INTERNATIONAL COLLABORATIVE RESEARCH
PRELIMINARY REPORT

Prophetic Cupping (Hijamah) Treatment For Chronic Degenerative Disease Patients From Medical And Historical Philology Perspectives: Indonesia And Malaysia Approach

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is ethically approved by Ethical Committee of Faculty of Medicine and Health Sciences State Islamic University Syarif Hidayatullah and is truly our research work and not the result of plagiarism on other research work.

Jakarta,

Flori Ratna Sari, M.D, Ph.D
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PREFACE

Cupping has been practiced throughout centuries in many cultures, however, the origin of cupping remains uncertain. Firstly defined in ancient Egypt culture, it spreads to many cultures including Greek, Roman, Europe and Asian continent. Therefore, cupping was widely accepted as the treatment for various diseases throughout centuries and cultures. Rasulullah saw strongly suggest routine cupping to not only maintain the health but also cure the disease. However, which cupping is defined, as prophetic cupping and which procedure is defined, as effective healing cupping remain unclear.

This study combines both the philological and historical qualitative method and quasi experimental quantitative method to observe the history of cupping in Indonesia, the way it is transferred to practitioners, the variety of cupping practiced in Indonesia and Malaysia, the knowledge of both patient and practitioner of cupping, the efficacy of cupping practices in many chronic degenerative diseases and the proposed cupping standard of procedure.

We found that 3342 members registered as cupping therapists and this number increases every year in Indonesia. There are 38 branches of Klinik Sehat dan Rumah Terapi Sehat throughout Indonesia performing cupping therapy. Both data indicate that community demand for cupping therapy (hijamah) as an alternative medication in Indonesia is increasing. Furthermore, cupping practitioners (n=4), who mostly do not have medical background, have wide variety of skills, knowledge, and continuing ability so
that requirement for cupping practitioner to apply cupping on patients should be acknowledged by government to maintain the standard and quality of cupping practice. Additionally, the respondents (n = 15) have positive perspectives and would recommend cupping therapy to other people. Comparing to cupping practices in Malaysia observed through Ziad Clinic, Pasir Puteh, Kelantan, we found that Malaysian government nationally regulates cupping procedure through the traditional medicine and herbal department in the Ministry of Health. Therefore, to manage cupping clinic with quality of services and comprehensive care with attention to patients and practitioners safety is very important in Indonesia. Conclusively, there should be a national standard of procedure for minimal cupping application on a patient to protect both patients and practitioners. Interestingly, we found that 7 of 15 patients have target cell that is usually expressed at the patient with haemoglobinopathy or liver function disturbances due to changes in plasma lipid concentration. Further analysis should be done to conclude this result. From the laboratory works, we have shown that cupping improved patients’ parameter in hypertension, hypotension, diabetes mellitus, hyperuricemia, hypercholesterolemia by 50%, 100%, 33%, 22% and 50%, respectively. In conclusion, prophetic cupping procedure claimed by Waroeng Sehat may offer beneficial effect on chronic degenerative disease patients.
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CHAPTER I
INTRODUCTION

A. BACKGROUND

Cupping has a few names according to different places. Besides cupping, it is also known as fire bottle. In Indonesia, it is well known as bekam, however some places in Indonesia also called canduk, canthuk, kop, or mambakan. In Mandarin, cupping is called as pa hou kuan. While in Arabic, it is known as hijamah. In Arabic, the root word of hijamah is al-hijmu. It means “the act of sucking up or siphoning”. Cupping experts in Arabic is called by Al-Hajjam, while the instrument for doing the cupping is called as Al-Mihjam or Al-Mihjamah. The instrument used in cupping is some glasses that would give negative pressure on the skin and accommodate the blood that is appeared from the skin. In Bahasa Indonesia, cupping means, “letting the blood”. Therefore, cupping can be defined as the state of sucking up the skin, piercing and letting the blood out from the skin surface, then placing it in the glass. Cupping is a method of remedy with technique of applying a heated cup to generate a partial vacuum that mobilizes the blood flow, thus removing polluted blood from inside the body through skin surface. The polluted blood is the blood that contains of toxin because of the linkage of free radical substance or static blood that can block the blood circulation. Consequently, the blood system would not smoothly function, so that
would irritate the process of nutrition distribution and immunity of a person, physically and mentally. In cupping, the polluted blood which should consist of broken blood cells and potential substance caused diseases that can reduce the health quality, would be discarded (Husaini et al., 2005).

Cupping has been practiced throughout centuries in many cultures, however, the origin of cupping remains uncertain. The Egyptian Ebers Papyrus in 1550 B.C.E had described cupping as the treatment to remove foreign matter from the body. Additionally, ancient Greek physician including Galen, Paracelsus and Ambroise Pare believed that cupping sucked up noxious substances to the skin surface and blood let action threw the contagious blood out from the body. Therefore, cupping was widely accepted as the treatment for various diseases in their patients. Later, cupping spread in the European, American and Soviet Union from the 18th century (Rozenfeld et al., 2016). Cupping is also a kind of therapy recommended by the Prophet Muhammad PBUH. In the Sahih Bukhari book, Jabir reported that the Prophet stated that cupping is a means of healing (Al Bukhari). Further evidence from the same book revealed specific locations recommended for cupping spots including head, jugular vein, and upper back. Additionally, the hadith also unveiled that the best time for cupping includes the 17th, 19th and 21st day each month of the Islamic lunar (hijri) calendar (Sahih Al Bukhari).
There is growing interest in the cupping research recently. Studies have reported that cupping relieves non-specific chronic neck and shoulder pain proven by the reduction of skin surface temperature, neck pain intensity and pain score (Chi et al., 2016; Arslan et al., 2016) Pain relieving effect on neck pain was observed also in the five times application of the cupping massages treatment (Saha et al., 2017). In accordance with the previous results, recent evidence showed that cupping might reduce the post-partum perineal pain (Akbarzade et al., 2016) and neural pain in post-herpetic patients (Al Bedah et al., 2016). The most comprehensive explanation of cupping pain-relief effect is the neural mechanism theory that stated cupping stimulation of the small diameter nerves in muscles activates several chemical transmitters and results in the blocking of pain (Pomeranz et al., 2001). Taken together, these evidences lead to the positive conclusions for the beneficial role of cupping in clinical pain management (Lee et al., 2011). In different clinical setting other than pain, cupping have shown to reduce post-operative nausea and vomit (Farhadi et al., 2016), improved the rehabilitation quality of post-stroke patients (Al Bedah et al., 2016) and inhibited microorganism growth in wound management (Singh et al., 2017; Young et al., 2016; Soncini et al., 2016). Conversely, evidence is not significantly convincing to suggest cupping is effective for treating chronic diseases including stroke, hypertension, diabetes mellitus, lipid metabolism disorders (Lee et al., 2010; Lee et al., 2011, Al Bedah et al.,
Yet, cupping may increase the quality of life (QoL) indexes inpatient with chronic diseases (Al Jaouni et al., 2017). In Indonesia, cupping is widely applied by both clinicians and traditional practitioners as a “symptom” or “cause” treatment for various indications and complaints. Numerous techniques and procedures of cupping were performed and claimed to be “Islamic cupping” without valid reference and qualified verification. Most of these practitioners gain the cupping skill by inheritance process, while the rest of them obtain the skill by formal yet brief training process through a workshop or a seminar. A critical question arises regarding which cupping technique and procedure that can be termed as Islamic cupping (hijamah) according to the Prophet’s hadith remains unclear. Additionally, one wonders about the lack of qualified and valid evidences with respect to the effectiveness of cupping on chronic diseases in Indonesian context. Despite of the many research have been conducted in Indonesia, it is quite surprised that none has tried to look at the Islamic cupping from historical and philology approaches and to analyse the extent to which the existing practice of cupping in Indonesia has been aligned with the Prophet’s hadith. Considering this Prophetic tradition on cupping, this proposed project aims to measure the effectiveness of cupping treatment on chronic diseases. To prove the case, several clinics practicing cupping in South Tangerang would be studied.
B. RESEARCH QUESTION

Given the above background, this study brings out the following questions:

1. What kind of cupping technique and which procedure that can be claimed as prophetic cupping based on hadith references? How has the Islamic cupping skill been transmitted from its origin to Indonesia?

2. What are techniques and procedures practiced by cupping practitioners in South Tangerang and to what extent these have followed the Prophetic tradition and met the criteria of safe Islamic cupping?

3. How can we measure and prove the effectiveness of cupping treatment on chronic disease in patients received cupping in South Tangerang? Does Prophetic cupping prove to be medically effective?

C. RESEARCH OBJECTIVES

The objectives of this research are:

1. To figure out the comprehensive cupping technique and procedure based on hadith references.

2. To comprehend the way in which the knowledge and the skill of Islamic cupping was transferred from its origin to Indonesia.
3. To identify the technique and procedure of cupping practiced by practitioners in South Tangerang and to review whether their techniques have met the criteria of prophetic cupping.

4. To assess the effectiveness of cupping treatment on chronic disease in patients received cupping in South Tangerang.
CHAPTER II
THEORETICAL BACKGROUND

A. PHILOLOGY ASPECT

Cupping has been known since 4,000 B.C., which was since the rise of Sumeria Kingdom. Thereafter, cupping was developed to other regions such as Babilonia, Egypt, Saba’ and Persia. At that time, the “tabib”, Arabic word for doctor used cupping as the King remedy (Umar et al., 2008). Evidently, cupping has been practiced by various cultures in different form of practice. In China, cupping has been developed before the reign of Yao Emperor around 2,500 B.C.

In the Prophet PBUH era, cupping has been performed by many of his Companions. Legally speaking, it becomes “sunna” or recommended, which means that since the Prophet had practiced it, cupping should be followed and be accustomed. The Prophet was reported to have said that: Anas ibn Maalik reported that the Prophet PBUH said, “Indeed the best of remedies you have is cupping (hijamah)...” (Sahih Al Bukhari). Also, Abu Hurairah reported that the Prophet was saying, “If there was something excellent to be used as a remedy then it is cupping (hijamah).” [Sunan Abi Dawud (3857), Sunan ibn Maajah (3476)]. Given all these hadiths, a Muslim cannot deny that cupping is the Prophet’s
tradition through his recommendation to use cupping as a medical treatment.

