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National Health And The Practice of Cupping Therapy (Hijamah) Based on Studies in The Modernization of Islamic Education

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Abstract

This study aims to analyze the development of *hijamah* (cupping therapy) education by integrating evidence-based principles, competency standards, and national healthcare service needs. A qualitative approach was employed, involving data collection through in-depth interviews, observations, and document reviews with stakeholders involved in *hijamah* education and practice. Data were analyzed thematically to identify needs, learning patterns, core competencies, and opportunities for integrating *hijamah* into healthcare services. The results indicate that modernizing *hijamah* education can enhance practitioner competence, particularly regarding scientific knowledge, procedural skills, patient safety, documentation, and evidence-based decision-making. The findings also highlight the need for a standardized curriculum, tiered training, competency evaluation, and stronger alignment with national health policies. This research serves as a foundation for developing *hijamah* education that is more measurable, safe, scientifically grounded, and relevant to national healthcare services.

Keywords: Education Modernization; Evidence-Based; Health

Introduction

Hijama, or cupping therapy, is a form of traditional therapy that has long been practiced across various societies and remains in use today. In the Indonesian context, hijama encompasses health, social, cultural, and religious dimensions, contributing to its widespread public acceptance (Febriyanti et al., 2024). However, the increasing utilization of a therapeutic method does not automatically imply that the training process for its practitioners adheres to uniform, evidence-based standards or is integrated into the national healthcare system (Mashoto, 2024).

In this context, modernization can be analyzed through shifts in how society understands, teaches, and practices hijamah (cupping therapy). The focus lies not only on changes in cupping techniques but also on shifts in sources of knowledge, practitioner competence, learning methods, and safety standards (Hakim et al., 2025). Research on the modernization of Islamic education highlights the importance of integrating religious studies with the sciences, developing contextual learning approaches, and strengthening critical thinking skills. For instance, discuss the integration of religious and scientific curricula, as well as project-based

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learning approaches, within the context of modernizing Islamic education (Hatija et al., 2025).

This situation highlights the need to strengthen education regarding hijamah (cupping therapy) so that the practice as it evolves within the community relies not merely on empirical experience but also incorporates scientific knowledge, patient safety, ethics, standard procedures, and evidence-based decision-making (Lambin et al., 2018). National data indicate that traditional healthcare services continue to play a significant role in the healthcare-seeking behavior of the Indonesian population (Lambin et al., 2018).

The 2018 Riskesdas survey recorded that 31.4% of the population utilized traditional health services, an increase from the 30.4% reported in the 2013 survey (Kemenkes RI, 2018). The use of medicinal plants grown at home (family medicinal plants) also reached 24.6%. These figures indicate that nearly one-third of the Indonesian population has used traditional healthcare services, suggesting that such services can serve as an alternative healthcare option for the public (Milita et al., 2021).

Interest in hijamah (cupping therapy) has become increasingly relevant, as the 2023 Indonesian Health Survey (SKI 2023) has included pharmaceuticals and traditional health services as one of the national health indicator categories (Alfian et al., 2025). The SKI 2023 is a national survey targeting approximately 345,000 households for its *Riskesdas* component. More specifically, citing the SKI 2023, Syahruramdhani et al. (2025) reported that the use of cupping therapy was recorded among approximately 4.2% of respondents (Syahruramdhani et al., 2025).

The study identifies the 2023 SKI as the first national survey to specifically document the use of cupping therapy, whereas the 2018 Riskesdas categorized it under manual skill-based therapies (Yanti et al., 2025). These data demonstrate that hijamah is not a marginal practice. Given that millions of people potentially engage with this therapy, the need for practitioners with measurable competence becomes increasingly critical (Ipa et al., 2026).

The next issue concerns the aspect of education. Hijamah education in Indonesia has developed through various channels, ranging from training organized by associations, non-formal educational institutions, and practitioner communities to its integration into health education programs (Bilal Ahmad Bhat et al., 2024). These diverse pathways can lead to variations in course content, duration, teaching methods, instructor qualifications, clinical practice, and competency assessment methods (Khasanah, 2024).

The core issue is not merely the availability of hijamah training or courses, but the extent to which the educational process succeeds in producing practitioners capable of integrating theoretical foundations, scientific evidence, patient safety, indications and contraindications, infection control, procedural skills, communication, documentation, and patient referral capabilities (Syahruramdhani et al., 2020).

