.3 Difference Between “Not Resolved” and “Discontinued”

Category	Meaning
✗ Not Resolved	Patient <i>completed</i> treatment but ailment persisted
⊘ Discontinued	Patient <i>did not complete</i> treatment

This distinction is extremely important because:

- It protects scientific accuracy
- It prevents false assumptions about recovery
- It shows transparency in data handling

7.4 Observed Pattern Across Five Years

- Discontinuation rates are highest in the early sessions, usually between session 1–3.
- Once a patient crosses the halfway mark, the likelihood of completion is much higher.
- This proves that:
- Commitment to completion is a major predictor of healing outcome



SECTION 8 — MULTI- AILMENT TREATMENT MODEL

One of the core reasons Ruqya Clinic achieves a higher clinical recovery rate than traditional Ruqyah is because most patients do not suffer from a single spiritual ailment. They suffer from layered or interlinked afflictions.



Most raqis diagnose and treat only one layer, which explains why symptoms return or only partially improve.



SECTION 8 — MULTI-AILMENT TREATMENT MODEL

Ruqya Clinic uses a structured multi-layer clinical model:

Category	Nature of Affliction
Ayn (Evil Eye)	External harm through intense attention/envy
Hasad (Jealousy)	Spiritually destructive envy causing blockage
Sihr (Black Magic)	Engineered harm designed to disrupt life/health
Jinn Affliction	Persistent interference from unseen beings
Trauma Overlay	Emotional injury sustaining spiritual vulnerability

8.1 Sequential Treatment Instead of Random Recitation

- Ruqya Clinic does not treat everything at once — it resolves one spiritual layer at a time, in correct order.
- Standard clinical sequence:
 - Diagnose primary layer
 - Remove Ayn/Hasad where necessary
 - Then Sihr (root-level)
 - Then Jinn (if present)
 - Parallel: support trauma unpacking & emotional rehabilitation
- This prevents relapse and ensures a complete cure, not temporary calmness.



SECTION 8 — MULTI-AILMENT TREATMENT MODEL

8.2 Why Most Patients Do Not Heal Under Unstructured Ruqyah

Traditional or non-systemised Ruqyah often fails because:

Issue	Consequence
No diagnosis	Treating blindly
No layering	Wrong order of treatment
No reassessment	No confirmation of cure
Recitation-only	No emotional rehabilitation
No session structure	Random relief, no closure
No clinical tracking	No measurable outcome

8.3 Why This Model Is Replicable

- Because the system is structured:
- Any trained practitioner following the model can produce the same outcomes
- Healing becomes scientifically repeatable, not personality-based
- Progress depends on method, not an individual raqi
- This is what shifts Ruqya Clinic from:
- “traditional practice” → “structured spiritual healthcare system”



COMPARATIVE OUTCOME INSIGHT

This section places Ruqyah Clinic’s results within the wider context of global mental and spiritual healthcare outcomes.

Most treatment systems around the world today focus exclusively on the psychological or biochemical aspect of illness. However, a significant group of patients experience symptoms that persist even after years of therapy or medication because the spiritual dimension remains unaddressed.

Ruqyah Clinic does not compete with psychology or medicine — it completes what they cannot address alone.

9.1 Global Averages in Mental Health Recovery

Domain	Average Recovery Rates
Medication alone	20–30%
Therapy alone (CBT, counseling)	30–40%
Combined therapy + medication	40–50%
Relapse rate after stopping medication	60–70%

(Sources from WHO, APA and psychiatric meta-analysis data)



9.2 Ruqya Clinic’s Clinical Outcomes

Among patients who completed treatment, Ruqyah Healing demonstrated:

Category	Rate
Clinical Recovery (Completed Patients)	84–95%
Typical Recovery Duration	6–8 sessions
Relapse Prevention	High, due to root-cause removal

9.3 Why the Clinical Rate Matters

The clinical recovery rate reflects:

- No placebo effect (verified re-diagnosis)
- No guesswork (structured methodology)
- No emotional bypass (root spiritual cause removed)

This makes Ruqyah Healing a completion-based therapy, not a session-based service.

9.4 Complementary, Not Oppositional

Ruqyah Clinic functions where psychology or medicine cannot reach:

Domain	Conventional Approach	Ruqyah Healing Approach
Focus	Emotional or chemical	Spiritual + emotional
Goal	Coping or management	Root-cause removal
Outcome Basis	Reduction of symptoms	Elimination of cause



SECTION -10

KEY INSIGHTS FROM THE 5-YEAR TREND

The five-year data set does more than summarise outcomes — it reveals patterns in how spiritual illness behaves and responds to structured treatment. The following are the strongest insights observed.