In England, cupping practice has also been recorded since a long time ago. The name of a journal called ‘The Lancet’ has been taken from cupping practice in England. Lancet was a traditional surgery instrumentation that used to remove the excessive blood as for vena section and for ulcer/abscess surgery.

Presumably, cupping started to be recognized in Indonesia along by the spreading of Islam as a religion with the entrance of traders from Gujarat and Arab in the early arrival of Islam in the archipelago. This remedy began to grow fast only since the year of 90’s. Umar et al., (2008) has reported that the college students or Indonesian workers who have learned the skill in Malaysia, India and the Middle East brought cupping. Despite this, the report unfortunately has less empirical evidence to back up its claim.

B. MEDICAL ASPECT

Reviews on the effectiveness of cupping to address different types of diseases are quite abundant. Cao et.al (2010) discovered that cupping therapy during the past 50 years in China shows potential benefit on pain conditions, herpes zoster and other diseases. In fact, Mehta and Dhapte (2015) found that cupping is reliable to heal a plethora of medical

Works that look at cupping therapy for chronic degenerative diseases (such as hypertension and hyperlipidaemia) are quite plenty. Most of these works paid attention to the effectiveness of cupping in the treatment of hypertension (Wang and Xia 1997; Guo 1999; Zhao et al. 2003; Ernst 2005; Zarei et al. 2012; Lee et al. 2010; Aleyeldi et al. 2015). Others focused on the efficacy of cupping in dealing with hyperlipidaemia or hypercholesterolemia (Niasari et al. 2007; Fazel et al. 2009; Mustafa et al., 2012; Farahmand et al. 2012). All these works, however, failed to include Islamic cupping in the treatment of chronic in general or in particular regional contexts. There are two studies (El Sayed et al. 2013, 2014) on Islamic cupping that showed the importance and the advantages of Islamic cupping in light of modern medicine. However, both focused on the benefit of Islamic cupping in general rather than particularly dealing with cardiovascular diseases.

A study by Refaat et al. (2014) sought to evaluate the effect of Islamic cupping on cardiovascular diseases. Founding its method on Prophetic cupping, the study conducted a two-month clinical trial with 16
participants. All the participants were young healthy adult between 18 to 25 years old. All are men and none of them was woman. They were having cupping treatment on the particular dates advised by the hadith: the 17th, the 19th and the 21st of lunar calendar month. The result revealed significant effects of cupping therapy on blood pressure as well as lipid profile in which there was a significant increase in HDL and a significant decrease in LDL and triglycerides. This examination, however, has some limitations. Its significant result on the efficacy of cupping cannot be generalised for wider context since it has only small size of sample, which all of them young adult, and does not include both male and female participants. After all, its discussion on Islamic cupping was very brief. It derived solely from the hadiths and did not try to include the understanding of Muslim therapist on what is meant to be Islamic cupping.

C. CUPPING IN INDONESIAN CONTEXT

As far as cupping in Indonesian context is concerned, some researchers have looked for the association of the cupping therapy for declining the hypertension (Sangkur et.al 2016; Kusyati et.al 2014; Irawan and Ari 2012; Santi et.al 2014; Purwandi 2010; Purwandi et.al 2012; Astuti 2011; Astuti et.al 2012; Wicaksono and Larasati 2016). Others concerned with the effect of cupping treatment on lipid profile
(Akbar 2013; Rini 2014; Widodo 2014; Fahmi and Gugun 2008; Sari 2015; Fikri 2010). All these studies, however, did not seek to analyse the effect of cupping therapy on reducing hypertension as well as cholesterol level in light of prophetic cupping tradition. Discussion on Islamic cupping or *hijamah* in these works was very limited and did not try to look at the way in which Islamic cupping came to Indonesia.

In light of literature review above, a study on how prophetic cupping practice was transmitted to and applied in Indonesia as well as its healing effect on cardiovascular diseases based on larger size and much more inclusive samples is badly needed.

D. CUPPING TECHNIQUES

Various cupping techniques have been introduced through different cultures but the fundamental principle is the same that negative pressure would give beneficial role in the healing process. One major premise is that when the therapy is used in the correct way, on the appropriate areas of the body, healing can be induced. Below are some techniques of cupping:

a. Dry cupping
b. Wet cupping
c. Massage cupping
d. Vacuum cupping
e. Myofascial cupping

f. Fire cupping and alcohol fire cupping

g. Magnetic cupping

h. Face cupping

i. Acupuncture cupping

j. Liquid cupping
CHAPTER III

METHODOLOGY

Due to the nature of this study, a mixed method of both qualitative and quantitative method will be employed.

For qualitative method, the researchers would look at historical database from (1) primary books of hadith recognized by the majority of Muslims and (2) classical Islamic manuscripts available and accessible in the archipelago. Using historical and philological analysis, a prophetic tradition of cupping therapy would be constructed from those sources. This prophetic cupping will be the main part of cupping protocol used to assess the current practice of cupping in some medical clinics in South Tangerang.

For quantitative method, this study uses a quasi-experimental to observe parameters of blood pressure, blood smear from the vein and the hijamah local site, and plasma profile of glucose, uric acid and total cholesterol before the first bekam treatment and after the second bekam treatment (in one month duration) that is done by the therapist. The study would use both medical and historical approach on the recent condition of cupping technique and compare it to the hadith in period of Rasulullah SAW.
A. SAMPLING SIZE

This research uses descriptive categorical sampling formula to calculate the sample size, which is:

\[ n = \frac{Z^2 \times P \times Q}{d^2} \]

- \( Z \alpha \) = Deviate value of alpha in units of the standard deviation baku alfa
- \( P \) = Proportion of population elements that have a particular attributes
- \( Q \) = Proportion of population that do not have a particular attribute (1-P)
- \( d \) = Margin of error/precision
- \( n \) = Sample size

From this formula, we decided to use 5% of alpha so that \( Z \alpha = 1,96 \). P is 50%, so that Q is 50%, with precision value (d) is 10%. The number of samples used is minimally:

\[ n = \frac{1,96^2 \times 0,5 \times 0,5}{0,1^2} = 96,04 \]

Therefore, research samples are 96 respondents’ ≈ 100 respondents.

B. SAMPLING METHOD

This study would use consecutive sampling method with 100 subjects for analytical needs. To identify various kind of cupping techniques used by the therapists in Tangerang Selatan, we use 10
different places of licensed cupping practice as the subject sites. These places would be chosen consecutively from all licensed cupping clinics under formal cupping association (PBI = Perkumpulan Bekam Indonesia or I-TBI = Ikatan Terapis Bekam Indonesia or ABI = Asosiasi Bekam Indonesia) in South Tangerang. From each place, there would be 10 respondents purposively used as samples. The samples should obtain the inclusion criterion and consist of equal gender (50% male and 50% female) from one site of cupping practice.

C. SUBJECTS

This research subject is divided into 2 types of subject, first is the therapists and second is the patients.

1. Inclusion criterion for research subject:

   Therapist:
   a. Has the experience of cupping practice for at least 2 years.
   b. Has licensed cupping practice clinics.
   c. Is willing to be respondent.

   Patient:
   a. Is adult around age 18-60 years old.
   b. Has chronic degenerative diseases complaints including hypertension, diabetes mellitus, hyperlipidemia, hyperuricemia
c. Is willing to be respondent and having regular cupping for remedy.

2. Exclusion criterion for research subject:

   Therapist:
   a. Has physical defect or disability.
   b. Has no permanent site for cupping practice.

   Patient:
   a. Is consuming drugs related to blood anti-coagulant.
   b. Has open lesion due to other etiology in the area of cupping.
   c. Is pregnant or breastfeeding woman

D. RESEARCH PROCESS

   Patient respondents would be taken from 10 different places of licensed cupping practice. The one who obtains the criterion would be asked to be a respondent until 10 patients consist of equal gender (50% male and 50% female) are selected. The places are consecutively chosen from the list of PBI, I-TBI and ABI, the male and female therapists that obtain the criterion would be selected as respondents from each site.

   Every patient would be evaluated by questionnaire about the knowledge of hijamah and subjective opinion of the complaints (clinical significance). Objective parameters for this study are blood pressure, blood smear from the vein and the hijamah local site, and plasma profile
of glucose, uric acid and total cholesterol before the first bekam 
treatment and after the second bekam treatment (in one month 
duration) that is done by the therapist. Questionnaire will be taken at the 
first visit and objective parameters will be taken at the first visit (before 
first bekam) and at the second visit (after second bekam, one month after 
first bekam).

E. RESEARCH IMPLEMENTATION

The research would be done in the laboratory of Pharmacology, 
Biochemistry, Cell Culture at the Faculty of Medicine and Health Sciences 
UIN Syarif Hidayatullah Jakarta and the clinic or the site of cupping 
practice.

F. STATISTICAL ANALYSIS

The objective parameters would be analyzed by paired t-test, if the 
sample distribution is not normally distributed or the samples are not 
obtained the test requirements, then one sample sign test would be used 
as substitution.

The subjective from questionnaire would be analyzed by chi-square 
test, if the samples are not obtained the test requirements, and then the 
test should be substitute to Fisher Exact test.
CHAPTER IV
RESULT AND DISCUSSION

A. HISTORICAL REVIEW OF CUPPING DEVELOPMENT IN INDONESIA

1. The definition of cupping (hijamah)

Cupping literally means ‘suction’ and terminologically means a method of bloodletting on particular area of the skin by suctioning, lacerating, and letting the blood to be later stored in the glass (Wadda’ A Umar, 2008).

In Arabic term, cupping is called hijamah, while mihjam and mihjamah refer to the tools for conducting the cupping (e.g. the suction tool, the blood collecting tool, or lacerating tool). Therefore, the most commonly used term for this particular therapy is hijamah (cupping) (Wadda’ A Umar, 2010).

