



INTEGRATING SHARIA VALUES AND MEDICAL STANDARDS IN SAFE AND ETHICAL SUNNAH CUPPING PRACTICES

INTEGRASI NILAI SYARIAH DAN STANDAR MEDIS DALAM PRAKTIK BEKAM SUNNAH YANG AMAN

Andik Isdianto ^{1*}, Novariza Fitrianti ², Abdul Hamid Arif ³, Wahyudi Widada ⁴

¹Universitas Brawijaya, Email: andik.isdianto@ub.ac.id

²Rehab Hati Malang Kota, Email : novarizza.sda@gmail.com

³Perkumpulan Bekam Indonesia Propinsi Jawa Timur, Email : mugibarokah@gmail.com

⁴Universitas Muhammadiyah Jember, Email: wahyudiwidada@unmuhjember.ac.id

*email Koresponden: andik.isdianto@ub.ac.id

DOI: <https://doi.org/10.62567/micjo.v2i3.788>

Article info:

Submitted: 12/05/25

Accepted: 20/07/25

Published: 30/07/25

Abstract

Sunnah cupping therapy (*hijamah*) is a form of prophetic medicine that combines spiritual and therapeutic dimensions but often lacks adherence to clinical safety standards. This study aims to analyze the urgency of integrating Sharia values—particularly *maqashid syariah* (protection of life) and *la dharara wa la dhirar*—with emergency medical protocols in sunnah cupping practice. The research uses a normative-qualitative literature review method. Data were collected from recent academic sources and analyzed through content analysis to develop an ethical and procedural framework. Findings reveal that sunnah cupping carries clinical risks such as infection, bleeding, and vasovagal shock when performed without medical protocols. The integration of Sharia and medical principles is operationalized through emergency training, Islamic-based SOPs, and education-regulation mechanisms rooted in *maqashid*. Core Islamic ethics—such as *ikhlas* (intention), *amanah* (trust), and *tathir al-adawat* (sterilization)—are essential moral pillars within the clinical service model. This study concludes that the integration of Sharia values with emergency medical preparedness is a critical need in the practice of sunnah cupping. The study recommends the development of standardized curricula, clinic certification, and first aid (CPR) training for therapists to ensure safety, professionalism, and religious legitimacy.

Keywords : clinical safety in sunnah cupping, emergency preparedness in sunnah cupping, Islamic ethics in sunnah cupping, medical SOP for sunnah cupping, therapist training in sunnah cupping



Abstrak

Terapi bekam sunnah merupakan praktik pengobatan nabawi yang bernilai ibadah dan terapi, namun belum sepenuhnya memperhatikan aspek keselamatan klinis secara profesional. Penelitian ini bertujuan untuk menganalisis urgensi integrasi nilai syariah, khususnya prinsip *maqashid syariah* (*hifzh an-nafs*) dan *la dharara wa la dhirar*, dengan standar kedaruratan medis dalam praktik bekam sunnah. Metode penelitian yang digunakan adalah studi literatur dengan pendekatan kualitatif-normatif. Data dikumpulkan dari berbagai sumber ilmiah terkini dan dianalisis menggunakan teknik analisis isi untuk membentuk kerangka etis dan prosedural yang komprehensif. Hasil kajian menunjukkan bahwa praktik bekam sunnah memiliki potensi risiko klinis seperti infeksi, perdarahan, dan syok vasovagal apabila dilakukan tanpa standar medis. Integrasi syariah dan medis diwujudkan melalui pelatihan kegawatdaruratan, SOP klinik Islami, serta edukasi dan regulasi berbasis *maqashid*. Etika Islam seperti ikhlas, amanah, dan *tathir al-adawat* juga menjadi dasar moral yang perlu diinternalisasi dalam layanan klinik. Kesimpulan dari studi ini menegaskan bahwa integrasi nilai syariah dan kedaruratan medis merupakan kebutuhan mendesak dalam praktik bekam sunnah. Saran yang diajukan meliputi penyusunan kurikulum terstandar, sertifikasi klinik, serta pelatihan P3K dan CPR bagi terapis untuk menjamin keselamatan, profesionalisme, dan kesahihan syar'i.

Kata Kunci : etika Islam dalam bekam sunnah, keselamatan klinis pada bekam sunnah, pelatihan terapis bekam sunnah, persiapan darurat dalam bekam sunnah, SOP medis untuk bekam sunnah

1. INTRODUCTION

Sunnah cupping (*hijamah*) is one of the prophetic medical practices recommended and exemplified by the Prophet Muhammad (peace be upon him) in numerous authentic hadiths. More than a clinical procedure, it is regarded as an act of worship that embodies deep spiritual and religious values. In modern Muslim societies, particularly in Indonesia, sunnah cupping has witnessed a significant resurgence—valued as both a devotional expression and a sharia-compliant method of maintaining health (Amiruddin et al., 2022; Zahrin et al., 2021). Clinics offering “sunnah cupping” services are increasingly common, serving patients who seek both physical and spiritual benefits.

