Safeguarding Cupping Therapy: Legal Frameworks and Governance Challenges of Hijamah

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Abstract

The regulation of Hijamah (cupping) practices faces significant challenges rooted in fragmented oversight, practitioner accountability, and clinical safety. This article examines the current legal framework and governance issues surrounding Hijamah, particularly the need to align the Traditional and Complementary Medicine Act 2016 with rigorous clinical safety protocols. This study utilizes a qualitative, library-based doctrinal legal research methodology to systematically analyse the legal framework and principles governing Hijamah (cupping) practices in Malaysia Findings indicate that the absence of a comprehensive national Standard Operating Procedure and standardized training has led to inconsistent practitioner qualifications and heightened clinical risks, including infections and vasovagal shock. Furthermore, the proliferation of unregulated medical claims on social media complicates public health safety by prioritising anecdotal success over evidence-based efficacy. To address these gaps, the study proposes a transition toward a standardized accreditation framework that incorporates mandatory clinical certifications, a national practitioner registry, and strict infection-control protocols. It also advocates for the implementation of indemnity insurance and the creation of an independent disciplinary board to adjudicate malpractice. By embedding these reforms within an "Ethical-Spiritual-Clinical Alignment" model, Malaysia can harmonize traditional expertise with modern medical expectations. Ultimately, such a multisectoral collaboration between health and religious authorities ensures that Hijamah remains tethered to the *maqasid sharia* objective of preserving human life while enhancing the legitimacy and public trust in traditional healthcare services.

Keywords: Hijamah, Malaysia, Patient Safety, Legal Framework, T&CM Act 2016, Maqasid Sharia, Clinical Governance.

Introduction

In Malaysia, Hijamah or cupping therapy is a widely used treatment, especially in Traditional Malay Medicine and Traditional Chinese Medicine. It is an invasive procedure and requires guidelines to ensure its safe performance. Cupping therapy can be performed using various methods; however, two main types are dry cupping and wet cupping. Dry cupping pulls the skin into the cup without breaking it, while in wet cupping, the skin is incised so that blood can be drawn into the cup (AlBedah et al.,

2018). In addition to bruises and wounds that take a long time to heal, more serious adverse effects that may occur after the cupping procedure include hepatitis B and C and HIV, transmitted through blood (Mohammad, 2018). Several guidelines have been issued by the Ministry of Health Malaysia on cupping, namely the Traditional & Complementary Medicine Practice Guidelines: Cupping 2013.

On 12 May 1979, the first symposium on traditional and complementary medicine was held at Universiti Malaya. This symposium discussed the integration of traditional medicine into the existing health system, namely conventional medicine (Liu et al., 2019). In February 2004, the Traditional and Complementary Medicine Division (BPTK), Ministry of Health Malaysia (KKM), was gazetted under the Research and Technical Support Program (P&ST) (2025). In January 2006, after approval by the Cabinet, three government hospitals, Hospital Kepala Batas, Pulau Pinang, Hospital Putrajaya, Federal Territory of Putrajaya, and Hospital Sultan Ismail, Johor, were designated as pioneers to incorporate T&CM services into the national healthcare system. This was implemented under the Ninth Malaysia Plan (2025). To date, sixteen hospitals have offered traditional and complementary medicine services. (2025) However, the standards for traditional and complementary medicine in Malaysia have yet to reach the highest level. This contrasts with conventional medical law, which has established specific standards for determining qualifications and legal liability for the profession through the Medical Act 1971 (AP 1971) and its regulations, as well as professional standards in tort law. Numerous cases have been adjudicated by the courts to determine negligence in conventional medical law, unlike those involving traditional and complementary medicine.