In the book “Bekam Mukjizat Pengobatan Nabi SAW” (Aiman Al-Husaini, 2005), hijamah has two ethimological meanings: firstly, hijamah comes from the verb hajama that means ‘to do suction’ as in the sentence hajama tsadya (sucking mother breastmilk). By this translation, hijamah aims at sucking some blood from particular spots in order to cure certain organ or illness. This is the popular meaning as explained in Mu’jam Lisan Al-Arab.
Secondly, *hijamah* is originated from the verb *hajjama* that means restoring something from its origin and preventing from developing. In this sense, *hijamah* means restricting a particular disease from its development.

Ibn Al-Qayyim mentioned in his book that *hijamah* is letting blood out of the skin. *Hijamah* is intended to remove dirty blood out of someone’s by lacerating a small part of head skin or back skin and sucking the dirty blood with hot cups placed on the lacerated spots (Sains Bekam, 2015).

In conclusion, *hijamah* is a method of therapy by sucking some parts of skin and the tissue under, so that the blood components are collected under the skin. The blood is then removed through small laceration and suction. Another method also includes bloodletting.

*Hijamah* therapy has been practiced in many countries, though it gained its popularity in Egypt, China, India, Europe and the USA. *Hijamah* is also called as cupping, COP, *tanduk*, *canduk*, *canthuk*, *mambakan*, fire bottle, bloodletting, and *Pa Hou Kuan*.

2. The Early Practice of Cupping

Cupping has been known by ancient civilization since the era of Sumerian kingdom around 4000 BC. It was then spread out in
Babilonia, Egypt, Saba, and Eufrat – Tigris lands. At that period, some healers (tabib) conducted cupping for the kings. The well-known healers inherited their knowledge and expertise only to their selected students.

In China, cupping has been developing 2,500 years BC, before the reign of Yao emperor and in this country, cupping developed based on acupuncture spots (Wadda’ A Umar, 2008). Meanwhile, in Egypt, cupping has been known since the Pharaoh regime, 2,500 years BC. During the period of Pharaoh Ramses II, around 1,200 years BC, local therapists along with other therapy methods commonly practiced cupping. In doing the cupping, the therapists focused on some particular spots on the patient’s body. During the period of Joseph the prophet, some Egyptians also used this cupping method.

In Persia, where Persians language shared the same root as Aryans, Indians, Athens, Romans, Isbanji, Germans, and other European Aryans, had lived 3,000 years BC, cupping spread out as the practice of fashid therapy, whose techniques were somewhat similar to cupping. Cupping coexisted in Syria and Alexandria with other methods such as fashid, kay, surgery, herbal treatment, marine plants, roots, seeds, flowers, and rubber.

Bloodletting therapy was a very ancient method practiced long before the Christian Calendar and this was originated from China. It
was said that there was a medicine expert from China named Xi Hung (341-281 BC) performed cupping for the first time. He sucked blood by lacerating some parts of body and then letting out the blood using a glass made of animal horns (such as bulls or cows). He also used this therapy to cure ulcers (Aiman Al-Husainy, 2005).

Since cupping was using animal horns, Chinese people used to call this method as *jiaofa* or horn method. In the history of kingdom, it was mentioned that therapy and cupping were used for lung disease (or alike), which was relatively modern. During the period of *kouei* kingdom, there was a book entitled “Materia Medica” considered as the most ancient medical book in history. A Chinese therapist (*tabib*) named Zhao Xi Men contributed to some aspects about cupping. This book also mentioned some advantages of cupping method by using glasses made of bamboo and ceramics to release some head pain (caused by humidity), headache, and stomachache.

While Chinese therapists believed that cupping was aimed at removing the ‘cold element’ of body power flow and to restore its balance, other societies in the past had other interpretations and purposes. Some ancient healers believed a myth that a disease was caused by the possession of bad spirit into the sick bodies.

Cupping was widely used in many ancient societies, particularly East Asia, India, China, Japan, and others. One source also
mentioned that ancient Egyptians practiced cupping therapy. Cupping was widely spread among Arabs and Muslims. It was also known that Arabs were the most users of cupping.

3. Cupping in Islamic Perspectives

In the era of early Islam, cupping (also known as *hijamah*) was not only a suggested therapy, but also a *sunnah* (suggested practices) as narrated by Prophet Muhammad PBUH in the hadiths. During the *hijamah* practice, glasses made by bullhorns or ceramics were used as the tools. Since the Prophet era, *hijamah* was widely performed by his companions, even as their *sunnah* and habit. The Prophet himself both suggested his followers to do *hijamah* and provided the information about particular places for *hijamah*. Though Prophet himself was not a therapist, he was practicing *hijamah* guided by Allah revelation.

Our noble Prophet emphasized the effectivity of *hijamah* and suggested his companions to do this method. He also indicated some parts of body from which *hijamah* would give stronger effect for the sick, with Allah grant. He also mentioned some best time to do *hijamah*, as well as emphasized careful treatment before and after the practice.
In the era of Islam development around 30 AD, *hijamah* was the most advanced therapy in Baghdad. Local people used *hijamah* in parallel with *al-kay*, *fashid*, and *jubb* (special method of cupping with distinctive glasses and knives). These knives were sterilized by burning them. The *hijamah* therapists came from various backgrounds – those who learn from the previous therapist, street *hijamah* therapists, and also well-educated *hijamah* therapists. This last group of therapists graduated from medical schools in Jundi, Syahpur, Haran, Syam, or Alexandria. Some others also came from fiqh madrasahs. The *hijamah* and *fashid* performed at that period were so much different than it is now.

4. Hijamah as *Thibbun Nabawi* (Suggested therapy by Prophet Muhammad)

Societies these days have developed an understanding that *hijamah* is a part of *thibbun nabawi*. Some movements of ‘go back to the old way’ have invited people to use *thibbun nabawi*. This is surely a good thing, as societies are reliving the method that was suggested and practiced by the Prophet Muhammad thousands year ago. Unfortunately, this invitation of return is accompanied by some rejection on other medical therapies that are not considered as parts of *thibbun nabawi*. 
In fact, the term *thibbun nabawi* did not exist in the age of Prophet Muhammad PBUH. The Prophet himself never explicitly clarified particular methods belong to *thibbun nabawi* or not. Similarly, the companions, *tabi’n, tabi’it ta’in* did not mention about this term. Some Muslim doctors firstly used Thibbun nabawi as a term in the 13th century to help clarification of medical science.

In the books of Shahih Muslim and Shahih Bukhari, there are two special chapters discussing about modern medical science (i.e. western-recognized medical science as it is today). Shahih Muslim also contained numerous hadiths on the process of human stages in the womb. Shahih Bukhari also contained 80 hadiths discussing about modern medicine, embryology, anatomy, physiology, pathology, and others. In another book Zadul Ma’ad, ibn Qoyyim writes some medical problems related to cupping (*hijamah*), herbs, *ruyayh, kay*, and others. By these facts, it was Imam Bukhari who firstly wrote *thibbun nabawi* (*Medicine of the Prophet*, or prophetic medication).

Ibn Kholdun in his Muqadimmah said that Islamic medication, also known as *thibbun nabawi* emerged as the result of the integration of medical science from Greece, Persia, India, China and Egypt, which existed before the Prophet Muhammad PBUH. When Prophet Muhammad was sent to Arab people, the ancient medication was
guided by the revelation of Allah, thus the therapy was in the spirit of faith and piety to Allah the Almighty.

Prior to the arrival of Prophet Muhammad SAW, China, Arab and India have developed their medical science that is currently known as traditional medication. However, this kind of treatment was colored with the elements of *shirk*, *khurafat* and harming the body.

In Europe, cupping continued to develop and some cupping experts emerged from the West, such as DR. Michael Reed Gach of California with his book *Potent Point: a Guide to Self Care for the Common Ailment*, or Kohler D. (1990) study with his book *The connective tissue as the physical medium for conduction of healing energy in Cupping Therapeutic method*, or Thomas W. Anderson (1985) with his book *100 diseases treated by cupping method*. These experts had confirmed the hadiths by Prophet Muhammad in 600 AD as narrated by Thabrani, which mentioned that cupping at one point around the back neck could cure 72 diseases.

“Shall you seek for healing by doing a hijamah in the middle of your back neck (*qomahduah*). Indeed, this is healing seventy-two kinds of diseases, five diseases, mental illness, leprosy, vitiligo, and toothache” (HR. Thabrani)
The first author of prophetic medication was Ali ibn Sahl bin Robban Ath-Thobroni (c. 785-816 AD). He was a medical expert who integrated the medical science from Greek, Egypt, Persia, and India. One of his books was *Managi’ul Ath’immah* (the benefits of food). He wrote over 360 medical book titles.

Medical science continued to be developed by Muslims, starting from Tsabit bin Qurrah (836-901 AD), Yuhana bin Musawaih (857M), Ishaq Yudha (855-95M), Ibn Zuhr (1073-1162 AD), Ibn Khotib Jaujiyyah with his book *Al-jawabul kafi liman sa’ala anid dawa issy syhafi* (the comprehensive answer for effective medication), *Zadul Ma’ad fi hadyi khoiril ibad* and other books.

From this history, it is undeniable that the doctors of the 7th-13th century AD who created the foundations of modern medicine were the doctors who practiced *thibbun nabawi*. They did not separate among traditional, medical, and non-medical treatments. However, they maintained the treatment method within the Islamic framework based on divine revelation.

One of the advantages of cupping therapy and *thibbun nabawi* lies on the cost, in which they are relatively cheaper than synthetic chemical treatments and surgical operations. Therefore, this method is suitable for everyone, both poor and rich. (Ahmad Razak Sharaf, 2012)
5. The prophet suggestion on the *hijamah* (a review of hadith)

As mentioned earlier, cupping (*hijamah*) method had been long performed before Islam came, even thousands of years before. Cupping was practiced in several countries such as: Egypt, Persia, India, Syria, Alexandria, Saba, and Palestine. At that time, cupping was everyday medication. Almost everyone could perform cupping, either educated or uneducated ones.

