

MUSLIM-FRIENDLY MEDICAL SERVICES:
UNDERSTANDING OF HIJĀMAH PRACTITIONERS IN
KLANG VALLEY ON MALAYSIAN TRADITIONAL
AND COMPLEMENTARY MEDICINE GUIDELINES

BY

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ABSTRACT

The Ministry of Health Malaysia (MOH) has established the Traditional and Complementary Medicines Division (TCM) in February 2004. The Ministry has recognised Hġjāmah 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 impose the ethical practice guidelines on Hġjāmah practitioners in providing safe and clinically proven services as the best. Hġjāmah is expected to be one of the drivers in the global Halal treatment industry in Malaysia. This research explores how Hġjāmah practitioners respond and adapt to the latest policy from the TCM Division by MOH. This study uses semi-structured interviews in order to collect the data. The informal interviews with the Hġjāmah practitioners will question Hġjāmah issues and the practitioners' awareness and acknowledgement of the existence and importance of the TCM rules and guidelines. This data collection provides the basis for future study on the perception and expectations of Hġjāmah service delivery in the rapidly growing Muslim-friendly medical care sector. On the whole, this thesis act as an effort for the revival of the Prophetic Medicine and importance for the practitioners to adhere to these guidelines for ensuring that the Maqāṣid al-Sharī'ah, which protect a patient's life, intellect and property, are safeguarded. All of this is in accordance with the basic purpose of a Muslim's life: to obtain Allah SWT's blessings in all circumstances. Practising Hġjāmah for a living is one kind of worship to Allah, which has to be undergone in a way that Allah SWT blesses.

ملخص البحث

أنشأت وزارة الصحة الماليزية شعبة الأدوية التقليدية والتكميلية في فبراير ٢٠٠٤ واعترفت بأن الحجامة هي إحدى الممارسات التقليدية في إطار هذه الشعبة. وبموجب قانون الأدوية التقليدية والتكميلية لعام ٢٠١٦ الميلادي، فإن وزارة الصحة الماليزية هي السلطة الوحيدة التي تحكم السياسة العامة وفرض المبادئ التوجيهية للممارسة الأخلاقية التي يتم إنفاذها على ممارسي الحجامة، في إطار توفير الخدمات الآمنة والتي ثبت سريريا على أنها الأفضل. وتوقّعت أن الحجامة ستكون إحدى العوامل المحركة في صناعة العلاج الحلال العالمية بماليزيا. وتحاول هذه الدراسة استكشاف كيف أن ممارسي الحجامة يستجيبون ويتكيفون نحو سياسة وزارة الصحة الحديثة تحت شعبة الأدوية التقليدية والتكميلية. وقد أجريت مقابلات غير رسمية مع ممارسي الحجامة بشأن قضايا الحجامة من أجل جمع البيانات، فضلاً عن مدى وعي الممارسين واعترافهم بوجود القواعد والمبادئ التوجيهية التقليدية والتكميلية وأهميتها. ويسهم ذلك في وضع أساس لإجراء بحوث مستقبلية لإدراك تقديم خدمات الحجامة وتوقعاتها في صناعة الخدمات الطبية الملائمة للمسلمين التي يتزايد الطلب عليها متسارعاً. عموماً، فإن هذه الأطروحة تمثل جهداً لإحياء الطب النبوي، فإنه من المهم للممارسين جميعاً أن يلتزموا بهذه القواعد لضمان حفظ نفس المريض وعقله وممتلكاته بناءً على المقاصد الشرعية مما يتفق مع الهدف الأساسي لحياة المسلمين، وهو الحصول على نعمة الله في كل شيء وحمده. إذن تعتبر ممارسة الحجامة من أجل لقمة العيش هي نوع من العبادة والتقرب إلى الله، والتي يجب أن تمارس بطريقة تهدف لنيل الأجر والبركة من الله عز وجل.

APPROVAL PAGE

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DECLARATION

I hereby declare that this thesis is the result of my own investigations, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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To my dear wife, Nurain

Thanks a lot for your love and sacrifice during this journey.

To my dearest daughter, Najda

You are always my strength to complete this work.

