Al-Rafidain J Med Sci. 2026;11(1):243-251.
DOI: https://doi.org/10.54133/ajms.v11i1.3121

AJMS

Online ISSN (3219-2789)

Research Article

Exploring Traditional Islamic Healing in Epilepsy Care: Perspectives of Malay Muslim Practitioners in Malaysia

Siti Nor Aqilah Mohd Noor[1], Shazia Jamshed[2], Chiau Ming Long[3], Umar Idris Ibrahim[1], Nurulumi Ahmad[1], Ahmad Kamal Ariffin Abdul Jamil[1], Aslinda Jamil[1], Pei Lin Lua[1]*

[1]*Faculty of Pharmacy, Universiti Sultan Zainal Abidin (UniSZA), Terengganu, Malaysia;* [2]*School of Pharmacy, International Medical University (IMU), Kuala Lumpur, Malaysia;* [3]*School of Medical and Life Sciences, Sunway University, Selangor, Malaysia*

Received: 23 May 2026; Revised: 23 July 2026; Accepted: 31 July 2026

Abstract

Background: Epilepsy is commonly perceived among Malay Muslims not only as a neurological disorder but also a condition influenced by spiritual and cultural beliefs. Consequently, complementary and alternative medicine approaches, particularly *ruqyah syar'iyyah* and *bekam*, remain widely utilized alongside conventional treatment. ***Objective***: To explore the perceptions and management approaches of Malay Muslim Islamic traditional medicine practitioners regarding epilepsy and to examine how these practices are integrated with conventional medicine. ***Methods***: A qualitative exploratory study was conducted using three face-to-face focus group discussions involving nine experienced Malay Muslim Islamic traditional medicine practitioners (five males and four females, 55.4±13.2 years), each possessing at least five years of experience in *ruqyah* and *bekam*. Interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis. ***Results***: Five major themes emerged: illness as a spiritual or energetic disturbance; the Quran and natural elements as healing tools; healing as a faith-based effort and personal responsibility; customization and patient-centered practice; and collaboration and ethical boundaries. Participants viewed epilepsy through both spiritual and physiological perspectives while emphasizing faith, ethical practice, and complementary use with biomedical care. ***Conclusions***: This study reveals the perceptions of Malay Muslim Islamic traditional medicine practitioners regarding the use of *ruqyah syar'iyyah* and *bekam* in epilepsy care. The findings highlight the cultural and spiritual significance of these practices and their perceived complementary role alongside conventional medical treatment. Strengthening collaboration between Islamic traditional medicine practitioners and healthcare professionals may support culturally sensitive and patient-centered epilepsy care.

Keywords: *Bekam*; Complementary and alternative medicine; Epilepsy; *Ruqyah*; Traditional Islamic healing.

استكشاف الشفاء الإسلامي التقليدي في علاج الصرع: وجهات نظر الممارسين المسلمين الملايو في ماليزيا

الخلاصة

الخلفية: ينظر إلى الصرع بشكل شائع بين المسلمين الملايو ليس فقط كاضطراب عصبي، بل أيضا كحالة تتأثر بالمعتقدات الروحية والثقافية. وبالتالي، لا تزال الأساليب العلاجية التكميلية والبديلية، وخاصة الرقية الشارية والبكم، مستخدمة على نطاق واسع جنبا إلى جنب مع العلاج التقليدي. **الهدف**: استكشاف تصورات وأساليب ممارسي الطب الإسلامي التقليدي المسلمين الملايو فيما يتعلق بالصرع ودراسة كيفية دمج هذه الممارسات مع الطب التقليدي. **الطرائق**: أجريت دراسة استكشافية نوعية باستخدام ثلاث مناقشات جماعية وجها لوجه شملت تسعة ممارسي طب إسلامي تقليدي ماليزيين مسلمين ذوي خبرة (خمسة ذكور وأربع إناث (55.4±13.2 سنة)، كل منهم يمتلك خبرة لا تقل عن خمس سنوات في الرقية والبكم. تم تسجيل المقابلات صوتيا، ونسخها حرفيا، وتحليلها باستخدام التحليل الموضوعي. **النتائج**: ظهرت خمسة مواضيع رئيسية: المرض كاضطراب روحي أو طاقي؛ القرآن والعناصر الطبيعية كأدوات شفاء؛ الشفاء كجهد قائم على الإيمان ومسؤولية شخصية؛ التخصيص والممارسة المرتكزة على المريض؛ والتعاون والحدود الأخلاقية. نظر المشاركون إلى الصرع من منظور روحي وفسيولوجي مع التأكيد على الإيمان والممارسة الأخلاقية والاستخدام التكميلي مع الرعاية الطبية الحيوية. **الاستنتاجات**: تكشف هذه الدراسة عن تصورات ممارسي الطب الإسلامي التقليدي المسلمين الملايو حول استخدام الرقية والبكم في علاج الصرع. تسلط النتائج الضوء على الأهمية الثقافية والروحية لهذه الممارسات ودورها المكمل المتصور إلى جانب العلاج الطبي التقليدي. تعزيز التعاون بين ممارسي الطب الإسلامي التقليدي والمهنيين في الرعاية الصحية قد يدعم رعاية الصرع الحساسة ثقافيا والمتمحورة حول المريض.

