

## RESEARCH ARTICLE

# REGULATORY CHALLENGES IN INTEGRATING HIJĀMAḤ PROFESSIONAL DEVELOPMENT INTO MALAYSIA'S HEALTHCARE SYSTEM

Asar A.K.<sup>1</sup> and Aziman Abdullah<sup>2</sup><sup>1</sup>Centre for Human Sciences, Universiti Malaysia Pahang Al-Sultan Abdullah, 26300 Kuantan, Pahang, Malaysia<sup>2</sup>Faculty of Computing, Universiti Malaysia Pahang Al-Sultan Abdullah, 26600 Pekan, Pahang, Malaysia

**ABSTRACT** - This study delves into the intricate challenges of integrating hijāmaḤ professional development into Malaysia's healthcare system. Despite its significance, incorporating hijāmaḤ into the national healthcare framework faces significant hurdles, with regulatory challenges taking center stage. The research thoroughly examines the Traditional and Complementary Medicine Blueprint 2018-2027 for Health Care (TCMBP) established by the Ministry of Health, Malaysia, revealing a spectrum of regulatory challenges as major obstacles. The paper proceeds to propose potential solutions, targeting policymakers responsible for navigating these regulatory barriers. The insights drawn from this study contribute significantly to ongoing discussions about harmoniously merging hijāmaḤ professional development into contemporary healthcare systems. It provides a nuanced perspective that balances the preservation of this cultural therapy with the assimilation of modern medical advancements. This sets the stage for a more comprehensive and inclusive healthcare approach that resonates effectively with Malaysia's diverse population. This synergy between traditional and modern medical practices not only respects cultural heritage but also has the potential to transform healthcare outcomes, promoting sustainability and enhancing societal well-being. It emphasizes the importance of recognizing traditional practices within modern healthcare, offering a path to improved healthcare services for Malaysia's diverse society.

**ARTICLE HISTORY**Received : 15<sup>th</sup> Aug. 2023Revised : 20<sup>th</sup> Sept. 2023Accepted : 05<sup>th</sup> Oct. 2023Published : 30<sup>th</sup> Oct. 2023**KEYWORDS**

TCM Regulator,

HijāmaḤ,

Healthcare system,

Sustainability,

TCM Regulator,

## 1.0 INTRODUCTION

HijāmaḤ which also known as Islāmic cupping therapy, stands as a testament to the profound interplay between religion, culture, and healthcare practices in Malaysia. HijāmaḤ remains popular among Muslims in Malaysia since this cupping therapy is simple, effective, and economic compared to the present use of drugs with relatively have higher side-effects (Al-Luhaidan et al., 2020). As the traditional, as well as an alternative therapeutic method, hijamah's relevance lies in its holistic approach to health and wellness. Drawing from the principles of traditional healing practice, it emphasizes the body's innate ability to heal itself when the flow of vital energies is restored. The technique of creating localized suction through cupping, puncturing and cupping (CPC) method (Al-Luhaidan et al., 2020), fosters blood circulation and stimulates the body's natural healing processes. However, the journey of integrating hijāmaḤ into Malaysia's modern healthcare system presents various challenges, particularly the regulatory challenges. This paper delves into the regulatory constraints associated with integrating hijāmaḤ professional development within the regulatory framework of Malaysia's healthcare system.

## 2.0 LITERATURE REVIEW

### 2.1. *Historical Context of HijāmaḤ In Malaysia*

Understanding the historical context of hijāmaḤ in Malaysia is crucial for comprehending its current regulatory landscape. HijāmaḤ has deep roots in traditional Islāmic medicine and has been practiced for centuries. Malaysia, being a predominantly Muslim country, has a cultural affinity for traditional Islāmic healing practices. However, the historical context also underscores the challenge of reconciling traditional practices with modern healthcare standards. Even though the current Malaysian regulatory framework for traditional and complementary medicine does exist (Laws of Malaysia, 2016), the framework may not be fully equipped to address the unique characteristics of hijāmaḤ, posing challenges in terms of classification, standardization, and professional development. The absence of standardized educational and training programs for hijāmaḤ practitioners poses a significant regulatory challenge. Unlike conventional medical professions, there is a lack of uniformity in the curriculum, accreditation, and certification processes for hijāmaḤ professionals. Establishing clear guidelines for education, training, and certification becomes imperative to ensure the competence and safety of practitioners.