To my lovely mother, Rozinah, my father, Razali, and my parents in law, Rohana and Ahmad Ariffin

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LIST OF ABBREVIATIONS

ABBREVIATION	DESCRIPTION
TCM	Traditional and Complementary Medicine
MOH	Ministry of Health Malaysia
WHO	World Health Organisation
ACCSQ	ASEAN Consultative Board Standards and Quality
NHMS	National Health and Morbidity Survey
GAPERA	Gabungan Pertubuhan Perubatan Malaysia
PEPTIM	Malaysian Association of traditional Indian Medicines
MPHM	Medical Homeopathy Council of Malaysia
MCMA	Malaysian Chinese Medical Association
MSCT	Malaysian Society for Complementary Medicines
PUTRAMAS	Persatuan Perubatan Tadisional Melayu Malaysia
FCPMDAM	Federation of Chinese Physicians and Medicines Dealer Association of Malaysia
HMRC	Herbal Medicine Research Centre
IMR	Institute for Medical Research
PERHIJAM	Persatuan Perubatan Islam Hġjġmah Malaysia
MCPHIE	Mass Customised and Personalised Health Information and Education of Tele-Health
IHC	Islamic Hospital Consortium
NCCC	National Consumer Complaints Centre
COMCEC	Committee for Economic and Commercial Cooperation of the Organisation of Islamic Cooperation

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

For many decades, traditional medicine has devoted particular attention to the health and well-being of our society as a whole. Hence, alternative medicine is still practised by the world today to cure ailments and promote health. Additionally, the World Health Organisation describes that market for Traditional and Complementary Medicine (TCM) methods and practitioners is considerable and growing globally. In Malaysia, the Ministry of Health has long known the relevance of TCM from a health, economic, social, and cultural point of view. Therefore, 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 (WHO Policy Perspectives on Medicines, 2002). As a result, 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; however, practitioners must register with organisations recognised by the MOH in order to practise.

Among all TCM globally, one alternative medication is the Ḥijāmah practice. Alternatively known as wet-cupping treatments, blood leaching therapy, or blood-letting rehab, describe the practice. It is a component of traditional Islamic therapy advocated by the Prophet Muhammad PBUH and is referred to as al-Ṭibb al-Nabawīy (the Prophetic Way of Medication).

In a Ḥadīth narrated by Abu Hurayrah: The Prophet PBUH said: “*The best medical treatment you apply is cupping.*” (Sunan Abi Dawud, Book 28, Ḥadīth 3848).

Furthermore, narrated Jabir: The Prophet PBUH said, “*If there is any healing in your medicines then it is a cupping operation, or branding (cauterisation), but I do not like to be (cauterised) branded.*” (Sahih al-Bukhari, Vol. 7, Book 71, Ḥadīth 605).

The Quran states: “*And whatsoever the Messenger gives you, take it. And whatsoever he forbids, abstain...*” (al-Hashr 59:7). It is said in this verse that Muslims should follow in the footsteps of the Prophet Muhammad PBUH and that the Prophet Muhammad PBUH advocated Ḥijāmah and urged people to use it.

Nevertheless, while Ḥijāmah is an old treatment that has been practised globally for thousands of years, it is a relatively new phenomenon in the Western hemisphere. Many chronic and minor illnesses have been cured with Ḥijāmah. A previous study by Tham, Lee, & Lu (2006) state that several doctors suggest Ḥijāmah in treating serious diseases and a wide range of respiratory, gastroenterological, and gynaecological problems. One of the primary priorities of Ḥijāmah treatment is to eliminate impurities and waste from our bodies. It may also boost our system of immunity and reduce the likelihood of illness infection. It is also utilised to treat eczema as an alternative (al-Shamma & Abdil Razzaq, 2009). Other earlier studies reveal that Ḥijāmah may decrease pain from acute gouty arthritis (Zhang, Liu, & He, 2010), fibrositis (Ahmadi, Schwebel, & Rezaei, 2008), fibromyalgia (Cao, Hu, Colagiuri, & Liu, 2011; Cao, Liu,

& Lewith, 2010; Jang et al., 2010; Li et al., 2006), persistent nonspecific low back pains (Kim et al., 2011), chronic osteoarthritis pains (Teut et al., 2012), acute trigeminal neuralgia (Zhang, 1997), and headaches and migraine (Ahmadi et al., 2008). Pain receptors are thought to be stimulated by Hġjāmah by increasing the frequency of impulses, resulting in closing the pain gates and reducing pain (Zhang, 2009).

Despite the benefits of Hġjāmah practices, some malpractice cases reported patients having side effects after receiving the treatment. For example, recent cases include a patient admitted to having HIV after receiving Hġjāmah treatment at a night market and patients having skin irritated where punctured areas became infected (Said, 2019). Based on the issues that arose, the treatment was carried out by an untrained practitioner who did not have a specified licence or medical degree and did not meet the MOH on clinical practice requirements. Thus, this research aims to assess the perceptions among Hġjāmah practitioners towards these malpractice cases. By understanding this perception, we can identify why the rules and guidelines provided by the TCM division from the Ministry of Health Malaysia are neglected. It may help policymakers in Malaysia better satisfy industrial players' demands, enhance their condition, and boost their marketability potential in Malaysian society.