******Corresponding author*: Pei L. Lua, Faculty of Pharmacy, Universiti Sultan Zainal Abidin (UniSZA), Terengganu, Malaysia; Email: peilinlua@unisza.edu.my

Article citation: Mohd Noor SNA, Jamshed S, Long CM, Ibrahim UI, Ahmad N, Abdul Jamil AKA, Jamil A, Lua PL. Exploring Traditional Islamic Healing in Epilepsy Care: Perspectives of Malay Muslim Practitioners in Malaysia. *Al-Rafidain J Med Sci*. 2026;11(1):243-251. doi: https://doi.org/10.54133/ajms.v11i1.3121

INTRODUCTION

Epilepsy is a neurological disorder characterized by recurrent seizures, with a global prevalence affecting approximately 4 to 10 individuals per 1,000 people [1,2]. Despite advances in diagnosis and pharmacological treatment, epilepsy continues to pose substantial medical, psychosocial, and public health challenges because of its chronic nature, associated stigma, and impact on quality of life (QoL) [3,4]. In Malaysia, epilepsy is viewed through two perspectives: biomedical and spiritual, both of which shape treatment methods [5,6]. In the Malay Muslim community, epilepsy is often perceived as stemming from spiritual disturbances, including possession by *jinn* or *sihir*, prompting many individuals to pursue complementary and alternative medicine (CAM) approaches, such as *ruqyah* and *bekam*, as complementary approaches alongside conventional medical treatment rather than as substitutes [1,7-9]. These beliefs reflect the significant influence of religious, cultural, and social values on health-seeking behavior among Malay Muslim communities [6,9]. The convergence of faith and healthcare significantly influences the health-seeking behavior of Malay Muslims [9]. Spiritual healing through *ruqyah* involves the recitation of

Quranic verses and authentic supplications with the intention of seeking healing and protection from Allah [9,10]. Within Islamic tradition, *ruqyah* is regarded as an important form of spiritual support and holistic care by many Muslim communities and practitioners [9,10]. *Bekam*, originating from prophetic medicine, is traditionally practiced with the belief that it promotes health by improving blood circulation and restoring bodily balance according to Islamic traditional healing concepts [11,12]. Similarly, some Islamic traditional medicine practitioners believe that disturbances in spiritual or bodily imbalance may contribute to epilepsy symptoms. However, these concepts represent traditional healing beliefs rather than established biomedical mechanisms [10,11]. These practices are commonly endorsed within the Muslim community. These practices continue to attract interest due to their cultural and spiritual significance, but they also raise concerns about their scientific evidence, clinical effectiveness, and safety, particularly regarding their scientific evidence, clinical effectiveness, and safety, particularly the potential risk of bloodborne infections associated with bekam, including hepatitis B, hepatitis C, and HIV [12,1]. Biomedical management remains a cornerstone of epilepsy treatment [2]. Many people with epilepsy (PWE) continue to seek CAM because of cultural beliefs, spiritual needs, concerns regarding adverse effects of antiepileptic drugs (AEDs), or persistent seizures despite treatment [1,14,15]. From the perspective of Islamic traditional medicine practitioners, ruqyah and bekam are perceived as complementary approaches that address patients' spiritual and psychosocial needs while being used alongside conventional medical care [9,10]. Previous studies have examined the prevalence of CAM use among PWE, as well as public awareness, stigma, and cultural beliefs surrounding epilepsy in Malaysia and other settings [1,3,4,16,17]. However, limited evidence is available regarding how Malay Muslim Islamic traditional medicine practitioners conceptualize epilepsy, determine treatment approaches, and perceive their role alongside conventional healthcare providers. Understanding these perspectives is important for supporting culturally sensitive epilepsy care and strengthening collaboration between Islamic traditional medicine practitioners and biomedical healthcare professionals. Therefore, this study sought to investigate the perceptions and management approaches of Malay Muslim Islamic traditional medicine practitioners regarding epilepsy and to examine how these practices are integrated with conventional medicine.

METHODS

Study design

This study used a flexible approach with three in-person focus group discussions to understand how Malay Muslim Islamic traditional medicine practitioners view and manage epilepsy, especially those who use ruqyah and bekam (cupping).

Participant recruitment

A purposive sampling method was utilized to recruit Malay Muslim Islamic traditional medicine practitioners with significant experience in Islamic-based healing practices. A screening form entitled *"Penyertaan Pengamal Perubatan Tradisional Islam dalam Kajian Kualitatif"* was distributed through professional networks and approximately seven Islamic healing centers to identify eligible practitioners. The screening form collected practitioners' demographic information, years of experience, primary treatment modalities, and willingness to participate in the study. Eligibility was assessed using the screening form, and practitioners with at least five years of experience in *ruqyah* and *bekam* were considered eligible for participation. Following the screening process, the respective Islamic healing centers were contacted to obtain permission to conduct the FGDs with the identified practitioners. Although each participating center was initially requested to recruit approximately five practitioners, only three centers granted permission to conduct the FGDs. Participant attendance depended on practitioner availability on the scheduled discussion day, as some practitioners were attending to patients or were unavailable because of unforeseen professional commitments. Consequently, three FGDs comprising two, three, and four participants were conducted, resulting in a final sample of nine practitioners. Recruitment continued until data saturation was achieved, which was defined as the point at which no new themes or meaningful insights emerged from subsequent FGDs. Saturation was assessed through iterative review of the discussion transcripts and field notes following each FGD. After the third FGD, participants' responses became highly repetitive, and no additional codes or themes were identified. The research team agreed that sufficient thematic depth had been achieved, and recruitment was therefore concluded [18].

Interview process and data collection

Three face-to-face FGDs were conducted using a semi-structured discussion guide comprising nine open-ended questions. The discussion guide explored participants' understanding of epilepsy, management approaches, spiritual and physical healing practices, treatment decision-making, collaboration with healthcare professionals, perceived challenges, and recommendations for improving epilepsy care. The discussion guide was developed based on a review of the relevant literature and subsequently refined through expert review involving researchers with expertise in qualitative research and Islamic traditional medicine to ensure its cultural and conceptual relevance. All participants received a participant information sheet and provided written informed consent before participating in the study. Each FGD was facilitated by an experienced member of the research team, including the principal investigator or another trained team member, depending on availability. The lead

researcher served as the note-taker during all FGDs and documented non-verbal cues, group interactions, and contextual observations to complement the audio recordings. Each FGDs lasted approximately 30–45 minutes and was conducted in a private or semi-private setting at the participating centers to ensure participants' comfort and confidentiality. The FGDs were conducted predominantly in *Bahasa Melayu* and were audio-recorded with participants' permission. Field notes were recorded throughout each discussion to capture contextual observations and non-verbal interactions. The audio recordings were transcribed verbatim in *Bahasa Melayu*. Quotations selected for publication were subsequently translated into English by the lead researcher. The translated quotations were reviewed by the study supervisor and subsequently discussed with the research team to ensure that the translated text accurately reflected the meaning and context of the original transcripts before being included in the manuscript [19,20]. All transcripts were anonymized before analysis to maintain participant confidentiality.