Despite its revival, this practice often lacks the necessary medical preparedness. Documented complications—such as infections, fainting, and vasovagal shock—are primarily linked to procedural negligence and the absence of emergency response skills (Ghazy et al., 2018; Nisar, 2018). Many therapists operate without formal medical training or basic emergency certifications (Mohammadi et al., 2019), raising concerns over the risk of harm in a practice rooted in worship.

While many studies emphasize the benefits of sunnah cupping, few have explored how Islamic legal principles—such as *maqashid al-shariah* and *la dharara wa la dhirar*—can be operationalized alongside modern emergency medical protocols. Mokodenseho et al. (2024) and Saleh et al. (2023) highlight *hifzh al-nafs* (preservation of life) as central to Islamic health policy, yet its application in clinical hijamah settings remains underexplored. Similarly, Komaruddin et al. (2024) call for improved Islamic education and regulatory frameworks, but without directly addressing emergency preparedness in cupping clinics.

This gap in scholarship reveals the urgent need for an ethical and procedural framework that bridges the authenticity of sunnah with clinical safety. Integrating Islamic values with



evidence-based medical standards can elevate the safety, dignity, and legitimacy of sunnah cupping as a contemporary healthcare practice. Accordingly, this study aims to formulate a risk mitigation model for sunnah cupping by integrating Sharia principles and emergency medical protocols to ensure safe and accountable practice.

2. RESEARCH METHOD

This study examines the integration of Islamic legal values—particularly *maqashid shariah* and the principle of *la dharara wa la dhirar*—into emergency medical protocols for sunnah cupping (*hijamah*). The research uses a normative-qualitative approach to build a conceptual framework for clinical ethics and patient safety within prophetic medical practices, guided by the foundational aim of *hifzh al-nafs* (preservation of life) (Akmalludin et al., 2023; Hussein et al., 2019).

The study was conducted as a desk-based literature review between February and May 2025. Data were sourced from peer-reviewed journal articles, Islamic legal texts, and health regulation documents published within the last ten years, obtained through Scopus, Google Scholar, DOAJ, Garuda, and Sinta. Selected literature focused on themes such as Islamic medical ethics, clinical risk in cupping, and sharia-based healthcare management (Astiwaru, 2024; Windasari et al., 2023; Komaruddin et al., 2024).

Using qualitative content analysis and thematic synthesis, the study identifies a critical gap in clinical preparedness among cupping practitioners and the need for standardized protocols. It highlights that SOPs for sunnah cupping clinics must be rooted in both Islamic ethical principles and emergency response competencies. The study's analytical process includes literature mapping, theme categorization, interpretation, and the formulation of recommendations. The final output is a conceptual model for sharia-compliant and medically sound practice standards, bridging the gap between religious legitimacy and clinical safety.

3. RESULTS AND DISCUSSION

Maqashid Shariah and Hifzh al-Nafs in Sunnah Cupping Practice

Sunnah cupping (*hijamah*) is not only a form of physical therapy but also a spiritual observance rooted in Islamic tradition. Within the framework of *maqashid shariah*, the preservation of life (*hifzh al-nafs*) stands as one of the core objectives by which any medical practice must be judged.

"بحمايتها الشرع جاء التي المقاصد أهم من حفظها، الضرورية المقاصد من النفوس"
"Al-naḥḥ min al-maqāṣid al-ḍarūriyyah, ḥifẓuhā min aḥammī al-maqāṣid allatī jā'a al-shar'u bi-ḥimāyatihā." "Preservation of life is among the five essential objectives of shariah, and its protection is a primary aim prescribed by Islamic law." — Al-Ghazali, *al-Mustashfa min 'Ilm al-Usul*, Vol. 1, p. 286 (Gunawan & Lestari, 2021). From this perspective, practicing *hijamah* without sufficient safeguards may contradict the very objectives of Islamic law.

Aboushanab and Alsanad (2018) emphasize that aligning cupping practices with *maqashid* leads to protocols that bridge religious values and clinical safety. Implementing procedures such as sterilization, informed consent, and emergency preparedness not only promotes medical integrity but also upholds the spiritual imperative of *hifzh al-nafs*.

The cultural prevalence of cupping therapy is reflected in Middle Eastern regions, where 40–47% of individuals engage in *hijamah* as part of their religious lifestyle (Al-Qahtani & Alsulami, 2023). Despite its popularity, many practitioners operate without formal medical



training, increasing the risk of adverse incidents such as vasovagal shock and severe bleeding (Lu et al., 2020).

