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### Transliteration Table: Vowels and Diphthongs

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<td>ُّ، أّ</td>
<td>ay</td>
</tr>
<tr>
<td>ي</td>
<td>ï</td>
<td>ْوُ، َّى، ِّى</td>
<td>uww, ù (in final position)</td>
</tr>
<tr>
<td>ت</td>
<td>ñ</td>
<td>ْوُ، َّى</td>
<td>iyy, ï (in final position)</td>
</tr>
</tbody>
</table>

*Source: ROTAS Transliteration Kit: http://rotas.iium.edu.my*
Bibliometric Analysis on Islamic Spiritual Care with Special Reference to Prophetic Medicine or al-Ṭibb al-Nabawī

Zunaidah binti Mohd Marzuki*
Nurulhaniy binti Ahmad Fuad **
Jamilah Hanum binti Abdul Khaiyom ***
Normala binti Mohd Adnan ****
Aida binti Mokhtar*****

Abstract: This study focuses on a bibliometric analysis that explores trends on Prophetic medicine (al-ṭibb al-nabawī) within Islamic spiritual care. Due to the scarcity of literature, it utilised “Islamic Spiritual Care” as a search term on Dimensions.ai, rather than “Prophetic Medicine” or “Ḥadīth.” Initially, 325

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*** Assistant Professor, Department of Psychology, AbdulHamid AbuSulaiman Kulliyyah of Islamic Revealed Knowledge and Human Sciences, International Islamic University Malaysia (IIUM). Email: hanum@iium.edu.my
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titles were identified, with 56 of them meeting the criteria for analysis. The data was then analysed using the Biblioshiny interface of the Bibliometrix R package. The results reveal a steady rise in Islamic spiritual care studies over the past decade, despite notable fluctuations. The exploration of Prophetic medicine within the framework of spiritual care lacks sufficient emphasis, as indicated by the analysis of the 56 pertinent sources, particularly from the most frequent words and co-occurrence network map of authors’ keywords. This research, to the knowledge of the authors, is a pioneering bibliometric analysis in the field.

**Keywords:** Bibliometric analysis, Prophetic medicine, Islamic spiritual care, *Hadith*, Dimensions.ai, Bibliometrix R package


**Kata kunci:** Analisis Bibliometrik, perubatan Nabi, penjagaan kerohanian Islam, hadis, Dimensions.ai, pakej Bibliometrix R.

**Introduction**

Spirituality and healthcare have always been intricately intertwined since the early emergence of hospitals, known as Bimaristans, during the Abbasid era (Javed, 2019). However, in modern times, the noble pursuit of intellectual pleasures has been obscured by an overly empirical and positivistic worldview, leading to a dualistic perspective on health. Despite the World Health Organisation’s post-World Wars
redefinition of health as “a sane mind in a sound body” (Larson, 1996, p. 181), highlighting the importance of mental health, spirituality appears to remain marginalised, contrary to Islamic beliefs. Nevertheless, as health and illness are closely connected to issues of suffering and meaning, spirituality is recognised as fundamental to human well-being (Singh & Ajinkya, 2012), albeit frequently perceived as a secondary component to physical health.

In recent years, the discussion on sustainable development has broadened to include not only the traditional pillars of economic, environmental, and social dimensions, but also the essential aspects of spirituality, values, and culture. Institutions like the International Islamic University Malaysia (IIUM) have played a significant role in promoting a more comprehensive approach to sustainable development. Emerging from this wider perspective is Sustainable Development Goal (SDG) 18 (Abdul Razak, 2023) which highlights the inherent link between humanising sustainable development and fostering a harmonious relationship between ecological and human civilisations within our increasingly complex global society. In the seminal publication *SDG 18 Spirituality, Values, and Culture for Humanising Sustainable Development: A Future Worldview*, Berghout and Ahmad (2023) emphasise the urgent need to acknowledge and incorporate spirituality, values, and culture into the essence of sustainable development. This necessity stems from the recognition that human beings are multifaceted entities, encompassing not only physical and psychological dimensions but also spiritual, emotional, social, and cultural ones. It is within the fusion of these diverse elements that the potential for balanced growth and holistic well-being lies.

