Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

REFRAMING THE TEACHING OF TRADITIONAL MALAY MEDICINE (TMM) IN MALAYSIA HIGHER EDUCATION: TRACING ITS HISTORICAL EVOLUTION AND INTEGRATING ISLAMIC EPISTEMOLOGY WITH BIOMEDICAL KNOWLEDGE INTO A CULTURALLY-ROOTED CURRICULUM FRAMEWORK

Nor Adila binti Mohd Noor[1]
Muhammad Hamdi Mahmood[2]
Mohd Adzhar Abdul Latif[3]

[1] Academy of Contemporary Islamic Studies, UiTM Cawangan Terengganu Universiti Teknologi MARA (UiTM) Kampus Dungun 23000 Kuala Dungun, Terengganu, Malaysia (E-mail: norad852@uitm.edu.my)
[2] Department of Basic Medical Science, Faculty of Medicine and Health Sciences (FMHS), UNIMAS Universiti Malaysia Sarawak (UNIMAS) 94300 Kota Samarahan, Sarawak, Malaysia (E-mail: mmhamdi@unimas.my)
[3] Malay Medical Department, Linton University College (LUC) BUTL Batu 12, Bandar Universiti Teknologi Legenda 71700 Mantin, Negeri Sembilan, Malaysia (E-mail: adzhar.latif@gmail.com)
*Corresponding author: norad852@uitm.edu.my

Article history
Received date : 19-6-2025
Revised date : 20-6-2025
Accepted date : 25-7-2025
Published date : 15-8-2025

To cite this document:
Mohd Noor, N. A., Mahmood, M. H., & Abdul Latif, M. A. (2025). Reframing the teaching of Traditional Malay Medicine (TMM) in Malaysia higher education: Tracing its historical evolution and integrating Islamic epistemology with biomedical knowledge into a culturally-rooted curriculum framework. *Journal of Islamic, Social, Economics and Development (JISED),* 10 (75), 1217 – 1237.

Abstract: *The teaching of Traditional Malay Medicine (TMM) in Malaysian higher education remains at an emergent stage, with limited formal pathways despite growing regulatory support and cultural recognition. This study aims to reframe how TMM could be embedded within academic structures by tracing its historical development, pedagogical lineage, and potential alignment with national frameworks such as the Malaysian Qualifications Framework 2.0 (MQF 2.0), Values-Based Education (VBE), and Education for Sustainable Development (ESD). While currently offered only at diploma level in select institutions, notably Kolej SPACE, the broader integration of TMM into higher education curriculum remains fragmented due to the absence of standardised syllabuses, formal teaching credentials for practitioners, and comprehensive curricular models. Using a qualitative exploratory design, this study combined doctrinal analysis of educational and legal policy documents with semi-structured interviews involving six registered TMM practitioners. Thematic findings highlight the continuity of oral transmission traditions and the need for curriculum development that balances cultural epistemology with contemporary educational standards. Although full degree-level programmes are not yet available at public universities, existing efforts reflect a shifting paradigm and reinforce the argument that TMM is not incompatible with academic rigour. This study thus contributes to pedagogical discourse by proposing a reframed vision of TMM teaching, one that honours its indigenous roots while supporting its evolution into a*

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

structured, credible academic discipline. Future research should prioritise national curriculum blueprints, competency-based training, and inter-institutional partnerships to expand recognition and legitimacy within Malaysia's pluralistic healthcare education system.

Keywords: *Traditional Malay Medicine (TMM); Islamic epistemology; biomedical integration; historical evolution; culturally-informed curriculum; higher education in Malaysia; teaching indigenous knowledge.*

Introduction

Complementary and Alternative Medicine (CAM), now more formally recognized in Malaysia as Traditional and Complementary Medicine (T&CM), has long existed outside institutional healthcare settings (Ernst, 1998). Over the past few decades, its popularity has surged globally and locally, with usage among Malaysian adults ranging from 4% to 79% (Slader et al., 2006). Recent national surveys indicate a continued upward trend, with over 70% of Malaysians incorporating T&CM into their daily healthcare routines by 2025, reflecting growing public confidence in its efficacy and cultural relevance (HealthToday Malaysia, 2025).

In Malaysia, the prevalence of T&CM users rose from 41.0% in 2006 (Mokhtar & Chan, 2006) to 61.1% in 2009 (Alshagga et al., 2011), and has since expanded further due to government-led integration efforts. The Ministry of Health Malaysia (MOH), through the Traditional and Complementary Medicine Division, has actively promoted the development of T&CM by ensuring that practices and products are safe, high-quality, and Shariah-compliant (MOH T&CM Portal, 2025). This regulatory framework, anchored in the Traditional and Complementary Medicine Act 2016 (Act 775), has been further strengthened with enforcement measures beginning in 2025, requiring all practitioners to be registered and certified (Malay Mail, 2025).