Although clinical studies support the therapeutic benefits of cupping—including pain relief and quality-of-life improvement (Mohandes et al., 2024; AlBedah et al., 2019)—serious complications such as subdural hematoma and internal bleeding have also been reported in cases of improper application (Xiang et al., 2022).

Therefore, to safeguard both religious authenticity and public health, it is essential to develop an integrative framework. Practitioners must be equipped with dual competencies in Islamic jurisprudence and clinical safety. Without this standard, a spiritual practice intended to promote healing may unintentionally result in medical harm.

Principle of *La Dharara wa La Dhirar* in Sunnah Cupping Practice

The legal maxim *la dharara wa la dhirar*—"no harm and no reciprocation of harm"—is a foundational principle in Islamic jurisprudence that governs ethical conduct, including healthcare practices (Alhizbi, 2019).

"ضرار ولا ضرر لا"

"There shall be no harm nor reciprocating harm." — Hadith narrated by Ibn Majah no. 2340 and al-Daraquthni (3/77); Widely recognized as a *qa'idah fiqhiyyah kulliyyah* by classical and modern jurists.

In the context of sunnah cupping (*hijamah*), this principle underscores the obligation to prevent patient harm. Although cupping is spiritually rooted in the Prophet Muhammad's tradition, it must be practiced with medical safety as a priority.

Amiruddin et al. (2022) observed that unsafe practices—such as lack of hygiene, improper techniques, or inadequate screening—can lead to infections, vasovagal shock, and excessive bleeding. Such complications constitute *mudarat* (harm), which Islamic law mandates to prevent.

While several studies confirm physiological benefits from cupping, such as improved blood pressure and lipid levels (Mohamed et al., 2023; Sutriyono et al., 2019), they also caution against applying the therapy indiscriminately. Patients with conditions like severe anemia or coagulation disorders are at higher risk if proper medical screening is not conducted (Choi et al., 2021).

Guo et al. (2021), in a systematic review, concluded that while cupping effectively reduces musculoskeletal pain, adverse effects increase when performed by untrained individuals. Similarly, Mohammadi et al. (2019) highlight that lack of medical proficiency heightens the likelihood of harmful outcomes.

Alipour et al. (2022) reported that approximately 10% of improperly conducted cupping sessions result in infection—revealing that spiritual legitimacy does not replace the need for medical ethics and competency.

Therefore, integrating *la dharara wa la dhirar* into sunnah cupping practice is essential. Practitioners must understand clinical risks, contraindications, and possess basic medical training. Certification in emergency care and ethical guidelines are also necessary to transform *hijamah* into a safe, faith-based healthcare practice that reflects both Islamic values and clinical responsibility.

The Obligation to Minimize Harm in Sunnah Cupping Therapy



In Islamic legal tradition, the principle *dar'u al-mafāsīd muqaddam 'alā jalbi al-maṣāliḥ*—"preventing harm takes precedence over acquiring benefit"—is a core guideline in assessing the permissibility of any action, including sunnah cupping. Although *hijamah* is a prophetic practice and act of worship, it must not violate the imperative to protect human life and well-being.

Clinically, sunnah cupping is not free from risk. Documented complications include wound infections, vasovagal shock, and heavy bleeding, especially when performed without hygienic standards or proper patient evaluation (AlBedah et al., 2019; Mehta & Dhapte, 2015). Untrained therapists lacking basic emergency response skills make such harm a recurring concern. In this regard, the principle of *la dharara wa la dhirar* reaffirms the need for harm prevention as a legal and ethical priority.

The duty to minimize harm is rooted not only in Sharia but also in professional healthcare standards. Mehta and Dhapte (2015) found that subcutaneous hematomas and infections frequently occur when cupping is carried out by unqualified individuals or in poorly regulated facilities. Therefore, all practitioners must apply strict hygiene protocols and screen patients with vulnerabilities—such as anemia, bleeding disorders, or hypotension.

The World Health Organization (WHO) has established safety guidelines for traditional medicine, including cupping. In parallel, Harun et al. (2024) advocate for integrating Sharia values in clinical risk management within Muslim-friendly hospitals, reinforcing both *hifzh al-nafs* and ethical accountability.

Medical ethics—especially the principles of non-maleficence ("do no harm") and beneficence ("act in the patient's best interest")—align with Islamic jurisprudence. Chamsi-Pasha et al. (2016) and Muhsin (2021) emphasize that Islamic ethics demand not only patient safety but also the preservation of dignity and life.