Although cupping was not directly related to the worship to Allah, many hadith of Prophet Muhammad discussed about the advantages of cupping. The Prophet aims in delivering this message are:

a. To clarify that *hijamah* is a good deed. At the time of the Prophet, cupping was a part of daily practice among the society, that some companions were worried that *hijamah* is contrary to Islam. Later on, Rasullah stated that *hijamah* is allowed, even more, he ordered it to be performed. This hadith was perfectly narrated by Bukhori in Ath-Thibb (5680 and 5681) chapter III: Asy-Syifa fi tsalatsin).

b. To educate people, to suggest people to learn about *hijamah* method, and to suggest people to conduct studies on *hijamah*.

c. To indicate that *hijamah* was a major choice of medical treatment among other therapies at that moment.
d. To show the greatness of Allah – that He reveal the *hijamah* method to the Prophet who is not the expert of medical science. By Allah revelation, the Prophet could pinpoint the *hijamah* points that are effective.

e. To show that Islam does not only cover the pillars of Islam and pillars of faith, but also discusses about medication.

From Sa’id bin Jubair and ibn Abbas, the Prophet said:

“Healing resides in three things – consuming honey, lacerating skin through cupping, and *kay* (burn therapy). I prohibited my followers to do *kay*”

In one of hadith, Prophet Muhammad PBUH also said:

“Five things are the sunnah from the messengers: humility, forgiveness, *hijamah*, *siwaq*, and fragrance” (HR. Thabrani and Ibn Jahir)

Imam Ahmad in his Musnad mentioned that Prophet Muhammad PBUH also said:

“The best of medication is *hijamah* and *fashd*”

Jabir narrated that Prophet Muhammad PBUH said:

“Shall there be healing in your medication, it is in the laceration of *hijamah* and burn therapy. But I do not prefer burn therapy”
"Prophet Muhammad PBUH performed *hijamah* on his soles of feet" (HR. At- Tirmizi and Nasa’i)"

**B. THE DEVELOPMENT OF HIJAMAH PRACTICE IN INDONESIA**

1. **The early arrival of *hijamah* in Indonesia**

   These days, the practice of *hijamah* has been widely known by the society in Indonesia, entering the golden period in the history of cupping in the archipelago. This conclusion was indicated by the numerous clinics of *hijamah* operated both in rural and urban areas. These clinics became the major choice for many people who seek their health naturally and scientifically while gaining the *barakah* and practicing *sunnah*.

   No official records that clearly pointed out when this method entered Indonesia. It was strongly believed that this method came in line with the entry of Gujarati and Arab traders who spread Islam. This method used to be practiced by *kyai* and *santri* who learned it from the "yellow book" with a very simple technique of using fire from cloth/ cotton/paper that was burned to then closed as soon as the glass (bottle). At that period, *hijamah* was widely used to treat pain/
stiffness in the body and headache also known as "catch the wind (masuk angin)" (Wikipedia Indonesia).

This treatment becomes trend in Indonesia at early 90’s because many Indonesian students/ workers who have studied and worked in Malaysia, India and Middle East introduced this treatment in Indonesia. Now the treatment has been perfectly modified and simplified in accordance with scientific principles by using hygienic, practical and effective tools.

During the 20th century, glasses had been introduced, a special development for the practice of hijamah. The glass has special features of thick unbreakable material. The appearance of this new kind of tools encouraged the popularity of hijamah, because previously used cups were made of pottery and ceramics which were easily broken, or were made of bamboo that could be reused repeatedly as they could not be cleaned and sterilized.

The latest data of the Indonesian Cupping Therapy Association (ITBI) in 2014 recorded 3342 members registered as cupping therapists and this number increases every year in Indonesia. Data from Klinik Sehat (2014) mentioned that there are 38 branches of Healthy Clinic and Health Therapy Houses (Klinik Sehat dan Rumah Terapi Sehat) throughout Indonesia performing cupping therapy. This number was increasing from 2011, as there were only 14 branches
operating. Both data indicate that community demand for cupping therapy (*hijamah*) as an alternative medication in Indonesia is increasing. This public demand requires cupping therapists to provide standardized procedures of cupping, standardized sterile of tools and materials.

2. The stages of *hijamah* development in Indonesia

The stages of *hijamah* development in Indonesia can be classified in four periods as follows.

a. First stage - Cupping was performed traditionally with simple tools such as: bull horns, bamboo, and rubber balls. The knives utilized were only regular blades.

b. Second stage (around 2000) as remarked by the entry of HPA (PT Herba Penawar Alwahida), a Multilevel Marketing company in Indonesia. HPA was actively promoting *thibbun nabawi* (prophetic medication) and trained their members to perform *hijamah*. HPA *hijamah* technique was quite unique and they used modern tools imported from China. Instead of using a knife or blade, HPA therapists extracted the blood by using needles. There was no specific information of why HPA utilized needles for the bloodletting.
c. Ustadz Khatur Suhardi pioneered the third stage with his specific method of analyzing body anatomy and physiology. Ustadz Khatur Suhardi actively promoted this method by emphasizing and reminding his trained therapists on the sterility of tools and on the caution of cupping process to avoid malpractice. He also underlined in his trainings that cupping (hijamah) as mentioned in hadiths should use laceration, not puncture.

d. The fourth stage is called Synergy Cupping as introduced by the team of Yarobbi.com - Dr. Ali Achmad Ridho, Anjrah Ari Susanto, and Saefurrohman. This team asserted that a perspective seeing hijamah from the side of thibbun nabawi only, or from the side of medics only is not sufficient. Prophetic medication method needs the support of modern medical science; and modern medication also needs the insight from thibbun nabawi. The two methods are completing each other; therefore both methods are better synergized. This term of synergy cupping becomes the most recent term in cupping history, as it synergizes three sciences altogether.

Dr. Ahmad Ali Ridho in his book (Bekam Sinergi, 2012) explained that synergy hijamah is a method of therapy involving the withdrawal of Q1 (energy) and Xue (blood) to the skin surface using vacuum created in a glass by considering the strength of the
7 base materials and 6 external pathogens that must be removed from the body.

C. KNOWLEDGE AND PRACTICE OF CUPPING PRACTITIONER AT WAROENG SEHAT AND DAFFA CLINIC

D.1 Cupping practitioners’ perspective
Within November to December 2017, there were 4 cupping practitioners who have joined as respondents for the research. There were 3 male practitioners and 1 female practitioner with age 29 to 53 years old. Three practitioners were from Waroeng Sehat clinic, while the other one was the owner of Griya Bekam dan Herbal clinic (table 1).

D.2 Cupping practitioners’ training
All practitioners have been trained to apply cupping whether from cupping institution or other center that dealing with cupping practice. Each practitioner has been trained from different center (Table 2).
Table 1. Practice site of the practitioners

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waroeng Sehat</td>
<td>3</td>
<td>75.0</td>
<td>75.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Griya Bekam</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Those centers were Persatuan Bekam Indonesia (PBI), Waroeng Sehat clinic, Oxidant Drainage Therapy (ODT) and HPA. The centers published certificate for practitioners as the requirement for them to apply cupping therapy.
Table 2. Name of cupping training site

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBI</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>Waroeng</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Sehat</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Oxidant</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Drainage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>(ODT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPA</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

D.3 Cupping practitioners’ length of training

The length of training the practitioners has been joined mostly within 2 days training; only 1 practitioner who had it from ODT, he joined training for a month (Table 3).
Table 3. Length of cupping training

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>3</td>
<td>75.0</td>
<td>75.0</td>
</tr>
<tr>
<td>1 month</td>
<td>1</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

D.4 Cupping practitioners’ length to be cupping practitioner

The length to be cupping practitioners was within 3 to 19 years long. Each respondent has different length of experiencing cupping practice (3, 5, 6 and 19 years long) (Table 4).

Table 4. Length to be cupping practitioners

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 years</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>5 years</td>
<td>1</td>
<td>25.0</td>
<td>50.0</td>
</tr>
<tr>
<td>6 years</td>
<td>1</td>
<td>25.0</td>
<td>75.0</td>
</tr>
<tr>
<td>19 years</td>
<td>1</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
D.5 Practitioners’ knowledge: origin of cupping

Table 5. Place for origin of cupping

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egypt</td>
<td>3</td>
<td>75.0</td>
<td>75.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Makkah</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The background knowledge on cupping among practitioners was identified by questionnaire. The first question was the origin of cupping. There were 3 (75%) respondents answered that cupping was from Egypt, while 25% answered it was from Makkah (Table 5).

D.6 Practitioners’ knowledge: prophetic cupping

Second question was about the practitioners’ perception for type of cupping that was considered as Rasulullah, prophet Muhammad SAW cupping. There were 3 (75%) respondents who mentioned the wet cupping as Rasulullah cupping, while the others chose dry and wet cupping as the Rasulullah cupping (25%) (Table 6).
Table 6. Type of cupping which was considered as Rasulullah SAW cupping

<table>
<thead>
<tr>
<th>Type of Cupping</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet cupping</td>
<td>3</td>
<td>75.0</td>
<td>75.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Dry and wet cupping</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

D.7 Practitioners’ knowledge: eligibility of cupping

The third question was about the eligibility of cupping therapy for people who were sick at the time of applying cupping. All practitioners were answered that sick people can apply cupping depend on the condition. (Table 7)
### Table 7. Cupping eligibility on sick people

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depend on situation</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

#### D.8 Practitioners’ knowledge: side effect of cupping

The next question was about the side effects of cupping. From all respondents, there were 75% or 3 respondents’ answers were no significant side effect of cupping that should be concerned. The other was answer the side effect was because of pain at the site of cupping, nausea and headache while or after cupping applied.
Table 8. Side effects of cupping

<table>
<thead>
<tr>
<th>No side effect</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain, nausea and headache</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>No side effect</td>
<td>3</td>
<td>75.0</td>
<td>75.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

D.9 Practitioners’ knowledge: reason of practicing cupping

The reasons for practicing cupping therapy from practitioners’ perspectives were varied. For 2 (50%) respondents, helping people to cure their diseases were the reason to practice cupping. While the other 2 (50%) respondents, beside from curing people, cupping therapy was their means to make a living (Table 9).
Table 9. Reasons for applying cupping therapy

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To help curing diseases</td>
<td>2</td>
<td>50.0</td>
<td>50.0</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>To help curing diseases and make a living</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>75.0</td>
<td></td>
</tr>
<tr>
<td>To help curing diseases, make a living and others</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All practitioners have become a member of cupping association in Indonesia. They practice to daily patients within 3 to 7 patients.
D.10 Practitioners’ knowledge: source of learning cupping

From table 10 the practitioners’ source for the first time about cupping was described. Most of them learnt cupping form teacher/ustadz (75%).

