

al-Iqyad

JOURNAL OF ISLAMIC AND CONTEMPORARY ISSUES

E-ISSN 2650-1992

VOL. 8, NO. 2 (2023)



Geometrics in the Illumination of Terengganu Quran Manuscript (L.M.N.T 2002.1)

Omar, M., Ibrahim, M., Abdullah, I., Yaakub, R., Mohd Razali, H., Md Hashim, S. F., Daud, M. Z., & Jakaria, R. B.

1107-1118

The Relevance of *al-Kay's* Treatment according to the Perspective of Prophetic Hadith

Usman, A. H., Muhammad Noor, U., & Azwar, A.

1119-1131

Research on Thematic Exegesis in Malaysia: A Literature Review from 2019 to 2023

Nasir, N., Hussin, H., Ahmad, M. N., & Qadafy, M. Z.

1132-1145

Sayyid Quṭb and His Methodology in Dealing with the Verses Related to Prophetic History: An Analytical Study in His Exegesis "Fī Zilāl al-Qur'ān"

Ismail, M. A., Abuzaed, W. A., & Mohd, N.

1146-1165

Zakat Capital Assistance Programme for Asnaf Entrepreneurs: Issues and Challenges

Zuhairah, I. A., Taha, R., Hamzah, M. A., Salleh, Z., Ahmad, N., Azmi, R., & Gambo, M. H.

1166-1177

***al-Kināyah* Approach in Communication of Rasulullah (PBUH)**

Hussin, M., Seman, H. M., Pa, M. T., Sapar, A. A., Mohd Rifain, S. R., & Yoyo, Y.

1178-1192

The Dignity of *al-Mawḍū'ī's* Approach to Tafsir in the Writing of Tafsir in the Era of Globalization

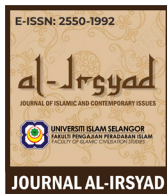
Abu Bakar, S., Hussin, H., Wan Abdullah, W. N., & Nur, A.

1193-1204

The Topics of Islamic Literature in the Literary Works of Yūsuf al-'Azm

Mohamad Zainol, N. F., Ahmad H. Osman, R., & Abdel Nasser Saeed, S.

1205-1222



Published biannually by:
**Faculty of Islamic Civilisation Studies,
Universiti Islam Selangor (UIS)**
📍 Bandar Seri Putra, 43000, Bangi, Selangor (Darul Ehsan), Malaysia
☎ 603-8911 7167 📠 +603-8925 4402
✉ info@kuis.edu.my
🌐 <https://al-irsyad.kuis.edu.my/index.php/alirsyad>

The Relevance of *al-Kay's* Treatment according to the Perspective of Prophetic Hadith

Relevansi Rawatan al-Kay menurut Perspektif Hadis

Abur Hamdi Usman, Umar Muhammad Noor, & Azwar

To cite this article:


Usman, A. H., Muhammad Noor, U., & Azwar, A. (2023). The relevance of al-Kay's treatment according to the perspective of prophetic hadith. *Al-Irsyad: Journal of Islamic and Contemporary Issues*, 8(2), 1119-1131. <https://doi.org/10.53840/alirsyad.v8i2.389>

To link this article:


 <https://doi.org/10.53840/alirsyad.v8i2.389>

Full Terms & Conditions of access and use can be found at:

 <https://al-irsyad.kuis.edu.my/index.php/alirsyad/open>

 Published online: 29 December 2023

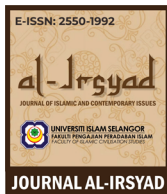
 Submit your article to this journal:
<https://al-irsyad.kuis.edu.my/index.php/alirsyad/about/submissions>

 View related articles:
<https://al-irsyad.kuis.edu.my/index.php/alirsyad/issue/archive>

Disclaimer


The views expressed in this article are those of the author. *Al-Irsyad: Journal of Islamic and Contemporary Issues* shall not be liable for any loss, damage or other liability caused by / arising from the use of the contents of this article.





The Relevance of *al-Kay*'s Treatment according to the Perspective of Prophetic Hadith



[*Relevansi Rawatan al-Kay menurut Perspektif Hadis*]

Abur Hamdi Usman¹, Umar Muhammad Noor², & Azwar ^{3*}

¹Faculty of Islamic Civilization Studies, Universiti Islam Selangor (UIS), MALAYSIA.

²Pusat Pengajian Ilmu Kemanusiaan, Universiti Sains Malaysia (USM), MALAYSIA.

³Sekolah Tinggi Ilmu Islam dan Bahasa Arab (STIBA) Makassar, INDONESIA.

* Corresponding Author: Azwar. Pusat Penelitian dan Pengabdian Masyarakat (P3M), Sekolah Tinggi Ilmu Islam dan Bahasa Arab (STIBA) Makassar, Indonesia.  azwar.iskandar@gmail.com.  (+62) 813-4267 0617. ORCID iD: <https://orcid.org/0000-0002-7930-4693>.

Keywords:	ABSTRACT
<i>al-Kay</i> , Treatment, Industrial Revolution 4.0, Hot Iron, Technology.	Throughout history, individuals adhering to the Islamic faith have diligently pursued the discovery of optimal medical practises. During that period, the practise of utilising cupping and employing hot iron (<i>al-kay</i>), was employed as a supplementary treatment for individuals suffering from chronic conditions. However, in alignment with the era of Industrial Revolution 4.0, the contemporary medical field has embraced more efficient clinical interventions due to the rapid advancement of high-tech products and the implementation of intelligent automated systems. This includes the utilisation of therapies including <i>al-kay</i> . Accordingly, this article aims to analyse the healing method with <i>al-kay</i> , which refers to the hadiths perspective in two different contexts: prohibition and conditional permission. By applying a qualitative research method, this article finds that one popular <i>al-kay</i> product today is laser-based circumcision. This circumcision is one of the modern ways in which the skin of the foreskin is cut using a unique cutting tool, i.e., a cautery or diathermy, which replaces knives and scissors to cut the skin. The device's tip is heated up to 1000 degrees Celsius with electrical power, and cuts are made by burning the skin while closing the blood vessels. While from the point of view of Muslim scholars, the treatment of <i>al-kay</i> is a must if in an emergency, and there is no other option provided a specialist doctor recommends it. The legal classification of this regulation transitions to <i>harām</i> (prohibited) when the patient becomes persuaded that the utilisation of a hot iron possesses a curative power that is revered in a manner comparable to the veneration of superstitious practises. The Prophet (PBUH) expressed his disapproval of the matter, deeming it inconsistent with the concept of <i>tawakkul</i> (trust in God).
Kata Kunci:	ABSTRAK
<i>al-Kay</i> , Rawatan, Revolusi Industri 4.0, Besi Panas, Teknologi.	Semenjak dahulu umat Islam berusaha mencari kaedah perubatan yang terbaik. Kaedah berbekam dan menggunakan besi panas (<i>al-kay</i>) antara rawatan kepada pesakit kronik ketika itu. Namun seiring dengan era Revolusi Industri