Formal training and clinical experience, as stated in Dr Khan's previous paper (An International Journal of Medicine, 2016), are required for qualified Hġjāmah practitioners to effectively assess clinical illnesses, including using Hġjāmah to treat patients in a safe and quality manner. The homogeneity of Hġjāmah is the foundation of formal training. During the professional training, Hġjāmah practitioners are encouraged to dress following the Hġjāmah principles. The standard also outlines the recommendations for a range of conditions, such as cough and muscular discomfort. Also demonstrated is the proper technique to apply the Hġjāmah treatment and take all

necessary precautions to keep the patients safe from potentially dangerous situations. Additionally, the practice guideline includes being aware of a patient's medical and family history. As a result, in Dr Khan's case, the non-professional practitioner who improperly used Hġjāmah got the opposite results from standardisation. Consequently, this research seeks to ensure that all client's care providers are conscious of the standard Hġjāmah treatment to provide operational and administrative insights that will promote TCM services to the people.

Conducting such research in the Muslim-friendly healthcare setting is essential from a practical standpoint. It will help Hġjāmah practitioners actively engaging in alternative and conventional therapy enhance the market and long-term business strategies. It is also feasible for Hġjāmah practitioners to create a suitable promotional advantage in the Halal sector by knowing the rules and guidelines on consumer satisfaction and the variables that impact it, such as the brand image. Also demonstrated will be the relationship among brand image, service quality, customer preferences, and performance expectancy in the Muslim-friendly medical sector. These variables will allow practitioners to understand their customers' needs better and develop relevant market research and operational processes to maintain customer loyalty and attract new customers. For the most part, this research offers a chance to better understand Muslim-friendly medical services offered within the Malaysian Halal Healthcare sector.

1.2 STATEMENT OF THE PROBLEM

In order to incorporate TCM into the national healthcare system, the Malaysian National TCM Policy (2007) imposes the necessity to modify certain TCM practices. The Malaysian healthcare system cannot deny TCM's presence and significance. TCM became official in 1992 and is very plentiful, with over 15,000 practitioners of various

ethnic parties in Malaysia. Malaysia is dedicated to ensuring that TCM is fully incorporated into its healthcare system via its National 2020 goal. Malaysian TCM practitioners must grasp the significance of the national TCM policy 2001, which envisions the integration of TCM practices with other medical disciplines. Per the integration initiatives, practitioners are subject to more systemic and structural control regarding their methods, services, and skills. Responding to changes in the regulatory environment in TCM, for instance, external disturbances, is a novel study topic, especially from a development and acceptance standpoint. As a result, the focus of this thesis is to analyse how Hġjāmah practitioners are adequately adhering and adjusting to the necessary regulations.

On other occasions, some Hġjāmah practitioners have acknowledged the existence of the laws and guidelines provided by the Ministry of Health Malaysia through the Traditional and Complementary Medicine division. An example of the laws and guidelines are Act 775, Traditional and Complementary Medicine Act 2016, and *Garis Panduan Amalan Perubatan Tradisional & Komplementari: Bekam* (MOH, 2013). These rules and guidelines show proper uses of alternative medications that are proven scientifically safe. The practitioners have either implemented or are effectively adjusting their practices to comply with the integration policy effort. Some practitioners are ready for adaptation, while others will prepare to amend their practice 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 (Ismail, 2013).

Nevertheless, they are not sure about the correct method of using these guidelines. Consider the following examples of causes for uneasiness or utter disinterest in such learning: perceived obstacles to career progression, uniqueness of one's

practice, and a “know enough” attitude (Ismail, 2013). These results show the need of clarifying it from medical experts and Islamic sources.

Still, there is an increasing trend in TCM for improving health and rehabilitation in Malaysia (Azmi, Fahad, Saleem, & Asrul, 2012). The results of a nationwide survey on TCM utilisation by Malaysians in 2004, published in TCM Division, MOH (2007), revealed that approximately 70% of Malaysians had used TCM at least once in their lifetime, with 55% using TCM within 12 months at the time of data collection. Predominantly, Hijāmah practitioners believe regulating their practice will promote and develop their TCM business and earning potential. As a result, the proposed study aims to look into how Hijāmah practitioners who are confronted with disruptions in the regulatory environment deal with the issues of systemic interplay and organise the disturbances to safeguard business achievements and guarantee the long-term efficacy of their businesses. This study will also help explore the opportunities and challenges that alternative medical service providers face in sustaining their business in Klang Valley.

1.3 RESEARCH OBJECTIVES

The primary objective of this research is to obtain Hijāmah practitioner’s perceptions on the changes in TCM guidelines. The specific objectives are:

1. To explore the Hijāmah practitioner’s understanding of TCM treatments and applications.
2. To explore Hijāmah practitioners’ attitudes, knowledge, and practice on the TCM rules and guidelines.
3. To analyse the possible effects of TCM rules and guidelines’ changes on the Hijāmah medical practices.