10.1 Recovery Is Consistent When Treatment Is Completed

Across all five years, clinical recovery remained stable at 84–95%, which shows:

- The method is repeatable
- Healing is not personality-based
- Ruqyah can operate at clinical standards

10.2 Chronic Cases Require More Time, Not More Recitation

Patients suffering for multiple years or with compounded afflictions need a structured, phased approach.

These are not “hard cases”, they are layered cases, and respond once the correct order of treatment is followed.



SECTION 10 — KEY INSIGHTS FROM THE 5-YEAR TREND

10.3 Early Dropout Predicts Non-Recovery

Patients who leave before structured completion rarely heal elsewhere, because:

- They interrupt the root-cause phase
- They seek instant relief instead of resolution

This is why overall recovery is lower than clinical recovery.

10.4 Re-Diagnosis Is a Critical Factor in Accountability

The process of verifying healing through re-diagnosis ensures:

- No assumption
- No exaggeration
- No “emotional healing” mislabelled as “spiritual cure”

It is the key mechanism that gives Ruqyah Healing scientific credibility.

10.5 Spiritual Illness Frequently Co-Exists With Psychological Trauma

A significant percentage of patients show:

- A spiritual cause at origin
- but
- A psychological pattern sustaining the symptoms

This confirms that Ruqyah must be combined with emotional rehabilitation/counseling for complete healing.



FORWARD VISION (2025–2035)

The next decade aims to transition Ruqya Clinic from a specialised practice into a fully developed spiritual healthcare model that can be replicated, scaled, and governed through standardised methodology.

This vision is built on three pillars: **systemisation, training, and global accessibility.**

11.1 Systemisation of Treatment

The goal is to convert the Ruqya Clinic methodology into a structured healthcare framework, including:

- Standardised diagnostics
- Layered treatment protocols
- Case documentation structure
- Outcome verification model
- Ethical and safety guidelines

This allows consistency across all therapists, present and future.



SECTION 11 — FORWARD VISION (2025–2035)

11.2 Training Future Practitioners

The long-term vision is to produce qualified Ruqyah therapists who are:

- Spiritually grounded
- Clinically trained
- Psychologically aware
- System-based, not personality-based

This transforms Ruqyah from a personal skill to a certifiable therapeutic discipline.

11.3 Technology Integration

To reach global patients, the system will gradually integrate:

- AI-assisted diagnostics
- Structured follow-up tracking
- Digital patient dashboards
- Therapy progression logs
- Outcome analytics

This enables scale without losing precision.

11.4 Institutional Expansion

Over the next decade, In shā' Allāh:

- Physical Ruqya Clinic centres will be established in key regions
- A research and training hub model will support each region
- Clinical audits will ensure global consistency

This positions Ruqya Clinic as a healthcare institution, not a local service.



SECTION -12

CONCLUSION & CLOSING STATEMENT

The five-year clinical review demonstrates that Ruqya Clinic is not merely a spiritual intervention — it is a structured therapeutic system capable of delivering consistent, verifiable, and replicable outcomes.

The data shows:

- When patients complete treatment, recovery is highly consistent
- The methodology remains effective across varying case types
- The diagnostic + re-diagnosis model establishes accountability
- Spiritual healing becomes measurable rather than assumed

This makes Ruqya Clinic a bridge between spiritual care and clinical discipline — restoring what modern healthcare has separated: the soul from the body, and the inner state from the outer symptoms.

A New Standard for Spiritual Healthcare

This outcome review demonstrates that spiritual illness is:

1. Detectable
2. Classifiable
3. Treatable
4. Verifiable

This marks a departure from informal ruqyah practices and introduces system-based healing, where:

- Results can be tracked
- Protocols can be replicated
- Therapists can be trained
- Patients can be reassured with evidence



SECTION 12 — CONCLUSION & CLOSING STATEMENT

A Foundation for the Next Decade

With the framework now clinically established, the next phase (2025–2035) focuses on:

- Scaling the model
- Training practitioners
- Refining diagnostic precision
- Enhancing reporting systems
- Integrating global delivery mechanisms

In shā’ Allāh, this will lead to a world where spiritual illness is not dismissed, misunderstood, or misdiagnosed — but addressed with the same seriousness as physical and psychological health.

Closing Statement

Ruqya Clinic is not built on restoration — removing what blocks the soul, so the mind and body can return to balance by the permission of Allah. This review stands as the first documented step toward a globally standardised model of spiritual healthcare.



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**Five Years Recovery Outcomes
Journal (2021-2025)**

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