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Mohamad Afiq ibn Razali, and Betania Kartika
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MUSLIM FRIENDLY TRADITIONAL AND COMPLEMENTARY MEDICINE GUIDELINES: A STUDY ON WET CUPPING TREATMENT AND PRACTICES IN MALAYSIA

Mohamad Afiq Ibn Razali¹, Betania Kartika²

Abstract: Ministry of Health Malaysia (MOH) has established the Traditional and Complementary Medicines Division (TCM) in February 2004. The ministry has recognised wet cupping therapy as one of the traditional and complementary medicines practices under this division. Under TCM Act 2016, the MOH is the only authority to govern the policy and to impose the ethical practice’s guidelines to be enforced on wet cupping practitioners in providing services that are safe and clinically proven as the best. It is expected that wet cupping will be one of the drivers in the global halal treatment industry in Malaysia. This article attempts to provide the basis for future study on the perception and expectations of wet cupping service delivery in the rapidly growing Muslim-friendly medical care sector. On the whole, practitioners must adhere to these guidelines to ensure that the Maqāṣid al-Shari‘ah, which are the protection of a patient’s life, intellect, and property are safeguarded. All of this is under the basic purpose of a Muslim’s life, and that is to obtain Allah's blessings in all circumstances.

Keywords: Wet Cupping, Hijāmah, Medicine, Muslim-Friendly, Medical Services, Prophetic Medicine, Maqāṣid al-Shari‘ah.

INTRODUCTION

Over many decades, traditional medicine has devoted particular attention to the health and well-being of our society as a whole. To cure ailments and promote health,
alternative medicine is still practised by the world today. Additionally, the World Health Organization describes that market for Traditional and Complementary Medicine (TCM) methods and practitioners is considerable and growing globally. Even the Malaysian Ministry of Health has long known the relevance of TCM from a health, economic, and social, and cultural point of view in Malaysia. TCM is promoted as a complementary treatment to modern medicine by the Ministry, which sought to make safe and high-quality TCM services publicly accessible while also incorporating them into the public healthcare system to provide effective healthcare coverage for all Malaysians.

In 1998, Malaysia spent roughly US$ 500 million on TCM treatments and facilities, resulting in approximately US$ 300 million on conventional medicine. Malaysia has become one of the several nations that supervise the varying degrees of TCM and the practitioners who employ it. The TCM Act’s enforcement has already begun and is being carried out in phases. Examples include the Traditional and Complementary Medicine (TCM) Act 2016 (Act 775) in Malaysia, which oversees TCM practice and practitioners on the 10th of March 2016 and went into effect on the 1st of August 2016. According to the Traditional and Complementary Medicine (TCM) Act 2013, the government recognises traditional medicine; nevertheless, practitioners must be registered with organisations recognised by the MOH to practice.

Among the entire TCM around the world and one of the alternative medications is the Hijāmah practice. Alternatively, wet-cupping treatment, blood leaching therapy, or blood-letting rehab are terms used to describe it. It is a component of traditional Islamic therapy advocated by the Prophet Muhammad (PBUH) and is referred to as Al-Ṭibb al-Nabawī (the Way of the Prophet).

He asserted in a hadith narrated by Anas ibn Mālik that “Indeed the best of remedies you have is Hijāmah...”

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Furthermore, recorded Ibn ‘Abbas that the Prophet (PBUH) said; "Healing is in three things: A gulp of honey, Hijāmah and branding with fire (cauterizing). But I forbid my followers to use (cauterization) branding with fire"5

The Quran states: “And whatsoever the Messenger gives you, take it. And whatsoever he forbids, abstains...”6 It is said in this verse that Muslims should follow in the footsteps of the Prophet Muhammad (PBUH) and he advocated Hijāmah and urged people to use it.

DEFINITION OF TCM

A variety of definitions for TCM are available from a variety of writers and organisations. Noticeably, the definitions differ from one country to the next. The World Health Organization’s (2002) and MOH’s (2007) definitions of TCM serve as the foundation for this research.