Table 10. Source of learning cupping for the first time

<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>From friend</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>From teacher/ustadz</td>
<td>2</td>
<td>50.0</td>
<td>50.0</td>
<td>75.0</td>
</tr>
<tr>
<td>From teacher/ustadz and training</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
D.11 Practitioners’ knowledge: source of learning cupping

The practitioners were asked whether they would develop their skills for applying cupping. All of them answered that they continued to learn cupping and the source for developing it varied among them. Reading books or references and learning from the experts were most chosen sources (75% of respondents) for developing cupping practice skills. All practitioners were also asked whether they taught other person who was a new comer. They all answered yes to the question (Table 11).

D.12 Practitioners’ knowledge: source of learning cupping

From the risks of practicing cupping, 75% of the practitioners said that there were no risks for them to apply cupping. Only 1 practitioner was answered that cupping has risks for him (Table 12).
<table>
<thead>
<tr>
<th>Source for developing cupping practice skills</th>
<th>Freq.</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading books/references</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>Learning from cupping experts</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Reading books/references and from experts</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Joining periodically training, reading books/references and from experts</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
### Table 12. Risks for practicing cupping

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>75.0</td>
<td>75.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### D.13 Practitioners' knowledge: duration of cupping

Practicing cupping should undergo some steps from preparation, action implementation, and after action. The duration time that practitioner would be taken for each step was asked. For preparation, the practitioners would spend 5-8 minutes. For action implementation, the practitioners would spend a larger range of time between 10 to 30 minutes. While for after action, there were only 5 to 7 minutes are spent by the practitioners (Table 13).
Table 13. Time spent for each step of practicing cupping

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 minutes</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>7 minutes</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>50.0</td>
</tr>
<tr>
<td>8 minutes</td>
<td>2</td>
<td>50.0</td>
<td>50.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td><strong>Action implementation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 minutes</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>15 minutes</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>50.0</td>
</tr>
<tr>
<td>25 minutes</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>75.0</td>
</tr>
<tr>
<td>30 minutes</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td><strong>After action</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 minutes</td>
<td>3</td>
<td>75.0</td>
<td>75.0</td>
<td>75.0</td>
</tr>
<tr>
<td>7 minutes</td>
<td>1</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
From the cupping practitioners point of view, there were some points to be noticed, which were:

1. To practice cupping for people, they should have skills that achieved through training and developing it afterward by refreshing knowledge and skills from many resources.

2. Site of training, which can release recognized certificate, as the requirement for cupping practitioner to apply cupping on patients should be acknowledged by government to maintain the standard and quality of cupping practice.

3. Practitioners have no medical background. They can totally practice cupping and it has become their way to make a living. Therefore, their role on practice should be considered and supervision for the action of practitioners should be taken to protect the patients and the practitioners themselves from their action.

4. The time taken for cupping practice to a patient would be differed between one to other practitioners. It showed that the standard of procedure from one to other practitioners were different. There should be a national standard of procedure for minimal cupping application on a patient.
D. KNOWLEDGE AND EFFECTIVENESS OF CUPPING THERAPY ON PATIENTS AT WAROENG SEHAT

E.1 Patients’ perspective: reason of having cupping

All respondents were asked to answer questionnaire about their perspective and their routine for using cupping as treatment of their health problems. The first to sixth question used to identify the perspective of respondents on cupping. The seventh to ninth questions were to identify the use of cupping as the patients’ routine. The last question was to identify whether the respondents would recommend cupping to other persons.

Within November to December 2017, there were 15 cupping patients who have joined as respondents for the research. The respondents consisted of 8 (53.3%) males and 7 (46.7%) females within 35 to 59 years old; the most common age was 52 and 53 years old. Their reasons for cupping varied, the most common reason due to hyperuricemia (20.0%) and myalgia (13.3%). While 6 respondents had other reasons, there were health maintenance (20.0%), colic pain, coughing, and shoulder pain with headache (Table 14).
Table 14. Reason for using cupping therapy

<table>
<thead>
<tr>
<th>Condition</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uric acid</td>
<td>3</td>
<td>20.0</td>
<td>20.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>26.7</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>33.3</td>
</tr>
<tr>
<td>Hypertension and Diabetes</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>40.0</td>
</tr>
<tr>
<td>Diabetes and Cholesterol</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>46.7</td>
</tr>
<tr>
<td>Myalgia</td>
<td>2</td>
<td>13.3</td>
<td>13.3</td>
<td>60.0</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
<td>40.0</td>
<td>40.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

E.2 Patients’ knowledge: origin of cupping

The first question was about the place for origin of cupping. About 13 (86.7%) respondents answered that it came from Makkah, while the other two options (6.7% for each option) was Egypt and China as the origin place of cupping (Table 15).
Table 15. Place for origin of cupping

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>6.7</td>
</tr>
<tr>
<td>Egypt</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>13.3</td>
</tr>
<tr>
<td>Makkah</td>
<td>13</td>
<td>86.7</td>
<td>86.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

E.3 Patients’ knowledge: prophetic cupping

Second question was about the respondents’ perception for type of cupping that was considered as Rasulullah, prophet Muhammad SAW cupping. There were 11 (73.3%) respondents who mentioned the wet cupping as Rasulullah cupping. Dry cupping was the next choice that was chosen as the Rasulullah cupping (13.3%) (Table 16).
Table 16. Type of cupping which was considered as Rasulullah SAW cupping

<table>
<thead>
<tr>
<th>Type of Cupping</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry cupping</td>
<td>2</td>
<td>13.3</td>
<td>13.3</td>
<td>13.3</td>
</tr>
<tr>
<td>Wet cupping</td>
<td>11</td>
<td>73.3</td>
<td>73.3</td>
<td>86.7</td>
</tr>
<tr>
<td>Acupuncture cupping</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>93.3</td>
</tr>
<tr>
<td>Do not know</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

E.4 Patients’ knowledge: eligibility of cupping

The third question was about the eligibility of cupping therapy for people who were sick at the time of applying cupping. Most of respondents (73.3%) were answered that sick people can apply cupping and only 3 (20.0%) respondents who thought cupping was not appropriate on sick people and 1 (6.7%) respondent was answered that it was depend on the disease situation (Table 17).
Table 17. Cupping eligibility on sick people

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>73.3</td>
<td>73.3</td>
<td>73.3</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>20.0</td>
<td>20.0</td>
<td>93.3</td>
</tr>
<tr>
<td>Depend on situation</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

E.5 Patients’ knowledge: best time of cupping

The fourth question was about the best time of applying cupping according to Rasulullah SAW. From the respondents, mostly their answer was any day is best for applying cupping (40.0%). While 33.3% (5 respondents) said that cupping according sunnah Rasulullah should be applied in 13, 14, 15 of each month of Hijriyah calendar. The other 3 (20.0%) respondents did not know about the best time for applying cupping (Table 18).
Table 18. Best time for applying cupping according to Rasulullah SAW

<table>
<thead>
<tr>
<th></th>
<th>Freq.</th>
<th>Percent</th>
<th>Valid</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every 13, 14, 15 of each month of Hijriyah</td>
<td>5</td>
<td>33.3</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>Any day is best</td>
<td>6</td>
<td>40.0</td>
<td>40.0</td>
<td>73.3</td>
</tr>
<tr>
<td>Do not know</td>
<td>3</td>
<td>20.0</td>
<td>20.0</td>
<td>93.3</td>
</tr>
<tr>
<td>&gt;1 answers</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

E.6 Patients' knowledge: side effect of cupping

The next question was about the side effects of cupping. From all respondents, there was 93.3% or 14 respondents’ answers were no significant side effect of cupping that should be concerned. The other was answer other sensation after applying cupping that was itchy feeling in the site of cupping applied (Table 19).
Table 19. Side effects of cupping

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No side effect</td>
<td>14</td>
<td>93.3</td>
<td>93.3</td>
<td>93.3</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

E.7 Patients’ knowledge: reason for applying cupping treatment

The reasons for applying cupping therapy from respondents’ perspectives were varied due to their personal experiences. The question was made to identify purpose of cupping therapy from the patients’ point of view. Most answer of the reason was for the recent disease treatment (40.0%), while the next was health maintenance (20.0%) and others (20.0%) which stood for more than 1 choice answers (Table 20).
Table 20. Reasons for applying cupping therapy

<table>
<thead>
<tr>
<th>Following</th>
<th>Freq.</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunnah</td>
<td>2</td>
<td>13.3</td>
<td>13.3</td>
<td>13.3</td>
</tr>
<tr>
<td>Rasulullah SAW</td>
<td>3</td>
<td>20.0</td>
<td>20.0</td>
<td>33.3</td>
</tr>
<tr>
<td>Health maintenance</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>40.0</td>
</tr>
<tr>
<td>Other treatment</td>
<td>6</td>
<td>40.0</td>
<td>40.0</td>
<td>80.0</td>
</tr>
<tr>
<td>As the recent disease treatment</td>
<td>3</td>
<td>20.0</td>
<td>20.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Total: 15 | 100.0 | 100.0 |

E.8 Patients’ knowledge: reason for applying cupping treatment

From this question forward, the questions were about the respondents’ habitual for applying cupping. Most respondents
(80,0%) were routinely applied cupping, within 1-3 months re-applied. While the other 20,0% respondents who were not routinely applied cupping, said that it was the first time of cupping or they did cupping when they felt certain health complaints. (Table 21).