The domain of spiritual or pastoral care reflects the enduring influence of Christianity on Western society, where, akin to Islam, it emphasises the importance of the soul over the physical body (West, 2009). This foundation has fostered an environment within the field that is receptive to embracing other belief systems that recognise the interconnectedness of spirituality. However, recent advancements in this field have introduced novel approaches such as nonreligious/humanistic chaplaincy. In this model, individuals seeking chaplain services may request support from those who do not adhere to a specific religious faith or belief in a higher power, highlighting the influence of secularism even at the individual level (Lawton et al, 2023).
Nevertheless, it is imperative to acknowledge that the core of spiritual or pastoral care, viewed through the lens of practical theology, resonates universally among diverse religious traditions. This standpoint, as elucidated by Mol (2021), centres on nurturing faith, facilitating the construction of existential meaning, as well as advancing the mental well-being and ethical development of individual adherents. Major religions place a strong emphasis on spiritual care for their followers, as evidenced by scholarly works such as *Spirituality in Medicine* within Judaism (Lapsley, 2021), Buddhism (Livingston, 2021), and Hinduism (Lapsley, 2021). Nonetheless, it is apparent from various sources such as Baig and Isgandarova (2023), Christensen at al. (2020), Schroer (2023) that, apart from Islam, Christianity stands out as the most prominent faith traditionally emphasising spiritual or pastoral care.

The term “spiritual care,” as perceived by certain Christians, denotes a secular outlook, as they assert that the originally utilised terms were chaplaincy and pastoral care (Kerlin, 2014). It is noted that despite the Muslim heritage being credited with the establishment of the first hospitals that adopted a holistic approach to human health, there is a lack of a specific designation for spiritual caregivers. Long and Ansari (2018) posit that the fundamental concept itself is not novel, but rather the professionalisation of this domain is a recent development. This could explain why Baig and Isgandarova (2023) emphasise that within Islamic academic circles, the field of Islamic spiritual care is still in its early stages compared to its Christian counterpart. Recognising this, efforts have been made to devise a suitable term by elucidating the fundamental philosophy of Islamic spiritual care. One such proposal is *al-ri’āyah al-rūhiyyah* through the concept of *naṣīḥah* where not only *naṣīḥah* understood as a mere verbal advice, but as “the *raison d’etre* of Islam” (Jamil, 2021, p. 22). Given that spiritual care is considered an integral component of the healthcare system, the discourse on Islamic medicine becomes pertinent. One aspect is Prophetic medicine or *al-ṭibb al-nabawi*. *Al-ṭibb al-nabawi*, categorised within Ḥadīth literature, is commonly perceived to primarily address nutritional and physical healing aspects, although its scope extends beyond these dimensions. Texts on it have also delved into illnesses necessitating spiritual interventions (Ibn Qayyim, 1990), showcasing a comprehensive medical approach. The essence of *al-ṭibb al-nabawi* lies in its foundation on Ḥadīth-based healing principles (Perho, 1995), prompting this study to
explore the convergence between it/Prophetic medicine and spiritual care.

**Methodology: Materials and Methods**

This study used Bibliometrix in conjunction with the R package to conduct a quantitative analysis of 56 documents extracted from a pool of 325 titles, using the search engine Dimensions.ai. The primary keyword was “Islamic Spiritual Care” which yielded the highest number of results compared to other keywords like “Prophetic Medication,” “Ṭībb Nabawī,” or “Ḥadīth,” which produced minimal to no more than twenty results. The sources considered were not restricted to academic journals but also book chapters and monographs. The timeframe of the publications was unspecified. The screening process involved the manual selection of sources directly related to Islamic spiritual care, specifically those containing keywords like the Qurʾān, Qurʾānic, and Ḥadīth. Sources lacking direct relevance were excluded. The final set of data included for the bibliometric analysis comprised 56 documents from 37 different sources. Limitations of this study arise from the scarcity of sources, resulting in a small sample size as the database could not include materials in the Arabic language or classical sources. Manual scrutiny was also applied to catalogue all 56 documents along with their sources and authors as it was observed that the preliminary analyses conducted by Dimensions.ai had omitted certain details, rendering the mapping carried out by Biblishiny incomplete. Through this manual examination, undisclosed sources (NA) were successfully identified, as elaborated in the description of Table 5.