TCM is defined by the WHO as the “summary of all knowledge, skills and practises based on theories, beliefs and experiences indigenous to various cultures, whether or not they are explanatory, used for maintaining health and for preventing, diagnosing, improving, and eliminating or treating physical, mental or social imbalances”.7 Here, practical experience and observation are passed down verbally or in writing from one family member to the next, and nothing else is taken into consideration. In particular, traditional medicine may be regarded to be the fusion of numerous things into a single kind of ancestral experience that has been acquired or acquired from ancestors.

As defined by the World Health Organization,8 traditional medicine includes “various methods, attitudes, knowledge and beliefs integrating plant, animal and/or mineral medicinal products, spiritual treatments, manually applied techniques and exercises used alone or in combination to preserve the well-being and treat, diagnose or prevention of sickness.” To be certain, the World Health Organization (WHO) also defined alternative medicines as "a broad collection of health-care practises which were

5 Muhammad ibn Ismā’il Al-Bukhārī, The English Translation of Sahih Al Bukhari With the Arabic Text, Hadith No: 5680.
6 Al-Qur’an 59:7.
7 World Health Organization, Traditional medicine : growing needs and potential, 2.
8 Ibid., 2.
not the core of a country’s own culture and are not incorporated into the mainstream national health service” in 2005. Other words, such as natural medicine, non-conventional medicine, and holistic medicine, are occasionally used to refer to these health care methods.

The Malaysian Medical Council classifies TCM practice as “a practise other than medicine or surgery by licensed physicians as specified in the Medical Act 1971.” The definition of traditional medicine in Malaysia, as defined by ASEAN Consultative Board Standards and Quality (ACCSQ) in 2006, is “any product used in indigenous medicine practises where the drug consists of a single or one or more naturally occurring substances and a single plant, animal or mineral, or a part of extracted or crude extract, and a homeopathic medicine.”

Traditional and complementary medicine, according to the TCM Division of the Ministry of Health Malaysia, is “a type of health-related practice designed to prevent, treat, manage, and preserve mental and physical well-being of individuals, including Traditional Malay Medicine, Traditional Chinese Medicine, Traditional Indian Medicine, Homeopathy, and Complementary Therapies.” For the World Health Organization (2002), TCM practitioners are defined as “any people that provide complementary and alternative practices to cure, assess, or avoid any ailment or illness.”

**TCM PRACTICES IN MALAYSIA**

There are three distinguishing characteristics of TCM in Malaysia. As a starting point, TCM in Malaysia is very diverse in terms of legacy and history; language; philosophy; ethnic origin; geographical distribution; and the stage at which each practice is now developing. In the second place, TCM is inextricably connected to each racial community in Malaysia’s history and tradition. Lastly, the private sector dominates the supply of TCM services in Malaysia, with the public sector playing a supporting role.

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TCM is defined in the TCM Act 2016 [Act 775] as a “form of health-related practice aimed at preventing, treating, or managing disease or illness or preserving an individual’s mental and physical well-being, and includes practices such as traditional Malay medicine (TMM), traditional Chinese medicine (TCM), traditional Indian medicine (TIM), Islamic medical practice, homeopathy, and complementary therapy.”

Given the wide variety of TCM modalities that are practiced in Malaysia, it is not feasible to develop a single strategic plan, system, or set of criteria that would apply consistently across all of the modalities, as has been suggested. Designing an adequate policy basis for TCM in Malaysia is therefore one of the MOH’s primary tasks in governing and institutionalize the various TCM activities in Malaysia.

Malaysia is abundant in botanical medicinal plants and herbal resources, making it an excellent source of raw materials for TCM. For generations, this characteristic has tended to favor TCM techniques in Malaysia. Numerous modalities make a distinction between Malaysian TCM approaches. Malaysia’s diverse population favors a variety of TCM methods. Their oneness fosters acknowledgment of TCM’s varied modalities. TCM techniques in Malaysia are primarily classified based on ethnicity. The practice of other TCM modalities that do not correspond to their heritage is seen on a few occasions when diverse ethnic groups coexist with one another.

TCM may be classed in Malaysia into 5 categories, as seen in the table below. In the 2011 TCM Division, MOH introduced Islamic Medicine into TCM.