Ethical consideration

Ethical approval was obtained from the Universiti Sultan Zainal Abidin Human Research Ethics Committee (UHREC) [Reference number: UniSZA/UHREC/2022/439]. The study was also registered with the National Medical Research Register (NMRR) under the Ministry of Health, Malaysia [NMRR ID: 23-01207-PS8 (IIR)].

Data management and analysis

Thematic analysis was conducted following Braun and Clarke's six-phase approach, which included familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report [21]. The author manually analyzed the verbatim transcripts by repeatedly reading the transcripts and highlighting meaningful text segments relevant to the study objectives. Initial codes were generated through open coding and subsequently grouped into broader categories based on similarities and recurring concepts. These categories were further refined into themes and subthemes through iterative comparison across all FGDs. The preliminary themes and interpretations were subsequently reviewed by the study supervisor and the research team to ensure that they accurately represented the participants' perspectives and remained consistent with the original transcripts. Any differences in interpretation were discussed among the research team until consensus was achieved. Figure 1 illustrates the overall data collection and analysis process.

Trustworthiness

To enhance the trustworthiness of the findings, the four criteria proposed by Guba and Lincoln, including credibility, transferability, dependability, and confirmability, were applied throughout the study [22].

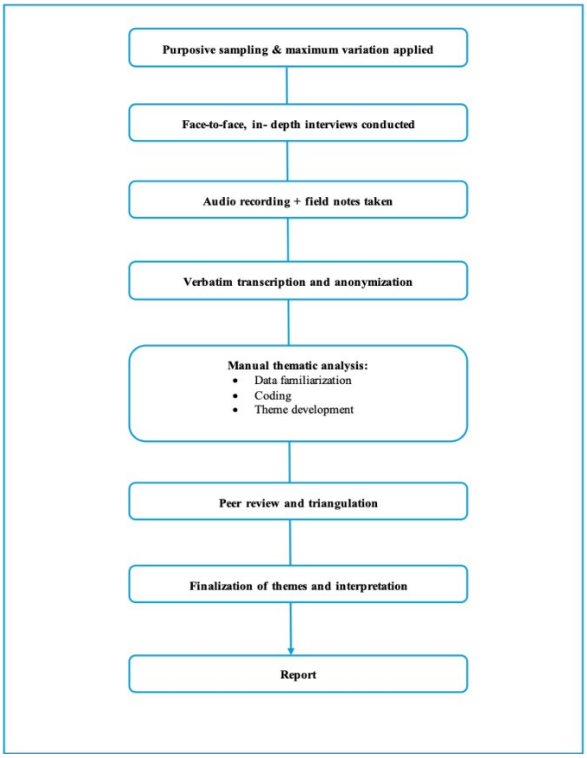

Figure 1: Study flowchart process.

Credibility was strengthened through member checking, iterative discussions among the research team, and review of the preliminary themes by the study supervisor. Transferability was supported by giving clear details about the study's location, the characteristics of the participants, and how they were chosen so that readers can see if the findings apply to similar situations. Dependability was maintained through the consistent use of the semi-structured discussion guide and documentation of methodological decisions throughout the research process. Confirmability was enhanced using reflexive field notes, maintenance of an audit trail during data analysis, and consensus discussions among the research team to minimize researcher bias and ensure that the findings reflected participants' perspectives rather than researchers' assumptions.

RESULTS

Table 1 presents the demographic details of the participants, of whom all their practices were situated in urban areas. Interviews with nine Malay Islamic traditional practitioners, including both *ruqyah* and *bekam* healers, revealed a shared approach to healing that is grounded in Islamic teachings. Despite variations in their methodologies, all participants stressed the importance of spirituality, Quranic guidance, ethical behavior, and the patient's involvement in the healing process. The results of the thematic analysis are categorized into five primary themes, each accompanied by relevant sub-themes, as presented in Table 2.

Table 1: Demographics of the respondent

Characteristic	Result
Total number of respondents	9
Experience (years)	8 – 21
Gender	
Male	5
Female	4
Practitioner type	
Ruqyah	7
Bekam	2
Setting	
Urban	4
Rural	5
Age (year) (mean ± SD)	54.4±13.2

Theme 1: Illness as Spiritual or Energetic Disturbance. This theme reflects how participants interpret the nature and causes of epilepsy. For *ruqyah* practitioners, epilepsy is frequently viewed as a sign of spiritual disturbance, whereas *bekam* practitioners associate it with bodily imbalance. The distinction demonstrates how Islamic traditional healing accommodates both metaphysical and physiological perspectives.

Illness linked to spiritual interference (Ruqyah practitioners)

Practitioners trained in *ruqyah* interpret epilepsy as more than a neurological disorder. They believe that seizures, chronic illness, and behavioral disturbances are manifestations of external spiritual influences such as possession by *jinn* or the influence of *syaitan*. Healing, therefore, is not only intended to alleviate physical symptoms but also to expel or neutralize spiritual entities. This worldview aligns with Quranic interpretations of unseen beings affecting human well-being. *"If someone has seizures, we know there is an element of disturbance by jinn or syaitan, or what we call a disturbance from supernatural beings (gangguan makhluk halus). The body temperature will always be hot… So, God willing (Insya-Allah), getting ruqyah treatment will help provide relief."* – P5. This quotation illustrates the practitioners' belief that epilepsy may be associated with spiritual disturbances that require spiritual intervention through *ruqyah*. *"In Islam, the context of disturbance is very broad… We really must believe in the existence of other unseen entities that disrupt our lives… Seizures affect both children and adults."* – P1. Similarly, other practitioners emphasized that acknowledging the existence of unseen entities formed an important part of their understanding of epilepsy and influenced their approach to treatment. *"Basically, we hold on to the belief that syaitan is a fierce enemy. Therefore, understanding and practicing the holy verses of the Quran helps protect believers from spiritual disturbances, according to* P2. Collectively, these findings indicate that *ruqyah* practitioners consistently interpreted epilepsy through a spiritual framework, with Quranic recitation regarded as the principal therapeutic approach.