Establishing comprehensive regulations involves addressing practitioner qualifications, hygiene standards, and the safety protocols for bloodletting procedures. Striking this balance necessitates collaboration between traditional practitioners, healthcare regulators, and scientific communities to develop guidelines that acknowledge its cultural significance while ensuring rigorous safety and efficacy standards are met. As the interest in complementary and alternative medicine grows, there is an increasing need for thorough research and standardized regulations to ensure the safe practice and integration of hijamah within healthcare systems worldwide (Laws of Malaysia, 2016). This is where our work is positioned as we found there is none of the research articles been found published related with hijamah's regulation in Malaysia from SCOPUS database. Table 1 indicates the search results from SCOPUS, the largest indexed database of peer reviewed research works.

Table 1. SCOPUS search results (retrieve: 18th Nov. 2023)

Keywords	Total Publication	Total Publication originated from Malaysia
Traditional AND complimentary AND medicine	120	5
Traditional AND complimentary AND medicine AND regulation	12	1
Hijama AND regulation	9	0

### 3.0 METHODOLOGY

The Traditional and Complementary Medicine Blueprint 2018-2027 for Health Care (TCMBP) (Ministry of Health Malaysia, 2017) stands as a strategic roadmap with the primary aim of guiding the integration and advancement of traditional and complementary medicine within Malaysia's healthcare system. This visionary document outlines the core components of its vision, mission, objectives, and tactics, all meticulously designed to facilitate the endorsement, oversight, and application of Traditional and Complementary Medicines (T&CM). Its overarching objective is to provide comprehensive and holistic healthcare services to the diverse population of Malaysia. To uncover the recurring themes and trends related to regulatory challenges in the integration of hijamah within Malaysia's healthcare system, this study will employ a multifaceted methodology. First and foremost, document analysis will be a key component. This analysis will involve an exhaustive examination of the TCMBP, dissecting its content to identify the regulatory challenges it addresses and those it may overlook. Additionally, a comprehensive literature search will be conducted to gather insights, perspectives, and experiences from various sources. This multifaceted approach will provide a robust foundation for understanding the regulatory landscape and offer a holistic view of the challenges surrounding hijamah professional development integration into Malaysia's healthcare system.

### 4.0 REGULATORY CHALLENGES

#### 4.1 *Undefined Scope of Practice:*

One of the primary regulatory challenges is defining the scope of practice for hijamah within the existing healthcare regulations. Presently, hijamah therapy finds application in health enhancement, preventative care, and the treatment of diverse ailments across the globe. With a commendable safety record, this form of therapy boasts a rich and diverse history, firmly established as a widely acknowledged traditional approach for addressing medical conditions. In fact, the scope of cupping therapy is expanding, and a growing body of research is providing additional evidence-based data for the further advancement of cupping therapy in the treatment of a variety of diseases (Qureshi et al., 2017). Clarifying what procedures, conditions, and patient groups that hijamah practitioners can treat is essential to ensure patient safety and effective healthcare delivery. Ambiguities in scope can lead to conflicts with conventional medical practices and hinder the seamless integration of hijamah.

#### 4.2 *Limited Regulation Enforcement:*

Regulatory bodies face challenges in effectively enforcing regulations governing hijamah practice due to factors such as the decentralized nature of traditional healthcare and a lack of awareness among authorities. Collaborative learning, which enables collaborative and decentralized training of deep neural networks at multiple institutions in a privacy-preserving manner, is rapidly emerging as a valuable technique in healthcare applications (Qu et al., 2022). Inadequate regulation enforcement can result in unqualified practitioners, compromising patient safety and undermining the credibility of integrated healthcare.

#### 4.3 *Inconsistent Training Standards:*

Regulatory constraints arise from the absence of standardized training requirements for hijamah practitioners, and its promotion as a "lost sunnah" (Mayberry, 2022). The lack of uniformity in training duration, curriculum, and assessment methods can lead to variations in practitioners' skills and knowledge, making it challenging to ensure consistent and high-quality care. Moreover, maintaining the quality control over hijamah services is challenging without proper regulations.