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12 M.S. Pillay, Traditional and Complementary Medicine in Malaysia (New Delhi: International Conclave on Traditional Medicine, 2006), 14; Mohd Hadi, T&CM Practice towards Standardization (Pulau Pinang: Kursus Asas Farmasi dalam Perubatan Tradisional dan Komplementari, 2010), 18.
### Table 1: Type of TCM practices in Malaysia

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malay traditional</td>
<td>Indonesian origin</td>
<td>Traditional massage, herbal treatment, postnatal treatment, bekam</td>
</tr>
<tr>
<td>medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese traditional</td>
<td>Since the 18th century, it has been imported from China and Korea and applied in Malaysia.</td>
<td>Tuinalogy, acupuncture, moxibustion, cupping, herbal medicine</td>
</tr>
<tr>
<td>medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian traditional</td>
<td>Originating in India, Pakistan, Bangladesh, and Sri Lanka, and having been practiced in Malaysia from the nineteenth century</td>
<td>Ayurveda, Siddha, Unani</td>
</tr>
<tr>
<td>medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complementary</td>
<td>It was brought to Malaysia from India, Sri Lanka, and the West, and has been practiced around since the 19th century.</td>
<td>Chiropractic, naturopathy, reiki, colour vibration, yoga, tai chi</td>
</tr>
<tr>
<td>medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeopathy</td>
<td>It was brought to Malaysia mostly from Sri Lanka and has been practiced there since the 19th century.</td>
<td>Homeopathy</td>
</tr>
<tr>
<td>Islamic medical</td>
<td>Malaysians have been practicing it since the 15th century.</td>
<td>Ruqyah, Hijāmah</td>
</tr>
<tr>
<td>practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** TCM Division, *Introductory of The Traditional and Complementary Medicine*, 21
The Ministry of Health (MOH) is responsible for the oversight of the healthcare system offered to the general population in Malaysia. The ministry is in the authority of the services and care used within Malaysia’s healthcare system. MOH’s efforts for the expansion and formalization of TCM were bolstered by the diversity of TCM practices in Malaysia, as well as public demand for safer, natural alternatives. During the June 2012 and September 2012 Parliamentary sessions, the draught TCM Bill was read several times before being finally enacted as the TCM Bill on the 27th of September 2012.

TCM Division (2011) reports that there are officially seven TCM confederations facilitating in the formalization and uniformity of TCM activities and serving as liaisons between TCM Division and TCM practitioners. For instance, in 2010, the PUTRAMAS was abolished and replaced by Gabungan Pertubuhan Perubatan Malaysia (GAPERA), beginning on 28 June 2010.

There were around 11,691 TCM practitioners in Malaysia, as per the Health Informatics Center (MOH, 2010). It is estimated that the number of TCM practitioners has grown to around 15,000.13

**CONCEPT OF WET CUPPING TREATMENT**

Sucking cups are used to provide negative pressure to the skin during cupping treatment, which is a simple technique that anybody may do.14 There are several different kinds of cupping treatment reported in the literature, namely dry cupping therapy, wet cupping therapy, medicinal cupping therapy, moving cupping therapy, and others.15 It seems that wet cupping is the most prominent kind of wet cupping treatment and that it is the technique of wet cupping therapy that has been used in Prophetic medicine. In contrast to conventional treatment procedures, wet cupping therapy represents an excretive form of therapy, not an introductory one. Wet cupping treatment, for example, utilizes negative pressure suction and skin pricking to breach

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the skin’s barrier and excrete a blood fluid mix containing soluble waste and pathological causative chemicals (CPS). The second negative pressure suction completes the waste excretion procedure. Worse still, the significance of medical research on cupping treatment is not addressed.

Medical problems such as herpes zoster, vitiligo, high blood pressure, rheumatoid arthritis, headache, and migraine have been treated with cupping. A dysmenorrhoea, acute trigeminal neuralgia, and acute gouty arthritis also were found to alleviate pain.