**Analysis, Results, and Findings**

**Main information**

The main information in the dataset containing 56 documents from 37 sources, is presented in detail in Table 1.

<table>
<thead>
<tr>
<th>Description</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAIN INFORMATION ABOUT DATA</td>
<td></td>
</tr>
<tr>
<td>Timespan</td>
<td>2011:2023</td>
</tr>
<tr>
<td>Sources (journals, books, etc.)</td>
<td>37</td>
</tr>
<tr>
<td>Documents</td>
<td>56</td>
</tr>
</tbody>
</table>
The table above also shows that the materials consist of articles (46), chapters (8), and monographs (2). The documents collected were from 2011 to 2023, despite unspecified timeframe.

Regarding the types of documents, the researchers manually compiled two monographs and eight book chapters (See Table 2). To maintain conciseness, 46 articles are excluded as all 56 titles are listed in affiliation contexts.

Table 2: List of monograph and book chapter

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>Author (Year). Title</th>
</tr>
</thead>
</table>
| Book Chapter    | 1     | 1. Isgandarova (2022). Female voices in Islamic Spiritual Care: Tensions and achievements. In: *Complexities of Spiritual Care in Plural Societies*.  
|                 |       | 3. Baig (2022). The Islamic Theology Behind Spiritual Care and Hospital Chaplaincy.  
Most Relevant Affiliations

The ten most relevant affiliations related to the theme of Islamic spiritual care are shown in Table 3.

Table 3: Top 10 Affiliations (According to Article Authors)

<table>
<thead>
<tr>
<th>No.</th>
<th>Affiliation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Emmanuel College of Victoria University, University of Toronto, Ontario, Canada</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Department of Theological Studies, Concordia University, Montreal, Canada</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Sekolah Tinggi Ilmu Kesehatan Aisyiyah Bandung, Indonesia</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Academy of Islamic Studies, University of Malaya, Kuala Lumpur, Malaysia</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Department of Psychology, Universitas Islam Indonesia, Yogyakarta, Indonesia</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Institute of Policy Studies, Universiti Brunei Darussalam</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Universitas Padjadjaran, Sumedang, Indonesia</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Universitas Gadjah Mada, Indonesia</td>
<td>4</td>
</tr>
</tbody>
</table>
It is crucial to highlight that the total number of affiliations corresponds to the number of authors associated with an article and may not necessarily indicate the total number of articles. However, in cases where a single author from an institution produces a single-authored article, it accurately reflects the total number of articles. For instance, at Emmanuel College of Victoria University in the University of Toronto, Ontario, Canada, Isgandarova, as the sole author affiliated with this institution, contributed 10 articles. Additionally, three more articles attribute her affiliation to Spiritual and Religious Care, Ontario Multifaith Center, Toronto, Canada where she is the coordinator. Consequently, her overall contribution totals 13 articles, as depicted in the most relevant author (see Table 7) and outlined in the subsequent compilation list (Table 4).

The subsequent compendium, meticulously done manually, encompasses 56 titles categorised based on the primary or lead author’s institutional affiliation by country. Each listing contains the authors’ names along with their corresponding affiliations. The total number of authors tallies up to 107. Remarkably, Canada could claim to having the most significant presence with 14 publications, followed by Indonesia (11), and the USA (7). Countries with multiple contributions consist of the Netherlands with 5, Iran (4), and Norway (3). Furthermore, each Malaysia, Australia, and Germany provides 2 publications. There is also representation from Jordan, Switzerland, Denmark, Scotland, the United Kingdom, and Brunei, with each contributing 1 publication.

List of Papers According to Countries and Affiliations of Main Authors

The following table (Table 4) compiles the affiliation of 56 main authors according to their country together with the title of the literature. It is important to note that an author may publish different articles within a year, as can be seen in the case of Isgandarova.
### Table 4: List of 56 Papers According to Countries and Affiliations of Main Authors

<table>
<thead>
<tr>
<th>Country: Total Papers</th>
<th>Affiliation of the Main Author (based on the article title)</th>
</tr>
</thead>
</table>


Indonesia: 11


USA: 7


<table>
<thead>
<tr>
<th>Country</th>
<th>Authors and Title</th>
<th>Year</th>
<th>Journal/Details</th>
</tr>
</thead>
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<td>Country</td>
<td>1</td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Annual Scientific Production**

Another analysed category concerns the number of publications. This can be seen in Figure 1 below.
The annual scientific production of papers within the field has shown a generally increasing trend over the past decade. Nevertheless, at the microscopic level, it displays fluctuations resulting in an inconsistent growth pattern. The year 2022 was the most productive for Islamic spiritual care, with over 10 articles published. In contrast, 2013, 2016, and 2017 had no publications, making them the least productive years.