4.0 dunia perubatan moden menggunakan rawatan klinikal yang lebih berkesan dengan pembangunan pesat dalam produk berteknologi tinggi dan sistem automasi lebih pintar, termasuklah rawatan dengan menggunakan al-kay. Sehubungan dengan itu, artikel ini bertujuan untuk mencerakan kaedah berubat dengan besi panas yang menurut perspektif hadis merujuk dalam dua konteks yang berbeza, iaitu larangan dan kebenaran secara bersyarat. Dengan mengaplikasikan metode kajian kualitatif, artikel ini mendapati salah satu produk al-kay yang popular pada hari ini adalah berkhatan berasaskan laser. Sunat ini adalah salah satu cara moden apabila kulit kulup akan dipotong dengan menggunakan alat pemotong khas, iaitu kauteri atau diatermi yang menggantikan pisau dan gunting untuk memotong kulit. Hujung alat ini dipanaskan sehingga 1000 darjah Celsius dengan kuasa elektrik dan potongan dibuat dengan cara membakar kulit sambil mematikan salur darah. Manakala dari sudut pandang sarjana Muslim pula rawatan besi panas adalah harus sekiranya dalam keadaan darurat dan tidak ada pilihan lain dengan syarat disarankan oleh doktor pakar. Status hukum ini berubah menjadi haram apabila pesakit berkeyakinan dengan penggunaan besi panas tersebut terdapat keramat yang menyembuhkan seperti keramatnya jampi (kharafat). Hal ini yang dimaksudkan oleh Rasulullah SAW bahawa Baginda SAW tidak menyukainya dan menyebutnya sebagai bertentangan dengan tawakal.

ARTICLE HISTORY

Received: July 18, 2023

Accepted: October 09, 2023

Online Published: December 29, 2023

This is an open access article under the CC BY-NC license.



To cite this article:

Usman, A. H., Muhammad Noor, U., & Azwar, A. (2023). The relevance of al-Kay's treatment according to the perspective of prophetic hadith. *Al-Irsyad: Journal of Islamic and Contemporary Issues*, 8(2), 1119-1131. <https://doi.org/10.53840/alirsyad.v8i2.389>.

I. INTRODUCTION

Islam profoundly acknowledges and embraces the scientific investigations that serve as the foundation of contemporary medical interventions. However, Islamic scholars have contributed to the field of empirical research by challenging ideologies that contradict Islamic teachings, such as materialism, pragmatism, atheism, and the dismissal of divine revelation. Upon analysis of the hadith pertaining to medical matters attributed to the Prophet Muhammad (PBUH), it becomes evident that he granted considerable autonomy to his followers in selecting the most suitable treatment, taking into account the severity of their affliction. According to [Awang and Mahmad Robbi \(2020\)](#), the Prophet (PBUH) provided instruction to his companions on how to address the sorrow they experienced, suggesting a range of efforts. For instance, the imperative of limb transplantation and similar procedures for personal use arises from the fact that such interventions are integral to the field of medicine.

According to historical accounts, it is recorded that 'Arfajah ibn As'ad, a companion of the Prophet (PBUH), suffered the loss of his nose during a military encounter. Subsequently, he employed a prosthetic nasal appendage composed of silver material, which emitted a malodorous scent originating from the place of the damage. Subsequently, the Prophet (PBUH) proposed that 'Arfajah employ an artificial nasal appendage crafted from gold material:

عَنْ عَبْدِ الرَّحْمَنِ بْنِ طَرْفَةَ أَنَّ جَدَّهُ عَزْفَجَةَ بْنَ أَسْعَدٍ قُطِعَ أَنْفُهُ يَوْمَ الْكُلَّابِ فَاتَّخَذَ أَنْفًا مِنْ وَرَقٍ فَأَنْتَنَ عَلَيْهِ فَأَمَرَهُ النَّبِيُّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ فَاتَّخَذَ أَنْفًا مِنْ ذَهَبٍ

[Narrated by Abū Dāwud, *Kitāb al-Khātam, Bāb Mā Jā'a fī Rabṭ al-Asnān bi al-Dhahab*, hadith number 4232]

Meaning:

From 'Abd al-Raḥmān ibn Ṭarafah that his grandfather 'Arfajah ibn As'ad had his nose cut off at the battle of Kulāb. Then he made an (artificial) nose out of silver then became rotten. So, the Prophet (PBUH) ordered him to make a nose out of gold.

According to [Ābādī \(2005\)](#), this particular hadith provides evidence supporting the permissibility of men using gold for medical purposes in emergency situations. In a similar vein, the followers (*tābi'in*), such as 'Urwah ibn Zubayr ibn al-'Awwām, were confronted with a situation where he was afflicted with an infectious ailment. In response, the medical practitioners of that era reached a consensus that amputation of his leg was necessary in order to contain the spread of the sickness to other bodily regions. According to [Ibn 'Asakir \(1996\)](#), medical professionals have recommended the administration of sedatives to him.

From an Islamic standpoint, the first reception of the legislation about the pursuit of medical care inside the *sharī'a* (Islamic law) was one of approval, as evidenced by numerous verses in the Quran and the hadith of the Prophet (PBUH). In relation to this matter, the divine scripture of Islam, the Quran, contains a passage in sura al-Isrā' [17] verse 82, where Allah articulates His message:

وَنُنَزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِّلْمُؤْمِنِينَ وَلَا يَزِيدُ الظَّالِمِينَ إِلَّا خَسَارًا ﴿٨٢﴾

Meaning:

And We send down of the Quran that which is healing and mercy for the believers, but it does not increase the wrongdoers except in loss.

'Imād al-Dīn Ismā'īl ibn 'Umar ibn Kathīr (d. 1373 AD), or known as [Ibn Kathīr \(2000/9: p. 70\)](#), one of the great exegete interpreted this verse in his work *Tafsīr al-Qur'ān al-'Azīm*:

إنه : (شفاء ورحمة للمؤمنين) أي : يذهب ما في القلوب من أمراض ، من شك ونفاق ، وشرك وزيف وميل ، فالقرآن يشفي من ذلك كله . وهو أيضا رحمة يحصل فيها الإيمان والحكمة وطلب الخير والرغبة فيه ، وليس هذا إلا لمن آمن به وصدقته واتبعه ، فإنه يكون شفاء في حقه ورحمة . وأما الكافر الظالم نفسه بذلك ، فلا يزيده سماعه القرآن إلا بعدا وتكديبا وكفرا . والآفة من الكافر لا من القرآن .