In conclusion, the integration of Islamic values with clinical protocols in sunnah cupping is a dual responsibility—spiritually and professionally. Therapists must be trained to recognize medical complications, provide first aid, and use sterile techniques. Without these competencies, *hijamah* risks contradicting both medical ethics and the goals of *maqashid al-shariah*.

The Role of Sharia-Based Education and Regulation in Sunnah Cupping Practice

Sunnah cupping (*hijamah*) holds an esteemed place in Islamic medicine as a prophetic tradition with both spiritual and therapeutic value. However, to remain consistent with *maqashid al-shariah*—especially *hifzh al-nafs* (protection of life)—this practice must be supported by structured education and sharia-based regulation.

Without standardized training and oversight, the potential benefits of *hijamah* risk being overshadowed by harm caused through unqualified practice.

Structured education is key to ensuring that cupping therapists possess both religious knowledge and basic clinical competencies. A curriculum that integrates Islamic jurisprudence, *maqashid* principles, and emergency medical skills can significantly reduce malpractice (El-Olemy et al., 2017; Hammad et al., 2023). Without formal education, the legitimacy of sunnah cupping may be compromised by ignorance and unsafe practices (AlBedah et al., 2019).

Further studies affirm that blending traditional Islamic knowledge with modern medical standards enhances professionalism in Islamic healthcare (Machfudloh et al., 2022; Wahyuni et al., 2020). Cupping training should therefore emphasize hygiene, risk screening, and ethical responsibility rooted in Sharia.



Equally important is the role of religious institutions in certifying and regulating cupping practitioners. A sharia-guided certification process should evaluate both fiqh knowledge and clinical readiness, including understanding of contraindications and emergency response protocols (Hammad et al., 2023). Such regulation fosters public trust and ensures the religious and medical credibility of the practice.

The need for regulation is urgent. Many practitioners operate with limited health literacy, reducing their ability to manage critical situations (Vajdic et al., 2019). Almainan (2018) notes that inconsistent methods and procedures can endanger patients, underscoring the importance of national standardization.

The value of sharia supervision has been demonstrated in sectors such as Islamic finance, where strong governance bodies ensure compliance and institutional integrity (Muhammad et al., 2021). A similar model can be applied in *hijamah* clinics through competent sharia supervisory boards.

In conclusion, education and regulation rooted in *maqashid al-shariah* are essential to ensure that sunnah cupping is practiced with professionalism and accountability. Standardized training, certification, and continuous education will build a therapeutic ecosystem that honors both the prophetic tradition and modern healthcare ethics.

Emergency Training for Sunnah Cupping Therapists

Sunnah cupping (*hijamah*) functions as both a clinical therapy and a religious practice. Although often conducted outside formal medical facilities, *hijamah* carries risks such as vasovagal shock, severe bleeding, or even loss of consciousness. In rare but critical cases, these complications may become life-threatening.

According to *maqashid al-shariah*, particularly *hifzh al-nafs* (protection of life), emergency preparedness is a moral and professional obligation for cupping therapists.

Studies by El-Olemy et al. (2017) and Alshammari (2021) found that complications such as low blood pressure, hypoglycemia, or anxiety can escalate rapidly without timely intervention. Unfortunately, most therapists lack training in basic life support, CPR, or bleeding control—all essential for emergency response.

A broader issue lies in the lack of routine and structured emergency training. Reveruzzi et al. (2016) and Vermonden et al. (2023) show that sporadic first aid education leads to low confidence and ineffective response during emergencies. The same applies to *hijamah* practitioners.

However, training can significantly improve preparedness. Can & Bayer (2023) demonstrated that even non-medical individuals such as housewives benefit greatly from first aid training. For cupping therapists, this translates to enhanced public trust and safer treatment outcomes.

Therefore, integrating emergency procedures—including CPR, bleeding control, and first aid usage—into cupping certification curricula is essential. Blewer et al. (2017) note that widespread CPR training saves lives, aligning directly with the Islamic mandate to preserve life.

Cupping clinics must also support emergency readiness with appropriate tools, protocols, and referral systems to formal medical care. Hong (2021) and McClung & Anshus (2015) found that hands-on simulations enhance real-world response capabilities—a crucial factor when seconds matter.



In conclusion, emergency training is not an optional skill but a core requirement grounded in both Sharia and medical ethics. A clinically competent and spiritually aware therapist embodies the ideal integration of prophetic medicine with modern healthcare, ensuring community safety and sustaining the sacred value of *hijamah*.