**Annual Citation Per Year**

The collated data was analysed for annual citations.

Figure 2 shows that the annual citation rate for the field of Islamic spiritual care from these 56 literature has experienced a consistent decline from 2018 to 2023, with a minor upward trend observed between 2021 and 2022. This may not necessarily be connected to a low level of interest towards the field but indicating multiple possibilities such
as limited visibility and availability of these sources, as well as less inclusivity or interconnectivity among authors in the field.

**Most Relevant Sources**

The most relevant dataset sources mentioned below (see Table 5) presents a wide array of viewpoints concerning Islamic spiritual care, pastoral care, religion, and spirituality.

**Table 5: The Ten Most Relevant Sources**

<table>
<thead>
<tr>
<th>Sources</th>
<th>Articles</th>
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</thead>
<tbody>
<tr>
<td>Journal of Pastoral Care &amp; Counselling Advancing Theory and Professional Practice Through Scholarly and Reflective Publications</td>
<td>8</td>
</tr>
<tr>
<td>Journal of Religion and Health</td>
<td>7</td>
</tr>
<tr>
<td>Complexities of Spiritual Care in Plural Societies</td>
<td>4</td>
</tr>
<tr>
<td>Journal of Pastoral Theology</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>2</td>
</tr>
<tr>
<td>Spirituality in Clinical Practice</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Science Letters</td>
<td>1</td>
</tr>
<tr>
<td>Boundaries of Religious Freedom: Regulating Religion in Diverse Societies</td>
<td>1</td>
</tr>
<tr>
<td>Communicatus Jurnal Ilmu Komunikasi</td>
<td>1</td>
</tr>
<tr>
<td>Heliyon</td>
<td>1</td>
</tr>
</tbody>
</table>

There are two articles under the category labelled as “NA” or Not Available, which indicates an absence of a specified source type. In clarifying the NA source, upon manual inspection, it was discovered that it pertains to two monographs by Routledge as listed in the primary information section (see Table 2 above). The remaining 27 documents are not explicitly mentioned in this dataset but are detailed out by Bradford’s Law. This variety suggests a thorough exploration of pastoral care, religion, and spirituality across diverse academic platforms.

**Bradford’s Law**

The Bradford’s Law in the Bibliometric field is known for clustering sources according to zones; **zone 1 (core), zone 2 (intermediate), and zone 3 (outlying)**. The source clustering dataset organised 37 sources according to the three zones and this is shown in Table 6 below.
Table 6: Source clustering for “Islamic Spiritual care” based on Bradford’s Law