The historical trajectory of cupping therapy spans several millennia and crosses diverse ancient civilizations. In the Near East, historical records suggest the practice dates back to 3500 BCE, with early Assyrian populations utilizing primitive instruments such as animal horns and bamboo. The therapeutic efficacy of bloodletting via cupping was likewise recognized in ancient Egypt; the Ebers Papyrus, dating to 1550 BCE, details the application of cupping to extract foreign toxins from the body, a practice substantiated by surviving hieroglyphic texts (El Sayed et al., 2013). The spread of Islam to the Malay Peninsula in the 9th century acted as a catalyst for systemic changes within indigenous Malay medicine. This cross-cultural synthesis is reflected in classical Malay medical manuscripts, which advocate for localized cupping, such as targeting the nape of the neck for ophthalmic ailments, concurrently prescribed with acidic dietary regimens involving vinegar or pomegranate (Norhasnira & Ahmad Shah, 2020). These early guidelines highlight a foundational understanding of the relationship between localised treatment and systemic health. Yet, while classical texts focused primarily on dietary adjustments and specific anatomical placement, they lacked the strict sterilization and cross-contamination protocols required today. In the modern era, bridging this gap between historical tradition and evidence-based clinical safety has become the primary focus of healthcare authorities.

Methodology

This study employs a qualitative methodology, library-based doctrinal legal research methodology to systematically analyse the legal framework and principles governing Hijamah (cupping) practices in Malaysia (M.D., 2019); by examining primary sources such as the *Traditional and Complementary Medicine Act 2016* the research clarifies the current legal standards for medical negligence and practitioner liability. The data collection involves a multi-step process: identifying legal problems, assembling relevant facts, and locating authoritative materials like peer-reviewed journals to synthesize issues related to institutional governance and patient safety (Hutchinson & Duncan, 2012). This study employs both content analysis and critical analysis as its primary analytical frameworks (Ramalinggam Rajamanickam et. al, 2019). These methods facilitate a deeper understanding of the underlyinglegal and ethical constructs surrounding the topic. The research draws extensively on primary data, including official documents, legislative texts (Abdul Halim et. al, 2023); (Azmi et. al, 2023); (Rahman et. al, 2023), and policy guidelines from Malaysia as well as comparative international jurisdictions (Mohd Zamre

Mohd Zahir et. al, 2019; Mohd Zamre Mohd Zahir et. al, 2021). This is complemented by a robust engagement with secondary sources to support a thorough literature review (Nurul Hidayat Ab Rahman et. al, 2023; Nurul Hidayat Ab Rahman et. al, 2022). The meticulous collection and triangulation of these data sources not only enhance there liability and validity of the findings but also ensure comprehensive coverage of the subject matter (Ramalinggam Rajamanickam et. al, 2019). The final segment of this research synthesizes and critically examines the findings derived from the aforementioned analytical approaches. The study offers a reflective and evaluative discussion of the results, highlighting the legal (Abdul Halim et. al, 2023); (Azmi et. al, 2023), ethical, and practical implications of the research while contributing original insights to the ongoing academic and policy discourse. Consequently, it evaluates whether contemporary traditional practices sufficiently fulfill the maqasid shariah imperative of preserving human life while meeting objective judicial standards of care.

Legal Framework Governing T&CM in Malaysia

The Traditional and Complementary Medicine Act 2016

The Traditional and Complementary Medicine Act 2016 provides a legal framework for individuals seeking traditional and complementary medical services. This law covers all traditional and complementary practitioners upon its full implementation. An unregistered individual may not provide treatments, as stated in Section 25(1) of the T&CM Act 2016. If found guilty, they could face a fine up to 30,000 ringgit, up to two years' imprisonment, or both, according to Section 25(2)(a). For repeated offenses, the fine may extend to 50,000 ringgit, with up to three years imprisonment, or both, under Section 25(2)(b). All practitioners in Malaysia, including those practicing cupping, must be registered. Section 20(1) of the Act states that recognized practice areas must be identified by the Council and recommended to the Minister. Section 21(1) states that practitioners cannot work in unrecognized fields. If they do, they could be fined up to 30,000 ringgit, up to two years' imprisonment, or both, according to Section 21(2)(a) and (b). For repeat offenses, the fine may be up to 50,000 ringgit, with up to three years' imprisonment, or both. The court may also prohibit their registration for two years after conviction.

