

Ethics of Hijama or cupping Practice

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There is no doubt that the oath of Hippocrates, born between 864 or 865, is considered to be one of the first landmarks in the ethics of the practice in medicine.

It is disheartening and surprising that literature about the ethics of the practice of medicine leave a large gap between the Greek and the Roman civilization and jumps a few centuries to the time of renaissance. It looks like human civilization paused for a few centuries, however it is obvious that the Islamic civilization in Andalusia, Sicily in the west and in Baghdad in the east was thriving for at least six centuries. There must have been other contributions from the ancient Indian and Chinese civilizations as well, but that is not the scope of our article here.

This topic was addressed before in this journal in a more comprehensive way four years ago (1).

More references are listed below (2,3).

This short article will stress on the ethics of Hijama practice especially as it is practised by many non-doctors such as physiotherapists and lay persons with little medical training. This required some guidelines or at least raising the awareness towards the ethical aspect of such practice.

The main two concepts that will be addressed is the concept of (Aora), which can be translated as parts of the body that are not allowed to be seen by others according to Islamic law (sharia) and not only private parts. More details later.

The other point is the attributes of the (Hakeem), which is the Arabic terminology of what is known as a doctor or practitioner now.

One of the books written in ethics of the practiced of medicine is kitab al-hawi (4) (Meaning: the one that

concluded lots of knowledge) by Al-Razi (Al-Razi, Fakhr al-Din (1149-1209), which included a specific book about the manners of the doctor. It's about 95 pages. It contains very useful tips which are valid today.

He advised doctors to have modesty when dealing with all kind of patients and when it comes to dealing with VIPs, kings and princes or very highly intellectual persons; the doctor who may have to deal with these people have to have more knowledge to be able to persuade them and to be modest to be able to protect himself/herself from desires and lust.

The general medical council (GMC) in the UK have recently published guidelines on what makes a good doctor. They have to have good standards during assessment, diagnosis and to treat patients as individuals and to respect their dignity and privacy.

Ethics in history taking from basic Islamic teachings include confidentiality, consent, privacy and asking relevant questions. Respecting age, gender, and level of knowledge of each patient are all basic Islamic teachings for doctors and lay people too. The weak, the elderly, the needy and the poor have always been given a supportive status in many Islamic rulings starting from charity distribution to even helping them crossing the road.

Respecting people and particularly patients' dignity go without saying. The Arabic word (Aora), which cannot be translated in one word in English is more than just guarding private parts. For instance, a lady who is wearing hijab; it is a must to ask her permission to remove her hair cover as it is considered to be (Aora) for her to show her hair. The doctor must ask what is he/she going to uncover or which part of the body and why and for how long is it going to be exposed and then when finishes it need to be covered before exposing another part. This is even more important while teaching

students. Patients' consent must be taken even if examining them in front of their relatives as in Islamic teaching not all relatives are supposed to watch this Aora.

Examination consent is usually taken verbally; however, it needs to be documented adding the name of the person assisting (relative and/or nurse).

It is a very common mistake that doctors help patients to undress, and this sometimes become an insult to the patient. If a doctor needs them to be undressed, they need to give them the time to take off their clothes themselves, and maybe the chaperone or the nurse can assist in that only after having the permission of the patient and they need to be wearing a gown or so. And a patient must be allowed to dress themselves in private behind a curtain for example.

One of the issues not covered a lot by ethics literature is the honesty regarding the success of the treatment and the incidence of complications.

The official title of a doctor in Arabic is (Hakeem) means the wise man so part of the wisdom of the doctor are not to release secrets, when to talk, when to stop talking and when to listen, when to share the information, when to ask for help, when to stop offering help and so on.

Other attributes of the (Hakeem) is trying to help the needy and the poor as the wealthy, to be modest and not to insult any patient, to talk to the patient in the language that they can understand, to be smiling (a charitable act in Islam is just to smile to others). One of the known practices of the prophet Mohammed, peace and blessings be upon him, is that when he used to talk to someone he would turn to him/her with all his body, not just with his eyes, as a sign of complete dedication. To be welcoming, making the patient feel comfortable, not to reveal any secrets not only about the patients' health, but about their house cleanness or state of their children etc.