This gap is evident in the study by Syahruramdhani et al. (2025) regarding the implementation of cupping therapy in higher education nursing programs in Indonesia. The study, which examined 70 nursing programs, found that only 30 programs (42.86%) included cupping therapy in their instruction. Conversely, 40 programs (57.14%) had not yet incorporated cupping therapy into their curricula (Mushtaq et al., 2024). Among the institutions that did teach it, cupping therapy was generally not offered as a standalone course but was instead integrated into broader courses, such as holistic and complementary nursing (Abid, 2021).

The instructional allocation does not exceed two credit units per week. Reasons cited for incorporating cupping therapy include preserving local wisdom (67%), enhancing graduate

competence (47%), and meeting community needs (47%). Conversely, support for national policy as a reason for including cupping therapy was reported by only 7% of the programs. These data reveal a gap between community needs, the evolution of cupping practices, health workforce education, and the orientation of national policy. Furthermore, issues are evident in the student competency evaluation system (Ramos-Pla & Fornons Casol, 2025).

The findings indicate that the inclusion of hijamah (cupping therapy) material in the curriculum does not equate to the attainment of hijamah competence. While theoretical knowledge assessed via written exams remains necessary, procedural competence requires an evaluation that demonstrates a participant's ability to perform the procedure correctly (GAO et al., 2018). Consequently, modern hijamah education needs to shift from a learning model predominantly based on knowledge transfer toward a competency-based approach. Learners should be assessed through a combination of knowledge, skills, professional attitudes, simulations, direct observation, clinical cases, documentation, and objective skill evaluations (Alam et al., 2025).

The need for modernization becomes increasingly compelling when viewed from a safety perspective. The U.S. National Center for Complementary and Integrative Health (NCCIH) states that research on cupping therapy exists, yet much of it is of low quality (Shurtleff et al., 2024). Evidence regarding the benefits of cupping for pain relief shows potential but lacks high strength, while evidence for many other conditions remains insufficient to draw firm conclusions (Bihn, 2024).

Scientific evidence regarding the effectiveness of hijamah (cupping therapy) is not yet entirely consistent. A 2025 systematic review found that cupping therapy whether used alone or in combination with other treatments has the potential to reduce pain and improve certain clinical outcomes; however, researchers emphasized that these conclusions are based on low-quality evidence (Li et al., 2025).

Conversely, a 2024 meta-analysis concerning low back pain found benefits regarding pain and disability but also reported significant heterogeneity among the studies. A Ministry of Health review published in 2020 similarly concluded that while a number of studies showed positive results, the quantity and quality of research on cupping at the time were limited, indicating a need for further study. The review emphasized that safety must be a primary concern in the provision of cupping therapy (Abdulah et al., 2024).

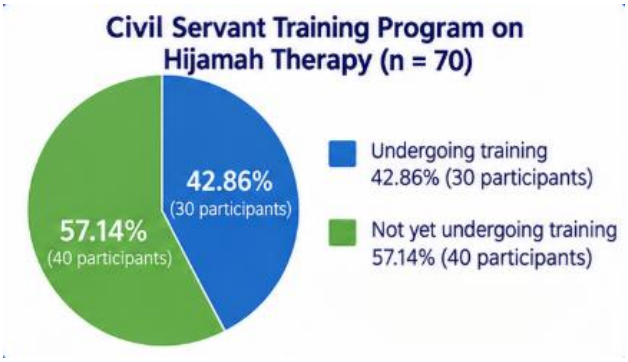


Figure 1. Reconstruction from a Previous Publication

This situation provides a compelling reason to adopt an evidence-based approach to hijama education. Evidence-based practice does not entail accepting all claims regarding the benefits of hijama as established fact, nor does it mean rejecting traditional practices simply

because they originate from tradition (Niazi et al., 2023). This approach enables practitioners to evaluate research quality, understand the strengths and limitations of the evidence, integrate research findings with clinical expertise, and take into account the patient's condition and preferences.

Method

This study employs a qualitative descriptive design. Informants were selected using a purposive sampling technique based on their involvement, experience, and knowledge regarding hijamah education and practice (Sundler et al., 2019). The informants included hijamah educators or instructors, hijamah practitioners, healthcare professionals, administrators of educational or training institutions, academics, representatives from relevant organizations, and individuals knowledgeable about traditional healthcare policies. This purposive selection aligns with the nature of qualitative research, which prioritizes the depth and relevance of information over a large number of respondents (Doyle et al., 2020).