<table>
<thead>
<tr>
<th>Source</th>
<th>Rank</th>
<th>Freq</th>
<th>Cum Freq</th>
<th>Zone</th>
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<td>Journal of Pastoral Care &amp; Counseling Advancing Theory and Professional Practice Through Scholarly and Reflective Publications</td>
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<td>Zone 1</td>
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<tr>
<td>Complexities of Spiritual Care in Plural Societies</td>
<td>3</td>
<td>4</td>
<td>19</td>
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</tr>
<tr>
<td>Journal of Pastoral Theology</td>
<td>4</td>
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<td>21</td>
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<tr>
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<td>26</td>
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<td>Boundaries of Religious Freedom: Regulating Religion in Diverse Societies</td>
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<td>Communicatus Jurnal Ilmu Komunikasi</td>
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<td>10</td>
<td>1</td>
<td>29</td>
<td>Zone 2</td>
</tr>
<tr>
<td>IBDA Jurnal Kajian Islam dan Budaya</td>
<td>11</td>
<td>1</td>
<td>30</td>
<td>Zone 2</td>
</tr>
<tr>
<td>Intellectual Discourse</td>
<td>12</td>
<td>1</td>
<td>31</td>
<td>Zone 2</td>
</tr>
<tr>
<td>International Journal of Politics, Culture, and Society</td>
<td>13</td>
<td>1</td>
<td>32</td>
<td>Zone 2</td>
</tr>
<tr>
<td>Islam Transformatif Journal of Islamic Studies</td>
<td>14</td>
<td>1</td>
<td>33</td>
<td>Zone 2</td>
</tr>
<tr>
<td>Journal for the Academic Study of Religion</td>
<td>15</td>
<td>1</td>
<td>34</td>
<td>Zone 2</td>
</tr>
<tr>
<td>Journal of Education and Health Promotion</td>
<td>16</td>
<td>1</td>
<td>35</td>
<td>Zone 2</td>
</tr>
<tr>
<td>Journal of Holistic Nursing</td>
<td>17</td>
<td>1</td>
<td>36</td>
<td>Zone 2</td>
</tr>
<tr>
<td>Journal of Muslim Mental Health</td>
<td>18</td>
<td>1</td>
<td>37</td>
<td>Zone 2</td>
</tr>
</tbody>
</table>
From the 56 documents (see Table 6), the top three rankings were allocated to the core zone, comprising 19 documents stemming from 3 distinct sources. Another 19 documents, originating from 16 different sources, were categorised in the intermediate zone, while the remaining 18 documents, each published by a different source, were placed in the outlying zone. Notably, the three journals in the core zone exhibited
exceptional productivity in releasing studies related to Islamic Spiritual care, namely: *Journal of Pastoral Care & Counselling Advancing Theory and Professional Practice Through Scholarly and Reflective Publications* (8 papers), *Journal of Religion and Health* (7 papers), and *Complexities of Spiritual care in Plural Societies* (4 papers), indicating their prominence as the leading sources in this field.

**Sources Production Over Time**

The production of the top five sources over time from 2011 to 2023 was analysed, as illustrated in Figure 3 below.

![Figure 3: Production of Islamic Spiritual care materials in five leading journals](image)

The realm of Islamic spiritual care (ISC) is primarily examined in academic journals that focus on spirituality, pastoral care, health, and theology. The leading publication in this field is the *Journal of Pastoral Care & Counselling Advancing Theory and Professional Practice Through Scholarly and Reflective Publications*, which has been in circulation since 2011, but specifically delved into ISC topics starting in 2012. Following closely is the *Journal of Religion and Health*, which was established in 2014 and has begun exploring ISC discourse in 2015. On the other hand, the book *Complexities of Spiritual Care in Plural Societies* produced four relevant articles in 2022 on ISC, with no previous or subsequent contributions. In contrast, the journal *Spirituality in Clinical Practice* which has been operational since 2011, surprisingly introduced discussions on ISC only in 2019. Lastly, the *Journal of Pastoral Theology*, founded in 2018, initiated discourse on ISC in 2022, and this trend has continued steadily through 2023.
Most Relevant Authors

Table 7 presents the ten most relevant authors in the field of Islamic spiritual care.

Table 7: The Most Relevant Authors

<table>
<thead>
<tr>
<th>Authors</th>
<th>Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isgandarova N</td>
<td>13</td>
</tr>
<tr>
<td>Ajouaou M</td>
<td>3</td>
</tr>
<tr>
<td>Baig N</td>
<td>3</td>
</tr>
<tr>
<td>Laird L. D</td>
<td>3</td>
</tr>
<tr>
<td>Bernts T</td>
<td>2</td>
</tr>
<tr>
<td>Kurniawan I. N</td>
<td>2</td>
</tr>
<tr>
<td>Majid S. A</td>
<td>2</td>
</tr>
<tr>
<td>Uyun Q</td>
<td>2</td>
</tr>
<tr>
<td>Abdul-Majid S</td>
<td>1</td>
</tr>
<tr>
<td>Abdullah M</td>
<td>1</td>
</tr>
</tbody>
</table>

The author’s relevance is determined by the volume of papers and research they have contributed to the field of ISC. Table 7 illustrates the 10 most prolific authors out of the 56 sources examined. In this domain, Isgandarova emerged as the predominant figure in discussions on ISC, surpassing other authors with a publication count of 13. Following her, Ajouaou, Baig, and Laird produced 3 papers each. Authors with 2 papers each are Bernts, Kurniawan, Majid, and Uyun and those with single papers include Abdul Majid and Abdullah.

