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MEDICINE VS. SPIRITUALITY: A COMPARATIVE STUDY OF PERCEIVED HEALING AND COMFORT AMONG VISITORS AT BABA MASTNATH MATH AND LOCAL HOSPITALS IN ROHTAK

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ABSTRACT

Background: Healing is a multidimensional process encompassing physical, emotional, psychological, and spiritual dimensions. In India, spirituality is often interwoven with health-seeking behaviors. This study compares the perceived healing and emotional comfort experienced by visitors to Baba Mastnath Math, a spiritual center, and those visiting local hospitals in Rohtak. **Methods:** A cross-sectional descriptive study was conducted with 200 participants (100 from Baba Mastnath Math and 100 from local hospitals). Data collection methods included structured questionnaires using Likert scales, semi-structured interviews, and observational analysis. Both qualitative and quantitative approaches were employed. **Results:** Visitors to Baba Mastnath Math reported a higher average emotional comfort score (Mean = 4.2) than hospital visitors (Mean = 3.1). The majority of temple visitors described experiencing peace, spiritual relief, and inner calm. In contrast, hospital visitors reported stress, anxiety, and emotional fatigue, despite acknowledging the importance of medical treatment. Interviews revealed a strong influence of faith, belief, and the healing atmosphere of the Math on the emotional state of visitors. **Conclusion:** While hospitals are essential for physical healing, spiritual places like Baba Mastnath Math offer valuable emotional and psychological relief. Integrating spirituality into modern healthcare settings could lead to more holistic patient care.

KEYWORDS: Spiritual healing, emotional comfort, hospitals, Baba Mastnath Math, healthcare perception, spiritual care, India.

1. INTRODUCTION

Healing has traditionally been viewed through the lens of biomedical science, focusing primarily on the diagnosis and treatment of physical ailments. Modern healthcare systems, driven by technological advancements and pharmaceutical innovations, are predominantly designed to manage physical symptoms and treat physiological conditions. However, there is growing recognition in both scientific and philosophical circles that true healing encompasses more than just the physical body. Mental, emotional, and spiritual well-being are increasingly being acknowledged as vital components of holistic health. [1]

In recent decades, the concept of holistic healing has gained momentum, emphasizing that emotional stability, psychological peace, and spiritual fulfillment are essential to achieving complete wellness. Studies in psychoneuroimmunology, for example, demonstrate that stress, anxiety, and emotional disturbances can

significantly influence the immune system and overall health outcomes. Consequently, approaches that integrate the mind, body, and spirit are being explored to enhance the quality of care and patient satisfaction.

In the Indian context, spirituality plays a deeply embedded role in how individuals perceive illness, suffering, and recovery. The Indian cultural landscape, rich with religious practices and spiritual traditions, often sees people turning to temples, ashrams, and spiritual leaders for solace and healing. Spirituality in India is not merely a personal belief system but a collective cultural phenomenon that influences behavior, decision-making, and approaches to health. Practices such as prayer, meditation, rituals, and seeking blessings from saints are often considered parallel or even superior to medical treatments by many individuals. [2]

Baba Mastnath Math, located in Rohtak, Haryana, serves as a significant spiritual institution in the Nath tradition.

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It attracts thousands of devotees who believe in the healing power of spirituality and the blessings of Baba Mastnath Ji. The Math is more than a place of worship; it functions as a sanctuary for those experiencing emotional turmoil, physical ailments, or spiritual crises. The environment within the Math—characterized devotional chants, incense, spiritual discourses, and community gatherings—creates an atmosphere conducive emotional relief spiritual to and rejuvenation.[3]

On the other hand, hospitals represent the structured, clinical arm of the healthcare system. While indispensable for treating diseases and managing emergencies, hospitals can often feel impersonal and emotionally sterile. Patients and visitors alike may experience stress due to long waiting periods, intimidating medical procedures, and a lack of emotional engagement from healthcare providers. Despite the critical role hospitals play in saving lives, their environments may inadvertently contribute to anxiety and emotional fatigue. [4]

This study, therefore, seeks to compare the perceived healing and emotional comfort experienced by individuals in these two contrasting environments: the spiritually enriched setting of Baba Mastnath Math and the clinically structured atmosphere of local hospitals in Rohtak. By examining how visitors perceive their well-being in both locations, this research aims to understand the influence of faith-based environments on healing, and to explore the potential integration of spiritual care into modern medical practice. Through this comparative analysis, the study aspires to contribute to a broader understanding of holistic healing and to inform future strategies for enhancing patient-centered care in India and beyond.^[5]