Table 2: Summary of themes and sub-themes

No.	Themes	Sub-Themes
1.	Illness as spiritual or energetic disturbance	Illness linked to spiritual interference (*ruqyah* practitioners)
		Physiological cleansing through cupping (*bekam* practitioners)
2.	The Quran and natural elements as healing tools	Centrality of Quranic verses
		Natural elements and symbolic rituals
3.	Healing as faith-based effort and personal responsibility	Emphasis on belief, self-practice, and trust in God
4.	Customisation and patient-centered practice	Tailoring based on symptoms and complaints
		Guidance to seek medical diagnosis
5.	Collaboration and ethical boundaries	Internal knowledge sharing
		Ethical practice and avoidance of *Shirk*

Physiological cleansing through cupping (Bekam practitioners)

Unlike *ruqyah* practitioners, *bekam* healers base their understanding on traditional Malay concepts of bodily balance. Epilepsy is believed to be the result of impaired circulation or the accumulation of toxins in the blood. The act of cupping removes "dirty blood" (*darah kotor*), believed to be the cause of physical discomfort and neurological episodes. This practice reflects a more physical than spiritual interpretation of the illness, though many practitioners still acknowledge the influence of divine will. *"Cupping (bekam) provides relief because this treatment removes dirty blood. When the dirty blood is removed, our blood flows smoothly… the body's systems function properly."* – P8. This quotation reflects the practitioners' belief that restoring blood circulation contributes to improving bodily function and overall health. *" When blood flows well, the body's systems will also function well… I had a patient who had suffered seizures for a long time, but after receiving cupping treatment, the attacks stopped for quite a long time. "* – P9. These findings demonstrate that *bekam* practitioners primarily view epilepsy through a physiological perspective while recognizing that successful healing ultimately depends on divine will.

Theme 2: The Quran and Natural Elements as Healing Tools. This theme captures the practitioners' reliance on spiritual recitations and natural materials as central components of the healing process. Recitation of the Quran is not only therapeutic but also transformative when infused into mediums like water or herbs. The combination of divine text and natural remedies forms a uniquely Islamic approach to healing.

Centrality of Quranic verses

Practitioners described the Quran as their primary tool in diagnosis and treatment. Specific surahs are recited based on symptoms, and *ruqyah* sessions often begin with a fixed set of 33 verses. These recitations are used to cleanse, protect, and rebalance the individual spiritually. Water, over which these verses are recited, is believed to serve as a medium that extends the healing process beyond the treatment session. *"The basis of the 33 types of ruqyah will indeed be recited… each additional prayer recited varies depending on the type of illness. For epilepsy, we typically recite additional verses, including prayers (doa) for fever and to ward off evil spirits (syaitan).* This quotation demonstrates that practitioners followed a structured approach to Quranic recitation while adapting specific prayers according to the patient's condition. *"Prayers for water include recitations from the Al-Quran. We will indeed start with the recitation of the Mother of Prayers (Ibu Doa), which is Surah Al-Fatihah and selawat, before adding other prayers."* – P6. Similarly, practitioners described water as an important medium through which Quranic recitations were incorporated into the healing process. *"Our treatment here involves changing the water recitation based on the specific disease that needs to be treated, but the basic ruqyah we use remains the same across all Darussyifa' branches, which we refer to as the basic 33 (asas 33)."*

Natural elements and symbolic rituals

Some treatments involve symbolic actions that combine natural elements with spiritual intention. Certain plants, such as *kacang botol* (winged bean), were incorporated into ritual bathing after Quranic recitation. Practitioners viewed these practices as symbolic acts of spiritual cleansing rather than relying on natural materials alone. *"Twenty-winged bean leaves are prepared together with the basic 33 ruqyah recitations before the patient is instructed to bathe using the prepared water."* – P2. This quotation illustrates how natural elements were integrated with Quranic recitation as part of a spiritually meaningful healing ritual. *"The treatment uses water that has been recited with verses from the Holy Quran. In addition, plants such as winged bean leaves are also used during the treatment."* – P4. Together, these findings indicate that natural elements were viewed as complementary components of Islamic traditional healing, with their therapeutic significance closely linked to Quranic recitation and spiritual intention.

Theme 3: Healing as Faith-Based Effort and Personal Responsibility. This theme reflects the belief among practitioners that healing is not solely the result of treatment but is fundamentally dependent on the patient's faith, effort, and connection with God. Practitioners emphasize that success in healing comes through spiritual submission and belief in the power of Quranic verses. They frame *ruqyah* not as a magic solution, but as a spiritual journey that requires the patient's active participation and self-discipline.

Belief in divine will and active faith

Participants highlighted that healing can only occur with God's permission and that confidence in the treatment—combined with consistent spiritual effort—is necessary for success. Practitioners often remind patients that *ruqyah* is a form of *ikhtiar* (effort), not a guaranteed cure. They encouraged regular Quran recitation at home, self-reflection, and sustained faith as part of the healing process. *"In Islamic treatment, we must have full faith… regularly recite and practice the verses dedicated to each illness."* – P5. This quotation reflects the practitioners' emphasis on active patient participation through faith and regular spiritual practice. *"Ruqyah is an effort that uses supplication and Quranic verses… it can bring inner peace to one's life."* – P6. Similarly, practitioners viewed *ruqyah* as a means of promoting both spiritual well-being and emotional reassurance. *"One ruqyah session may not be enough… the patient must believe they will recover."* – P1. Participants also recognized that healing often requires patience, repeated treatment, and continued belief in recovery. *This practice can be a supplementary treatment if the person believes in it. Everything happens by God's will."* – P9. Overall, these findings demonstrate that practitioners regarded healing as a collaborative process involving spiritual effort, patient commitment, and complete reliance on Allah's will.