Authors Production Over Time

The production over time of the ten most relevant authors is presented in Figure 4.

Aligned with the most prominent authors illustrated in Table 7, Isgandarova emerged as the most prolific writer, as depicted in Figure 4, having authored 13 papers from 2011 to 2023, with 2018 marking the peak of her productivity. Ajouaou followed closely with 3 papers published in 2014 and 2015, consisting of 2 papers and 1 paper respectively. She was trailed by Baig and Laird, both with 3 papers
each. Baig contributed 1 paper in 2022 and 2 in 2023, more recently than Ajouaou, while Laird produced 1 paper each from 2021 to 2023. The remaining 6 authors, each with 2 papers, commenced their research in 2014, with no publications in 2016, 2017, and 2020. Notably, some authors engaged in collaborative efforts, with the most frequent pairs being Isgandarova-Baig and Ajouaou-Bernts who also cited each other. For instance, Isgandarova referenced Ajouaou in her paper titled *The Role of Practice-Based Education in Islamic Spiritual Care: The Clinical Pastoral Education (CPE) Training* and Baig in his work *Exploring Islamic Spiritual Care – What Is in A Name?* and *Islamic Spiritual Care and Negative Religious Coping: Islamic Practical Theology and Psychology of Religion at Crossroads*. Isgandarova has been extensively cited, particularly by Baig, concurring on key issues such as the existing disparity between the “lived and the studied” (Baig, 2023, p. 164), and the necessity for chaplains to possess a contextual legal (fiqhi) comprehension to address multifaceted cases that commonly arise in a diverse religious society (Baig, 2023).

![Figure 4: Authors’ Production Over Time](image-url)
However, the authors seem to have placed insufficient emphasis on the central topic of discussion, which is the reference to or application of Prophetic medicine within the context of spiritual care based on current literature. It can be inferred from these writings that when Prophetic medicine is examined through the lens of spiritual care, it will require an expansion of the definition of ‘Prophetic medicine’ itself, thereby broadening the scope beyond the specific genre of Prophetic medicine to encompass the larger framework of the Ḥadīth tradition. As highlighted by Baig (2022), the foundational principles of spiritual care are not foreign to the prophetic teachings as evidenced by the numerous Ḥadīths such as the Ḥadīth on the presence of God among the sick (Muslim, 2569, vol. 8, p. 13), that for every sickness there is a cure (Muslim, 2204, vol. 7, p. 21), and the Ḥadīth of rahmah (al-Tirmidhi, 1924, vol. 3, p. 483). The Ḥadīths have codified these principles, ranging from the fundamental tenets of the Islamic worldview to the actions of the Prophet himself. Supporting this argument, Isgandarova’s study (2012) demonstrates that the Ḥadīths, in conjunction with the Quran, form the cornerstone of effective spiritual care practices. Additionally, as noted by Isgandarova and Baig (2023), key aspects of Islamic spiritual care such as spirituality and psychology which are primarily addressed within the taṣawwuf (Sufism) framework have also been influenced by the Ḥadīths, many of which have been acknowledged by scholars, mainly Ibn Qayyim (1990) and al-Dhahabi (1990) who have written on Prophetic medicine. Therefore, this recognition emphasises the necessity for further research to shed light on the intersection of Prophetic medicine and spiritual care.

**Most Cited Countries**

Table 8 presents the total frequency of citations by country, ranked from highest to lowest.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>TOTAL CITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>77</td>
</tr>
<tr>
<td>Iran</td>
<td>33</td>
</tr>
<tr>
<td>Netherlands</td>
<td>27</td>
</tr>
</tbody>
</table>
Canada emerged as the preeminent country in the field of Islamic spiritual care, garnering an impressive 77 citations, surpassing Iran that has 33. The Netherlands followed closely with 27 citations, while Indonesia accumulated 15, and Malaysia 9. Each of Australia, Denmark, and Switzerland received 3 citations, showcasing an equal level of recognition of ISC. In contrast, the USA received only 1 citation while other countries did not receive any.