The T&CM Act 2016 delineates the obligations of traditional and complementary practitioners. In the event of a sudden medical emergency beyond the practitioner's scope, the patient must be referred to a medical doctor or dentist, as stated in Section 30(1). An emergency is a sudden, unexpected health issue that requires immediate medical or surgical intervention to alleviate the patient's discomfort, according to Section 30(2). Section 30(3) states that a registered practitioner must clearly inform the patient or their guardian regarding the necessity of medical or dental consultation. This enables an informed decision regarding the refusal of such a referral to be made. Section 30(4) states that if the patient or guardian provides written consent to decline the referral, the practitioner is exempt from the referral obligation. Section 30(5) states that non-compliance with subsection (1) may lead to a cessation order under section 51 or the loss of their registration. Section 40(1) of APTK 2016 addresses the confidentiality of patient information. Practitioners are obligated to maintain patient confidentiality, except with the patient's consent or a court order. Keeping patient information confidential builds trust between the patient and the practitioner.

In Malaysia, there is a Traditional & Complementary Medicine Practice Guideline: Cupping (GPAPTK: Bekam 2013), pre-dating T&CM Act 2016. This guideline contains concise, yet non-exhaustive provisions for practitioners. The T&CM Act 2016 [Act 775] was gazetted on 10 March 2016 and enforced on 1 August 2016, respectively. All T&CM practitioners who wish to practise in recognised fields in Malaysia must register with the T&CM Council established under this Act. According to Section 25 of Act 775, "a person who is not a registered practitioner may not, directly or indirectly, practise Traditional and Complementary Medical Services." The T&CM Act 2016 has been drafted and passed by parliament and is currently undergoing phased implementation. Section 40(4) of the T&CM Act 2016, which addresses Patients' Rights and Remedies for Non-Compliance, provides that if a

practitioner fails to comply with the terms or implied warranties, the patient has rights including (b) to obtain... compensation for any loss or damage suffered. This directly addresses the aspect of damages resulting from negligence, providing a legal avenue for injury arising from breach of duty. Employers are also liable for actions of practitioners they employ under Section 40, Joint Liability. If a registered practitioner is appointed or employed, the employer "shall be jointly liable with the practitioner for any failure to comply with the subsection."

This provision extends liability, in line with the principle of vicarious liability found in common law. Section 40(3) of the T&CM Act also sets out several implied terms and warranties related to services provided by registered practitioners. This section is seen as a legal provision related to tort law, whereby subsection (d) constitutes an implied warranty that the registered practitioner is suitably qualified, experienced, and sufficiently trained to provide traditional and complementary medicine services. Subsection (e) concerns the implied warranty that traditional and complementary healthcare services will be performed with reasonable care and skill. This reasonable care and skill should be benchmarked to ensure that cupping treatments carried out are safe, based on an established standard. Likewise, subsection (f) constitutes an implied warranty that the traditional and complementary healthcare services resulting from the supplied service are reasonably fit for any particular purpose and are of a type and quality that could reasonably be expected to achieve a specific outcome or effect, as advised by the registered practitioner to the patient; and (g) an implied warranty that the patient can reasonably rely on the practitioner's skill and judgment unless the circumstances indicate otherwise.