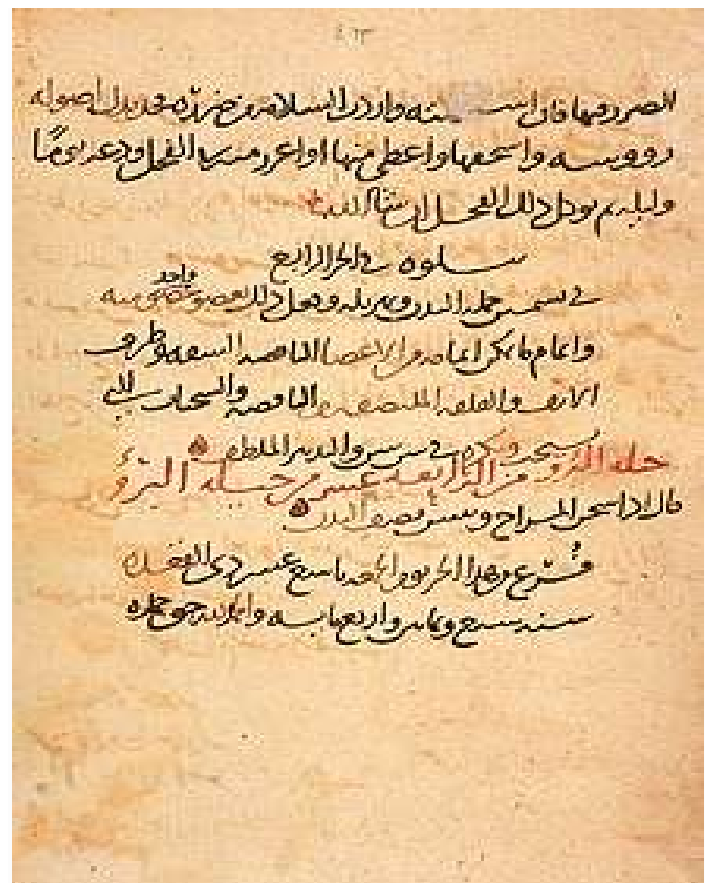
Going back to Al-Razi; he was enumerating five attributes specific to doctors only:

1. All mankind from all religions and different background agree on the nobility of their role.
2. Both kings and lay people are in desperate need for them when no friends or relatives can help.
3. They always try to see what others cannot see (always looking for clues in symptoms and signs).
4. They are always seeking to make their patients happy and content as well as enabling him/her to cope with

the illness at hand (empowering them). (Not just do no harm as per some logos of Royal colleges).

5. One attribute that is derived from one of the divine attributes of God. This needs further explanation. As part of Muslims' belief that they are longing to God (Allah) and they find comfort in remembering him, his mercy, blessings, the paradise and the reward that he promised them for being believers. The patient has this feeling towards the doctor, so he/she is eager to his/her visit, wisdom and support when others even closest relatives and friends cannot help or may be a burden on the patient.

May these words be remembered by all of us as sometimes during the quick turnover of patience and under work conditions pressure we, sometimes, become short tempered and forget one or two of these attributes.



References:

1. Introduction to Islamic Medical Ethics, by [Alexander Woodman, Mohammed Ali Albar, Hassan Chamsi-Pasha](#) | Aug 16, 2019.
2. Medical ethics and Islam: principles and practice, A R [Gatrada](#), A Sheikh [b](#). *BMJ, ArchDisChild*2001;84:72±75.

3. Western and Islamic bioethics: How close is the gap? [Hassan Chamsi-Pasha](#) and [Mohammed Ali Albar Avicenna](#) *J Med.* 2013 Jan-Mar; 3(1): 814. doi: [10.4103/2231-0770.112788](https://doi.org/10.4103/2231-0770.112788)

4. *Al-Hawi* or *Kitāb al-Ḥawīft al-ṭibb* translated as *The Comprehensive Book on Medicine* is a medical composition authored by [Rhazes](#) in the 10th century.

It was first translated into Latin in 1279 under the title *Continens* by *Faraj ben Salīm*, a physician of Sicilian-Jewish origin employed by [Charles of Anjou](#).^[1]

The oldest partial remaining copy of this work belongs to the [National Library of Medicine](#) in [Bethesda, Maryland](#) dated 1094 CE.^[2]