4. To identify the opportunities and challenges for Hijamah treatment to be sustained in the alternative medicine industry.

1.4 RESEARCH QUESTIONS

The study attempted to address the following research questions in accordance with the research objectives, as indicated below:

1. Up to what extent is the understanding of Hijamah practitioners on TCM treatments and applications?
2. What are the Hijamah practitioner's attitude, knowledge, and practice on the TCM guidelines?
3. Will the changes in TCM guidelines affect the Hijamah medical practices?
4. What are the opportunities and challenges that alternative medical service providers face in sustaining Hijamah treatment?

1.5 SIGNIFICANCE OF THE STUDY

The study is important in terms of its practical and managerial significance. It will also help motivate the use of Hijamah treatment and practitioners to improve their treatments and practices. Hijamah is a prospective subject that needs the Islamic essence to deal with its theories and practices. Integrating TCM into the national healthcare 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, are ready to change, or be keen to take forth shifts in their practices in compliance with the policy effort on integration. From this research findings, the policymakers, and the correct entity for TCM in Malaysia can play their roles and better facilitate the integration.

In a country where developing the global Halal industry has become one of the primary focuses, practitioners who comply with the rules and guidelines for proper use of Hġjāmah practice authorised by the MOH can improve and ensure the long-term survivability of the Muslim-friendly 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 highlights continuing improvements and the creation of Muslim-friendly hospitality services and 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 Hġjāmah service delivery in the rapidly growing Muslim-looking medical care sector.

Beyond food, the Halal business has grown to include medicines, cosmetics, health goods, toiletries, medical equipment, and components of the service sector such as transportation, advertising, healthcare facilities, manufacturing, labelling, and finance. (Fleishman Hillard Majlis 2011, Dar, Azmi et al. 2013). Therefore, upgrading the TCM modalities to the national standard of the healthcare industry will encourage patients to engage with alternative treatment more often, which can contribute economically to the Halal industry's opportunities. This study will assist the TCM authority in developing more relevant policies and plans to promote the development of the Halal medical sector and actively upgrade and improve the execution of its policies, strategies, and other initiatives.

1.6 LIMITATIONS OF THE STUDY

This research is limited to physical treatment and prevention by using Hijāmah treatment. Hence, this research does not cover other methods in the TCM practices area. Moreover, the samples for this research will be limited only to Hijāmah practitioners, not the customer and only covers the Klang Valley area.

1.7 THESIS STRUCTURE

This thesis is divided into five (5) major chapters. Chapter one introduces the research background and overview of Muslim-friendly medical services in Malaysia and Traditional and Complementary Policies in Malaysia. This chapter enlightens the purpose and the background of the research. Besides, the research issues involved in this study were based on the inadequacies discovered in prior findings. Following that, the purpose of the study and the research goals are addressed.

Chapter two presents the definition of TCM and its practices in Malaysia. The literature review on the vision of integrating TCM in the mainstream healthcare system is also presented. Additionally, the information on Hijāmah medication is gathered and all contexts that relate to the research topic.

Chapter three discusses the research methodology employed, including the research design, variable measures, data collecting method, and a description of the qualitative research. Besides that, the mechanisms which were used in data analysis, as well as the practical implications, are addressed. Chapter four discusses the data collection analysis in response to the research objectives and aim of this research. Finally, chapter five will use the study findings to analyse the recommendations and suggestions for further research areas.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter aims to explore Ḥijāmah treatment and the concepts and practices around it. This literature review is key in understanding earlier research and findings regarding the definition and significance of Ḥijāmah. Since the study aims to obtain the perceptions of Ḥijāmah practitioners, the literature review will aid in understanding if the earlier research and findings are still relevant today and, if so, how is it supported. Furthermore, the review will emphasise Ḥijāmah practices from the perspective of their types and methods of application, their importance for practitioners and customers and also on TCM guidelines. Prophetic medicine recommendations on Ḥijāmah therapy are also covered and the factors influencing the vision of the integration medicine policy initiative.

2.2 MUSLIM-FRIENDLY MEDICAL SERVICES

Muslims are required to adhere to the Sharī‘ah in all parts of their lives. Muslim-friendly medical services are intended to provide for not only the Muslim patients, as well as for non-Muslim patients with medical intervention that complies with Islamic values, which includes the use of halal medicine. When it comes to addressing this form of healthcare services, there are a number of difficulties that need to be addressed. For example, Muslim patients who seek treatment in conventional hospitals confront numerous obstacles, including privacy concerns during treatment, cross-gender contacts between patients and medical professionals, and the legal status of the drugs used in therapy. As a matter of fact, many Muslims are displeased about the approach in which