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Interview data can be corroborated through observation and document review. Observations of education, training, or hijamah (cupping therapy) practices are conducted to assess the alignment between the information provided by informants and the actual practices performed. Document review encompasses curricula, learning modules, standard operating procedures, competency assessment instruments, organizational guidelines, and regulations regarding traditional healthcare services. Interviews, observations, group discussions, and document analysis are data collection techniques commonly employed in health research utilizing a qualitative approach (Yusof et al., 2019).

The collected data were analyzed using thematic analysis. The analysis process involved transcribing interview results, repeatedly reading the data, coding relevant information, grouping codes into categories, and subsequently formulating key themes (Roh et al., 2021). Thematic analysis was employed to identify patterns of meaning within the data and is suitable for analyzing both interview results and group discussions. Research themes may encompass the standardization of hijamah education, practitioner competence, the implementation of evidence-based practice, patient safety, evaluation systems, regulatory needs, and readiness for integrating hijamah into the national healthcare system (Jain, 2021).

Data validity was ensured through source and method triangulation, member checking, and a review of the data coding and interpretation processes. Through this approach, the study aims to provide an overview that explains the conditions, issues, needs, and development direction of hijamah education based on field findings (Sugiyono, 2018).

Ultimately, this qualitative approach aims to generate recommendations for a modernization model for hijama education that is evidence-based, competency-oriented, prioritizes patient safety, and supports the integration of hijama into the national healthcare system. This focus aligns with the WHO Global Traditional Medicine Strategy 2025–2034, which advocates for strengthening

scientific evidence, quality, safety, and regulation, as well as the integration of traditional and complementary services into health systems.

Data Analysis

Table 1. Qualitative analysis of raw data

No.	Raw data (contoh ilustratif)	Coding	Category	Theme
1	"Cupping therapy training must have a clear curriculum so that participants understand both the theory and the practice."	Structured curriculum; training standardization	Standardization of Islamic Education	Modernization of Islamic Education Based on Evidence-Based Principles
2	"It is not enough for practitioners to simply be able to perform cupping therapy. They must also understand human anatomy and the patient's condition."	Practitioner competence; knowledge of anatomy; understanding of the patient's condition	Islamic Education Practical Competency	Modernization of Islamic Education Based on Evidence-Based Principles
3	"Before declaring cupping to be effective for a particular disease, we need to look at the results of research that can be held accountable."	Evaluation of scientific evidence; effectiveness of therapy; verification of claims	Evidence-Based Practice	Modernization of Islamic Education Based on Evidence-Based Principles

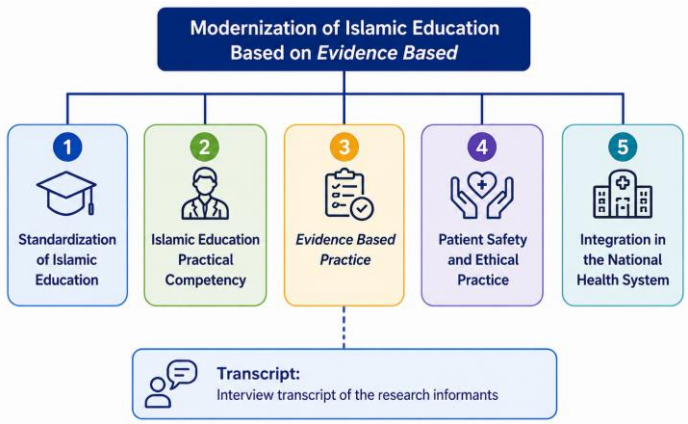


Figure 1. MAP Project

The Project Map (Node Classification) illustrates the thematic structure derived from the coding process applied to research interview transcripts regarding the modernization of evidence-based hijamah education. The analysis identified five key nodes: (1) Standardization of Hijamah Education, (2) *Hijamah* Practitioner Competence, (3) Evidence-Based Practice, (4) Patient Safety and Practice Ethics, and (5) Integration into the National Health System. These five nodes represent the primary dimensions emerging from the interview data, demonstrating that the modernization of hijamah education is a multidimensional process; it entails not only educational system reform but also the strengthening of professional competence, the utilization of scientific evidence, patient protection, practice ethics, and institutional recognition and integration.