Ethical Recommendations and Standard Operating Procedures for Islamic Cupping Clinics

Sunnah cupping (*hijamah*) represents a significant therapeutic and spiritual practice rooted in prophetic tradition. However, its continued legitimacy relies not only on religious adherence but also on ethical rigor and clinical professionalism. To ensure alignment with *maqashid al-shariah*—particularly *hifzh al-nafs* (preservation of life)—Islamic cupping clinics must adopt structured ethical guidelines and standard operating procedures (SOPs).

An ethical approach goes beyond *ikhlas* (sincerity). It encompasses a full moral commitment to patient safety, grounded in *amanah* (accountability) and *tathir al-adawat* (equipment purification). Tools used must be halal, sterile, and compliant with both Islamic and medical standards. This aligns with the principle of *la dharara wa la dhirar*, forbidding practices that may harm patients.

Four Key Areas of SOPs for Islamic Cupping Clinics

1. Sterilization and Hygiene

All instruments must be sterilized according to clinical guidelines. Treatment rooms should be clean and contamination-free to prevent infection and preserve care integrity.

2. Medical Records and Documentation

Clinics should maintain comprehensive records of patient identity, medical history, treatment justification, and post-treatment monitoring. This fulfills the therapist's *amanah* and supports follow-up care.

3. Emergency Incident Management

Clinics must be prepared for emergencies such as fainting, bleeding, or shock. SOPs should include protocols for rapid response. Therapists must be trained in CPR and emergency first aid, with first-aid kits available at all times.

4. Medical Referral Systems

In cases that exceed clinic capacity, patients must be referred to formal healthcare facilities. This fulfills the obligation to preserve life and demonstrates clinical humility and responsibility.

Studies support the importance of these SOPs. Dahlan et al. (2021) assert that protecting life is non-negotiable in Islamic health services—even during crises. Rimiyati & Susanto (2021) found that incorporating Sharia principles into clinical management improves service quality and reduces medical errors.

Moreover, Tamrin (2021) and Muhammedi et al. (2023) emphasize that religious health practices require clear ethical regulation. Without structured SOPs, religious practices risk becoming superficial and detached from real-world safety standards.

To consolidate the ethical and procedural recommendations discussed above, Table 1 provides a concise operational model for Islamic cupping clinics. It translates essential Sharia principles—particularly *hifzh al-nafs* and *la dharara wa la dhirar*—into clearly defined clinical



protocols. This structured presentation enables easier implementation and monitoring of ethical compliance, ensuring that sunnah cupping is practiced with both spiritual integrity and professional responsibility.

Table 1. Standard Operating Procedures for Islamic Cupping Clinics: Integrating Sharia Ethics and Clinical Safety

SOP Component	Action Description	Sharia Objective (Maqashid)	Clinical Purpose
Sterilization & Hygiene	Use of sterile/disposable instruments- Disinfection of cupping area before and after treatment	<i>Tathir al-Adawat, La Dharar</i>	Prevent cross-infection and contamination
Patient Medical Records	Documentation of identity, health history, indication for cupping, and follow-up care	<i>Amanah</i>	Support clinical evaluation and patient safety
Emergency Incident Management	Availability of first aid kit- Therapists trained in CPR and shock/bleeding response	<i>Hifzh al-Nafs</i>	Enable timely and accurate emergency response
Referral System	Establishment of referral pathways to formal medical facilities for complex or high-risk cases	<i>La Dharar wa La Dhirar, Maslahah</i>	Ensure continuation of appropriate medical care
Therapist Certification & Training	Integrated training in Islamic medical ethics, contraindications, and clinical SOPs- Joint certification from Sharia and medical institutions	<i>Amanah, Hifzh al-Din, Hifzh al-Nafs</i>	Promote professionalism and avoid malpractice

4. CONCLUSION

This study highlights that sunnah cupping therapy, although rooted in prophetic tradition, presents tangible clinical risks when practiced without adherence to proper medical and ethical standards. The absence of basic emergency training, sterilization protocols, and medical assessments contributes to preventable complications such as shock, infection, and uncontrolled bleeding. From the perspective of maqashid al-shariah, especially *hifzh al-nafs* (protection of life), these shortcomings directly contradict Islamic objectives of safeguarding health and human dignity.

Integrating Islamic ethics—such as the principles of *la dharara wa la dhirar* (no harm) and *dar'u al-mafasid* (avoiding harm)—with contemporary clinical protocols is crucial to legitimizing sunnah cupping as a safe and spiritually authentic practice. This requires structured certification systems, standardized training curricula, and sharia-based regulation to ensure both religious integrity and patient safety.

Study limitations include its reliance on secondary data and normative literature without empirical observation of clinical outcomes in sunnah cupping settings. Moreover, the study



does not evaluate the effectiveness of existing certification models or explore patient experiences in diverse socio-medical contexts.