"Indeed, the Quran is a cure and a mercy for the believers, which can eliminate in the heart from various diseases, including doubt, hypocrisy, polytheism, deviation (from what is right), and inclination (to what is false). The Quran can cure all that. The Quran is also a blessing that produces faith, wisdom, obtains goodness, and adds love. This cannot happen except for those who believe in the Quran, justify it, and follow its guidance. So, the Quran will be a healer and mercy for him."

Similarly, the words of the Prophet (PBUH) narrated by Abū Hurairah proves that Allah sent down a cure for every disease that is revealed:

عَنْ أَبِي هُرَيْرَةَ رَضِيَ اللَّهُ عَنْهُ عَنْ النَّبِيِّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ مَا أَنْزَلَ اللَّهُ دَاءً إِلَّا أَنْزَلَ لَهُ شِفَاءً

[Narrated by al-Bukhārī, *Kitāb al-Ṭib, Bāb Mā Anzala Allah Dā' illa Anzala lahu Shifā'*, hadith number 5354]

Meaning:

"Allah does not bring down a disease, but a cure is sent down with it."

While certain hadiths appear to explicitly prohibit the use of certain treatments, such as *al-kay* and *al-ruqyah*, which involve spiritual practises rooted in Islam, such as reciting verses from the Quran or supplications

(*du'ā'*) from the sunnah, a more nuanced understanding of the context of these hadiths is necessary. According to the teachings of Islam, the Prophet (PBUH) stated:

مَنْ أَكْتَوَىٰ أَوْ اسْتَرْفَىٰ فَقَدْ بَرِيَ مِنَ التَّوَكُّلِ

[Narrated by al-Tirmidhī, *Kitāb al-Ṭib 'an Rasūlillah SAW, Bāb Mā Jā'a fī Karāhiyah al-Ruqyah*, hadith number 2055]

Meaning:

“Whoever is treated with *al-kay* or asks for *al-ruqyah*, then indeed he has departed from the nature of *tawakkul*.”

From this perspective, it is important to acknowledge that pursuing medical therapy for an illness is a means of attaining a remedy, without negating the notion of trust in God. It is imperative to consider the justifications mandated by *shar'ā* in relation to matters of faith. Nevertheless, it is imperative to maintain the belief that the curing of an illness is ultimately facilitated by a divine entity, namely God. The hadith does not include any explicit cautionary advice against the consumption of medication. According to [Muhammad al-Qārī \(nd\)](#), *al-kay* and *al-ruqyah* should not be seen as medicine, but rather as practises that are prohibited due to their association with attempts to go beyond the boundaries in seeking remedies. The usage of *al-kay* without a genuine necessity is discouraged. According to [al-Mubārakfūrī \(2008\)](#), the ancient beliefs in the age of ignorance, *al-kay* and *al-ruqyah* are considered to be the exclusive foundations for healing, rather than attributing it to Allah. Indeed, several individuals link it to malevolent incantations that do not derive from the divine appellations of Allah, the verses of the Quran, nor are they grounded in supplications said by the Prophet (PBUH) ([Muhammad al-Qārī, nd](#)). Regarding the practise of *al-ruqyah*, which involves reciting certain verses from the Quran and engaging in known dhikr (as endorsed by scholars), it can be deemed lawful rather than prohibited.

In conjunction with the advent of Industrial Revolution 4.0, the contemporary medical field has witnessed notable advancements in high-tech products and intelligent automation systems, leading to the implementation of more efficient clinical treatments. Notably, the use of *al-kay* has emerged as a therapeutic approach in this context. This article examines the utilisation of *al-kay* in medicine, providing a detailed analysis from the perspective of hadith.

2. METHODOLOGY

The objective of this study is to conduct an analysis of the healing technique known as *al-kay*, specifically examining its application within the framework of hadith perspective. This analysis will focus on two distinct contexts: prohibition and conditional permission. Furthermore, the objective of this study is not to comprehensively assemble all the hadiths pertaining to *al-kay*, but rather to provide a representative selection of authentic hadiths.

This article uses a descriptive qualitative approach which is an attempt to understand various concepts found in the research process, using content analysis techniques and library research. Qualitative content analysis is one of the several qualitative methods currently available for analyzing data and interpreting its meaning ([Schreier, 2012](#)). As a research method, it represents a systematic and objective means of describing and quantifying phenomena ([Downe-Wamboldt, 1992](#); [Schreier, 2012](#)). For the prerequisite and successful content analysis, the data of this study reduced to concepts that describe the research phenomenon ([Cavanagh, 1997](#); [Elo & Kyngäs, 2008](#); [Hsieh & Shannon, 2005](#)) by creating categories, concepts, a model, conceptual system, or conceptual map ([Elo & Kyngäs, 2008](#); [Morgan, 1993](#); [Weber, 1990](#)). At the same time, the research library in this article uses the types and sources of secondary data obtained from research results, articles, and reference books that discuss topics related to the research theme ([Creswell, 2010](#)).

3. RESULTS AND DISCUSSIONS

3.1. Definition

In Arabic terms for traditional cautery, *al-Kay* is considered one of the most ancient forms of traditional therapy still in use today. Traditionally, cautery is performed with a hot metal rod ([Al-Akily, Bamashmus, & El-Gorafi, 2019](#)). The definition of *al-kay* in *Lisān al-'Arab* is known as the method of burning the skin with a hot iron or

others (Ibn Manzūr, 2010). In other words, stick a hot iron on the injured part of the skin. As the narration from Jābir ibn ‘Abdullah said:

عَنْ جَابِرٍ قَالَ قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ بِإِيدِهِ بِمِشْقَصٍ ثُمَّ وَرَمَتْ فَحَسَمَهُ الثَّانِيَةَ

[Narrated by Muslim, *Kitāb al-Salām, Bāb Wa Istihbāb al-Tadāwā*, hadith number 4090]

Meaning:

“Then the Prophet (PBUH) stopped his bleeding with an arrow iron (which was heated). Then the wound swelled, so he did it again a second time.”

The purpose of *al-kay* is to stop the flow of blood from wounds that are feared to cause death (al-Kattānī al-Fāsī, nd.).

3.2 The Phenomenon of *al-Kay* Treatment in the History of Human Civilisation

Treatment techniques and medical knowledge that emerged in the early era of Islam were inherited by medical figures since the pre-Islamic period (Ahmad al-Andalusī, nd.). The Badawi, for example, their knowledge of medicine is unusually limited in this part of Arabia. Still, the excellent tonic is clarified butter, and *al-kay*, or actual cautery, is used even for rheumatism (Galdston, 1937). The medical knowledge that emerged in the early era of Islam was natural and was not considered a law that came from religion (Ibn Khaldūn, 2004).