Theme 4: Customization and Patient-Centered Practice. This theme illustrates how healing practices are adapted based on the unique needs of each patient. Practitioners do not follow a rigid protocol but rather assess symptoms, requests, and preferences to personalize their approach. Participants also recognized the importance of integrating conventional medical care when appropriate, reflecting a complementary rather than exclusive approach to epilepsy management.

Tailoring based on symptoms and complaints

Participants described how the type of treatment offered depended on the patient's symptoms, spiritual condition, and individual requests. Some sought treatment specifically for healing water, whereas others required multiple treatment sessions or additional Quranic recitations. This adaptability was regarded as one of the strengths of Islamic traditional healing, allowing practitioners to address each patient's individual needs. *"We usually hear from the patients who come to seek treatment first. Only then we can proceed with determining where to start the treatment."* – P8. This quotation highlights the importance practitioners placed on understanding each patient's concerns before deciding on the most appropriate treatment approach. *"We treat them depending on the disease and upon their request.*

Before any treatment is given, we let the patients themselves tell us the problems they are facing." – P5. Similarly, practitioners explained that treatment decisions were guided by both the patient's condition and personal preferences rather than following a standardized treatment protocol. *Some come to obtain water recited with Quranic verses for healing. This treatment is not a problem, as we will provide it and include instructions on how to use it, whether for bathing or drinking."* – P6. These findings suggest that practitioners adopted a flexible and patient-centered approach by tailoring treatment to each individual's needs and expectations.

Guidance to seek a medical diagnosis

Several *ruqyah* practitioners acknowledged that physical symptoms may also require biomedical evaluation. While confident in their healing methods, they encouraged patients to undergo hospital assessments, particularly when symptoms could indicate an underlying medical condition. This reflects their recognition that Islamic traditional medicine should complement rather than replace conventional healthcare. *"For me, patients who come for this treatment, I will recommend that they should also go to the hospital for a full check-up to learn more about other diseases… because ruqyah treatment is an additional remedy."* – P4. This quotation demonstrates that practitioners recognized the importance of medical assessment in identifying underlying health conditions while viewing ruqyah as a complementary treatment. *"We also advise the patients to visit the hospital… in case there's another underlying disease. There is no obstacle from our treatment center to combine traditional and modern treatments."* – P5. Together, these findings indicate that practitioners supported collaborative care by encouraging patients to continue conventional medical evaluation alongside traditional Islamic treatment.

Theme 5: Collaboration and Ethical Boundaries. This theme explores how practitioners operate within ethical boundaries defined by Islamic teachings. While collaboration with practitioners outside their networks was limited, knowledge-sharing within Islamic traditional medicine communities was encouraged. Participants consistently emphasized that healing practices must remain consistent with Shariah principles by avoiding elements of *syirik*, impurity, or prohibited (*haram*) practices.

Internal knowledge sharing

Most collaboration occurred within the practitioners' own professional networks. Some participants exchanged experiences with massage therapists or newer *ruqyah* practitioners, particularly when treatment approaches overlapped. However, collaboration with biomedical professionals or practitioners from other traditional healing systems was uncommon. *"We do exchange opinions with other practitioners like massage therapists… because for me, cupping and massage can be said to be related where both provide relief, but the methods of treatment are different."* – P8. This quotation illustrates that practitioners valued knowledge-sharing with professionals whose practices complemented their own therapeutic approaches. *"Interaction was limited to practitioners and caregivers at Darussyifa', without concern for other traditional treatments, particularly those practiced by different ethnic groups."* – P7. Similarly, practitioners described collaboration as largely occurring within trusted Islamic traditional medicine networks that shared common treatment principles. Overall, these findings suggest that professional collaboration remained largely internal, with limited engagement across different healthcare systems.

Ethical practice and avoidance of syirik

Practitioners consistently highlighted that adherence to Islamic principles formed the foundation of their clinical practice. They emphasized that all treatment methods and materials must comply with Islamic teachings and should not involve prohibited elements, impurities, or practices associated with *syirik*. *"Ruqyah treatments are not allowed to contain any elements that are impure or associated with syirik."* – P4. This quotation reflects the practitioners' commitment to ensuring that treatment practices remained consistent with Islamic ethical principles. *The ingredients used must be halal, such as those from plant sources like the bottle gourd tree and must not contain any elements of syirik."* – P2. Together, these findings demonstrate that practitioners regarded adherence to Shariah principles as fundamental to maintaining the legitimacy and ethical integrity of Islamic traditional medicine.

DISCUSSION

This study emphasizes the substantial importance of Islamic remedies, including *ruqyah* (spiritual healing by Quranic recitation) and *bekam* (wet cupping), in the treatment of epilepsy among the Malay Muslim community. Epilepsy is frequently perceived not solely as a physical condition but also as a spiritual illness, impacted by external spiritual disruptions such as *jinn* (spirits) or *sihir* (black magic), a belief widely held in numerous Muslim-majority nations [1,23,24]. The present findings are consistent with historical and contemporary evidence demonstrating that epilepsy has long been interpreted through both spiritual and medical perspectives in Muslim societies, influencing treatment-seeking behaviors and the continued use of complementary therapies alongside conventional care [7]. The spiritual interpretations of epilepsy prompt individuals to pursue complementary therapies like *ruqyah* and *bekam*, which tackle both the spiritual and physical dimensions of the condition [4,25]. *Ruqyah*, entailing the recitation of Quranic verses, is thought to eliminate negative spiritual influences and re-establish equilibrium in both the