2. Literature Review

The concept of holistic healing is deeply embedded in Indian culture. Literature highlights that healing is not limited to biomedical interventions but includes spiritual and emotional dimensions. According to the World Health Organization, health is defined as a state of complete physical, mental, and social well-being, not merely the absence of disease. [6]

Studies show that spiritual practices like meditation, prayer, and attending religious ceremonies positively impact mental health and can enhance the healing process. Koenig et al. (2012) found that individuals with strong spiritual practices reported better emotional health and resilience. In contrast, hospital environments, although essential, often lead to emotional stress due to their sterile, fast-paced, and impersonal nature. [7-12]

The placebo effect also plays a significant role in perceived healing, where belief in a positive outcome can itself trigger healing responses in the body (Benedetti, 2009). This emphasizes the psychological and emotional

power of spiritual environments in enhancing the sense of well-being.

3. OBJECTIVES

- To assess the level of perceived healing and emotional comfort among visitors at Baba Mastnath Math
- To compare these perceptions with those of individuals visiting local hospitals in Rohtak.
- To explore psychological and environmental factors contributing to perceived healing.
- To evaluate the potential role of faith and spiritual ambiance in emotional well-being.
- To propose recommendations for integrating spirituality into conventional healthcare settings.

4. MATERIALS AND METHODS

Study Design: Descriptive cross-sectional study

Study Area: Baba Mastnath Math and local hospitals in Rohtak, Haryana

Sample Size: 200 participants (100 from each setting) Sampling Technique: Random sampling with voluntary participation

Data Collection Tools

- Structured Questionnaire: Included demographics and Likert-scale questions on emotional comfort and perceived healing
- Semi-Structured Interviews: Conducted with 20 participants (10 from each setting)
- Observational Analysis: Documented environmental and behavioral cues at both settings

Ethical Considerations: Participation was voluntary, and anonymity was maintained. No sensitive medical data were collected. Informed consent was obtained.

Data Analysis: Quantitative data were analyzed using descriptive statistics (mean, percentage) and inferential analysis (t-tests). Qualitative data were analyzed through thematic content analysis.^[13-16]

5. RESULTS

5.1 Demographics: The demographic profile of participants from both settings revealed some differences in gender distribution and age range. Among the 100 visitors surveyed at Baba Mastnath Math, 60% were male and 40% were female. The age of participants ranged from 18 to 70 years, with a mean age of approximately 42.5 years. On the other hand, the hospital group comprised an equal distribution of 50% male and 50% female participants, with ages ranging from 18 to 75 years and a slightly higher mean age of 46.8 years. This broad age representation in both groups ensured that the responses captured a wide spectrum of experiences across different life stages.

5.2 Comfort Scores: Participants were asked to rate their overall comfort levels during their visits on a 5-point Likert scale, with 1 indicating "very uncomfortable" and

5 indicating "very comfortable." The average comfort score among visitors at Baba Mastnath Math was found to be 4.2. A significant portion of these respondents rated their experiences as either 4 or 5, highlighting a strong sense of peace and comfort associated with the spiritual environment. In contrast, the average comfort score among hospital visitors was 3.1, suggesting a more neutral or mixed experience. Fewer hospital visitors rated their comfort at the highest levels, and many reported lower scores reflecting varying degrees of discomfort or unease.

5.3 Emotional Responses: The emotional responses collected during the survey further illustrated the contrast between the two environments. Approximately 80% of the visitors to Baba Mastnath Math reported experiencing emotional peace, calmness, and a deep sense of spiritual satisfaction. These visitors described feeling mentally lighter and emotionally rejuvenated after their time at the Math. The environment, rituals, and collective prayer were often cited as contributing factors to this emotional upliftment. In comparison, only 40% of hospital visitors reported feeling emotionally better after their visit, typically due to receiving necessary medical attention or positive interaction with healthcare staff. However, 50% of respondents in this group also reported experiencing stress, anxiety, or emotional fatigue during their hospital visit. These negative feelings were often associated with long waiting times, clinical procedures, and the overall sterile and impersonal nature of the hospital environment.

5.4 Interview Insights: The semi-structured interviews conducted with 20 participants (10 from each group) deeper insights into their subjective experiences. Common themes that emerged from Math visitors included spiritual upliftment, a sense of inner calm, communal support, and emotional healing. Many expressed that being in the sacred environment, surrounded by devotees and engaged in spiritual practices, created a profound sense of well-being. In contrast, interviews with hospital visitors reflected a dual sentiment. While many expressed gratitude for the medical care received, they also described feelings of isolation and emotional detachment. Several participants noted that the focus on clinical efficiency often came at the expense of emotional connection and empathetic communication, leaving them feeling anxious or emotionally unsupported.