Future research should investigate real-world implementation of SOPs in Islamic cupping clinics, assess patient outcomes through clinical trials, and develop an integrative curriculum combining Islamic jurisprudence with medical emergency response. Cross-national comparisons could also reveal best practices in governance, regulation, and institutional accreditation for prophetic medicine. Such inquiries will enhance the development of sunnah cupping as an accountable, evidence-based, and sharia-compliant healthcare modality.

5. REFERENCES

- Aboushanab, T. and Alsanad, S. (2018). Cupping therapy: an overview from a modern medicine perspective. *Journal of Acupuncture and Meridian Studies*, 11(3), 83-87. <https://doi.org/10.1016/j.jams.2018.02.001>
- Akmalludin, M., Hoque, M., Nor, Z., & Ismail, M. (2023). The dimensions of prophetic medication. *International Journal of Academic Research in Business and Social Sciences*, 13(11). <https://doi.org/10.6007/ijarbs/v13-i11/19370>
- Al-Qahtani, S. and Alsulami, B. (2023). Prevalence and predictors of use of cupping among patients attending a primary care center in riyadh, saudi arabia. *Journal of Family Medicine and Primary Care*, 12(2), 376-382. https://doi.org/10.4103/jfmpe.jfmpe_1615_22
- AlBedah, A., Elsubai, I., Qureshi, N., Aboushanab, T., Ali, G., El-Olemy, A., ... & Alqaed, M. (2019). The medical perspective of cupping therapy: effects and mechanisms of action. *Journal of Traditional and Complementary Medicine*, 9(2), 90-97. <https://doi.org/10.1016/j.jtcme.2018.03.003>
- Alhizbi, M. N. (2019). Masalahah munfaridah sebagai justifikasi dalam pengamalan hukum islam. *Asy-Syari'ah*, 19(1), 69-90. <https://doi.org/10.15575/as.v19i1.3518>
- Alipour, R., Jamalimoghadamsiahkali, S., Karimi, M., Asadi, A., Ghaem, H., Adel-Mehraban, M., ... & Kazemi, A. (2022). Acupuncture or cupping plus standard care versus standard care in moderate to severe covid-19 patients: an assessor-blinded, randomized, controlled trial. *Integrative Medicine Research*, 11(4), 100898. <https://doi.org/10.1016/j.imr.2022.100898>
- Almaiman, A. (2018). Proteomic effects of wet cupping (al-hijamah). *Saudi Medical Journal*, 39(1), 10-16. <https://doi.org/10.15537/smj.2018.1.21212>
- Alshammari, K. (2021). Assessment of knowledge, attitude, and practice about first aid among male school teachers in hail city. *Journal of Family Medicine and Primary Care*, 10(1), 138-142. https://doi.org/10.4103/jfmpe.jfmpe_1322_20
- Amiruddin, M., Syafitri, L., Rabbani, A., Muthmainnah, A., & Salsabila, A. (2022). The benefits of removing dirty blood with traditional cupping treatment. *planar*, 2, 60. <https://doi.org/10.18860/planar.v2i0.2127>
- Astiwar, E. (2024). Integration of sharia principles in islamic hospital management: opportunities and obstacles. *International Journal of Science and Society*, 6(4), 484-500. <https://doi.org/10.54783/ijssoc.v6i4.1413>
- Blewer, A., Ibrahim, S., Leary, M., Dutwin, D., McNally, B., Anderson, M., ... & Abella, B. (2017). Cardiopulmonary resuscitation training disparities in the united states. *Journal of the American Heart Association*, 6(5). <https://doi.org/10.1161/jaha.117.006124>