#### 4.4 Cultural Sensitivity:

The therapy has been associated with the sunnah of the Prophet Muhammad (ﷺ), whereby previous Muslims scholars often use the terms ‘hijāmah’ and ‘faṣḍu’ interchangeably (Asar et al., 2022). Over the time, hijāmah became traditional healing practice among Malaysians, transcending religious boundaries to become a part of Malaysia's collective heritage. Hence, balancing cultural sensitivity with medical standards is another regulatory challenge. In fact, it is considered essential to incorporate cultural competence and intercultural communication in higher nursing education (Gradellini et al., 2021). Lacking awareness of cultural sensitivities risks promotional content being perceived as offensive and trigger condemnation and boycotting (China crisis, 2021). Since hijāmah has related to the prophetic medical practice, hence there are certain Islāmic guidelines need to be followed; some might be not the norm for current medical guidelines (Asar et al. 2023).

The separation of men and women for example, do have different opinions among Muslim jurists; it is required in Islām to prevent immorality or adultery which may happen especially when two people of opposite sex stay together in a closed place. Male and female patients should be treated in separate spaces to maintain modesty and uphold Islamic teachings on gender interactions. It is not a requirement for a practitioner to be a *mahram* to the female patient; if there is an urgent need to get treatment, then the female patient can get that treatment. However, it must be based on the guidelines that have been explained by Muslim jurists to guard against the occurrence of *zinā*, or *fitnah* that may arise in society. One of the guidelines is to have her husband, guardian, or other trusted woman with the female patient when she receives treatment from the trusted practitioner (Asar et al., 2022). Striking a balance between respecting cultural beliefs and adhering to evidence-based medical standards requires careful consideration.

#### 4.5 Integration with Conventional Healthcare:

Integrating hijāmah within Malaysia's healthcare system involves coordinating with conventional medical professionals (Mayberry, 2022). Regulatory constraints may arise from differences in terminology, treatment methods, and understanding of health conditions, necessitating effective communication and collaboration mechanisms.

#### 4.6 Accreditation and Continuing Education:

The lack of accredited educational programs and continuing education opportunities for hijāmah practitioners hampers their professional development. Accredited detailed courses monitored by institutions committed to providing the best healthcare, and supporting research would allow hijāmah to become a significant role player in contemporary clinical practice and stop present-day quackery (Mayberry, 2022). Establishing a system for accrediting training institutions and offering ongoing education ensures practitioners stay updated on modern medical advancements. Even a clear licensing framework for hijāmah practitioners need to be established to encompass both traditional knowledge and modern medical understanding. This is crucial to standardize the practice since the standardization is a very important step to eliminate or reduce any adverse events related to hijāmah (Aboushanab et al., 2018).

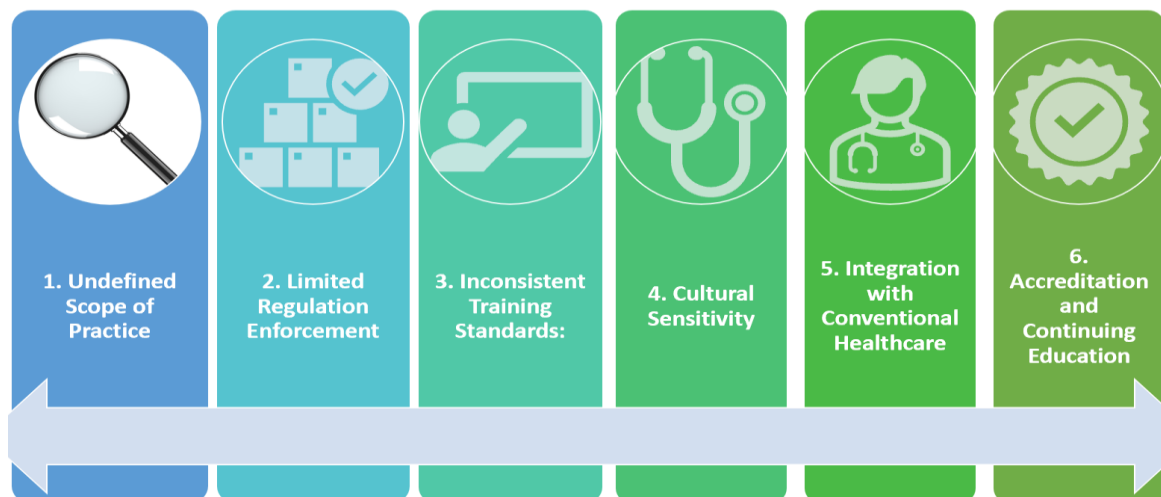


Figure 1. Regulatory challenges in the integration

## 5.0 POTENTIAL SOLUTIONS

Even though there are regulatory challenges stated in earlier discussion, there are some ways to overcome the problems. Here are a few ideas:

### 5.1 National Occupational Skills Standard (NOSS)

The implementation of the National Occupational Skills Standards (NOSS) offers a viable solution to address the issue of undefined scope of practice when integrating hijāmah professional development into Malaysia's healthcare system.