The first node, the standardization of hijamah education, highlights the importance of establishing structured educational standards encompassing curricula, learning outcomes, training procedures, instructional methods, and competency evaluation systems (Rahman et al., 2022). Standardization is essential to minimize variations in the quality of education and hijamah practice

while simultaneously establishing accountable competency parameters. The second node, hijamah practitioner competency, emphasizes that educational modernization must produce practitioners who possess adequate theoretical knowledge, technical skills, and professional capabilities. Thus, educational standardization and the strengthening of practitioner competency are substantively linked, as the quality of practice is fundamentally determined by the caliber of the education and training received by the practitioners.

The third node, Evidence-Based Practice, occupies a strategic position within the framework of modernizing hijamah education. This node highlights the need to develop *hijamah* education and practice based on scientific evidence that is testable, verifiable, and academically accountable. An evidence-based approach allows traditional knowledge regarding hijamah to be critically examined through contemporary research findings, ensuring that the educational process does not rely solely on empirical experience or the transmission of traditional knowledge (Luthfi et al., 2025). In this context, evidence-based practice serves as an epistemological bridge between the tradition of hijamah practice and the demands of modern science.

The fourth node, Patient Safety and Practice Ethics, demonstrates that modernization cannot focus solely on enhancing practitioners' technical skills. Hijamah education must also position patient safety, procedural standards, risk prevention, professional responsibility, and ethical principles as fundamental components. Competence lacking safety and ethical standards poses potential risks to patients while simultaneously undermining the professional legitimacy of hijamah practice. Therefore, the dimensions of safety and ethics serve as normative instruments linking competence enhancement with the protection of service recipients.

The fifth node, Integration into the National Health System, represents the institutional dimension of modernizing hijamah education. Such integration requires clear competency standards, certification mechanisms, regulations, and oversight, as well as coordination with healthcare institutions. From this perspective, integration is not merely a matter of formally recognizing hijamah rather, it is a process of establishing compatibility between hijamah education and practice and nationally applicable healthcare service standards. Consequently, the success of this integration hinges heavily on the strength of the four preceding dimensions specifically, educational standardization, practitioner competence, the use of scientific evidence, and the application of patient safety and ethical practice principles (Urkia-Basterra et al., 2025).

Overall, the Project Map demonstrates that the modernization of hijamah education grounded in evidence-based practice emerges from the interplay of mutually reinforcing dimensions. Standardization establishes the institutional foundation for education; practitioner competence serves as the professional outcome; evidence-based practice provides scientific legitimacy; patient safety and practice ethics offer the normative basis; and integration into the national health system defines the direction of institutional development. Thus, the modernization of hijamah education can be understood as a systemic transformation shifting from a model of education and practice predominantly rooted in tradition toward a model that is standardized, competent, scientifically evidence-based, safety- and ethics-oriented, and compatible with the national health system (Garcia-Chitiva & Correa, 2024).

Results

The Relationship Map illustrates the patterns of connections between themes derived from the analysis of interview data regarding the modernization of hijamah education based on evidence-based practice. This map positions the modernization of hijamah education as the central theme, linked to five key nodes: the standardization of hijamah education, practitioner competence,

evidence-based practice, patient safety and practice ethics, and integration into the national health system. The inter-node relationships demonstrate that these five dimensions do not operate in isolation but rather form an interconnected and mutually supportive structure. Consequently, based on the NVivo mapping results, the modernization of hijamah education can be understood as a systemic process requiring the integration of educational aspects, practitioner professionalism, a scientific knowledge base, patient protection, and the strengthening of hijamah's institutional position within the health system.