Omar (2006) cites the view of Ahmad Taha, who stated that the Arabs before the advent of Islam were not very knowledgeable about medicine. As a result, they are lagging in this area. Arguably the basis of their therapy is to believe that the cause of the disease is from the evil spirits. They often sought treatment from monks, fortune tellers, astrologers, and sorcerers. In addition, they also use curse spells and sticks to treat diseases. However, there were also scientific medical methods at that time but in a simple form and suitable for the conditions and atmosphere. Among them is the use of *al-kay* for chronic diseases. However, they use it when other medical means are not available. Patients who have had conventional cautery (*al-kay*) indicate that it provides momentary respite followed by excruciating pain. This may be due to the cautery's stimulating influence on releasing endogenous opioids and other neurotransmitters that function as analgesics, similar to acupuncture (Farid & El-Mansoury, 2015).

Islam emphasises the importance of health care and disease prevention instead of treating an ailment (Suhaimi & Sulong, 2009). The Arabs have practiced *al-kay* in most of their treatment activities against infections, so much so that there is a popular expression among them “the last remedy is *al-kay*” (al-Kattānī al-Fāsī, nd.). *al-Kay* was used in the Arab world during the time of Prophet (PBUH) to treat a variety of ailments, including war injuries, excessive hemorrhage caused by the opening of a blood vessel, chronic and non-healing ulcers, and pleurisy, as well as during surgical procedures such as amputation, giving incision, etc. This is a popular way of treatment in Unani Medicine for various disorders such as epilepsy, leprosy, vertigo, numbness, and nasal polyps. However, it is no longer used in modern medicine. This approach has been adopted and effectively employed in surgeries, lowering the death risk associated with excessive bleeding. As a result of the procedure's therapeutic value, it is vital to reintroducing it to treat such disorders that are difficult to treat with conventional therapies (Alam, Khan, Kalam, Sheeraz, & Ahmed, 2020).

If we examine the acceptance of the Prophet (PBUH) on the concept of science-based medicine in the time of the Prophet (PBUH), it is found that the idea of science-based medicine is part of the treatment methods adopted at that time (Ali, 2015). Several arguments can support this view, among them, the Prophet (PBUH) sent to Ubay ibn Ka'ab a doctor to cut his veins, then used a hot iron (while treating) [narrated by Ibn Abī Shaybah, *Kitāb al-Ṭib, Man Rakkhāṣa fī Qaṭ' al-Urūq*, hadith number 3269, authentic (*ṣaḥīḥ*)]. The same goes for the treatment of *al-kay* by using hot thorns given to As'ad ibn Zurārah [narrated by al-Tirmidhī, *Kitāb al-Ṭib 'an Rasūlillah SAW, Bāb Mā Jā'a fī al-Rukhṣah fī Dhālik*, hadith number 2050, *ḥasan gharīb*]. Not to be outdone is Sa'ad ibn Mu'adh who received *al-kay* treatment from the Prophet (PBUH) due to an arrow wound he suffered [narrated by Abū Dāwud, *Kitāb al-Ṭib, Bāb fī al-Kay*, hadith number 3866, authentic]. It is not surprising when the Prophet (PBUH) stated three aspects of medicine in his time which became the practice in science-based medicine, namely drinking honey, cupping (*al-ḥijāma*) and *al-kay* [narrated by al-Bukhārī, *Kitāb al-Ṭib, Bāb al-Shifā' fī Thalāth*, hadith number 5356].

In the eighth century, a prevalent method for managing wounds associated with homeostasis involved the application of a burning technique known as cauterization. This therapy entailed subjecting the wound site to the application of heated oil, resulting in localized tissue destruction. Nevertheless, the technique results in harm to the surrounding tissues next to the injury site. According to [Kansupada and Sassani \(1997\)](#), a prevalent practise among medical professionals is to employ cauterisation methods for wound treatment as a precautionary measure against the potentially fatal consequences of infections associated with sutures.

Abū al-Qāsim Khalaf ibn al-‘Abbās al-Zahrāwī (936-1013), a Father of Modern Surgery, born in Istanbul famous for his encyclopedia titled *al-Taṣrīf liman ‘Ajaz ‘an al-Ta’līf* has used both burning techniques and suture stitching during surgery ([Amr & Tbakhi, 2007](#); [Zarmani, 2017](#)). The most specific work related to *al-kay* is a book written by ‘Abd al-Ghanī al-Nābulusī (1050-1143/1641-1731). al-Nābulusī’s scholarly output was high, and he is counted among the prolific scholars of Islam in jurisprudence, legal theory, hadith, doctrine, Quranic commentary, Sufism, grammar and rhetoric, poetry and literature, travelogues, history, and interpretation of dreams, as well as more peripheral disciplines such as medicine, music, and agriculture. Among his works is *al-Abḥāth al-Mukhlīṣa fī Ḥukmi Kay al-Ḥimmiṣa* on cauterisation ([Fouad Haddad, 2017](#)).

3.3. Hadith Discourse on Treatment with al-Kay

The permissibility of utilising *al-kay* as a kind of treatment is primarily justified by referencing the hadiths that address this subject area. There is a divergence of opinions among scholars regarding the legal aspects of utilising *al-kay* for medical therapy as follows:

3.3.1. Prohibited

There are certain hadiths that provide evidence of the prohibition against seeking treatment through *al-kay*, as exemplified by the narrative attributed to ‘Abbās:

عَنْ ابْنِ عَبَّاسٍ رَضِيَ اللَّهُ عَنْهُمَا قَالَ الشِّفَاءُ فِي ثَلَاثَةِ شَيْئَةٍ عَسَلٍ وَشَرْطَةِ مَجْجِمٍ وَكَيِّْ نَارٍ وَأَنْهَى أُمَّتِي عَنِ الْكَيِّْ

[Narrated by al-Bukhārī, *Kitāb al-Ṭib, Bāb al-Shifā’ fī Thalāth*, hadith number 5356]

Meaning:

“The healing is found in three things: drinking honey, cupping, and burning fire (*al-kay*). However, I forbid my people to burn with fire.”

3.3.2. Permissible

Hadiths that require the treatment of *al-kay* include the narration from Jābir ibn ‘Abdullah:

عَنْ جَابِرِ بْنِ عَبْدِ اللَّهِ قَالَ قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ

[Narrated by Muslim, *Kitāb al-Salām, Bāb Li kul Dā’ Dawā’ wa Istiḥbāb al-Tadāwā*, hadith number 2207]

Meaning:

“Ubay was shot in the Aḥzāb war in his veins. Then the Prophet (PBUH) ignited it (the wound) with a hot iron.”