physical and spiritual realms. This spiritual healing approach, fundamentally grounded in Islamic healing traditions, is crucial in addressing epilepsy when the condition is perceived as spiritually induced [1,23]. Participants in the present study consistently regarded *ruqyah* as the primary treatment when epilepsy was believed to have a spiritual origin, reflecting the enduring influence of religious beliefs on treatment preferences among Malay Muslims. Similar observations have been reported in other Muslim populations, where spiritual healing remains an important component of epilepsy management alongside biomedical treatment [7,8]. Research indicates that the efficacy of *ruqyah* is predominantly contingent upon the patient's faith and their conviction in the potency of Quranic recitations [13,26]. Comparable spiritual healing traditions are prevalent in Middle Eastern and South Asian communities, where spiritual causes of epilepsy are a frequent interpretation [25]. *Ruqyah* has been documented to offer psychological comfort, supporting the concept that spiritual healing might enhance biomedical treatments [1,9]. However, these findings should be interpreted within the context of practitioners' beliefs and experiences. Although *ruqyah* may strengthen religious coping, provide emotional reassurance, and improve psychological well-being, current biomedical evidence does not support *ruqyah* as a direct treatment for seizure control. Therefore, it should be regarded as a complementary therapy that supports, rather than replaces, evidence-based epilepsy management. This distinction between religious beliefs and biomedical care has also been emphasized, highlighting the importance of culturally competent healthcare while avoiding delays in appropriate medical treatment [27]. On the other hand, *bekam* is a therapeutic modality employed to rectify energetic imbalances inside the body, particularly by the extraction of "impure blood" and the enhancement of circulation. *Bekam* has historically been utilized as a prophetic medicine aimed at restoring bodily equilibrium, with numerous practitioners asserting its efficacy in mitigating physical manifestations of epilepsy, including seizures [11]. In the present study, practitioners consistently described *bekam* as a therapy that promotes physical recovery by improving blood circulation, removing harmful substances from the body, and restoring internal balance according to Islamic healing principles. These perceptions reflect practitioners' traditional understanding of the therapy and remain an important factor influencing its continued use among Malay Muslim patients with epilepsy. However, these perceived therapeutic benefits should be interpreted within the context of practitioners' beliefs rather than established biomedical evidence. Although several studies have reported potential physiological effects of cupping therapy, current scientific evidence supporting the effectiveness of *bekam* for seizure control or epilepsy management remains limited, and further well-designed clinical studies are required to establish its efficacy. Therefore, *bekam* should be regarded as a complementary therapy that may support patients' overall well-being while continuing conventional epilepsy treatment, rather than as an alternative to evidence-based medical care. This physiological detoxification via cupping is thought to aid in restoring equilibrium, especially in circumstances associated with circulatory stagnation [2,4]. Despite its widespread acceptance, wet cupping involves skin incision and blood exposure, which may increase the risk of infection if appropriate infection prevention and control measures are not implemented. Previous publications have recommended that wet cupping should be performed only by adequately trained practitioners using sterile or appropriately sterilized equipment and standard infection control procedures to minimize the risk of blood-borne infections [13,28]. These issues underscore the necessity for safe methods and sterility in *bekam* treatments to reduce health hazards [5,29]. The present findings reinforce these recommendations, as practitioners acknowledged the importance of maintaining cleanliness and adhering to Islamic principles of hygiene throughout the treatment process. Strengthening professional training, regulatory oversight, and standardized clinical practice may further improve patient safety while preserving the cultural and religious significance of *bekam* within epilepsy care. Despite these hazards, *bekam* continues to be favored, with advocates claiming its advantages in enhancing circulation and cleansing the body [6,30]. The persistent application of *bekam* with biomedical therapies exemplifies a comprehensive methodology, addressing both spiritual and bodily well-being [23,25]. Rather than replacing biomedical treatment, the findings suggest that practitioners generally viewed *bekam* as a supportive intervention that complements conventional epilepsy management by addressing patients' perceived physical, psychological, and spiritual needs. Islamic healing emphasizes the holistic treatment of both the body and spirit to achieve comprehensive well-being. This illustrates the Islamic perspective, wherein health is perceived as a harmony among the body, mind, and soul, a viewpoint reflected by other CAM frameworks worldwide [31,32]. The present findings demonstrate that this holistic philosophy continues to influence practitioners' approach to epilepsy management, where recovery is understood as encompassing not only seizure control but also emotional resilience, spiritual well-being, and quality of life. Similar holistic approaches have been reported in other Muslim communities, where religious beliefs remain closely integrated with healthcare decision-making [7,27]. The ethical framework supporting these Islamic therapies is crucial. Both *ruqyah* and *bekam* conform to Islamic beliefs that advocate for the utilization of *halal* (permissible) substances and the repudiation of *syirik* (polytheism). This guarantees that the therapies align with Islamic ethical principles [23]. Proponents of *ruqyah* and *bekam* underscore the necessity of following ethical norms, ensuring that every facet of the healing process aligns with Islamic principles of purity and spiritual ethics [12,13]. The present findings suggest that adherence to these ethical principles extends beyond religious obligations and contributes to patients' trust and acceptance of Islamic

healing practices. For many Malay Muslim patients, receiving treatment that is consistent with their religious values may enhance confidence in the healing process and encourage greater engagement with complementary therapies. A crucial outcome from this study is the collaborative methodology employed by numerous practitioners with biomedical healthcare providers. Numerous *ruqyah* practitioners advocate for patients to pursue medical treatment in conjunction with spiritual healing, especially when epilepsy necessitates pharmacological intervention. This receptiveness to integration illustrates the synergistic quality of these therapeutic methodologies [2,6]. Rather than positioning Islamic healing as an alternative to biomedical care, many practitioners acknowledged the importance of continuing antiepileptic medications while using *ruqyah* or *bekam* as supportive therapies. This finding reflects an encouraging shift toward patient-centered and culturally responsive epilepsy management that recognizes the complementary roles of both healthcare systems. This collaborative perspective is consistent with previous qualitative studies reporting that traditional healers generally recognize the value of collaboration with biomedical healthcare professionals, particularly through appropriate referral pathways and mutual respect between healthcare systems [33,34]. Although differences exist across healthcare settings and cultural contexts, these studies, together with the present findings, suggest that respectful collaboration between traditional practitioners and medical professionals may improve continuity of care while supporting patients' cultural and religious beliefs. Nonetheless, formal contact between Islamic healers and medical practitioners is still constrained. Knowledge dissemination predominantly transpires informally within conventional therapeutic networks, although intersystem comprehension remains inadequate. Prior research in Malaysia has highlighted the necessity of addressing deficiencies in awareness, education, and patient attitudes regarding epilepsy to enhance the acceptance of both conventional and traditional treatment modalities [3]. The limited communication observed in the present study indicates that there are still opportunities to establish structured referral pathways, shared educational programs, and multidisciplinary engagement between healthcare professionals and Islamic practitioners. Such initiatives may strengthen mutual understanding, improve patient safety, and reduce misconceptions surrounding epilepsy treatment. Enhanced cross-system collaboration could improve the integration of Islamic therapies with biomedical care, resulting in more comprehensive patient care [29,35]. However, effective integration should be supported by clearly defined professional roles, appropriate practitioner training, and evidence-based clinical practice to ensure that complementary therapies enhance, rather than delay or replace, conventional epilepsy management.