Past studies have identified that less than 15 to 20 percent of the knowledge and skills acquired in trainings are actually acquired in workplaces. This causes trainees to possess limited skills which could contribute to the mismatch in job preparation (Nur et al., 2015). NOSS, as a standardized framework, defines the roles, responsibilities, and competencies required for various professions, including traditional and complementary medicine practices like hijāmah. By incorporating NOSS into the integration process, a clear and comprehensive scope of practice for hijāmah practitioners can be established. This entails outlining the specific skills, knowledge, and ethical guidelines that govern the practice of hijāmah within the healthcare system. NOSS provides a structured pathway for practitioners to acquire the necessary qualifications and training, ensuring that their services align with modern medical standards while respecting the traditional aspects.

NOSS also fosters a sense of legitimacy and recognition for hijāmah within the healthcare system. Regulatory bodies and policymakers can refer to NOSS guidelines to make informed decisions about the role of hijāmah in patient care. This standardized approach helps overcome ambiguity and ensures that the integration of hijāmah is conducted safely, ethically, and effectively.

### **5.2 Crowdsourcing Enforcement**

Crowdsourcing enforcement emerges as a dynamic strategy to surmount the challenge of limited regulation enforcement when integrating hijāmah professional development into Malaysia's healthcare system. It can help minimize some prominent ailments of the regulatory task, such as poor resources, diminishing deterrence, declining legitimacy, and capture. It also promotes public participation, transparency, and public trust (Yadin, 2023). In contexts where traditional practices like hijāmah encounter gaps in regulation, crowdsourcing leverages the collective vigilance of a diverse online community to enhance oversight and adherence to standards. Crowdsourcing enforcement entails engaging healthcare practitioners, experts, patients, and the public through digital platforms to collaboratively monitor and report on the practice of hijāmah. This distributed approach generates real-time insights into practitioner qualifications, service quality, and adherence to guidelines. By aggregating data from diverse sources, regulatory bodies can create comprehensive databases of certified hijāmah practitioners, accredited training programs, and authorized facilities.

This approach fosters agility and adaptability in enforcement. People seeking hijāmah services can access credible information, and regulatory bodies can promptly identify and address non-compliance. The transparent information ecosystem discourages unqualified practitioners and unsafe practices, promoting public safety. Furthermore, crowdsourcing enforcement functions as a community-driven education tool.

### **5.3 Authorized Training Centers**

To tackle the challenge of inconsistent training standards in the integration of hijāmah professional development into Malaysia's healthcare system, the establishment of authorized training centers emerges as a strategic solution. Authorized training centers serve as focal points for standardized education and training. The value of certification is by an independent evaluation of professionalism, especially those authorized training centers (Tuchkevich et al. 2015). These centers, officially recognized by regulatory authorities, adhere to a uniform curriculum and training framework. This uniformity ensures that aspiring hijāmah practitioners receive consistent, high-quality instruction, regardless of their location. By offering regulated courses, these centers bridge the gap between varying training standards, fostering a level playing field. Furthermore, authorized training centers instill accountability and oversight. Regulatory bodies can monitor and evaluate the training process, ensuring that it aligns with approved guidelines. This approach not only enhances the knowledge and skills of practitioners but also ensures that they are well-equipped to provide safe and effective services within the healthcare system.

The establishment of authorized training centers establishes a robust foundation for addressing inconsistent training standards. It elevates the professionalism of hijāmah practitioners by ensuring that their education adheres to defined criteria. Consequently, this approach contributes to the seamless integration of traditional practices within the modern healthcare landscape, fostering a harmonious coexistence between heritage and contemporary medical advancements.

### **5.4 Awareness Campaign**

Addressing cultural sensitivity is crucial in the integration of hijāmah professional development into Malaysia's healthcare system. In fact, a good education program curriculum must include courses designed to raise awareness and appreciation for multiculturalism (Chang, 2017). An effective strategy to overcome cultural sensitivity involves launching a comprehensive awareness campaign. An awareness campaign aims to educate both the healthcare community and the general public about the cultural significance and benefits of hijāmah. By providing accurate information and dispelling misconceptions, the campaign fosters understanding and appreciation for this traditional practice among diverse audiences. The campaign can highlight the historical roots of hijāmah in Malaysian culture and emphasize its alignment with modern healthcare principles. Through various media channels, workshops, and seminars, healthcare professionals can learn about hijāmah and its potential contributions to patient care. Simultaneously, the public gains insights into the practice's value within a healthcare context, reducing stigma and uncertainty.