Table 21. Routinely applying cupping

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12</td>
<td>80.0</td>
<td>80.0</td>
<td>80.0</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>20.0</td>
<td>20.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

E.9 Patients’ knowledge: source of cupping information

The eighth question was about the source of information for cupping as a method of health treatment. Many respondents answered more than 1 choice, however, most answered choice was friend (33,3%) as the first-time source of information about cupping, followed by ustadz/ teacher (26,7%) and others (13,3%). The other stood for relatives as the source of information (Table 22).
Table 22. First time source information about cupping

<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend</td>
<td>5</td>
<td>33.3</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>Ustadz/teacher</td>
<td>4</td>
<td>26.7</td>
<td>26.7</td>
<td>60.0</td>
</tr>
<tr>
<td>References</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>66.7</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>13.3</td>
<td>13.3</td>
<td>80.0</td>
</tr>
<tr>
<td>Friends, social media, others</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>86.7</td>
</tr>
<tr>
<td>Ustadz/teacher, social media, others</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>93.3</td>
</tr>
<tr>
<td>Friend, ustadz/friend</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
### E.10 Patients' knowledge: reason of choosing cupping clinic

Table 23. Reasons of choosing the cupping clinic

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>7</td>
<td>46.7</td>
<td>46.7</td>
</tr>
<tr>
<td>Cupping practitioners</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
</tr>
<tr>
<td>Procedure/technic</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>26.7</td>
<td>26.7</td>
</tr>
<tr>
<td>&gt;1 options</td>
<td>2</td>
<td>13.3</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The ninth question was about the reason of respondents to choose the cupping clinic they want to apply cupping. Most of the respondents chose the clinic because of the location (46.7%) of information for cupping as a method of health treatment. While procedure/technic has not been their concern of applying cupping therapy, only 1 (6.7%) respondent who concerns procedure /
technique as the reason to choose the cupping clinic. However, two respondents (15.4%) choose more than 1 option as their reason of choosing cupping clinic. Those were stood for location and procedure/technic as their reason for choosing the cupping clinic. (Table 23).

**E.11 Patients’ knowledge: side effect of cupping**

<table>
<thead>
<tr>
<th>Health complaint</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>As usual, nothing changes</td>
<td>2</td>
<td>13.3</td>
<td>13.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Health complaint decrease</td>
<td>13</td>
<td>86.7</td>
<td>86.7</td>
<td>86.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The next question was the side effect after using cupping as they experienced applying it. The answer of all respondents were
that there were no significant side effect they had experienced since their first use of cupping as treatment from all respondents (100%). Most of them (86.7%) felt that the health complaints were lessening after applying cupping to their body. The significant impression that they mentioned felt after cupping was the body lighter directly after application (Table 24).

Health complaints that can be cured by cupping therapy according to respondents were headache, back pain, myalgia and hypertension also refreshing the body. More than half of respondents (53.3%) answered that more than 1 complaints can be cured by cupping (Table 25).

At the end of the question, respondents were asked whether they would like to recommend cupping therapy to other people or not. All respondents (100%) answered that they would like to recommend cupping therapy to other people, since they felt themselves the benefit of applying cupping for their own health issues.
Table 25. Self-complaints cured by cupping

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>6.7</td>
</tr>
<tr>
<td>Back pain</td>
<td>1</td>
<td>6.7</td>
<td>6.7</td>
<td>13.4</td>
</tr>
<tr>
<td>Myalgia</td>
<td>2</td>
<td>13.3</td>
<td>13.3</td>
<td>26.7</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>20.0</td>
<td>20.0</td>
<td>46.7</td>
</tr>
<tr>
<td>Headache and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myalgia</td>
<td>2</td>
<td>13.3</td>
<td>13.3</td>
<td>60.0</td>
</tr>
<tr>
<td>Headache,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back pain,</td>
<td>4</td>
<td>26.7</td>
<td>26.7</td>
<td>86.7</td>
</tr>
<tr>
<td>and Myalgia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension,</td>
<td>2</td>
<td>13.3</td>
<td>13.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Back pain,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Myalgia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

From the questionnaires, some information was identified. From 15 respondents, there were 80% of them who have routinely
applying cupping for at least 1 time a month. Their reason to have cupping therapy consisted of hyperuricemia, myalgia, headache, hypertension and pain especially back and shoulder pain. Due to our objectives for the study, the reasons fitted to degenerative diseases. Based on the evidence, many research showed the significant positive results for cupping on those health complaints. However, most of the patients’ knowledge about cupping was only superficial. They have little information about the history of cupping, as Thibbun Nabawi although they know that cupping was known as Thibbun Nabawi, since 86.7% of them said the site of origin in cupping therapy was Makkah. Many of them also did not notice about the better day for applying cupping as no respondents have the correct answers on the question.

The respondents should also be informed about their attention to the procedure for applying cupping therapy. Since wet cupping closely related to blood transmitted diseases, including hepatitis B and Human Immunodeficiency Virus (HIV), the patients should pay more attention to choose the site for cupping therapy. From the questionnaire, only 2 respondents were answered procedure/technic as their consideration to choose the site of clinic.

Overall, the respondents have positive perspectives and would recommend cupping therapy to other people. Therefore, to manage cupping clinic with quality of services and comprehensive care
with attention to patients and practitioners safety, is important, so that Thibbun Nabawi can be accepted as Islamic medicine and well known globally.

E. METABOLIC PARAMETERS OF CUPPED PATIENTS AT WAROENG SEHAT

Blood sample was collected from the deep vein and the local site of hijamah before the first hijamah and after the second hijamah (Figure 1).

![Figure 1. Deep vein blood withdrawal at the Waroeng Sehat](image)

The deep vein blood were smeared and separated into plasma and serum (Figure 2).
The local site blood were smeared and separated into serum. From the local site, the blood collected seems lighter in color compared to the deep vein blood color (Figure 3).
From 15 patients cupped at Waroeng Sehat, 1 patient (7%) has one chronic degenerative disease, 8 patients (53%) have 2 diseases and the rest 6 patients (40%) have 3 diseases.

Table 26. Role of cupping for chronic degenerative diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Patients</th>
<th>Improvement</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>6</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>Hypotension</td>
<td>3</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>6</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>Hyperuricemia</td>
<td>9</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td>10</td>
<td>5</td>
<td>50</td>
</tr>
</tbody>
</table>

From table 26, we have shown that 6 patients suffered from hypertension in any grades and 50% improved after cupping. Drugs that previously consumed are not described. Conversely, cupping has good effect on hypotension since 100% of hypotension patients’ blood pressure was improved after cupping. The improvement percentages after cupping for diabetes mellitus, hyperuricemia and hypercholesterolemia were 33%, 22% and 50%, respectively.

It is concluded that one-month duration cupping has good effect on chronic degenerative diseases, even though the difference of improvement had not yet proven statistically.
F. BLOOD SMEAR PARAMETER OF CUPPED PATIENTS AT WAROENG SEHAT

Blood smear parameter showed that 7 from 17 (47%) patients have target cell in their smear either from local or from deep vein (Table 26). Target cell are usually expressed in the patient with haemoglobinopathy (Thalassemia or Hb Varian) or patient with liver function disturbances result from changes of plasma lipid composition. One patient has phragmentocyte (7%) blood morphology that is usually expressed at patient with haemoglobinopathy, unstable Hb, haemolytic anemia or disturbances in cardiac valves. One patient (7%), who has target cell before hijamah, having it improved after hijamah. One patient (7%), who has phragmentocyte cell before hijamah, having it improved after hijamah.

The limitations of this study are the blood is analyzed only for the smear and confirmation of uric acid and total cholesterol serum level. We did not analyze further the liver function or the complete peripheral blood level so that the qualitative blood smear results cannot be compared with the blood quantitative data.
Table 26. Blood smear of cupped patients at Waroeng Sehat (n=15)

<table>
<thead>
<tr>
<th>No</th>
<th>Subjects Code</th>
<th>Local Hijamah Site</th>
<th>Deep Vein Site</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Before</td>
<td>After</td>
<td>Before</td>
</tr>
<tr>
<td>1</td>
<td>L-2</td>
<td>Erithrocyte</td>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>morphology</td>
<td>morphology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>cannot be</td>
<td>normal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>analyzed, other</td>
<td>normal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>morphology normal</td>
<td>normal</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>L-4</td>
<td>Cannot be</td>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>analyzed</td>
<td>morphology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>normal</td>
<td>normal</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>L-5</td>
<td>Blood</td>
<td>Target cell</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>morphology</td>
<td>(+), other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>normal</td>
<td>blood morphology</td>
<td>normal</td>
</tr>
<tr>
<td>4</td>
<td>L-6</td>
<td>Target cell (+),</td>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>other blood</td>
<td>morphology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>morphology normal</td>
<td>normal</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>L-7</td>
<td>Cannot be</td>
<td>Target cell</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>analyzed</td>
<td>(++), other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>blood morphology</td>
<td>morphology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>normal</td>
<td>normal</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>L-8</td>
<td>Cannot be</td>
<td>Target cell</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>analyzed</td>
<td>(++), other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>blood morphology</td>
<td>morphology</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>normal</td>
<td>normal</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>L-9</td>
<td>Blood</td>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>morphology</td>
<td>morphology</td>
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<td></td>
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<td>normal</td>
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<td>---</td>
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<td></td>
</tr>
<tr>
<td>8</td>
<td>L-10</td>
<td>Target cell (++) , other blood morphology normal</td>
<td>Blood morphology normal</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>P-24</td>
<td>Blood morphology normal</td>
<td>Blood morphology normal</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>P-25</td>
<td>Blood morphology normal</td>
<td>Phragmencyte (+)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>P-26</td>
<td>Blood morphology normal</td>
<td>Blood morphology normal</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>P-27</td>
<td>Blood morphology normal</td>
<td>Target cell (++) , other blood morphology normal</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>P-28</td>
<td>Rouleaux (+), other blood morphology normal</td>
<td>Blood morphology normal</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>P-29</td>
<td>Blood morphology normal</td>
<td>Blood morphology normal</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>P-30</td>
<td>Target cell (++) , other blood morphology normal</td>
<td>Blood morphology normal</td>
<td></td>
</tr>
</tbody>
</table>

Note:
L : Man, P : Woman
Interestingly, the blood smear from the local hijamah site showed bubble characteristic when compared to its deep vein site. However, academic explanation of this characteristic has not been concluded. The main hypothesis is that Waroeng Sehat use olive oil at the pre-hijamah phase so that this oil was collected together with the blood during local blood sampling (Figure 4).