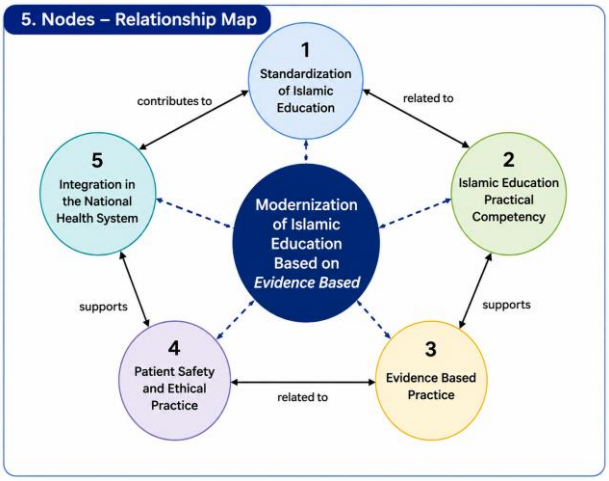


Figure 2. Interview Relationship Map

The relationship between the standardization of *hijamah* education and practitioner competence indicates that the development of professional competence requires an educational system with clear standards. Standardized curricula, learning outcomes, training methods, practice procedures, and evaluation mechanisms serve as vital instruments for producing practitioners with relatively uniform and accountable levels of competence. This relationship highlights that practitioner competence is not shaped solely by individual experience but must be constructed through a structured educational system. Within the framework of modernization, educational standardization thus serves as the foundation for ensuring the quality of the human resources performing hijamah practice.

Furthermore, the competence of hijamah practitioners is strongly linked to evidence-based practice. Within the modern paradigm, practitioner competence is not measured solely by the ability to perform the hijamah procedure itself, but also by the capacity to understand indications and contraindications, evaluate risks, and utilize scientific evidence in decision-making. This relationship reflects a conceptual shift from purely technical competence toward professional competence grounded in scientific knowledge. In this context, evidence-based practice serves as a crucial component in ensuring that hijamah practice derives legitimacy not only from tradition or practical experience but also from a foundation that can be explained and evaluated through relevant scientific knowledge.

The map of relationships also illustrates the connection between evidence-based practice, patient safety, and professional ethics. The use of scientific evidence provides a basis for establishing safer procedures, identifying risks, selecting appropriate interventions, and developing standard operating procedures (Kraiwanit et al., 2023). However, scientific evidence cannot stand alone without an ethical framework governing the relationship between the practitioner and the patient.

Consequently, patient safety and professional ethics serve as normative mechanisms ensuring that the application of professional knowledge and skills remains focused on patient protection, respect for patient rights, professional responsibility, and the prevention of actions that could cause harm or risk.

The relationship between patient safety, ethical practice, and integration into the national health system demonstrates that the acceptance of hijamah (cupping therapy) within the healthcare structure requires guarantees regarding safety and practice accountability. Integration cannot be achieved merely through administrative recognition; it necessitates safety standards, codes of ethics, practitioner competencies, certification mechanisms, and oversight systems capable of ensuring service quality (Tan et al., 2021). Simultaneously, the standardization of hijamah education contributes to its integration into the national health system, as the system requires verifiable educational and competency parameters before a practice can gain stronger institutional legitimacy. Thus, standardization serves as a crucial prerequisite for strengthening the position of hijamah within the healthcare structure.

Overall, the relationship map reveals a circular, mutually reinforcing pattern. Educational standardization contributes to the development of practitioner competencies; professional competence supports the implementation of evidence-based practice; evidence-based practice reinforces patient safety and ethics; safety and ethics support the legitimacy of integration into the national health system; and the need for integration, in turn, drives the importance of educational standardization. This pattern demonstrates that the modernization of hijamah education cannot be achieved through isolated interventions in a single aspect; rather, it requires an integrated transformation encompassing educational standardization, practitioner professionalization, the strengthening of the scientific basis, patient protection, and institutional legitimacy (Yeager, 2025).

From an analytical perspective, these findings can be formulated into the proposition that the modernization of hijama education is a transformation ecosystem that moves from standardization to professionalization, from professionalization to evidence-based practice, from evidence-based practice to strengthening safety and ethics, and then towards institutional integration in the national health system . Thus, evidence-based practice is not merely a component of modernization, but functions as an epistemological link between professional competence and the demands of safety, ethics and legitimacy of health services.



Figure 3. Word Cloud of Interview Results

This pattern indicates that the informants' discourse centers primarily on the interconnections between the use of scientific evidence, educational development, practical competence, and the need for standardization. Consequently, the modernization of education within the research data is not viewed merely as institutional change; rather, it is closely linked to efforts to establish educational

and professional practices grounded in scientific evidence and accountable competency standards (Bao & Wang, 2021).

The dominance of the word "evidence" highlights the significant emphasis placed on the importance of an evidence-based approach within the modernization process. The prominent appearance of the words "education," "practice," "competency," and "standard" illustrates the relationship between the educational dimension and the need to enhance the quality of practice. Education serves as the arena for competency development, while standardization acts as the instrument to ensure that such competencies meet specific quality parameters. In this context, evidence-based practice can be understood as the epistemological foundation linking knowledge acquired through education with professional practice grounded in scientific evidence (Skeppstedt et al., 2024).