- Can, D. and Bayer, N. (2023). Determining the mothers' first-aid self-efficacy in-home accidents in turkey. *European Journal of Environment and Public Health*, 7(3), em0141. <https://doi.org/10.29333/ejeph/13376>
- Chamsi-Pasha, H., Chamsi-Pasha, M., & Albar, M. (2016). Teaching islamic medical ethics. *Mededpublish*, 5, 145. <https://doi.org/10.15694/mep.2016.000145>
- Choi, T., Ang, L., Ku, B., Jun, J., & Lee, M. (2021). Evidence map of cupping therapy. *Journal of Clinical Medicine*, 10(8), 1750. <https://doi.org/10.3390/jcm10081750>
- Dahlan, M., Bustami, M., Makmur, M., & Mas'ulah, S. (2021). The islamic principle of hifz al-nafs (protection of life) and covid-19 in indonesia: a case study of nurul iman mosque of bengkulu city. *Heliyon*, 7(7), e07541. <https://doi.org/10.1016/j.heliyon.2021.e07541>
- El-Olemy, A., Al-Bedah, A., Almosilhi, A., Almusailhi, J., Hussein, A., Khalil, M., ... & Qureshi, N. (2017). Cupping therapy (al-hijamah): an exploratory study of healthcare professionals controversial beliefs and conceptions, kingdom of saudi arabia. *Journal of Complementary and Alternative Medical Research*, 3(2), 1-11. <https://doi.org/10.9734/jocamr/2017/34835>
- Ghazy, E., Muhayawi, S., Mourad, S., & Alahdal, R. (2018). Comparison of safety and efficacy of al-hijama (cupping) and conventional medical therapy for sinusitis (i). *Journal of King Abdulaziz University-Medical Sciences*, 25(2), 11-26. <https://doi.org/10.4197/med.25-2.2>
- Gunawan, G. and Lestari, A. (2021). Al-ghazali's thoughts on education and its relevance to islamic education in the millennial era. *AJIS: Academic Journal of Islamic Studies*, 6(1), 103-116. <https://doi.org/10.29240/ajis.v6i1.2091>
- Guo, L., Wang, L., Wang, Z., Wei, L., Ding, L., Kong, Y., ... & Sun, L. (2021). Evaluation of the effectiveness and safety of cupping therapy in the treatment of asthma. *Medicine*, 100(41), e27518. <https://doi.org/10.1097/md.00000000000027518>
- Hammad, H., Subri, I., & Khafidz, H. (2023). The impact of religiosity on the malaysian muslim community's attitude towards the practice of cupping. *Juris (Jurnal Ilmiah Syariah)*, 22(1), 145. <https://doi.org/10.31958/juris.v22i1.8461>
- Harun, S., Ahmad, I., Shafie, S., Choirisa, S., & Rizkalla, N. (2024). Developing muslim-friendly hospital practices: understanding the key drivers. *Journal of Islamic Marketing*, 15(11), 3137-3155. <https://doi.org/10.1108/jima-03-2023-0094>
- Hong, F. (2021). The importance of general practitioners in emergency and pre-hospital first aid. *Frontiers in Medical Science Research*, 3(6). <https://doi.org/10.25236/fmsr.2021.030616>
- Hussein, A., Albar, M., & Alsanad, S. (2019). Prophetic medicine, islamic medicine, traditional arabic and islamic medicine (taim): revisiting concepts and definitions. *Acta Scientific Medical Sciences*, 3(8), 62-69. <https://doi.org/10.31080/asms.2019.03.0347>
- Komaruddin, K., Sarib, S., Mokodenseho, S., Mokodompit, N., & Manangin, T. (2024). Public understanding of the implementation of islamic law in the context of modern life in indonesia. *Sanskara Hukum Dan Ham*, 2(03), 153-160. <https://doi.org/10.58812/shh.v2i03.378>
- Lu, M., Yang, C., Tsai, S., Hung, C., & Chen, S. (2020). Intraperitoneal hemorrhage after cupping therapy. *Hong Kong Journal of Emergency Medicine*, 27(2), 107-109. <https://doi.org/10.1177/1024907918784076>