Furthermore, the campaign encourages open dialogue and collaboration between traditional practitioners and mainstream healthcare providers. By creating platforms for meaningful discussions, both parties can share knowledge,

exchange experiences, and bridge cultural gaps. This mutual understanding enhances the integration process and ensures that patient care remains culturally sensitive.

### 5.5 Data Analytics for new policy development and revision

Leveraging data analytics for new policy development and revision presents an innovative approach to overcome the challenge of integration with conventional healthcare when incorporating hijāmah professional development into Malaysia's healthcare system. Data analytics promise smoother decision-making as part of a more evidence-based (Kandt et al., 2021), it also offers insights into patient preferences, healthcare trends, and the effectiveness of various treatments, including traditional practices like hijāmah. By analyzing comprehensive data sets, regulatory bodies can make informed decisions about policy development and revision. This data-driven approach ensures that policies align with patient needs and healthcare dynamics, facilitating the harmonious integration of hijāmah into the existing healthcare framework. Furthermore, data analytics enables evidence-based decision-making. By evaluating the outcomes of hijāmah treatments through data analysis, regulatory bodies can ascertain its efficacy, safety, and impact on patient outcomes. This empirical approach lends credibility to the integration process, assuaging concerns and promoting acceptance among conventional healthcare practitioners.

The incorporation of data analytics also fosters transparency and collaboration. By sharing relevant data with both traditional practitioners and conventional healthcare providers, a common understanding is established. This shared knowledge contributes to effective communication, streamlined integration, and the creation of policies that accommodate both traditional practices and modern medical standards.

### 5.6 Financial Aid, Scholarship and Funding

Deploying financial aid, scholarships, and funding for new policy development and revision emerges as a strategic solution to overcome the challenge of accreditation and continuing education when integrating hijāmah professional development into Malaysia's healthcare system. Financial aid initiatives can incentivize traditional practitioners to pursue accredited training programs and continuing education. Scholarships targeted specifically at hijāmah practitioners can cover the costs of formal education, fostering their professional growth and enhancing their qualifications. Funding opportunities can be created to support research endeavors, leading to evidence-based practices and a better understanding of hijāmah's role in patient care. A study found that scholarship-receiving students with higher financial need were two times more likely to persist in their studies than those with lower financial need (Qayyum et al., 2018). In addition, another study also found that financial aid for acupuncture therapy is beneficial for office workers who are aware of reduced job performance due to health issues (Minakawa et al., 2023).

By facilitating financial assistance, regulatory bodies can encourage traditional practitioners to engage in accreditation processes and lifelong learning. Accredited training ensures that hijāmah practitioners adhere to standardized guidelines and modern medical standards. Continuing education equips them with up-to-date knowledge, bridging the gap between traditional practices and contemporary healthcare demands. These financial incentives also enhance the credibility of hijāmah practitioners within the healthcare system. As they acquire recognized qualifications, conventional healthcare providers are more likely to collaborate with them, acknowledging their professionalism and commitment to patient care.



Figure 2. Potential solutions

## 6.0 CONCLUSION

To surmount the regulatory challenges linked to the incorporation of hijāmah professional development into Malaysia's healthcare system, a synergistic endeavor involving traditional practitioners, regulatory entities, and mainstream medical authorities is essential. The central objective in addressing all obstacles arising from regulatory

limitations is to establish a comprehensive and effectively governed healthcare milieu that honors both age-old practices and contemporary medical benchmarks.

## 7.0 RECOMMENDATION

In the context of addressing regulatory hurdles related to the integration of hijāmah professional development into Malaysia's healthcare system, several noteworthy recommendations emerge. Of paramount significance is the establishment of a collaborative framework encompassing stakeholders from traditional medicine, regulatory authorities, and mainstream medical establishments. This consortium must collectively devise guidelines and standards to facilitate the secure and efficacious assimilation of hijāmah professional development within the healthcare landscape of Malaysia. Drawing from international benchmarks offers substantial merit, as it enables the acquisition of successful integration models for hijāmah practices from diverse countries, subsequently adapting pertinent strategies to suit the Malaysian milieu. By effecting the implementation of these suggestions, Malaysia can effectively surmount the regulatory obstacles entailed in the amalgamation of hijāmah professional development, thereby laying the groundwork for a healthcare system that harmoniously melds ancestral knowledge with contemporary medical progress, ultimately benefiting the populace at large.