A registered practitioner must inform and adequately notify patients of any harmful, unsafe, or other adverse effects that may result from the traditional and complementary healthcare services provided. This provision emphasizes the responsibility to provide sufficient information, which is crucial for informed consent and to avoid unforeseen harm. Section 30, Duty of Referral: "A registered practitioner "shall refer his patient to a medical practitioner or dental practitioner if the patient is suffering an acute medical emergency or if the patient's illness or condition exceeds the skills, competence, or expertise of the registered practitioner." This provision determines the critical aspect of professional responsibility and the practitioner's scope of practice limits, aimed at preventing harm from practicing beyond one's capability. Section 62, General Liability for Acts/Omissions: "This section stipulates that a person who is liable under this Act for any "act, omission, neglect, or default" is also liable for acts committed by practitioners, employees, or agents employed by them. This provision reinforces accountability for negligent conduct by those under one's direction. Part VI (Sections 36 & 37), Disciplinary Proceedings: These sections delineate the Council's disciplinary jurisdiction over practitioners who fail to comply with mandatory practice standards or engage in professional misconduct (Traditional and Complementary Medicine Act 2016, 2016). This framework serves as an enforcement mechanism in upholding professional duties and standards of care. There is also a procedure for appeal should a practitioner be found guilty in disciplinary proceedings. Section 36(4) of the T&CM Act 2016 provides that if a practitioner is dissatisfied with a decision made by the Council, the practitioner may file an appeal.

Cupping Therapy Guideline (Garis Panduan Amalan Perubatan Tradisional dan Komplementari) (GPAPTK: Bekam 2013)

For cupping therapy, a guideline titled GPAPTK: Bekam 2013 exists, which contains brief, non-comprehensive provisions. The Practice Guideline for Traditional and Complementary Medicine: Cupping (GPAPTK: Bekam 2013) established a foundational framework for cupping practices in Malaysia prior to the enforcement of the T&CM Act 2016. The guideline provide a structured approach across eight sections, covering definitions, treatment concepts, procedures, and facilities, while maintaining a general application across different traditional medical streams. The guideline define 'Hijamah' or cupping (*berbekam*) as the extraction of unhealthy blood through minor incisions or punctures using suction. Practitioners are directed to use cupping for various therapeutic goals,

including: Managing acute and chronic pain, as well as conditions like rheumatoid arthritis; Treating menstrual irregularities, digestive disorders such as gastritis, and respiratory issues like asthma; and (3) Promoting relaxation and aiding in the treatment of insomnia and paralysis.

A significant portion of the guideline is dedicated to safety and hygiene. Practitioners must adhere to strict waste management protocols, including a color-coded bag system for clinical waste and procedures for handling biological fluid spills. Furthermore, the document includes seven appendices that provide technical guidance on: Sterilization: Methods for disinfecting equipment; Documentation: Templates for treatment cards and informed consent forms to ensure patient safety and legal protection; References to the Environmental Quality Act 1974 to prevent soil pollution from clinical waste By setting these early standards for hygiene, safety, and documentation, the GPAPTK: Bekam 2013 played a crucial role in integrating cupping services into the broader Malaysian healthcare quality system

The guideline were established before the T&CM Act 2016 and are not comprehensive. The WHO Global Traditional Medicine Strategy 2025–2034 emphasizes the development of clinical guidelines to promote better T&CM practices (Kuruvilla et al., 2025). While providing a foundational framework, the GPAPTK: Bekam 2013 has been noted for its brevity. Critics point out that while it lists contraindications, it lacks detailed instructions on how practitioners should diagnose or identify the symptoms of these restricted conditions. This lack of diagnostic detail suggests the guidelines require further refinement to fully ensure practitioner competence and patient safety. It also does not clearly specify the complete procedures for cupping, which vary by type. Procedures are only outlined briefly and are intermingled with other matters, such as the equipment used. It focuses largely on waste management and housekeeping related to cupping therapy.