In addition to that primary theme, the word cloud reveals supporting terms such as "patient," "safety," "professional," "curriculum," "quality," "system," "human resources," and "modernization." The appearance of these terms expands the construct of modernization to encompass dimensions of patient safety, professionalism, curriculum development, quality improvement, human resource strengthening, and institutional systems. Substantively, these findings indicate that evidence-based educational transformation requires a comprehensive approach: one that not only strengthens scientific substance but also ensures that curricula, practitioner competencies, professional standards, and educational systems are oriented toward enhancing the quality and safety of service recipients (Bagaskara & Rohmadi, 2024).

Overall, the Word Frequency Query provides an initial indication of the dominant conceptual structure within the data specifically, the interconnectedness of scientific evidence, education, practice, competency, and standardization. These findings support the interpretation that educational modernization is shifting toward a paradigm that is more standardized, professional, and grounded in scientific evidence. However, from a methodological standpoint, word frequency alone does not establish conceptual significance or causal relationships between themes. Therefore, word frequency results should be interpreted in conjunction with findings from coding, node hierarchies, matrix coding queries, and relationship maps to ensure a robust interpretation and avoid drawing conclusions based solely on the frequency of word occurrences.

Discussion

Enhancing the Competence of Hijama Practitioners

The results of the interview analysis show that increasing the competence of hijama practitioners is one of the main themes in the process of modernizing hijama education. The informant explained that practitioner competency cannot only be measured based on the ability to perform hijamah technically, but must include mastery of health knowledge, clinical skills, critical thinking skills, communication with patients, and professional attitudes in providing services.

Based on coding results using NVivo, the theme of Improving Hijamah Practitioner Competence consists of several main sub-themes, namely basic health knowledge, clinical skills, and practitioner professionalism. These three aspects show that a hijamah practitioner needs to have comprehensive competence to be able to provide services that are safe, effective, and in accordance with the principles of health services (Limna, 2023).

The informant said that one of the problems in the current practice of hijamah is that there are still differences in the level of ability between practitioners. Some practitioners gain skills through hands-on experience or brief training, while others receive a more structured education. These differences in educational pathways cause variations in theoretical understanding, implementation

of procedures, and ability to deal with different patient conditions.

> *"It is not enough for hijamah practitioners to simply be able to perform cupping techniques; they must understand the patient's condition and know when the procedure may be performed, when it should be stopped, and when the patient requires a referral." (interview)*

Interview findings indicate that the first aspect requiring reinforcement is basic health knowledge. Informants explained that hijamah practitioners need to understand fundamental concepts of anatomy, human physiology, disease mechanisms, and the relationship between a patient's health condition and the hijamah procedure being administered. Such understanding serves as the foundation for practitioners to conduct an initial assessment before performing the procedure .

Knowledge regarding indications and contraindications is also a crucial component of practitioner competence. Informants explained that hijamah is not suitable for all patient conditions. Practitioners must possess the ability to perform simple screening to identify risk factors, such as specific medical disorders, the use of certain medications, or circumstances requiring special attention (Soehardi et al., 2021).

In addition to theoretical knowledge, interview results highlight that clinical skills are a vital component of hijamah training. As hijamah involves direct physical contact with the patient, it requires the correct execution of procedural skills. Informants emphasized that learning cannot rely solely on the delivery of theory but must be accompanied by structured, supervised practice.

> "*Practical skills must be assessed directly. Someone who understands the theory is not necessarily capable of performing the action using the correct procedure." (interview)*

Based on the results of the NVivo analysis, clinical skills relate to several aspects, namely equipment preparation, implementation of procedures, sterilization techniques, infection control, communication during procedures, and service documentation. These competencies are needed to reduce the risk of action errors and improve patient safety.

Informants also highlighted the importance of changing the practitioner competency evaluation system. So far, several educational programs still mostly assess abilities through written exams or completion of training materials. However, hijamah competency requires assessment methods that are able to see real practical abilities, such as direct observation, clinical simulations, or evaluating skills using standardized instruments.

The next aspect that emerged from the interview results was the professionalism of hijama practitioners. The informant explained that a practitioner is not only responsible for technical skills, but must also have service ethics. Professionalism includes the ability to communicate with patients, provide correct information regarding the benefits and limitations of therapy, maintain patient privacy, and not make health claims that are not supported by scientific evidence.