Figure 4. Blood smear from the deep vein and local site. Left side samples were collected from the deep vein site and right side were from the local site. There were bubble characteristics from almost all smears from the local site.
G. STANDARD OF HIJAMAH PROCEDURE AT DAFFA CLINIC

1. General screening

Before hijamah (Figure 5), patient was examined and general screening including health history and blood pressure measurement were performed. Several conditions, including low blood pressure, anemic condition, blood-transmitted disease or chronic infection, were not allowed to have hijamah.

Figure 5. General screening before hijamah practice

2. Hijamah position

Hijamah can be done in two positions, sitting or laying position (Figure. 6). The practitioner will offer patients to choose the most convenient position for them.
3. Pre-hijamah preparation

To gain the best condition of patient before hijamah, the back part of the patient was rubbed with the olive oil and was lightly massaged to obtain the best vascularization of the blood at the hijamah site (Figure 7).
4. **Cupping process**

Patient was cupped with cupper device at several points depend on the chief complaint of the patient (Figure 8). In general, the cupper was placed at the point and the practitioner pump the cupper so that the negative pressure is achieved. The cupping process is done for around 2 – 3 minutes at 5 – 11 points.

![Figure 8. The air was pumped outside to create negative pressure](image)

5. **The lancing process**

After several minutes of cupping, the cupper was released. The next step is to let the blood out by using lancing device (Figure 9). In brief, the local cupped site was pinched by sterile needle at several points (around 30 pinches). It is very important to use sterile needle at this process since many diseases were transmitted through the blood so that ‘one needle one patient’ approach should be noted.
6. **Blood let-out process**

After lancing process, the blood was let-out in two phases. The first phase is at the first minute after lancing process. The blood flows outside fast (Figure 10). The second phase is at the 4 - 5 minute after lancing process, the blood flows slower and slowly forms a blood clot (Figure 11). This let-out process is assumed to bring outside the toxins or free radical components from the peripheral vascular.

Figure 9. Creating pinch using lancing devices
7. Removing the blood clot process

After the formation of blood clot, the cupper was again released. Before releasing the cupper, prepare some sterile gauze around the cupper to prevent the blood flows outside from the local site (Figure 12).
8. **The re-lancing process**

After the local site was cleaned, the lancing process was repeated once at the same local site (Figure 13). The blood was let-out for the second time. The lancing process may be repeated only once (total two lancing process), however, the blood let-out process may be repeated 3 times or more to achieve optimal hemostase. This re-lancing process is assumed to create more pinches so that the ‘dirty blood’ will be fully withdrawn from the body (Figure 14).
9. **Post-cupping process**

After several times of blood let-out process, the local site was cleaned using the sterile gauze (Figure 15). At this process, it is very important to ensure that the bleeding process is stopped.
H. STANDARD OF HIJAMAH PROCEDURE AT WAROENG SEHAT

1. General screening

Before hijamah (Figure 16), patient was examined and general screening including health history and blood pressure measurement was performed. Several conditions, including low blood pressure, anemic condition, blood-transmitted disease or chronic infection, were not allowed to have hijamah.

Figure 15. The local site was cleaned using sterile gauze.
2. Drinking honey water

Drinking honey water is one of the most important steps of pre-hijamah process at Waroeng Sehat (Figure 17). It is assumed that honey is the most powerful healing treatment for every disease as mentioned in the Hadith. Therefore, to make a synergic healthy effect, hijamah process at Waroeng Sehat is started with drinking honey water.
3. Hijamah position

Patient lies on the patient bed and takes the most convenient position.

The practitioner prepares the equipment (Figure 18).

Figure 17. Patient drinks honey before hijamah

Figure 18. Positioning of the patient
4. Pre-hijamah preparation

To gain the best condition of patient before hijamah, the back part of the patient was rubbed with the olive oil (Figure 19) and was optimally massaged (Figure 20) to obtain the best vascularization of the blood at the hijamah site and to relax the back musculature.

Figure 19. Rubbing the hijamah local site with olive oil
5. **Cupping process**

Patient was cupped with cupper device at 11 points (Figure 21). In general, the cupper was placed at the point and the practitioner pump the cupper so that the negative pressure is achieved. The cupping process is done for around 5 minutes.
6. Heating process

After applying the cupper, all cupping area was heated by the infrared lamp (Figure 22). It is assumed that the combination of olive oil, massage and heating will both relax the muscle and dilate the vessel. Furthermore, the bigger the diameter of the vessel the higher the level of noxious substances is removed from the blood.
7. The lancing or incision process

After several minutes of cupping, the cupper was released. The next step is to let the blood out by using either lancing device (Figure 23) or surgical blade (Figure 24). In brief, the local cupped site was pinched by sterile needle or slightly incised by surgical blade at several points (around 30 pinches). It is assumed that making incision at the skin using surgical blade is the better procedure of hijamah to remove the noxious substances. Research in Malaysia had confirmed that there is no significant difference in body parameter after hijamah by using needle or surgical blade. Additionally, it is very important to use sterile needle or surgical blade at this process since many diseases were transmitted through the blood so that ‘one needle one patient’ approach should be noted.
Figure 23. Creating pinch using needle

Figure 24. Making incision at the skin with surgical blade
8. Blood let-out process

After lancing or incision process, the blood was let-out in two phases. The first phase is at the first minute after lancing process. The blood flows outside fast. The second phase is at the 4 - 5 minute after lancing process, the blood flows slower and slowly forms a blood clot (Figure 25). This let-out process is assumed to bring outside the toxins or free radical components from the peripheral vascular.

![Figure 25. The blood let-out process](image)

9. Removing the blood clot process

After the formation of blood clot, the cupper was again released. Before releasing the cupper, prepare some sterile gauze around the cupper to prevent the blood flows outside from the local site (Figure 26).
10. Post-cupping process

After several times of blood let-out process, the local site was cleaned using the sterile gauze and rub again with olive oil (Figure 27). At this process, it is very important to ensure that the bleeding process is stopped.
I. STANDARD OF HIJAMAH PROCEDURE AT ZIAD CLINIC, KELANTAN

1. General screening

Before hijamah, patient was examined and general screening including health history and blood pressure measurement was performed. Several conditions, including low blood pressure, anemic condition, blood-transmitted disease or chronic infection, were not allowed to have hijamah. In Ziad clinic, at the general screening phase, patients are not only screened for their condition but also are asked to fill a medical record form and informed consent form. In general, patients should make statements that they are in a good health condition and know exactly the hijamah procedure and its risk.
2. Hijamah position

Patient sat on the chair and took the most convenient position. The practitioner prepares the equipment (Figure 28). In Malaysia, considering earth gravitational influence, they use sit position since this is the best condition to facilitate blood flow at the blood let-out process.

![Figure 28. Positioning of the patient](image)

3. Pre-hijamah preparation

To gain the best condition of patient before hijamah, the local area of hijamah site was rubbed with natural oil (Figure 29) to obtain the best vascularization of the blood at the hijamah site and to relax the back musculature.
4. Cupping process

Patient was cupped with cupper device at several points. The point of cupping depends on the chief complaint. In general, the cupper was placed at the point and the practitioner pump the cupper so that the negative pressure is achieved. Before cupping, the local site was cleaned with povidone iodine and alcohol. The cupping process is done for around 8 - 10 minutes (Figure 30).
5. The lancing process

After several minutes of cupping, the cupper was released. The next step is to let the blood out by using lancing device (Figure 31). In brief, the local cupped site was pinched by sterile needle at several points (around 30 pinches). In Malaysia, it is prohibited using surgical blade to incise the skin since the practitioner cannot ensure the consistency of skin depth incision and tend to cut deeper layer of the skin. They had confirmed that there is no significant difference in body parameter after hijamah by using either needle or surgical blade. Additionally, it is very important to use sterile needle at this process since many diseases were transmitted through the blood so that ‘one needle one patient’ approach should be noted.
6. **Blood let-out process**

After lancing or incision process, the blood was let-out in two phases. The first phase is at the first minute after lancing process. The blood flows outside fast. The second phase is at the 4 - 5 minute after lancing process, the blood flows slower and slowly forms a **blood clot** (Figure 32). This let-out process is assumed to bring outside the toxins or free radical components from the peripheral vascular.
7. Removing the blood clot process

After the formation of blood clot, the cupper was again released. Before releasing the cupper, prepare some sterile gauze around the cupper to prevent the blood flows outside from the local site (Figure 33). Blood let-out process and removing the blood clot process can be repeated several times to ensure that the blood is fully stopped (Figure 34).
Figure 33. Removing the blood clot from the cupper

Figure 34. Second blood let-out process without re-lancing process
8. **Post-cupping process**

After several times of blood let-out process, the local site was cleaned using the sterile gauze and rub again with antibiotic cream (Figure 35). In Malaysia, they use antibiotic cream rather than olive oil since olive oil will inhibit the skin healing process and cause serious itchy sensation.

![Figure 35. The local site was rubbed using antibiotic cream.](image)

**J. PROPOSED STANDARD OF HIJAMAH PROCEDURE**

Considering the procedures that have been observed at Waroeng Sehat, Daffa Clinic and Ziad Clinic, we proposed the standard of cupping procedure as:
1. **General screening**

Before hijamah, patient should be asked for previous history of disease and examined for general health condition including blood pressure and many body parameters. All of this information should be recorded in official record for the safety of clinic, practitioners and patients. Furthermore, patients should make statements and informed consent that they are in a good health condition and know exactly the hijamah procedure and its risk.

2. **Hijamah position**

Patient may lie or sit for cupping procedure

3. **Pre-hijamah preparation**

The most important thing to be noted in this phase is practitioner should prepare the skin to be sterile enough for open wound created by the punching process. In this step, sterilizing the local site of hijamah using proper and appropriate antiseptic is very important. Rubbing by oil, massage and heating would be acceptable as an additional treatment.