Taibah’s wet cupping treatment is solidly based on science and medicine. It is used as a mechanical clinical excretory technique to remove the blood and interstitial fluids from the CPS. It opens up the skin barrier, improves the skin’s natural excretion activities, and increases immunity and filtering at both capillaries ends to remove the CPS blood to promote physiology and equilibrium. The development of reactive

hyperemia, which is caused by the compressive pressure applied on the skin for a while more than a few seconds, has also been found to be beneficial to patients applying for wet cupping, as has been documented before. Within minutes of vascular compression occurring, the skin’s blood supply is reduced, causing a build-up of vasodilator chemicals in the skin’s blood vessels. Hyperaemia occurs when blood flow to the skin rises significantly as a result of vascular compression being relieved.\(^\text{25}\) As a result, more blood may be drawn into the skin circulation, where it may be filtered and cleaned during the next stages of wet cupping.

**TYPES AND METHODS OF WET CUPPING APPLICATION**

Cupping treatment may be practiced in a variety of ways; however, appropriate selection and selection of the best techniques of cupping therapy for curing illness seems to be essential. Puncturing and cupping (PC) is the first technique, which consists of the following steps: skin marking, sterilisation, puncturing, cupping, and sterilisation. The second approach is the cupping, puncturing, and cupping (CPC) method, which contains six stages: demarcation of the skin, sterilisation, first cupping, puncturing, second cupping, and sterilising.

**Table 2: Differences between Dry Cupping Therapy and Wet Cupping Therapy**

<table>
<thead>
<tr>
<th></th>
<th>Dry Cupping Therapy</th>
<th>Wet Cupping Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Distribution</strong></td>
<td>The most frequent kind of cupping treatment is practiced in China. Available in various regions of the world.</td>
<td>In the Arabic or Islamic world, the most prevalent form of capping treatment is the CPC technique in Saudi Arabia, while in China and many areas of the globe the PC approach dominates.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types</th>
<th>One type</th>
<th>Two types: CPC method and PC method.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry cupping therapy</td>
<td>It is possible to complete the procedure in a single session.</td>
<td>The CPC method includes the initial stage of wet cupping therapy that is not included in the approach of the PC method.</td>
</tr>
<tr>
<td>Skin puncturing</td>
<td>Not done</td>
<td>Done</td>
</tr>
<tr>
<td>Number of technical steps</td>
<td>One stage that consists only of cupping</td>
<td>The PC technique has two stages, while the CPC method has three steps.</td>
</tr>
<tr>
<td>Excretion of excess fluids and wastes</td>
<td>Not done, such fluid and waste retention. Apart from pain receptors and pain-sensitive tissues, just diluting and redistribution of hazardous soluble chemicals may happen.</td>
<td>Excrete fluids and waste after dilution and redistribution into collected fluids in the skin after elevating. In the CPC this is better than in the PC approach</td>
</tr>
<tr>
<td>As a Prophetic medicine recommendation</td>
<td>- Dry cupping therapy in the prophetic period was not used as a single therapy.</td>
<td>The CPC technique, also known as Hijāmah, was advocated and used throughout the Prophetic period, and it is being practiced today in Saudi Arabia and other Islamic nations.</td>
</tr>
<tr>
<td></td>
<td>- Done in prophetic medicine as the first phase of prescribed wet cupping treatment.</td>
<td></td>
</tr>
<tr>
<td>Treating pathological causes</td>
<td>Excess fluids containing soluble CPS, whether palliative or causal, are not eliminated.</td>
<td>When done correctly, particularly with the CPC technique, it may be healing.</td>
</tr>
</tbody>
</table>
TCM GUIDELINES ON WET CUPPING TREATMENT

Some wet cupping practitioners have acknowledged the existence of the laws and guidelines provided by the Ministry of Health Malaysia through the Traditional and Complementary Medicine division. Examples of laws and guidelines are the Act 775; the Traditional and Complementary Medicine Act 2016 and Garis Panduan Amalan Perubatan Tradisional & Komplementari: Bekam (MOH, 2013). These rules and guidelines showed proper uses of alternative medications that have been proved to be scientifically safe. The practitioners have either implemented or are effectively working adjustments to their practices to comply with the integration policy effort, or they are either ready for adaptation or will be prepared to amend their practices in the future. The overwhelming majority of practitioners, on the other hand, are not willing to make the transition to formal-institutional learning, which is needed under the interconnected learning programme.26