3.3.3. Encouragement to Avoid

This encouragement can be derived from the account provided by ‘Imrān ibn al-Ḥuṣayn, who recounts his personal experience of suffering from Fistula or haemorrhoids. According to his experience, before to engaging in the practise of medicine with *al-kay*, he frequently experienced the angel’s salutations directed at him. However, subsequent to receiving treatment from *al-kay*, the occurrence of the greeting ceased. He made the following statement:

... وَقَدْ كَانَ يُسَلِّمُ عَلَيَّ حَتَّى أَكْتَوَيْتُ فَبُرِّكْتُ ثُمَّ تَرَكْتُ الْكَيَّْ فَعَادَ

[Narrated by Muslim, *Kitāb al-Ḥajj, Bāb Jawāz al-Tamaṭṭu’*, hadith number 1226]

Meaning:

“... and once I was greeted (by the Angels) until I was treated with *al-kay*, then I was left (the angels no longer greet). Then I left *al-kay*, then (the angel) returned (to greet me).”

Similarly, the hadith narrated by Ibn ‘Abbās:

... هُوَ لَا أُمَّتَكَ وَهَؤُلَاءِ سَبْعُونَ أَلْفًا قَدَّامَهُمْ لَا حِسَابَ عَلَيْهِمْ وَلَا عَذَابَ قُلْتُ وَلَمْ قَالَ كَانُوا لَا يَكْتُمُونَ وَلَا يَسْتَرْفُونَ وَلَا يَطْطَرُونَ
وَعَلَى رَبِّهِمْ يَتَوَكَّلُونَ...

[narrated by al-Bukhārī, *Kitāb al-Riqāq, Bāb Yadhkhul al-Jannah Sab‘ūn Alfān bi Ghayr Ḥisāb*, hadith number 6175]

Meaning:

“... They are your people, and they are preceded by seventy thousand people (will enter paradise) without being counted or punished. I (the Prophet) asked: “Why (did they get that privilege)?” The angel Gabriel replied: “They (while in the world) do not seek medicine with a hot iron, do not ask for a spell, do not believe in good or bad luck, and their Lord, they trust...”

3.3.4. Disliked

One example of hadiths that demonstrate the unfavourable treatment of *al-kay* is the narration attributed to Jābir ibn ‘Abdullah, who reportedly heard the Prophet (PBUH) said:

عَنْ جَابِرِ بْنِ عَبْدِ اللَّهِ رَضِيَ اللَّهُ عَنْهُمَا قَالَ سَمِعْتُ النَّبِيَّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ يَقُولُ إِنْ كَانَ فِي شَيْءٍ مِنْ أَدْوِيَّتِكُمْ أَوْ يَكُونُ فِي شَيْءٍ مِنْ أَدْوِيَّتِكُمْ خَيْرٌ فَفِي شَرْطَةِ مَجْجِمٍ أَوْ شَرْبَةِ عَسَلٍ أَوْ لَدَعَةِ بِنَارٍ تُوَافِقُ الدَّاءَ وَمَا أَحَبُّ أَنْ أَكْتَوِيَ

[narrated by al-Bukhārī, *Kitāb al-Ṭib, Bāb al-Dawā’ bi al-‘Asal*, hadith number 5359]

Meaning:

“If there is on something that cures you or on something good in healing you, then it is on cupping, or drinking honey or *al-kay* (therapy by sticking a hot iron in the wound area) as medicine, and I do not like *al-kay*.”

3.3.5 Verification (*Tarjih*)

The aforementioned hadiths serve as illustrations of *fatwās*, which are legal opinions provided by the Prophet (PBUH) to the companions who were in search of medical remedies. Upon careful examination and assessment of these hadiths, it becomes evident that a significant portion of the suggestions made by the Prophet (PBUH) are not deemed compulsory. The domain of *ijtihād*, which pertains to the formulation of novel judicial rulings in the field of medicine, encompasses a wide expanse that is intricately intertwined with the prevailing circumstances and geographical context of a given nation. The presence and characteristics of a certain location play significant roles in determining the occurrence and prevalence of various epidemics and diseases within that particular area. According to Awang and Mahmad Robbi (2020), there are variations in the daily routines between hot and cold countries. The phenomenon is subject to the effect of diverse geographical conditions, including but not limited to soil composition, weather patterns, cultural practises, and so forth. Ramli and Yusoff (2019) argue that local results, tests, investigations, and experiences conducted by specialised and experienced individuals can lead to the discovery and acquisition of various diseases and their appropriate remedies.

There is another hadith about the prohibition of torturing by using fire because the matter is the prerogative of Allah. As narrated from Abū Hurairah:

عَنْ أَبِي هُرَيْرَةَ رَضِيَ اللَّهُ عَنْهُ أَنَّ قَالَ بَعَثَنَا رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ فِي بَعْثٍ فَقَالَ إِنَّ وَجَدْتُمْ فُلَانًا وَفُلَانًا فَأَخْرِقُوهُمَا بِالنَّارِ ثُمَّ قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ حِينَ أَرَدْنَا الْخُرُوجَ إِلَيَّ أَمَرْتُكُمْ أَنْ تُحْرِقُوا فُلَانًا وَفُلَانًا وَإِنَّ النَّارَ لَا يُعَذِّبُ بِهَا إِلَّا اللَّهُ فَإِنْ وَجَدْتُمُوهُمَا فَاقْتُلُوهُمَا

[Narrated by al-Bukhārī, *Kitāb al-Jihād wa al-Sayr*, *Bāb Lā Yu‘adhdhib bi ‘Adhābillāh*, hadith number 2853]

Meaning:

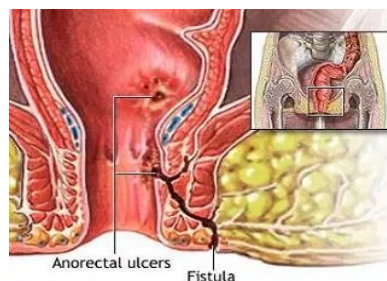
“The Prophet (PBUH) has sent us on a war mission. He said: “If you find *Fulān* and *Fulān* (somebody who has no name), then burn them with fire.” Then he had instructed when we were about to leave: “Indeed I have ordered you to burn *Fulān* and *Fulān*, and indeed fire cannot be used to torment except Allah. If you find them, then kill them.”

