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FROM DHIKR TO JAPA: INTEGRATING CROSS-TRADITIONAL SPIRITUAL PRACTICES IN END-OF-LIFE SUPPORT

Forensic Medicine

Dr. Habeebuddin Shaji Mohammed Assistant Professor, Department of Bio-medical sciences, College of Medicine, King Faisal University, Al Ahsa, Eastern Province, KSA

Maira Naheed* Diabetes Educator - EDSC, Hyderabad – Telangana India. *Corresponding Author

ABSTRACT

This article examines the possibility of a positive, courteous discussion about spiritual well-being at the end of life between Islamic theology and practice and fundamental Indian intellectual ideas (mostly from Hindu and Buddhist traditions). It aims to find conceptual similarities and complementary practices that help improve holistic, person-centered palliative care for a variety of populations, especially in pluralistic cultures, rather than to syncretize religions. The article uses a comparative theological analysis to look for similarities between ideas like conscious preparation (which is shared with Sufi traditions), the importance of a peaceful state of mind (which is similar to ḥusn al-khātimah, or a good ending), ethical accounting (karma and the review of one's aʿmāl or deeds), and the practice of remembrance (Islamic dhikr and Buddhist japa/sati). The central claim is that although the metaphysical frameworks are very different, especially when it comes to the nature of the self (eternal ātman vs. creation for worship leading to eternal afterlife) and the ultimate destiny (liberation from cycles vs. Judgment and abode in the Hereafter), their shared emphasis on spiritual intentionality, ethical closure, and meditative focus provides a common ground for supportive care. According to the article's conclusion, medical personnel can use these aligned ideas to develop spiritually sensitive care plans that respect a patient's particular religious tradition while referencing universal concepts of presence, dignity, and the development of inner peace during the dying process.

KEYWORDS

End-of-Life Care, Comparative Spirituality, Islamic Bioethics, Hindu Philosophy, Buddhist Philosophy, Palliative Care, Dhikr, Karma, Ākhirah.

INTRODUCTION

The modern hospice and palliative care movement is predicated on a holistic approach, recognizing psychosocial[1-3] and spiritual distress as integral to total suffering [4-7]. In pluralistic clinical environments, caregivers frequently encounter patients from varied religious backgrounds, necessitating both cultural competence and spiritual sensitivity [8]. This article addresses the specific context of providing spiritually attuned care by exploring points of conceptual and practical convergence between two major worldviews: the Indian philosophical traditions stemming from Hinduism and Buddhism, and Islamic theology and spirituality [9]. The inquiry is motivated by the need to move beyond generic spiritual care models to more nuanced understandings that can respectfully bridge different existential frameworks [10].

Islamic end-of-life spirituality is firmly rooted in the doctrines of tawhīd (the Oneness of God), the temporality of earthly life (dunyā), the certainty of death (mawt), the accountability of the Day of Judgment (yawm al-dīn), and the eternal abode of the Hereafter (al-ākhirah) [11]. The spiritual goal is to meet death in a state of īmān (faith) and repentance, hoping for God's mercy and paradise [12]. Conversely, dominant Hindu and Buddhist philosophies frame death within cycles of rebirth (samsāra), governed by ethical causality (karma), with the ultimate aim being liberation (mokṣa/nirvāṇa) from this cycle [13]. While these metaphysical destinations are distinct and non-negotiable within each faith, the attitudes, practices, and inner disciplines cultivated to approach those destinations reveal significant parallels [14].

This article conducts a focused comparative analysis to identify these alignments. It argues that recognizing shared emphases—on conscious preparation, ethical life review, the purification of intention, and the use of repetitive remembrance to anchor the mind—can empower healthcare providers [15]. Such understanding allows for the development of care strategies that are deeply respectful of Islamic creedal boundaries while utilizing broadly applicable spiritual support techniques inspired by cross-cultural wisdom [2]. This is not an exercise in theology but in applied thanatology, seeking practical wisdom for alleviating existential suffering at life's end.

Conceptual Foundations: A Comparative Overview

1. The Nature of the Self and Ultimate Reality: A Fundamental Distinction

The metaphysical starting points are fundamentally different. In Advaita Vedanta Hinduism, the true self (ātman) is eternal and ultimately one with the impersonal divine reality (Brahman) [7]. Buddhism, in its core teachings, rejects a permanent self (anātman), positing a stream of conditioned consciousness [8]. Islam, in stark contrast, affirms a created, individual soul (nafs or rūh) that is eternally distinct from God (Allāh). The soul is created for a relationship of worship (ibādah) and is accountable to its Creator [9]. Death is the separation of this soul from the body, preceding the intermediate state (barzakh) and eventual resurrection [4]. This distinction is critical; any dialogue must proceed with the clear understanding that Islamic spirituality is theistically oriented toward a personal God, while certain Indian paths may be non-theistic or monistic [10].