Among the code of ethics for wet cupping practitioners adhered all the times as below:27

1. Practitioners are expected to behave themselves ethically in all of their interactions with their clients, the general public, and other practitioners;
2. Practitioners are required to adhere to the advertising rules at all times;
3. Practitioners are not authorized to perform any TCM education training courses without the prior consent of the MOH;
4. Practitioners are expected to adhere to the aforementioned code of conduct in the course of their professional duties; and

5. Practitioners who violate the ethical code may be subjected to a disciplinary investigation.

The post-treatment is also very vital for wet cupping practitioners to adhere with patients, especially with the oxidant drainage. Below is the flow chart for clinical waste management after treatment.

![Flow Chart for Clinical Waste Management](source)

Source: Ministry of Health, *The national policy of traditional and complementary medicine, 18*

PROPHETIC MEDICINE RECOMMENDATIONS ON WET CUPPING MEDICATION

Prophetic medicine is a phrase that refers to all of the Prophet Muhammad SAW’s *ahadith* (sayings), recommendations, behaviors, and teachings about health and illness. Cupping therapy is strongly recommended in even more just one *hadith* in Prophetic medicine:
“The best remedy is al-Hijāmah (CPC method of wet cupping therapy)”\(^{28}\) and;

“If there is a benefit in any of your treatment modalities: benefit will be in the blade puncture in cupping therapy, a gulp of honey and cauterizing, but I do not like cauterization”\(^{29}\)

Although Prophet Muhammad (PBUH) was not a physician, he was a wonderful teacher and leader to his companions and country. All areas of life, including social and healthcare issues, were covered by his counsel and guidance.\(^{30}\) There is evidence that the process for wet cupping treatment in the Prophetic period of history, which was more than 1400 years ago, was similar to those employed today in the CPC approach. Prophet Muhammad SAW was said to have requested Hijāmah, after which the physician began by placing horns, which were equivalent to sucking cups in modern times, on his body for the first cupping step, which after he punctured the skin with something like a lancet, and then performed the second cupping step;

“A man asked the Prophet (PBUH) about that procedure. The Prophet SAW replied, “This is al-ḥijāmah (wet cupping therapy)”. The man asked: “What is al-ḥijāmah?” The Prophet answered: “It is one of the best remedies used by people”\(^{31}\)

In Prophetic medicine, it is recommended that you undertake wet cupping treatment before you consume anything. Prophet Muhammad (PBUH) said: “Al-Hijāmah on an empty stomach is better, and in it, there is healing and blessing, and it increases one’s intellect and memory”\(^{32}\)

It is possible to glean important scientific truths from this hadith, which are consistent with current medical understanding. Cupping treatment during an empty stomach will prevent the shifting of a large part of circulatory blood into the gastrointestinal tract (GIT), thereby ensuring that blood circulation in the skin does not diminish. Blood

\(^{28}\) Al-Bukhari, *The English Translation of Sahih Al Bukhari With the Arabic Text*, Hadith no# 5696.

\(^{29}\) Ibid., Hadith no# 5680.


\(^{32}\) Muhammad ibn Yazid ibn e Majah, *Al-Sunan* (Cairo: Dār Ihyā’ al-Kutub, 1953), Hadith no# 3616.
supplies to the GIT consume a substantial part of blood supplies at the cost of skin circulation during food digestion. An empty stomach, therefore, allows huge blood to filter from the skin’s circulation during cupping treatment. As a result, cupping therapy is believed to filtrate circulating blood by filtering pumping blood in skin capillaries, which supports the contemporary finding. This confirms the current notion that cupping treatments filter the blood flowing in skin capillaries via the filtering of blood. As a result, after meals, redistribution of blood happens as a result of the movement of significant quantities of blood into the GIT at the cost of other tissues such as the skin and kidneys.