Study Limitations

This study has several limitations that should be considered when interpreting the findings. The study involved a relatively small number of Islamic traditional medicine practitioners and used purposive sampling, which may limit the transferability of the findings to practitioners in other settings or regions. In addition, the study focused specifically on practitioners of *ruqyah* and *bekam* and therefore does not represent the views of other forms of Islamic or traditional healing practices. Furthermore, the study did not include the perspectives of patients with epilepsy, neurologists, Islamic scholars, or other biomedical healthcare providers. Consequently, the findings reflect only the experiences, beliefs, and practices of Islamic traditional medicine practitioners and should not be interpreted as representing the views of other stakeholders involved in epilepsy care. The findings also reflect the perspectives and experiences of practitioners rather than those of patients or objective clinical outcomes. Despite these limitations, the in-depth interviews and systematic thematic analysis gave an in-depth understanding of the beliefs, practices, and ethical considerations surrounding Islamic traditional healing for epilepsy. These findings offer a useful foundation for future studies involving patients, healthcare professionals, Islamic scholars, and other relevant stakeholders, as well as the evaluation of integrative approaches in epilepsy care.

Conclusion

In conclusion, this study reveals the perceptions of Malay Muslim Islamic traditional medicine practitioners regarding the use of *ruqyah syar'iyyah* and *bekam* for epilepsy care. The findings highlight the cultural and spiritual significance of these practices and their perceived complementary role alongside conventional medical treatment. Practitioners emphasized faith, individualized care, adherence to Islamic principles, and collaboration with conventional healthcare providers in their approach to epilepsy management. These findings suggest that strengthening collaboration between Islamic traditional medicine practitioners and healthcare professionals may support culturally sensitive and patient-centered epilepsy care for Muslim communities.

ACKNOWLEDGMENTS

The authors express their gratitude to the Director-General of Health, Malaysia for granting permission to publish this article. Additionally, we extend our gratitude to the Ministry of Higher Education, Malaysia for supporting this study.

Conflict of interests

The authors declared no conflict of interest.

Funding source

This project is funded by the Ministry of Higher Education, Malaysia under the Fundamental Research Grant Scheme (Grant Number: FRGS/1/2022/SS04/UNISZA/01/1).