The analysis indicates a strong correlation between the competence of hijamah practitioners and efforts to integrate the practice into the national health system. Higher practitioner competence standards increase the likelihood of hijamah being accepted as a form of quality traditional healthcare.

Consequently, the modernization of hijamah education requires the development of a competency-based education system that encompasses knowledge, skills, and professional attitudes. Education should not merely focus on the technical ability to perform hijamah procedures but also aim to cultivate practitioners capable of conducting patient assessments, applying safety principles, utilizing scientific evidence in practice, and adhering to healthcare service standards.

Enhancing practitioner competence serves as the cornerstone for establishing hijamah services

that are safe, high-quality, and legitimately recognized within the national health system. NVivo analysis reveals that practitioner competence acts as a connecting element linking hijamah education, the application of evidence-based practice, patient safety, and the regulatory requirements for traditional healthcare services.

Integration of Evidence-Based Practice in Hijama Education

Interview analysis indicates that integrating evidence-based practice is a crucial aspect of modernizing hijama education. Informants explained that the development of hijama education cannot rely solely on practitioner experience or established community traditions; instead, it must be guided by the use of scientific evidence as a foundation for the learning process and clinical decision-making.

Informants stated that aspiring hijama practitioners need the ability to understand, evaluate, and apply research findings regarding the benefits, safety, and limitations of hijama therapy. This is essential to ensure that hijama practice is not based merely on habit or individual experience, but rests on a scientifically sound and justifiable foundation.

Based on the NVivo coding process, the theme of integrating Evidence-Based Practice into hijamah (cupping therapy) education comprises several key sub-themes: scientific research, clinical evidence, and evidence-based decision-making. These sub-themes indicate that hijamah education must foster learners' ability to connect theory, research findings, and clinical practice (Allsop et al., 2022).

Regarding scientific research, informants emphasized that hijamah training needs to introduce scientific literature as a source of knowledge. Learners should not only master procedural techniques but also understand how health claims are evaluated based on the quality of available research. This enables practitioners to distinguish between information supported by scientific evidence and information requiring further study.

Regarding clinical evidence, informants explained that the application of hijamah must take into account research findings concerning the procedure's effectiveness and safety. Hijamah education needs to provide an understanding of indications, contraindications, risks, and patient conditions requiring special attention. This approach ensures that service decisions are not based solely on belief in the therapy but also consider the patient's condition and available evidence.

Furthermore, evidence-based decision-making has become a crucial skill to develop within hijama education. Practitioners are expected to integrate three key components: the best available scientific evidence, their own clinical experience, and the patient's specific needs and condition. Adopting this approach allows hijama services to be delivered more rationally and safely, in alignment with modern healthcare principles.

These findings indicate that integrating evidence-based practice is not intended to eliminate the traditional values of hijama, but rather to enhance the quality of education and practice through a scientific approach. Modernizing hijama education requires shifting the learning model from a mere transfer of technical skills to an approach that fosters critical thinking, evidence evaluation, and professional decision-making. Consequently, graduates will possess competencies that meet the demands of patient safety and the evolution of the national health system.

Conclusion

The modernization of Islamic education in the practice of *hijamah* (cupping therapy) requires five key aspects: the standardization of education, the enhancement of practitioner competence, the implementation of evidence-based practice, the strengthening of patient safety and professional

ethics, and integration into the national healthcare system. On this basis, the modernization of Islamic education regarding hijamah can be conceptualized as a transformation from a tradition-based approach to an integrative model grounded in Islamic values and standardized scientific evidenceone that is competency-oriented, ensures safety and ethical standards, and aligns with the national health system.

Research findings confirm that strengthening the position of hijamah within the national health context must begin with the modernization of its educational system. Education serves as a strategic instrument for cultivating practitioners who not only understand the Islamic foundations of hijamah but also possess scientific literacy, professional competence, ethical awareness, and a commitment to patient safety. Consequently, the integration of hijamah into the national health system must be understood as the outcome of processes involving standardization, scientification, professionalization, and governance strengthening, rather than merely a formal recognition of the practice. These findings further establish that the future of hijamah education lies in the ability to integrate Islamic values, scientific evidence, professional competence, patient safety, and health-system governance into a coherent and sustainable educational framework.

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