If we trace the meaning of the hadith presented earlier, then the prohibition of the Prophet (PBUH) shows that taking *al-kay* treatment is not liked or hated. This prohibition is because *al-kay* is seen torturing the body and causing pain as was the treatment of hot thorns to As‘ad ibn Zurārah which featured red embers on the tip of the iron which described pain on the face and body (al-Mubārakfūrī, 2008). At the same time, the hadiths that gazette the ability to use *al-kay* as an alternative is if one wishes to it. It is as argued by Abū ‘Umar Yūsuf ibn ‘Abdullāh ibn Muḥammad ibn ‘Abd al-Barr al-Qurṭubī al-Namarī or known as Ibn ‘Abd al-Bar (d. 1071 AD) that he did not know there was a difference of opinion from scholars even they are of the view that *al-kay* treatment can be tried if in need (Ibn ‘Abd al-Bar, 1990). Shams al-Dīn Muḥammad ibn Abū Bakr ibn Ayyūb al-Zarī al-Dimashqī or known as Ibn Qayyim al-Jawziyyah (d. 1350 AD) the faqīh of the Hanbali school stated that the prohibition from taking *al-kay* is only related to the assumption that it the only cure even believes there will be destroyed when not using this treatment. So, the ban is based on the intention factor.

Regarding the ailment experienced by ‘Imrān ibn al-Ḥuṣayn (as discussed in sub-topic iii), it is worth noting that the hadith does not explicitly convey the Prophet’s prohibition. Rather, ‘Imrān only shared his personal experience, so precluding its potential utilisation as a basis for prohibiting the usage of *al-kay*. Furthermore, upon observation, the individual’s ailment can be identified as *Nāṣūr* or Fistula, as depicted in Figure 1. The condition pertains to a congenital or acquired anatomical anomaly characterised by a diminutive aperture in close proximity to the anal region, which frequently gives rise to discomfort in affected individuals. The presence of small tunnel-like channels between the anal canal and the outer skin has been attributed to the phenomenon (Seow-Choen & Nicholls, 1992). It is quite probable that the administration of *al-kay* therapy poses a significant risk to the health and well-being of ‘Imrān ibn Ḥuṣayn in the context of this condition. Consequently, it is advisable to refrain from applying heat to the injured region. This analogy draws a parallel between the prohibition of *al-kay* and the vigilance exercised in all aspects of wound care to prevent the emergence of undesirable consequences (Ibn Qayyim al-Jawziyyah, nd.).

Figure 1

Fistula Disease



Abū Muḥammad ‘Abd Allāh ibn Muslim ibn Qutaybah al-Dīnawarī or known as Ibn Qutaybah (d. 889 AD), classified *al-Kay* into two types. The first is *al-kay* which is authentic if not excessive (assumed to be the only cure medicine). In this case, *al-kay* does not violate the concept of *tawakkul* as it is said, “*lam yatawakkal man iktawā*/who does *al-kay* is not trusting the God” because he wants to reject (evil) destiny from himself. The second

is *al-kay* against worsening wounds, severed limbs/amputations, so in this case, *al-kay* can be used as a healing treatment. If *al-kay* is used for healing a disease for which the success and failure rate of healing is 50-50%, then avoiding *al-kay* is more appropriate (al-'Azīm Ābādī, nd.).

Based on the situation that will happen to some hadith texts that are said to be contradictory as above can be resolved through assembly (*al-jam'*). If this happens, there is no choice but to compile the hadiths and apply all the hadiths according to the correct understanding (Baru & Deraman, 2011). In line with the method outlined by Imam al-Shāfi'ī that "Taking advantage of both propositions (hadith) is more important than ignoring them." (al-Shāfi'ī, 1985: p. 64).

In summary, we can refer to Table 1 related to the law of *al-kay* treatment, which is categorized into four (4) parts (i). Prohibition (*al-nahy*), (ii). Permissible (*jawāz*), (iii). Praise be to those who leave it (*al-thanā' 'alā man tarakahu*), and (iv) Not prioritizing it (*'adama maḥabbatahu*). These four parts shows that the priority is not to take it. In comparison, the third part proves that leaving *al-kay* treatment is more critical so that there is no dispute between the four elements (al-Mubārakfūrī, 2008).

Table 1
al-Kay's Law of Treatment

No.	Types of Law	Hadith Status	Methods of Hadith Contradiction
1	Prohibition (<i>al-nahy</i>)	Authentic	<i>al-Jam'</i>
2	Permissible (<i>jawāz</i>)	Authentic	<i>al-Jam'</i>
3	Praise be to those who leave it (<i>al-thanā' 'alā man tarakahu</i>)	Authentic	<i>al-Jam'</i>
4	Not prioritizing it (<i>'adama maḥabbatahu</i>)	Authentic	<i>al-Jam'</i>

It is important to note Abou-Elhamd's (2009) perspective that in the current era of advanced healthcare, *al-kay* lacks scientific basis and is linked to considerable health risks. Health authorities in pertinent cultures ought to implement measures to prevent this detrimental practise. Additionally, they should utilise multimedia health education to provide information regarding its hazards to the general public. Furthermore, engaging the support of community religious leaders can be crucial in shaping public opinion and belief.

3.4. The Treatment of al-Kay in the Modern Age

The discipline of medicine is a field of knowledge that analyses limbs and diseases to maintain human health and improve the global community's well-being. This knowledge is indispensable to human beings in every age and place because no human being is immune from disease. Whatever their status and age, they can get sick at any time. From time immemorial, humans have sought to find better medicine. In ancient times, human society treated chronic patients by cupping and using hot iron (*al-kay*) (Alsanad, Asim, Gazzaffi, & Qureshi, 2018).

However, contemporary clinical interventions are currently being employed to enhance therapy efficacy. Within the realm of contemporary medicine, medical science encompasses the scientific discipline dedicated to the prevention and treatment of ailments. It is a subdivision of the life sciences, focusing on the preservation and sustenance of overall well-being. Contemporary medical practise encompasses a blend of therapeutic artistry, diverse scientific disciplines, as well as the use of intuition and clinical discernment to ascertain the optimal therapeutic approach tailored to individual patients. In a more expansive context, contemporary medicine presently encompasses other disciplines such as clinical medicine, surgery, research, and others (Said, Ismail, Abd Rahim, Abdul Rahman, & Wan Khairuldin, 2018).

One of the popular *al-kay* products today is laser-based circumcision. This method of circumcision is one of the modern methods (electrosurgery/electrocautery) (Razrim, 2020), in which the foreskin is cut using a unique cutting tool (Nalavenkata, Winter, Kour, Kour, & Ruljancich, 2014), i.e., a cautery or diathermy replace knives and scissors to cut the skin (Figure 2). The device's tip is heated up to 1000 degrees Celsius with electrical power, and cuts are made by burning the skin while closing the blood vessels.