THE PRESERVATION OF LIFE AND THEIR ESSENTIAL (DARURI) ASPECTS ON WET CUPPING PRACTITIONERS

As regards the Maqāsid al-Shari‘ah, this simply means that any health intervention programme in the field of medicine and healthcare should contribute to a healthy and moral right, to avoid sudden and improper fatalities, to safeguard against intellectual and social incapacity, to publicise the safe reproductive success and emergence of human descendants. Allah says:

“And if anyone saved one life, it would be as if he had saved mankind entirely.”

According to Shari‘ah, the encouragement of the Jalb al-Maşālih (general welfare and benefits), as well as the Dhar al-Mafāsid (protection and safeguarding from suffering), are the ultimate goals to be achieved. In all areas of their life, Muslims are required to follow the Shari‘ah. Aiming to offer Muslim patients with medical service that complies with Islamic standards, which includes the use of halal medicine, Muslim-friendly healthcare services are being established. According to what can be deduced, in the event of delivering health care services that are compliant with Shari‘ah, the prime objective of the healthcare professionals would be to offer medical services that guarantee the

35 Al-Qur’an 5:32.
principal necessities (Darūriyyat) for all human beings, and in particular for the life of the patient. As part of this process, practitioners must pay careful regard to the requirements of the general public, which must take precedence above any business interests or benefits. The goal of establishing Muslim-friendly medical services is indeed to guarantee that practitioners focus on the lives and livelihoods of Muslims in Malaysia.

Allah mentions: “...And do not kill the soul which Allah has forbidden [to be killed] except by [legal] right.”

Consequently, Ḥijāmah professionals’ main services would involve the duty of practicing to give honest and authentic medical diagnoses, treatments, and care for patients to save their lives. Practitioners must endeavor, following Islamic health ethical standards, to ensure they do their homework to prevent any failure which may endanger a patient’s cause serious injury. Having said that, it is their responsibility to follow the rules and policies set by the MOH which are clinically safe. The responsibility of medical professionals is to give their patients the finest therapy available to relieve their pain and suffering.

According to Yacoub, who cited Imām Ghazālī’s perspective on medical treatment, ailments may be classified into three categories: those that are curable, those that are anticipated to be treated, and those for which a remedy has not yet been discovered. Refusal to get medical care when the illness may be cured is strictly prohibited in Islam. Even in cases where the disease may be curable but the treatment may have a harmful risk factor and so there is no assurance that the medication will be possible to treat the illness, treating is not deemed to be against Islamic teachings because it is not considered to be contrary to relying on Allah; therefore, patients are compelled to seek treatment. The treatment of the third type may include dangerous side-effects like cauterization, in such situations the illness may remain alone but therapy is allowed owing to advancement of research and medicine as Holy Prophet (PBUH) mentioned in a hadith which is reported by Jābir as he says:

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36 Al-Qur’an 6:151.
37 Ahamd Abdel Aziz Yacoub, The Fiqh of Medicine (Turkey: S. Afsar Ed, 2013), 86.
“There is a remedy for every malady, and when the remedy is applied to the disease it is cured with the permission of Allah, the Exalted and Glorious.”

CONCLUSION

Wet cupping is a prospective subject that needs the Islamic essence to deal with its theories and practices. Integrating TCM into the national health care system and Muslim-friendly medical services is vital, but these changes involve and implicate many parties, especially the practitioners. This consideration will identify if they are making improvements, whether they are ready to change, or whether they will be keen to take forth shifts in their practices in compliance with the policy effort on integration.

In a country in which the development of the global halal industry has become one of the primary focuses, practitioners who comply with the rules and guidelines for proper use of Hijāmah practice authorized by the MOH can improve and ensure the long-term survivability of the Shari'ah-compliant medical service market by providing services that meet the needs and expectations of Muslim patients seeking medical treatment in a safe and halal environment. This research not only highlights continuing improvements and the creation of Muslim-friendly hospitality services but also fills the gap in awareness concerning alternative medicines for Muslims in particular and the broader public. In summary, this research will serve as a basis for future research on the perceived service quality of wet cupping service delivery in the rapidly growing Muslim-looking medical care sector.

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38 Al-Bukhārī, The English Translation of Sahih Al Bukhari With the Arabic Text, Hadith no# 95.
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