Challenges in Governance of Cupping Therapy

Lack of Standardised Practices

The practice of cupping therapy in Malaysia is currently hindered by a lack of standardized clinical protocols, primarily due to the limitations of existing regulatory frameworks and inconsistencies in practitioner training. The primary regulatory document, the Practice Guidelines for Traditional and Complementary Medicine: Cupping (GPAPTK: Bekam 2013), was established as an early framework prior to the enforcement of the T&CM Act 2016 (GPAPTK: Bekam 2013), and it is characterized by several standardized practice gaps. The guidelines are noted for their brevity and are considered non-exhaustive for modern practice. A significant portion of the document focuses on waste management, housekeeping, and environmental safety rather than clinical procedure. For instance, it provides detailed technical guidance on sterilization, handling biological fluid spills, and adhering to the Environmental Quality Act 1974 (Practice Guidelines for Traditional and Complementary Medicine: Cupping (GPAPTK: Bekam 2013), 2013). Clinical procedures within the guidelines are only outlined briefly and are often intermingled with other administrative matters, such as lists of equipment, rather than being presented as distinct clinical protocols

Despite the introduction of the T&CM Act 2016, significant hurdles remain in integrating hijamah into the national healthcare framework. Current legal positions are viewed as inadequate, impacting the quality of service delivery and the safety of both practitioners and patients (Aziz, Azmi, Ahmad, & Arus, 2024). There is a notable gap in the determination of legal liability for cupping providers in Malaysia (Osman, Murad, & Baharuddin, 2020). Without specific legal guidelines for civil and Syariah perspectives, both patients and providers are left vulnerable in cases of negligence or medical incidents (Osman, Murad, & Baharuddin, 2020).While the Ministry of Health is the sole authority for governing policy, there is a push to better align these clinical guidelines with *Maqasid al-Shari'ah*, specifically the protection of a patient's life and property, to ensure treatments are both safe and "Muslim-friendly" (Razali & Kartika, 2021).

There is a notable lack of detailed clinical instruction required for safe patient care. Although the guidelines identify various therapeutic goals, such as managing pain, inflammation, and respiratory health, critics highlight significant diagnostic deficiencies. While the guidelines list contraindications for treatment, they fail to provide detailed instructions on how practitioners should diagnose or identify the symptoms of these restricted conditions.

No standardized examinations for practitioners

These qualifications are based on the recognized branches of traditional medicine, namely Malay Medicine, Chinese Medicine, and Indian Medicine. There are several qualification pathways for cupping practitioners: i. Possess a qualification recognized by the T&CM Council for the PTM field of practice; or ii. Have more than 10 years of verified experience practising in the PTM field; or iii. Have 5 to 9 years of verified experience practising in the PTM field and possess the Malaysian Skills Certificate (SKM) Level 3. Qualifications are based on two routes, namely higher education (academic) or the skills training pathway under two different agencies, the Malaysian Qualifications Agency (MQA) or the Department of Skills Development (JPK). For academic qualifications, one may undertake an MQA-accredited course in a Bachelor's in Malay Medicine, or Diploma in Malay Medicine, or Bachelor's in Chinese Medicine, or Diploma in Chinese Medicine. Cupping practitioners follow different pathways in obtaining a licence. There are no standard tests or examinations across the field to ensure safety of the treatment provided. To date, no public universities offer T&CM courses. The qualifications of an individual are an important factor that the Council must take into account when determining whether a person is eligible to carry out cupping therapy.

Absence of Expert Witnesses

The increasing integration of Traditional and Complementary Medicine into healthcare systems necessitates a rigorous legal framework for evaluating expert testimony, particularly when reconciling disparate philosophical approaches between T&CM practitioners and mainstream medical professionals (Ricci et al., 2026). Given that T&CM practice often relies on epistemic frameworks distinct from those of evidence-based biomedicine, experts must navigate the challenge of translating traditional diagnostic theories into terms that satisfy statutory legitimacy requirements (Iyioha, 2010). This task is further complicated by the divergence between legal evidentiary standards and the diverse ontological underpinnings of traditional therapies, often leading courts to scrutinize the foundational basis of such opinions (Kune & Kune, 2007). To mitigate these challenges, experts must employ transparent methodologies that bridge the gap between subjective clinical experience and the objective standards of judicial admissibility, ensuring that technical jargon does not obscure the underlying scientific or clinical validity (Canela et al., 2019).