## 8.0 ACKNOWLEDGMENT

This study is funded by a university research grant, reference: RDU223402. The authors also would like to thank the reviewers for their insightful comments.

## 9.0 CONFLICT OF INTEREST

The authors declare no conflicts of interest in this research publication.

## 10.0 REFERENCES

- Aboushanab, T., & Alsanad, S. M. (2018). A brief illustration of the official national standards for the safe use of cupping therapy (Hijama) in Saudi Arabia. *Journal of Integrative Medicine*, 16(5), 297–298.
- Al-Luhaidan, K., & Prarthana, M. S. (2020). Hijama practices and the perceived health benefits among the people of Al-Qassim Region, Saudi Arabia. *Journal of Complementary and Alternative Medical Research*, 13–21.
- Asar, A.K., & Abdullah, A. (2023). *Ethical guidelines for hijamah in Malaysia: A review*. International Conference on Research in Education and Science. Turkey.
- Asar, A.K., & Yusoff, S. (2022). *Panduan Pengubatan Bekam: Hijāmah [Guide to Cupping Medicine: Hijāmah]*, 1st ed. Kuantan: Penerbit Universiti Malaysia Pahang.
- Chang, I. (2017). Multicultural education in Korea. In *Springer international handbooks of education*. pp. 173–193). Springer.
- China crisis. (2021). *Strategic Direction*, 37(3), 1–3. Emerald Publishing Limited.
- Gradellini, C., Gómez-Cantarino, S., Domínguez-Isabel, P., Molina-Gallego, B., Mecugni, D., & Gurrutxaga, M. I. U. (2021). Cultural competence and cultural sensitivity education in University nursing courses. A scoping review. *Frontiers in Psychology*, 12.
- Kandt, J., & Batty, M. (2021). Smart cities, big data and urban policy: Towards urban analytics for the long run. *Cities*, 109, 102992.
- Laws of Malaysia, (2016). *Traditional and Complimentary Medicine Act 2016*.
- Mayberry, J. F. (2022). Islamic Medicine: A true discipline for the 21st century or quackery? *Medico-Legal Journal*, 90(1), 32–40.
- Minakawa, Y., Miyazaki, S., Sawazaki, K., Iimura, K., Waki, H., & Yoshida, N. (2023). Managing office worker presenteeism by providing financial aid for acupuncture therapy: a pragmatic multicenter randomized comparative study. *Industrial Health*, 61(3), 203–212.
- Ministry of Health Malaysia. (2017). *Complementary Medicine Blueprint 2018-2027 Health Care*, 1st ed. Traditional and Complementary Medicine Division Ministry of Health Malaysia.
- Nur, Y. F. A., Ruhizan, M., & Bekri, R. M. (2015). Learning transfer in National Occupational Skill Standard (NOSS) System and Workplace Learning: How training design affect it? *Procedia - Social and Behavioral Sciences*. 174, 156–163.
- Qayyum, A., Zipf, S. T., Gungor, R., & Dillon, J. M. (2018). Financial aid and student persistence in online education in the United States. *Distance Education*, 40(1), 20–31.
- Qu, L., Balachandar, N., Zhang, M., & Rubin, D. L. (2022). Handling data heterogeneity with generative replay in collaborative learning for medical imaging. *Medical Image Analysis*, 78, 102424.

- Qureshi, N. A., Ali, G. I. M., Abushanab, T. S., El-Olemy, A. T., Alqaed, M. S., Elsubai, I., & Al-Bedah, A. M. (2017). History of cupping (Hijama): A narrative review of literature. *Journal of Integrative Medicine*, 15(3), 172–181.
- Tuchkevich, E., Rechinsky, A., Vatin, N., Zolotova, J., & Tuchkevich, V. (2015). The benefits of Authorized Training Center Autodesk for higher education institutions. *Applied Mechanics and Materials*. 725–726, 1626–1633.
- Yadin, S. (2023). The crowdsourcing of regulatory monitoring and enforcement. *Law & Ethics of Human Rights*, 17(1), 95–125.