**Most Frequent Words**

In exploring Islamic spiritual care, the ten most frequent words and their occurrences, ranked from the highest to the lowest, were produced. They are presented in Table 9 below.

<table>
<thead>
<tr>
<th>Words</th>
<th>Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>humans</td>
<td>15</td>
</tr>
<tr>
<td>Islam</td>
<td>13</td>
</tr>
<tr>
<td>spirituality</td>
<td>9</td>
</tr>
<tr>
<td>pastoral care</td>
<td>8</td>
</tr>
<tr>
<td>female</td>
<td>7</td>
</tr>
<tr>
<td>male</td>
<td>7</td>
</tr>
<tr>
<td>religion and medicine</td>
<td>7</td>
</tr>
<tr>
<td>anxiety</td>
<td>4</td>
</tr>
<tr>
<td>cultural characteristics</td>
<td>4</td>
</tr>
<tr>
<td>professional-patient relations</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 9 illustrates the ten most significant keywords and their frequencies in the discourse on Islamic Spiritual care (ISC). The most prominent term is “humans” which appeared 15 times, reflecting the focus on human beings in the realm of spiritual care. Following closely is the term “Islam,” occurring 13 times, highlighting the Islamic perspective on spiritual care. “Spirituality” was noted 9 times, while “pastoral care” 8. The subsequent three terms, “female,” “male” and the combination of “religion” and “medicine,” each appeared 7 times. The final four occurrences were attributed to “anxiety,” “cultural characteristics,” and “professional-patient relations.” Notably, several of these keywords align with the search terms employed by the researchers to identify pertinent literature, including “Islam,” “spirituality,” and “pastoral care.” Nonetheless, as outlined in the limitations section above, the initial keywords did not yield satisfactory outcomes, prompting the adoption of the current set focusing on Islamic spiritual care.

**Word Cloud**

The most relevant terms and their frequencies can be clearly depicted through the presentation of a word cloud as shown in Figure 5.

![Word Cloud](image-url)
Co-Occurrence Network

The co-occurrence network analysis yielded two thematic clusters wherein the related keywords are presented in red and blue colours, as depicted in Figure 6.

![Co-occurrence network map of authors’ keywords](image)

Figure 6: Co-occurrence network map of authors’ keywords

The diagram above (Figure 6) illustrates the interconnections between “Islamic spiritual care” and its associated keywords. This network visualisation, constructed using keywords extracted from the authors’ articles (authors’ keywords), revealed a total of 19 nodes organised into two distinct clusters. Cluster 1 comprises thirteen nodes highlighted in red, while cluster 2 consists of six nodes in blue. The specific details of the word nodes can be observed in Table 10 below.

Upon closer examination of the top ten keywords depicted in Table 9, it becomes evident from Table 10 and Figure 6 that all but one of the top ten most frequently occurring keywords is situated within cluster 1. The outlier, the term ‘anxiety,’ resides in cluster 2.