Overlap with Medical Practice

The integration of cupping therapy into mainstream healthcare reflects a shifting paradigm, moving from unregulated traditional practice toward evidence-based inclusion within clinical frameworks (Aboushanab & Alsanad, 2018). This integrative model prioritizes enhanced therapeutic outcomes by establishing rigorous protocols for patient selection and contraindications, thereby minimising clinical risks (Alsanad, 2025). Furthermore, fostering a collaborative environment requires healthcare providers to remain informed about these methodologies to facilitate open communication and ensure patient safety when selecting practitioners (Al-Yousef et al., 2018). Establishing this bridge necessitates the development of standardized clinical guidelines that harmonize traditional techniques with modern emergency protocols and rigorous medical screening (Isdianto et al., 2025). Such standardization is essential to mitigate potential clinical complications, such as infection or vasovagal shock, which frequently arise in environments lacking formal safety oversight.

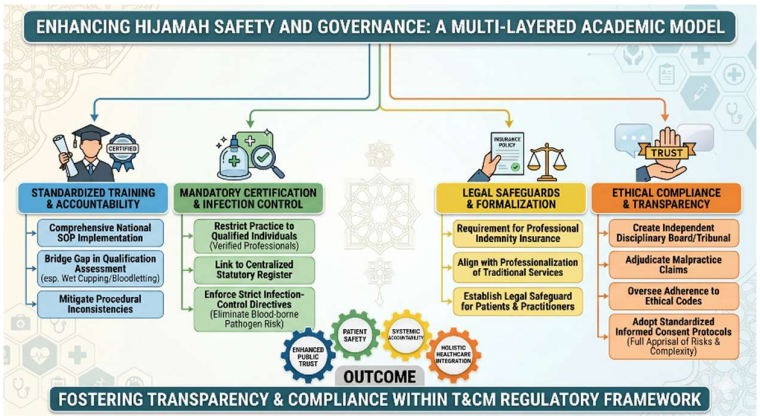
Social Media Medical Claims

The rapid proliferation of digital platforms in Malaysia has enabled practitioners of *ḥijāma* to disseminate health information and promote self-diagnosis directly to consumers, often bypassing traditional clinical oversight (Nordin, 2024). This phenomenon creates a complex intersection between cultural therapeutic traditions and modern public health safety, particularly as unregulated social media content frequently lacks the rigorous patient selection and contraindication vetting required by contemporary medical standards. Furthermore, the normalization of these practices among younger demographics in Malaysia is heavily influenced by digital content that frames *ḥijāma* through a lens of spiritual and cultural identity, often prioritizing anecdotal success over evidence-based efficacy (Destiwati et al., 2026). While social media serves as a vital channel for healthcare communication in Malaysia, the absence of standardized moderation for traditional practitioners complicates the dissemination of accurate medical guidance (Khan & Qureshi, 2020).

Recommendations

To effectively mitigate clinical risks such as infections and procedural inconsistencies, the Ministry of Health commitment enforce standardised training and professional accountability measures (Isdianto et al., 2025). Specifically, the implementation of a comprehensive national Standard Operating Procedure is essential to bridge the current gap in practitioner qualification assessment, particularly for invasive wet cupping techniques that involve bloodletting (Razali & Kartika, 2021). Furthermore, mandatory certification linked to a robust national registry should be established to ensure only qualified individuals can practice, while concurrently enforcing strict infection-control protocols to prevent blood-borne pathogen transmission (Ali et al., 2026).

Figure 1: Illustration about the enhancing Hijamah safety and governance. Diagram generated via AI assistance (Gemini) to synthesize author's model (2026).