5.5 Observational Findings: Observations conducted at both sites provided additional context to the survey and interview data. At Baba Mastnath Math, the atmosphere was serene and tranquil. Devotional music played softly in the background, and the presence of incense, spiritual discourses, and communal prayer created a multisensory environment conducive to introspection and relaxation. Visitors were often seen sitting quietly, engaging in prayer or meditation, and exhibiting relaxed body language. In contrast, the hospital environment was

characterized by bright fluorescent lighting, frequent announcements, the sound of medical equipment, and a generally fast-paced atmosphere. Many individuals appeared preoccupied, anxious, or impatient, particularly in waiting areas. Body language suggested tension and unease, and the physical environment—though functional—lacked elements of emotional warmth or calm. These findings collectively highlight the contrasting emotional and sensory experiences in spiritual versus clinical environments and suggest that the atmosphere and context significantly influence perceived comfort and healing.

6. DISCUSSION

The data suggest that spiritual environments like Baba Mastnath Math significantly contribute to emotional comfort and perceived healing. Participants expressed feeling mentally lighter, more optimistic, and spiritually fulfilled. These findings align with previous literature emphasizing the role of faith and environment in mental well-being.

Hospitals, while crucial for physical recovery, often lack emotional or spiritual support systems. The presence of stress-inducing elements such as long wait times and impersonal interactions contributes to discomfort.

This study supports integrating spirituality into healthcare models. Offering meditation rooms, access to spiritual counselors, or simply designing quieter, more welcoming hospital environments could enhance patient care.

7. LIMITATIONS

- The study relies on subjective perceptions, which may be influenced by individual biases.
- The geographic scope is limited to Rohtak; broader studies are required for generalization.
- The sample size, while adequate for a pilot comparison, could be expanded in future research.

8. CONCLUSION

This study confirms that spiritual settings offer substantial psychological benefits and perceived healing advantages over clinical environments. Baba Mastnath Math provided a sense of inner peace and emotional balance to its visitors, whereas hospitals, though effective in physical care, lacked emotional nourishment. Spirituality and medicine need not be viewed in opposition. Their integration could lead to more compassionate, comprehensive, and effective healthcare systems.

Conflicts of Interest

The authors declare that there are no conflicts of interest.

REFERENCES

1. Koenig, H.G., King, D.E., & Carson, V.B. (2012). *Handbook of Religion and Health*. Oxford University Press.

- 2. Ulrich, R.S. et al. (2008). The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity. The Center for Health Design.
- 3. Benedetti, F. (2009). Placebo Effects: Understanding the Mechanisms in Health and Disease. Oxford University Press.
- 4. Davidson, R.J., & McEwen, B.S. (2012). Social influences on neuroplasticity: Stress and interventions to promote well-being. Nature Neuroscience.
- 5. Puchalski, C.M., & Ferrell, B. (2010). *Making Health Care Whole: Integrating Spirituality into Patient Care*. Templeton Press.
- 6. Halstead MT, Fernsler JI (1994). Coping strategies of long-term cancer survivors. Cancer Nursing, 17, 94-100.
- 7. King DE, Bushwick B (1994). Beliefs and attitudes of hospital inpatients about faith healing and prayer. J Family Pract, 39: 349-52.
- 8. Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford University Press.
- Levin JS, Larson DB, Puchalski CM (1997). Religion and spirituality in medicine: Research and education. JAMA, 278: 792-3.
- Lo B, Quill T, Tulsky J (1999). Discussing palliative care with patients. ACP-ASIM end-of-life care consensus panel. american college of physiciansamerican society of internal medicine. Ann Int Med, 130: 744-9.
- 11. Pargament KI (2007). Spiritually Integrated Psychotherapy. New York: Guilford Press.
- 12. Phelps AC, Maciejewski PK, Nilsson M, et al (2009). Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer. JAMA, 301: 1140-7.
- 13. Powell LH, Shahabi L, Thoresen CE (2003). Religion and spirituality. linkages to physical health. Am Psychologist, 58: 36-52.
- 14. Puchalski CM (2001). Reconnecting the science and art of medicine. Academic Med, 76: 1224-5.
- 15. Puchalski CM (2002). Forgiveness: Spiritual and medical implications. Yale J Humanities Med, 1-6.
- 16. Puchalski CM (2006). A Time for Listening and Caring: Spirituality and the Care of the Chronically Ill and Dying. New York: Oxford University Press.