4. **Cupping process**

Patient should be cupped as needed so that proper and appropriate point of cupping depends on the aim of applying cupping. In general,
the cupper was placed at the point and the practitioner pump the cupper so that the negative pressure is achieved. The cupping process is done for around 3 to 10 minutes.

5. The lancing process

After applying cupping, the cupper was released. The next step is to let the blood out by using lancing device. In brief, the local cupped site was pinched by sterile needle at several points (around 30 pinches). We suggest practitioner for not using the surgical blade to incise the skin since the practitioner cannot ensure the consistency of skin depth incision and tend to cut deeper layer of the skin. Evidence had confirmed that there is no significant difference in body parameter after hijamah by using either needle or surgical blade. Additionally, in this phase, it is very important to work in sterile way for the sake of patients and practitioners since many infectious diseases are transmitted through the blood.

6. Blood let-out process

After lancing process, the blood was let-out in two phases. The first phase is at the first minute after lancing process. The blood flows outside fast. The second phase is at the 4 - 5 minute after lancing process, the blood flows slower and slowly forms a blood clot. This
blood let-out process can be repeated several times without re-lancing process to fully stop the blood.

7. Removing the blood clot process

After the formation of blood clot, the cupper was again released. Before releasing the cupper, prepare some sterile gauze around the cupper to prevent the blood flows outside from the local site. Blood let-out process and removing the blood clot process can be repeated several times to ensure that the blood is fully stopped.

8. Post-cupping process

After several times of blood let-out process, the local site was cleaned using the sterile gauze and rub again with antibiotic cream.

9. Education process

Cupping may give benefit in both maintaining health and curing the disease, however, this treatment should be accompanied with proper healthy life education to support the result.

10. Surveillance process

Although only less side effects of cupping have been reported, there should be follow-up process for patients receive cupping treatment.
Patient should be educated the risk effect of cupping and where to contact if they experience any unpleasant feeling after cupping.
A. Ethical Approval Letter
B. Appendix Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

BETWEEN

Lincoln University College Malaysia (LUC)

AND

Syarif Hidayatullah State Islamic University Jakarta (UIN Jakarta)
MEMORANDUM OF UNDERSTANDING
BETWEEN
LINCOLN UNIVERSITY COLLEGE MALAYSIA
AND
SYARIF HIDAYATULLAH STATE ISLAMIC UNIVERSITY JAKARTA

This Memorandum of Understanding is made at Syarif Hidayatullah State Islamic University Jakarta on January 2018, hereinafter referred as ("MOU") by and between:

1. LINCOLN UNIVERSITY COLLEGE MALAYSIA (hereinafter referred to as “LUC”) is a university established under the laws of the Malaysia, whose address is on Wisma Lincoln, No 12-18, Jalan SS 6/12, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia and shall include its lawful representatives and permitted assigns, in this matter is represented by Datuk DR Hajjah Bibi Florina Abdullah, Pro-Chancellor of Lincoln University College therefore valid acting for and behalf of LUC.

2. SYARIF HIDAYATULLAH STATE ISLAMIC UNIVERSITY JAKARTA (hereinafter referred to as “UIN Jakarta”), a university established under the laws of the Republic of Indonesia, whose address is on Jl. Ir. H. Juanda no. 95 Ciputat Jakarta Indonesia and shall include its lawful representatives and permitted assigns, in this matter is represented by Prof. Dr. Dede Rosyada, M.A., Rector of Syarif Hidayatullah State Islamic University Jakarta, therefore valid acting and on behalf of UIN Jakarta;

LUC and UIN Jakarta hereinafter referred to singularly as “the Party” and collectively as “the Parties”
WHEREAS
A. LUC is an established University in Malaysia, which tends to become a truly global university that enhances lifelong learning opportunities, practical and scientific skills, social values, leadership and entrepreneurship by harnessing information technology to create a noble human society;
B. UIN Jakarta is an established State Islamic University in Jakarta, Indonesia, which strives to strengthen its academic and research excellence through various collaborations with other parties and institutions;
C. The Parties are desirous of entering into this MOU to declare their respective intentions and to establish a basis of co-operation and collaboration between the Parties upon the terms and conditions as contained.

THE PARTIES HAVE REACHED AN UNDERSTANDING TO ENTER THIS MOU with the following terms and conditions as below:

ARTICLE 1
OBJECTIVE

The Parties, subject to the terms of this MOU, will endeavor to strengthen, promote and develop academic and research co-operation between the Parties on the basis of equality and mutual benefit.

ARTICLE 2
AREAS OF CO-OPERATION

1. Each Party will, subject to the laws, regulations and national policies from time to time in force, governing the subject matter in their
respective countries, endeavor to take necessary steps to encourage and promote co-operation in the following areas:

a) Exchange of academic staff for teaching and research activities;
b) Organization of joint academic and scientific activities, such as conferences, seminars, symposia or lectures, courses;
c) Development of collaborative research projects;
d) Exchange of publications and other information of common interest;
e) Any other areas of co-operation to be mutually agreed upon by the Parties.

2. For the purpose of implementing the co-operation in respect of areas stated in paragraph 1, the Parties will enter into a legally binding agreement subject to terms and conditions as mutually agreed upon by the Parties.

ARTICLE 3
FINANCIAL ARRANGEMENTS

1. This MOU will not give rise to any financial obligation by one Party to the other.

2. This MOU does not constitute any financial commitment on the part of the Parties.

3. Each party will bear its own cost and expenses in the implementation of this MOU.
ARTICLE 4
EFFECT OF MEMORANDUM OF UNDERSTANDING

This MOU serves only as a record of the Parties’ intentions and does not constitute or create, and is not intended to constitute or create, obligations under domestic or international law and will not give rise to any legal process and will not deemed to constitute or create any legally binding or enforceable obligations, express or implied.

ARTICLE 5
NO AGENCY

Nothing contained herein is to be constituted as a joint venture partnership or formal business organization of any kind between the Parties or so to constitute either Party as the agent of the other.

ARTICLE 6
ENTRY INTO EFFECT, DURATION AND TERMINATION

1. This MOU will come into effect on the date of signing and will remain in the effect for a period of five years.
2. This MOU may be extended for a further period as may be agreed in writing by the Parties.
3. Each Party may terminate this MOU by giving the other Party six (6) month prior written notice of that intention.
ARTICLE 7
PROTECTION OF INTELLECTUAL PROPERTY RIGHTS

1. The protection of intellectual property rights shall be enforced in conformity with the respective national laws, rules and regulations of the Parties and with other international agreement signed by both Parties.
2. The use of the name, logo and/or official emblem of any of the Parties on any publication, document and/or paper is prohibited without the prior written approval of either Party.
3. Notwithstanding anything in paragraph 1 above, the intellectual property rights in respect of any technological development, and any products and services development, carried out.
   (i) Jointly by the parties or research results obtained through the joint activity effort of the Parties, shall be jointly owned by the Parties in accordance with the terms to be mutually agreed upon; and
   (ii) Solely and separately by the party or the research results obtained through the sole and separate effort of the party, shall be solely owned by the party concerned.

ARTICLE 8
CONFIDENTIALITY

1. Each Party shall undertake to observe the confidentiality and secrecy of documents, information and other data received from or supplied to, the other Party during the period of the implementation of this MOU or any other agreements made pursuant to this MOU.
2. For purposes of paragraph 1 above, such documents, information and data include any documents, information and data which is disclosed by
a Party (the Disclosing party) to the other Party (the Receiving party) prior to, or after, the execution of the MOU, involving technical, business, marketing, policy, know-how, planning, project management and other documents, information, data and/or solutions in any form, including but not limited to any document, information or data which designated in writing to be confidential or by its nature intended to be for the knowledge of the Receiving party or if orally given, is given in the circumstances of confidence.

3. Both Parties agree that the provisions of this Article shall continue to be binding between the parties notwithstanding the termination of this MOU.

**ARTICLE 9**

**SUSPENSION**

Each Party reserves the right for reasons of national security, national interest, public order or public health to suspend temporarily, either in whole or in part, the implementation of this MOU which suspension shall take effect immediately after notification has been given to the other Party through diplomatic channels.

**ARTICLE 10**

**SETTLEMENT OF DISPUTES**

Any difference or dispute between the Parties concerning the interpretation and/or implementation and/or application of any of the provisions of this MOU shall be settled amicably through mutual consultation and/or negotiations between the parties through diplomatic channels, without reference to any third party or international tribunal.
ARTICLE 11
NOTICES

Any communication under this MOU will be in writing in the English language and delivered by registered mail to the address or sent to the electronic mail address or facsimile number of LUC or the UIN Jakarta, as the case may be, shown below or to such other address or electronic mail address or facsimile number as either party may have notified the sender and shall, unless otherwise provided herein, be deemed to be duly given or made when delivered to the recipient at such address or electronic mail address or facsimile number which is duly acknowledged:

To LUC
LINCOLN UNIVERSITY COLLEGE
Wisma Lincoln, No 12-18, Jalan SS 6/12, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia
Tel : 1300880111 (Malaysia)
Fax : +603 78063478 (International)
Email : info@lincoln.edu.my

To UIN JAKARTA
SYARIF HIDAYATULLAH
STATE ISLAMIC UNIVERSITY JAKARTA
Jl. Ir. H. Juanda 95, Ciputat, 15412
Jakarta, Indonesia
Tel : 62-21-7401925 Ext. 1830
Fax : 62-21-7402982
Email : internationaloffice@uinjkt.ac.id

The foregoing record represents the understandings reached between the Lincol University College or Syarif Hidayatullah State Islamic University Jakarta upon the matters referred to therein.
IN WITNESS WHEREOF the Parties have hereunto caused this Memorandum of Understanding (MoU) to be duly executed as at the date first above mentioned.
FOR LUC

Datuk DR Hajjah Bibi Florina Abdullah
Pro-Chancellor of Lincoln University College
Malaysia

DATE: .........................

FOR UIN Jakarta

Prof. Dr. Dede Rosyada, M.A.
Rector of Syarif Hidayatullah State Islamic University Jakarta, Indonesia

DATE: .........................