To enhance patient safety and institutional accountability, practitioners must be required to obtain indemnity insurance, providing a legal safeguard that aligns with the professionalisation of traditional services. Additionally, the formalisation of these services necessitates the creation of an independent disciplinary board to adjudicate malpractice and oversee adherence to established ethical standards (Isdianto et al., 2025). Finally, the widespread adoption of standardized consent forms is critical to ensure patients are fully apprised of the inherent risks and procedural complexities of treatment, thereby fostering greater transparency within the Traditional and Complementary Medicine regulatory framework (A.K. & Abdullah, 2023).

The institutionalisation of mandatory licensing, indemnity protections, and standardised informed consent mechanisms creates a robust, multi-layered protective shield for public health. These structural interventions shift the regulatory focus directly toward patient safety and practitioner accountability, effectively neutralising the clinical risks associated with invasive bloodletting. Consequently, such reforms lay the groundwork for a transparent healthcare environment where patient rights and clinical excellence are prioritised equally.

Concluding Remark

In conclusion, policymaker's commitment transition from fragmented oversight toward a standardised accreditation framework that aligns the Traditional and Complementary Medicine Act 2016 with clinical safety protocols (Razali & Kartika, 2021; A.K. & Abdullah, 2023). Establishing clear statutory definitions for cupping procedures will mitigate liability ambiguities, thereby ensuring that practitioners are guided by recognized professional standards rather than prevailing legal uncertainty (Osman et al., 2020). Furthermore, incorporating mandatory clinical certifications and standardized sterilization protocols will harmonize spiritual healing practices with the *maqasid sharia* objective of preserving human life, ultimately enhancing the legitimacy and public trust in Hijamah services (Isdianto et al., 2025). By institutionalizing these safety benchmarks, Malaysia can effectively integrate traditional cupping within its broader healthcare ecosystem, ensuring that practitioners meet both modern medical rigors and Islamic ethical imperatives (Razali & Kartika, 2021; A.K. & Abdullah, 2023). Consequently, the systematic implementation of formal training programs and licensing requirements is essential to elevate practitioner competence and ensure consistency in the quality of service delivery (Aziz et al., 2024). Such an approach will not only address potential clinical risks like infection or vasovagal shock but also empower practitioners to deliver holistic care that respects both patient rights and professional integrity (Isdianto A., Fitrianti, Arif, & Widada, 2025; Aziz, Ahmad, Azmi, & Aziz, 2023). Ultimately, this comprehensive regulatory shift necessitates a multisectoral collaboration between the Ministry of Health and religious oversight bodies to harmonize legal accountability with traditional health sovereignty (Wet Cupping Therapy Terapi Bekam Basah Level 4, 2024; Dewi & Suryono, 2025). By defining appropriate standards of care that bridge the gap between traditional expertise and conventional medical expectations, Malaysia can facilitate uniform licensure and institutionalize accountability across the industry (Kassim & Nemie, 2010). This integrative approach must be supported by responsive dispute-resolution mechanisms that clarify practitioner liability, thereby ensuring that patient rights remain protected within a coherent legal framework (Nadzri et al., 2026). Finally, embedding these reforms within an Ethical-Spiritual-Clinical Alignment model will move the discourse beyond mere checklists, ensuring that institutional governance is substantively rooted in both clinical competence and the preservation of the soul (Fadzil & Mat, 2025). This transition reflects a commitment to the 'maqasid sharia' framework, ensuring that the advancement of traditional medicine remains fundamentally tethered to the protection of human well-being and life (Fadhillah & Saputra, 2025).

Harmonising the regulatory landscape of Hijamah in Malaysia necessitates a decisive paradigm shift from fragmented oversight to a unified, standardised accreditation framework under the Traditional and Complementary Medicine Act 2016. Codifying clear statutory boundaries and enforcing mandatory licensure will effectively dismantle prevailing legal ambiguities, minimize clinical risks like infection or vasovagal shock, and elevate practitioner accountability. This structural integration demands a collaborative, multisectoral alliance between the Ministry of Health and religious governing bodies, effectively bridging the gap between conventional clinical rigors and traditional health sovereignty.

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