- Machfudloh, M., Jannah, M., & Astuti, Y. (2022). Assistance for post-natal cupping massage according to the sunnah of the prophet. *Community Empowerment*, 7(6), 1061-1066. <https://doi.org/10.31603/ce.5996>
- McClung, C. and Anshus, A. (2015). Interposed abdominal compression cpr for an out-of-hospital cardiac arrest victim failing traditional cpr. *Western Journal of Emergency Medicine*, 16(5), 690-692. <https://doi.org/10.5811/westjem.2015.6.26082>
- Mehta, P. and Dhapte, V. (2015). Cupping therapy: a prudent remedy for a plethora of medical ailments. *Journal of Traditional and Complementary Medicine*, 5(3), 127-134. <https://doi.org/10.1016/j.jtcme.2014.11.036>
- Mohamed, A., Zhang, X., & Jan, Y. (2023). Evidence-based and adverse-effects analyses of cupping therapy in musculoskeletal and sports rehabilitation: a systematic and evidence-based review. *Journal of Back and Musculoskeletal Rehabilitation*, 36(1), 3-19. <https://doi.org/10.3233/bmr-210242>
- Mohammadi, S., Roostayi, M., Naimi, S., & Baghban, A. (2019). The effects of cupping therapy as a new approach in the physiotherapeutic management of carpal tunnel syndrome. *Physiotherapy Research International*, 24(3). <https://doi.org/10.1002/pri.1770>
- Mohandes, B., Bayoumi, F., AllahDiwaya, A., Falah, M., Alhamd, L., Alsawadi, R., ... & Jihwaprani, M. (2024). Cupping therapy for the treatment of migraine headache: a systematic review and meta-analysis of clinical trials. *Journal of Pharmacopuncture*, 27(3), 177-189. <https://doi.org/10.3831/kpi.2024.27.3.177>
- Mokodenseho, S., Siregar, R., Muslim, S., Hasibuan, K., & Rahman, R. (2024). Analysis of the influence of fiqh and maqasid al-syariah in the formation of islamic legal policy in indonesia. *WSiSS*, 2(01), 30-37. <https://doi.org/10.58812/wsiss.v2i01.590>
- Muhammad, R., Annuar, H., Taufik, M., & Nugraheni, P. (2021). The influence of the ssb's characteristics toward sharia compliance of islamic banks. *Cogent Business & Management*, 8(1). <https://doi.org/10.1080/23311975.2021.1929033>
- Muhammedi, S., Cheumar, M., & Haji-Othman, Y. (2023). Conceptual analysis of shariah advisory board in the corporate governance of islamic financial institutions in minority muslim country: the case of uganda. *International Journal of Academic Research in Business and Social Sciences*, 13(10). <https://doi.org/10.6007/ijarbss/v13-i10/19161>
- Muhsin, S. (2021). Medical confidentiality ethics: the genesis of an islamic juristic perspective. *Journal of Religion and Health*, 61(4), 3219-3232. <https://doi.org/10.1007/s10943-021-01313-7>
- Nisar, M. (2018). Cupping (hijama) treatment: benign or sinister?. *Journal of Patient Safety*, 14(1), e1-e2. <https://doi.org/10.1097/pts.0000000000000162>
- Reveruzzi, B., Buckley, L., & Sheehan, M. (2016). School-based first aid training programs: a systematic review. *Journal of School Health*, 86(4), 266-272. <https://doi.org/10.1111/josh.12373>
- Rimiyati, H. and Susanto, S. (2021). Sharia hospital management in terms of religion surveillance aspect in yogyakarta.. <https://doi.org/10.2991/aer.k.210121.038>
- Saleh, M., Mehellou, A., & Omar, B. (2023). Maqāṣid al-sharī'ah as goal framing for sustainable behaviours: a conceptual framework. *Intellectual Discourse*, 31(1). <https://doi.org/10.31436/id.v31i1.1805>



- Sutriyono, S., Robbina, M., & Ndii, M. (2019). The effects of wet cupping therapy in blood pressure, glucose, uric acid and total cholesterol levels. *Biology Medicine & Natural Product Chemistry*, 8(2), 33-36. <https://doi.org/10.14421/biomedich.2019.82.33-36>
- Tamrin, K. (2021). Premarital check up dalam perspektif maqashid al-syari'ah. *Al-Manhaj Jurnal Hukum Dan Pranata Sosial Islam*, 3(1), 89-114. <https://doi.org/10.37680/almanhaj.v3i1.435>
- Vajdic, C., Perez-Concha, O., Dobbins, T., Ward, R., Schaffer, A., Leeuwen, M., ... & Pearson, S. (2019). Demographic, social and lifestyle risk factors for cancer registry-notified cancer of unknown primary site (cup). *Cancer Epidemiology*, 60, 156-161. <https://doi.org/10.1016/j.canep.2019.04.004>
- Vermonden, M., Dehaerne, L., Toelen, J., & Coninck, D. (2023). Teacher preparedness for medical emergencies in belgian classrooms: studying objective and subjective first-aid knowledge. *Children*, 10(4), 669. <https://doi.org/10.3390/children10040669>
- Wahyuni, S., Pujiharto, P., & Hartikasari, A. (2020). Sharia maqashid index and its effect on the value of the firm of islamic commercial bank in indonesia. *Riset Akuntansi Dan Keuangan Indonesia*, 36-45. <https://doi.org/10.23917/reaksi.v5i1.9493>
- Windasari, N., Azhari, N., & Putra, I. (2023). Assessing consumer preferences on halal service: the emergence of sharia hospitals for muslim consumer. *Journal of Islamic Marketing*, 15(1), 22-41. <https://doi.org/10.1108/jima-07-2022-0192>
- Xiang, T., Zhang, X., Wei, Y., Feng, D., Gong, Z., Liu, X., ... & Jiang, R. (2022). Possible mechanism and atorvastatin-based treatment in cupping therapy-related subdural hematoma: a case report and literature review. *Frontiers in Neurology*, 13. <https://doi.org/10.3389/fneur.2022.900145>
- Zahrin, S., Said, M., Sandakumaran, A., & Khan, A. (2021). The benefit of cupping (hijamah) to post-vaccination mental & physical health. *Journal of Katha*, 17(1), 20-31. <https://doi.org/10.22452/katha.vol17no1.2>