Figure 2

Cautery or Diathermy Cutting Tool



A group of researchers obtained exciting facts from the Department of Paediatric Surgery, K.K. Women's & Children's Hospital, Singapore, studied the use of 2781 cases of laser circumcision from 1997 to 2000. Their study found a significant 5-minute decrease in surgical time for a group of patients undergoing laser circumcision. Cost savings are also reduced by S\$31. While out of 2781 cases of laser circumcision performed, there was an overall complication rate of 1.15%, with details of twenty-nine cases (1.04%) experiencing post circumcision bleeding and three cases (0.11%) suffering from wound infections requiring hospitalization. Thus, laser circumcision is a simple method to reduce surgical time, significantly impacting cost reduction. The morbidity rate of laser circumcision is also better than conventional circumcision (How, Ong, Jacobsen, & Joseph, 2003). Therefore, medical practitioners may need to use a faster method of performing circumcision. This is why circumcision that includes high-frequency electric charge surgical methods to generate heat is widely used. Circumcision using electric surgery has been proven to be faster, produce less bleeding, and the result of skin cuts is even more beautiful (Fariz et al., 2011).

Also, *al-kay* is frequently used to treat painful eye conditions such as facial nerve palsy, cranial nerve palsies (III, IV, VI), and corneal ulcers. The absence of evidence-based scientific data on the efficacy or safety of traditional cautery does not deter patients in Yemen and other developing countries from seeking such traditional therapy, which should be discouraged because it appears to cause more harm than good to the patient and also results in unaccepted cosmesis, particularly in the facial area (Elaobda, Abu-Hamad, Treister-Goltzman, & Peleg, 2016). People in Yemen believe that they should not lose any part of their body, particularly their eye, even if it results in blindness or death, which drives them to seek traditional cautery (Al-Akily, Bamashmus, & El-Gorafi, 2019; Farid & El-Mansoury, 2015).

4. CONCLUSION

The utilisation of treatment and medication as a proactive measure does not negate the notion of placing reliance in Allah. This perspective stems from the belief that the curative properties of remedies alone are insufficient to alleviate ailments, since they are contingent upon the divine will and omnipotence of God. The utilisation of *al-kay* does not contradict the notion of *tawakkul*, as it does not negate *tawakkul* by satisfying hunger and thirst through the act of consuming food and beverages. Likewise, abstaining from actions that result in harm and supplicating for sound physical well-being and protection from all forms of adversity does not contradict the concept of *tawakkul*.

Muslim individuals should endeavour to undertake measures aimed at promoting healing, including actively seeking medical treatment from authoritative healthcare professionals. Laser-based circumcision has emerged as a highly sought-after procedure within the realm of *al-kay* goods. This technique obviates the necessity for suturing, namely the act of incising tissue with a heat instrument. The procedure of circumcision involves the utilisation of a cautery instrument, followed by the application of adhesive to the incision site subsequent to the surgical intervention. The utilisation of laser technology in circumcision procedures has become increasingly significant in response to the demands posed by the Industrial Revolution 4.0. This is due to the medical field's adoption of more efficient clinical interventions and the rapid advancements in high-tech medical products.

5. ACKNOWLEDGEMENT

We would like to express our sincere gratitude to Universiti Islam Selangor (UIS) for valuable support throughout the research process.

REFERENCES

- Ābādī, S. H. (2005). *'Awn al-Ma'būd 'alā Sharḥ Sunan Abī Dāwud*. Beirut, Lebanon: Dar Ibn Hazm.
- Abou-Elhamd, K. A. (2009). Kaiy as traditional therapy for pain: is it helpful or a myth? *The Journal of Laryngology & Otology*, 123(5), 566-568. <https://doi.org/10.1017/S0022215108002491>.
- Abū Dāwud, S. I. (2009). *Sunan Abī Dāwud*. Beirut, Lebanon: Dar al-Risalah al-'Ilmiyyah.
- Aḥmad al-Andalusī, S. (nd.). *Ṭabaqāt al-Umam*. Cairo, Egypt: al-Maktabah al-Mahmudiyyah.
- al-'Azīm Ābādī, A. T. (nd.). *'Awn al-Ma'būd: Sharḥ Sunan Abī Dāwud*. Vol. II. Beirut, Lebanon: Dar al-Kutub al-'Ilmiyyah.
- Al-Akily, S. A., Bamashmus, M., & El-Gorafi, I. (2019). Traditional eye therapies in Yemen. *E.C. Ophthalmology*, 10, 478-488. Retrieved from <https://www.econicon.com/ecop/pdf/ECOP-10-00468.pdf>.
- Alam, M. T., Khan, N., Kalam, M. A., Sheeraz, M., & Ahmed, M. (2020). Aml-i-kaiyy (cauterization)-an effective mode of treatment in the light of Unani medicine and Tibbe Nabvi (prophetic medicine). *World Journal of Pharmacy and Pharmaceutical Sciences*, 9(7), 2143-2151. <http://dx.doi.org/10.20959/wjpps20207-16650>.
- Ali, S. (2015). Pengobatan alternatif dalam perspektif hukum Islam. *Al-Adalah*, 12(2), 867-890. <https://doi.org/10.24042/adalah.v12i2.218>.
- al-Kattānī al-Fāsī, M. A. (nd.). *Nizām al-Hukūmah al-Nabawiyyah al-Musammā al-Tarātīb al-Idāriyyah*. Vol. 1. Beirut, Lebanon: Dar al-Arqam.
- al-Mubārakfūrī, A. R. (2008). *Tuḥfah al-Aḥwadhī: Sharḥ Jāmi' al-Tirmidhī*. Beirut, Lebanon: Dar al-Fikr.
- Alsanad, S. M., Asim, A. A. H., Gazzaffi, I. M. A., & Qureshi, N. A. (2018). History of cauterization: The impact of ancient cultures. *Journal of Advances in Medicine and Medical Research*, 25(9), 1-17. <https://doi.org/10.9734/JAMMR/2018/40370>.
- al-Shāfi'ī, M. I. (1985). *Ikhtilāf al-Ḥadīth*. Beirut, Lebanon: Mu'assasah al-Kutub al-Thaqafiyyah.
- al-Tirmidhī, A. I. (1996). *Sunan al-Tirmidhī*. Beirut, Lebanon: Dar al-Gharb al-Islami.
- Amr, S. S., & Tbakhi, A. (2007). Abu Al Qasim Al Zahrawi (Albucasis): Pioneer of modern surgery. *Annals of Saudi Medicine*, 27(3), 220-221. <https://dx.doi.org/10.5144%2F0256-4947.2007.220>.
- Awang, A. B., & Mahmad Robbi, A. A. (2020). Health science: Medical treatment in Prophet's behaviour context. *Sains Humanika*, 12(2), 1-8. <https://doi.org/10.11113/sh.v12n2.1499>.
- Baru, R., & Deraman, F. (2011). Pendekatan al-Jam' dalam menangani percanggahan hadith. *Al-Bayan: Journal of Qur'an and Hadith Studies*, 9(1), 49-62. <https://doi.org/10.1163/22321969-90000021>.
- Cavanagh, S. 1999. Content analysis: Concepts, methods and applications. *Nurse Researcher*. 4(3): 5-16. <https://doi.org/10.7748/nr.4.3.5.s2>.

- Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches*. New York, NY: Sage Publications, Inc.
- Downe-Wamboldt, B. (1992). Content analysis: Method, applications, and issues. *Health Care for Women International*, 13(3), 313-321. <https://doi.org/10.1080/07399339209516006>.
- Elaobda, Y., Abu-Hamad, M., Treister-Goltzman, Y., & Peleg, R. (2016). Traditional cautery for medical treatment among the Bedouins of Southern Israel. *Journal of Immigrant and Minority Health*, 18(1), 34-41. <https://doi.org/10.1007/s10903-015-0166-4>.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>.
- Farid, M. K., & El-Mansoury, A. (2015). Kaiy (traditional cautery) in Benghazi, Libya: Complications versus effectiveness. *Pan African Medical Journal*, 22(1), 1-5. <https://doi.org/10.11604/pamj.2015.22.98.6399>.
- Fariz, M. M., Tarmizi, M. N., Ainaini, M. H., Khairil, A. M., Faizal, A., & Sagap, I. (2011). A prospective randomised comparison of bipolar diathermy versus conventional dorsal slit technique for ritual circumcision: A Malaysian experience. *La Clinica Terapeutica*, 162(6), 543-545. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/22262325/>.
- Fouad Haddad, G. (2017). Quietism and end-time reclusion in the Qur'an and hadith: al-Nābulusī and his book *Takmil al-Nu'ūt* within the 'uzla genre. *Islamic Sciences*, 15(2), 91-124. Retrieved from https://cis-ca.org/_media/pdf/2017/2/A_qaeritqahaahbtawtg.pdf.
- Galdston, I. (1937). Medical explorers of Arabia. *Bulletin of the New York Academy of Medicine*, 13(9), 512. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1966068/>.
- How, A. C. S. W., Ong, C., Jacobsen, A., & Joseph, V. (2003). Carbon dioxide laser circumcisions for children. *Pediatric Surgery International*, 19(1), 11-13. <https://doi.org/10.1007/s00383-002-0894-0>.
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288. <https://doi.org/10.1177/1049732305276687>.
- Ibn 'Abd al-Bar, A. Y. (1990). *al-Tamhīd li mā fī al-Muwattā' min al-ma'ānī wa al-masānid*. Vol. 24. Beirut, Lebanon: al-Faruq.
- Ibn 'Asākir, A. Q. (1996). *Tārikh Madīnah Dimashq*. Vol. 40. Beirut, Lebanon: Dar al-Fikr.
- Ibn Abī Shaybah, A. M. (2004). *al-Muṣannaf*. Beirut, Lebanon: Maktabah al-Rushd.
- Ibn Kathīr, I. (2000). *Tafsīr al-Qur'ān al-'Azīm*. Vol. 9. Giza, Egypt: Mu'assah Qurtubah.
- Ibn Khaldūn, A. Z. (2004). *Muqaddimah Ibn Khaldūn*. Beirut, Lebanon: Dar al-Kutub al-'Ilmiyyah.
- Ibn Manzūr, M. A. (2010). *Lisān al-'Arab*. Vol. 15. Beirut, Lebanon: Dar al-Sadr.
- Ibn Qayyim al-Jawziyyah, S. M. (nd.). *al-Ṭīb al-Nabawī*. Beirut, Lebanon: Dar al-Fikr.
- Kansupada, K. B., & Sassani, J. W. (1997). Sushruta: the father of Indian surgery and ophthalmology. *Documenta Ophthalmologica*, 93(1), 159-167. <https://doi.org/10.1007/BF02569056>.
- Morgan, D. L. 1993. Qualitative content analysis: A guide to paths not taken. *Qualitative Health Research*, 3(1), 112-121. <https://doi.org/10.1177/104973239300300107>.

- Muhammad al-Qārī, A. S. (nd.). *Mirqāt al-Mafātīh Sharḥ Mishkāt al-Maṣābīh*. Vol. 8. Beirut, Lebanon: Dar al-Kutub al-Ilmiyyah.
- Nalavenkata, S., Winter, M., Kour, R., Kour, N. W., & Ruljancich, P. (2014). Adult bipolar diathermy circumcision and related procedures in adults—a safe and efficient technique. *Research and Reports in Urology*, 6, 59. <https://dx.doi.org/10.2147%2FRRU.S58600>.
- Omar, N. (2006). Perkembangan ilmu perubatan: Sebelum dan selepas kedatangan Islam. *Jurnal Pengajian Umum*, 7, 139-150. Retrieved from https://www.ukm.my/jmalim/images/vol_07_2006/nizaita_2006.pdf.
- Ramli, K., & Yusoff, S. H. (2019). Perubatan Nabi: Kefahaman terhadap sunnah dan praktis perawat. *AL-ABQARI: Journal of Islamic Social Sciences and Humanities*, 17(1), 97-106. <https://doi.org/10.33102/abqari.voll7no1.89>.
- Razrim, R. (2020). Ensuring the penile glans is fully visible before incising the foreskin is a recommended step during male circumcision to avoid penile glans injury. *Malaysian Family Physician: The Official Journal of the Academy of Family Physicians of Malaysia*, 15(3), 95-96. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7735883/>.
- Said, M. M. T., Ismail, D., Abd Rahim, F., Abdul Rahman, A., & Wan Khairuldin, W. M. K. F. (2018). Transformasi dan sumbangan Al-Razi (854-932M) dalam bidang perubatan. *Jurnal Islam dan Masyarakat Kontemporari*, 17(1), 41-50. <https://doi.org/10.37231/jimk.2018.17.1.270>.
- Schreier, M. (2012). *Qualitative content analysis in practice*. Thousand Oaks, CA: Sage.
- Seow-Choen, F., & Nicholls, R. J. (1992). Anal Fistula. *Journal of British Surgery*, 79(3), 197-205. <https://doi.org/10.1002/bjs.1800790304>.
- Suhaimi, R., & Sulong, J. (2009). Konsep asas ilmu perubatan Islam menurut Ibn Sina. *Esteem Academic Journal*, 5(2), 201-213. Retrieved from <https://ir.uitm.edu.my/id/eprint/14820/>.
- Weber, R. P. (1990). *Basic content analysis*. Newbury Park, CA: Sage.
- Zarmani, N. F. (2017). *Penggunaan sutur dalam bidang perubatan: Analisis dari perspektif Sains dan Islam*. (Unpublished PhD. Thesis), Universiti Malaya, Malaysia.

Disclaimer

The views expressed in this article are those of the author. *Al-Irsyad: Journal of Islamic and Contemporary Issues* shall not be liable for any loss, damage or other liability caused by / arising from the use of the contents of this article.