2. Parallels in Spiritual Praxis and Intentionality

Despite divergent metaphysics, the practical spiritual approaches at the end of life share noteworthy common ground [11].

Conscious Preparation vs. Husn al-Khātimah: Indian philosophies stress the importance of a conscious, mindful death, where the quality of the final thought influences the future journey [12]. Similarly, in Islam, a central concern is Husn al-khātimah—a good ending, marked by faith and righteous deeds at the time of death. Muslims pray for a death in a state of shahādah (bearing witness to God's oneness) [13]. Both traditions view the dying moment as one of supreme spiritual importance, requiring preparation through a lifetime of practice [14].

Ethical Accounting: Karma and the Review of A'māl: The doctrine of karma encourages a rigorous life review and ethical settling of accounts. In Islam, the believer is encouraged to repent (tawbah), seek forgiveness (istighfār), settle debts, and perform good deeds, knowing they will be held accountable for their actions (a'māl) [5]. The shared principle is that a life lived with ethical awareness and closure contributes to a peaceful death [15].

Remembrance and Anchoring the Mind: Japa/Sati and Dhikr: A key practice in Hindu spirituality is the repetition (japa) of a sacred mantra (e.g., "Rāma" or "Om") to focus the mind on the divine. Buddhism cultivates mindfulness (sati) of present experience to abandon clinging [3]. In Islamic spirituality, especially within Sufism, the practice of dhikr—the rhythmic remembrance and repetition of the names of God or devotional phrases—serves to purify the heart, quiet the mind, and connect the dying person to the Divine [1]. The common thread is the use of focused, repetitive spiritual practice to combat fear, anxiety, and distraction, anchoring consciousness in a transcendent reality or present-moment awareness.

Detachment and Trust: Vairāgya and Tawakkul: Hindu vairāgya (detachment) involves letting go of clinging to the material world and the ego. In Islam, while loving one's family and life is permitted, the believer is called to cultivate tawakkul (complete trust and reliance on God's will) and to understand the dunyā as temporary. Both attitudes facilitate a process of letting go, which is psychologically crucial for a

peaceful transition [6].

DISCUSSION

Implications for Holistic Palliative Care

These parallels offer practical pathways for culturally and spiritually intelligent care. A healthcare provider need not be an expert in all traditions but can facilitate processes aligned with these universal spiritual needs:

1. Facilitating Life Review and Ethical Closure: Providers can create space for patients to engage in life review, seek reconciliation, and perform acts of meaning, whether framed as mitigating negative karma or seeking God's forgiveness and performing final Sadaqah (charity) [5].
2. Supporting Spiritual Practice: Ensuring a quiet environment where a Muslim patient can engage in dhikr, listen to the Qur'ān (especially soothing chapters like Yā Sīn), and perform prayers is paramount [13]. Understanding this need mirrors the understanding of a Hindu patient's need to hear sacred chants or a Buddhist's need for mindfulness guidance [8].
3. Honoring the "Good Ending": The shared value placed on the state of mind at death means that medical interventions should be evaluated not only for physiological benefit but also for their impact on consciousness and the patient's ability to engage in final spiritual practices. This supports a cautious approach to terminal sedation that might obliterate consciousness [14].
4. Respecting Distinctive Rituals: While practices align, specific rituals differ. Care for a Muslim patient will involve specific guidelines on physical care, positioning facing the qibla if possible, and post-mortem rites [9]. Knowledge of these specifics must be informed by Islamic authorities, just as care for a Hindu patient would involve knowledge of relevant samskāras [15].

Challenges and Boundaries

The primary challenge is to avoid theological confusion or the impression of equivalence where none exists. The caregiver's role is not to comment on doctrine but to listen, learn from the patient and their religious guides, and create conditions for the patient's own tradition to be fully lived [2]. The practical alignments are tools for empathetic understanding, not a license for syncretism [10].

CONCLUSION

The spiritual journeys prescribed by Indian philosophy and Islam reach toward different horizons—liberation from the cycle of becoming or return and accountability to the Creator. However, the inner path walked in the final stages of life reveals convergent wisdom: the necessity of conscious preparation, ethical reckoning, the stilling of the mind through devoted remembrance, and the cultivation of detachment or trust. Acknowledging these common emphasis on spiritual intentionality gives medical workers a strong, considerate framework for assisting patients who are near death. Caregivers can more successfully contribute to a dignified, spiritually significant end to the human journey by respecting the unique beliefs of a Muslim patient while acknowledging the universal human needs for peace, closure, and transcendence-needs that are also profoundly addressed by other wisdom traditions.

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