Table 10: Co-occurrence word nodes and clusters

<table>
<thead>
<tr>
<th>Node</th>
<th>Cluster</th>
<th>Betweenness</th>
<th>Closeness</th>
<th>PageRank</th>
</tr>
</thead>
<tbody>
<tr>
<td>humans</td>
<td>1</td>
<td>22.5761946</td>
<td>0.0555556</td>
<td>0.1172412</td>
</tr>
<tr>
<td>Islam</td>
<td>1</td>
<td>21.1231145</td>
<td>0.0555556</td>
<td>0.1134836</td>
</tr>
<tr>
<td>spirituality</td>
<td>1</td>
<td>3.80657537</td>
<td>0.0454545</td>
<td>0.0706642</td>
</tr>
<tr>
<td>pastoral care</td>
<td>1</td>
<td>5.23744267</td>
<td>0.0454545</td>
<td>0.0728230</td>
</tr>
<tr>
<td>female</td>
<td>1</td>
<td>6.20853525</td>
<td>0.05</td>
<td>0.0754700</td>
</tr>
<tr>
<td>male</td>
<td>1</td>
<td>6.20853525</td>
<td>0.05</td>
<td>0.0754700</td>
</tr>
<tr>
<td>religion and medicine</td>
<td>1</td>
<td>1.48518519</td>
<td>0.04</td>
<td>0.06314877</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---</td>
<td>------------</td>
<td>-----</td>
<td>------------</td>
</tr>
<tr>
<td>cultural characteristics</td>
<td>1</td>
<td>0</td>
<td>0.03846154</td>
<td>0.04675314</td>
</tr>
<tr>
<td>professional-patient relations</td>
<td>1</td>
<td>0</td>
<td>0.03846154</td>
<td>0.04675314</td>
</tr>
<tr>
<td>attitude to health</td>
<td>1</td>
<td>0</td>
<td>0.03846154</td>
<td>0.03956747</td>
</tr>
<tr>
<td>clergy</td>
<td>1</td>
<td>0</td>
<td>0.03125</td>
<td>0.01934259</td>
</tr>
<tr>
<td>patient acceptance of health care</td>
<td>1</td>
<td>0</td>
<td>0.03846154</td>
<td>0.03839333</td>
</tr>
<tr>
<td>attitude to death</td>
<td>1</td>
<td>0</td>
<td>0.03125</td>
<td>0.01709889</td>
</tr>
<tr>
<td>anxiety</td>
<td>2</td>
<td>0.66753247</td>
<td>0.03703704</td>
<td>0.0416696</td>
</tr>
<tr>
<td>adult</td>
<td>2</td>
<td>0.28972885</td>
<td>0.03846154</td>
<td>0.03866745</td>
</tr>
<tr>
<td>depression</td>
<td>2</td>
<td>0</td>
<td>0.03225806</td>
<td>0.02563017</td>
</tr>
<tr>
<td>Iran</td>
<td>2</td>
<td>0.10742706</td>
<td>0.03703704</td>
<td>0.03137181</td>
</tr>
<tr>
<td>middle aged</td>
<td>2</td>
<td>0.28972885</td>
<td>0.03846154</td>
<td>0.03866745</td>
</tr>
<tr>
<td>aged</td>
<td>2</td>
<td>0</td>
<td>0.03571429</td>
<td>0.02778408</td>
</tr>
</tbody>
</table>

**Conclusion and Directions for Future Research**

Despite the limited nature of the collated data, several significant deductions can be made from these analyses. It is strikingly evident that the quantity of papers and studies pertaining to Islamic spiritual care lags other fields such as Islamic banking and finance, Islamic education, and Halal industry, resulting in narrowed outcomes due to data scarcity. The scope was further diminished when additional filters such as Ḥadīth and Prophetic medication were applied. Nonetheless, the analysed data reveals a positive trend in the production of papers and research within the realm of Islamic spiritual care starting from 2022 and continuing to rise. European countries dominate the list of the top ten most productive countries, suggesting a heightened interest in the subject matter within that geographical region. It may also suggest the trail of diasporic scholars of the field who have made their way there. Despite the unspecified timeframe for the study, the collected data is insufficient for a more robust bibliometric analysis. This highlights a noticeable gap in the authors’ field of interest, underscoring the need for
more thorough and detailed investigations. Consequently, the authors are inclined towards a manual approach, as the digitally acquired data through Dimensions.ai is deemed inadequate for producing a meticulously researched outcome.

Acknowledgement

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Tarabulsi, Ahmad Rif’at bin Uthman, Muhammad Izzat bin Uthman &
Abu Niamatullah Muhammad Shukri. Eds.) Turkiye: Dār al-Tabā’ah al-
‘Āmirah.


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5. A short running title of not more than 40 characters should also be included.

6. Headings and sub-headings of different sections should be clearly indicated.

7. References should be alphabetically ordered. Some examples are given below:

**Book**

In-text citations:
Al-Faruqi & al-Faruqi (1986)

Reference:
Chapter in a Book
In-text:
Alias (2009)

Reference:

Journal Article
In-text:
Chapra (2002)

Reference:

The Qur’ān
In-text:
(i) direct quotation, write as 30:36
(ii) indirect quotation, write as Qur’ān, 30:36

Reference:

Ḥadīth
In-text:
(i) Al-Bukhārī, 88:204 (where 88 is the book number, 204 is the ḥadīth number)
(ii) Ibn Hanbal, vol. 1, p. 1

Reference:

The Bible
In-text:
Matthew 12:31-32

Reference:
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