Data sharing statement

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

REFERENCES

1. Al Asmi A, Al Maniri A, Al-Farsi YM, Burke DT, Al Asfoor FM, Al Busaidi I, et al. Types and sociodemographic correlates of complementary and alternative medicine (CAM) use among people with epilepsy in Oman. *Epilepsy Behav*. 2013;29(2):361-366. doi: 10.1016/j.yebeh.2013.07.022.
2. Fong SL, Lim KS, Raymond AA, Tan HJ, Khoo CS, Mohamed AR, et al. The efficacy of vagus nerve stimulation for epilepsy in Malaysia. *Med J Malaysia*. 2024;79(6):729-734.
3. Lua PL, Neni WS. Awareness, knowledge, and attitudes with respect to epilepsy: An investigation in relation to health-related quality of life within a Malaysian setting. *Epilepsy Behav*. 2011;21(3):248-254. doi: 10.1016/j.yebeh.2011.03.039.
4. Yousuf R, Shahar M, Marzuki O, Azarisman S, Rosle C, Tin M. Self-perception of stigma among epilepsy patients in Malaysia. *IIUM Med J Malays*. 2018;17(1). doi: 10.31436/imjm.v17i1.312.
5. Razali SM, Yassin AM. Complementary treatment of psychotic and epileptic patients in Malaysia. *Transcult Psychiatry*. 2008;45(3):455-469. doi: 10.1177/1363461508094676.
6. Chia ZJ, Lim KS, Fong SL, Sim RS, Rajahram GS, Narayanan V, et al. Attitudes toward epilepsy in East Malaysia using the Public Attitudes Toward Epilepsy (PATE) scale. *Epilepsy Behav*. 2020;110:107158. doi: 10.1016/j.yebeh.2020.107158.
7. Akhtar SW, Aziz H. Perception of epilepsy in Muslim history; with current scenario. *Neurol. Asia*: 2004 p.59-60
8. Lim A, Hoek HW, Ghane S, Deen M, Blom JD. The Attribution of Mental Health Problems to Jinn: An Explorative Study in a Transcultural Psychiatric Outpatient Clinic. *Front Psychiatry*. 2018 Mar 28;9:89. doi: 10.3389/fpsyt.2018.00089.
9. Ahmad K, Ariffin MFM, Deraman F, Ariffin S, Abdullah M, Razzak MMA, et al. Understanding the perception of Islamic medicine among the Malaysian Muslim community. *J Relig Health*. 2018;57(5):1649-1663. doi: 10.1007/s10943-017-0507-9.
10. Alrawi SN, Fetters MD. Traditional Arabic and Islamic medicine: A conceptual model for clinicians and researchers. *Glob J Health Sci*. 2012;4(3):164-169. doi: 10.5539/gjhs.v4n3p164.
11. Azaizeh H, Saad B, Cooper E, Said O. Traditional Arabic and Islamic medicine, a re-emerging health aid. *Evid Based Complement Alternat Med*. 2010;7(4):419-424. doi: 10.1093/ecam/nen039.
12. Khalil MKM, Al-Eidi S, Al-Qaed M, AlSanad S. Cupping therapy in Saudi Arabia: From control to integration. *Integr Med Res*. 2018;7(3):214-218. doi: 10.1016/j.imr.2018.05.002.
13. Rehman A, Ul-Ain Baloch N, Awais M. Practice of cupping (Hijama) and the risk of bloodborne infections. *Am J Infect Control*. 2014;42(10):1139. doi: 10.1016/j.ajic.2014.06.031.
14. Asadi-Pooya AA, Brigo F, Lattanzi S, Karakis I, Asadollahi M, Trinka E, et al. Complementary and alternative medicine in epilepsy: A global survey of physicians' opinions. *Epilepsy Behav*. 2021 Apr; 117:107835
15. Abdollahi Fard M, Shojaii A. Efficacy of Iranian traditional medicine in the treatment of epilepsy. *Biomed Res Int*. 2013;2013:692751. doi: 10.1155/2013/692751.
16. Neni SW, Latif AZ, Wong SY, Lua PL. Awareness, knowledge and attitudes towards epilepsy among rural populations in East Coast Peninsular Malaysia: a preliminary exploration. *Seizure*. 2010 Jun;19(5):280-90. doi: 10.1016/j.seizure.2010.04.006.
17. Antimov P, Tournev I, Zhelyazkova S, Sander JW. Traditional practices and perceptions of epilepsy among people in Roma communities in Bulgaria. *Epilepsy Behav*. 2020;108:107086. doi: 10.1016/j.yebeh.2020.107086.
18. Hennink MM, Kaiser BN, Marconi VC. Code Saturation Versus Meaning Saturation: How Many Interviews Are Enough? *Qual Health Res.* 2017 Mar;27(4):591-608. doi: 10.1177/1049732316665344.
19. Squires A. Methodological challenges in cross-language qualitative research: a research review. *Int J Nurs Stud*. 2009 Feb;46(2):277-87. doi: 10.1016/j.ijnurstu.2008.08.006.
20. van Nes F, Abma T, Jonsson H, Deeg D. Language differences in qualitative research: is meaning lost in translation? *Eur J Ageing*. 2010 Dec;7(4):313-316. doi: 10.1007/s10433-010-0168-y.
21. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77-101. doi: 10.1191/1478088706qp063oa.
22. Guba EG, Lincoln YS. Competing paradigms in qualitative research. In: Denzin NK, Lincoln YS, editors. Handbook of qualitative research. Thousand Oaks (CA): Sage Publications; 1994. p. 105-17.
23. Almealawy YF, Abdulrazeq HF, Saydo B, Ali R, Malik AN. Ibn Sina's contributions to epilepsy management: Innovations from the Islamic Golden Age. *J Clin Neurosci*. 2025;136:111256. doi: 10.1016/j.jocn.2025.111256.
24. Nevitt SJ, Sudell M, Cividini S, Marson AG, Tudur Smith C. Antiepileptic drug monotherapy for epilepsy: A network meta-analysis of individual participant data. *Cochrane Database Syst Rev*. 2022;4(4):CD011412. doi: 10.1002/14651858.CD011412.pub4.
25. Eghbalian F, Mohammadi Kenari H, Kordafshari G, Karimi M, Atyabi A, Shirbeigi L. The role of phlebotomy (Fasd) and cupping in the treatment of epilepsy from the perspective of Persian medicine. *Iran J Public Health*. 2019;48(7):1392-1394.
26. Eyles C, Leydon GM, Brien SB. Forming connections in the homeopathic consultation. *Patient Educ Couns*. 2012;89(3):501-506. doi: 10.1016/j.pec.2012.02.004.
27. Md Rosli A, Hashi A, Razali Z. Jinn and Mental Illness among Muslims - A Commentary. *IMJM* 2020 Apr;19(1).
28. Nielsen A, Kligler B, Koll BS. Addendum: Safety Standards for Gua sha (press-stroking) and Ba guan (cupping). *Complement Ther Med*. 2014 Jun;22(3):446-8. doi: 10.1016/j.ctim.2014.03.012.
29. Bellavite P. Homeopathy and integrative medicine: Keeping an open mind. *J Med Person*. 2014;13(1):1-6. doi: 10.1007/s12682-014-0198-x.
30. Caksen H. Use of Quranotherapy among patients with epilepsy. *Pak J Med Health Sci*. 2025;19(2):1-2. doi: 10.53350/pjmhs02025192.1.
31. Alimohammadi N, Taleghani F. Health and healthy human being in Islamic thought: Reflection on application for the nursing concept - A philosophical inquiry. *J Educ Health Promot*. 2015;4:73. doi: 10.4103/2277-9531.171786.
32. Zahir FR, Qoronfleh MW. Traditional Islamic spiritual meditative practices: Powerful psychotherapies for mental wellbeing. *Front Psychol*. 2025;16:1538865. doi: 10.3389/fpsyg.2025.1538865.
33. Keikelame MJ, Swartz L. 'A thing full of stories': Traditional healers' explanations of epilepsy and perspectives on collaboration with biomedical health care in Cape Town. *Transcult. Psychiatry*. 2015 Oct;52(5):659-80. doi: 10.1177/1363461515571626.
34. Baskind R, Birbeck G. Epilepsy care in Zambia: a study of traditional healers. Epilepsia. 2005 Jul;46(7):1121-6. doi: 10.1111/j.1528-1167.2005.03505.x.
35. Magdy R, Kishk NA, Abokrysha NT, Ramzy GM, Rizk HI, Hussein M. Predictors of successful Ramadan fasting in Muslim patients with epilepsy: A prospective study. *Seizure*. 2020;80:67-70. doi: 10.1016/j.seizure.2020.04.012.