Despite the dominance of modern Western medicine, which continues to shape global medical education and research, Malaysia has made strategic efforts to elevate T&CM—particularly Traditional Malay Medicine (TMM) and Tibb Nabawi—as legitimate fields of study and practice. The National T&CM Blueprint (2018–2027) outlines a comprehensive plan to integrate T&CM into the national healthcare system, emphasizing education, research, and professionalization (MIDA, 2025). This includes the development of academic and TVET pathways under MQF 2.0, enabling structured training in TMM and Islamic medical practices (MOH Education System, 2025).

In recent years, Tibb Nabawi has gained renewed academic interest, particularly in its alignment with holistic health and mental well-being. Studies such as Nabawi Ecotherapy (Dzulraidi et al., 2025) have explored the therapeutic role of nature, herbs, and prophetic practices in mental health, offering a culturally grounded alternative to conventional models (ResearchGate, 2025). Similarly, research on prophetic dietary models and their integration into health education has expanded the pedagogical scope of Tibb Nabawi in Malaysian institutions (Al-Mu'tabar, 2025).

The evolution of TMM education has also been marked by innovative pedagogical approaches, including experiential learning, case-based instruction, and digital integration. Although institutions like Universiti Malaysia Sabah (UMS) and Universiti Tun Hussein Onn Malaysia (UTHM) have not formally embedded TMM or Tibb Nabawi into their core curricula, their academic contributions reflect growing interest in these fields. For example, UMS has

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

implemented initiatives like Program Perkongsian Universiti Keluarga (PuPUK) that emphasize community health engagement informed by traditional cultural beliefs (UMS News, 2023). At UTHM, several scholars have published on prophetic health knowledge and dietary practices, including studies on the use of dates and cucumbers in balancing internal body temperatures, thus enriching the academic discourse surrounding TMM and Tibb Nabawi (Dzulraidi et al., 2025). Notably, Kolej SPACE under UTMSPACE has pioneered the world's first MQA-accredited Diploma in Traditional Malay Medicine, introducing a structured syllabus that bridges traditional healing wisdom with modern academic standards, marking a significant step in institutionalizing TMM education in Malaysia (Kolej SPACE, 2021). While these efforts vary in scope and institutional commitment, they collectively signal expanding interest in culturally relevant traditional medicine pedagogy (MOH Malaysia, 2025; Al-Mu'tabar, 2025).

In conclusion, the trajectory of TMM and Tibb Nabawi education in Malaysia up to 2025 reflects a systematic evolution from informal practice to structured, policy-aligned pedagogy. This transformation is underpinned by regulatory enforcement, academic recognition, and a growing body of research that validates traditional knowledge through contemporary scientific lenses. As Malaysia continues to position T&CM as a pillar of holistic healthcare, future efforts must focus on curriculum standardization, interprofessional collaboration, and outcome-based education to ensure its sustainability and global relevance.

Problem Statement

Despite Malaysia's growing recognition of Traditional Malay Medicine (TMM) as part of its cultural and healthcare heritage, its integration into higher education remains fragmented and underdeveloped. Currently, TMM is offered only at the diploma level in select institutions such as Kolej SPACE, with no standardised curriculum, formal teaching credentials for practitioners, or degree-level programmes in public universities (Kolej SPACE, 2024). This limited academic presence contrasts with increasing policy support for indigenous knowledge systems under frameworks like the Malaysian Qualifications Framework 2.0 (MQF 2.0), Values-Based Education (VBE), and Education for Sustainable Development (ESD), which advocate for culturally rooted and ethically grounded curricula (MQF, 2023; UNESCO, 2022).

Existing literature tends to focus on the preservation of traditional practices or the biomedical validation of herbal remedies, with minimal attention to pedagogical models that integrate Islamic epistemology and contemporary educational standards (Abdullah & Ismail, 2021; Harun et al., 2023). Furthermore, the oral transmission of TMM knowledge, while rich in cultural value, poses challenges for formal accreditation and curriculum design in academic settings (Salleh, 2020). Without a coherent framework that bridges indigenous pedagogy with institutional requirements, TMM risks marginalisation within Malaysia's pluralistic healthcare education system.

This study addresses the gap by tracing the historical evolution of TMM teaching, examining its epistemological foundations, and proposing a culturally responsive curriculum framework that aligns with national education policies. In doing so, it contributes to the discourse on legitimising traditional knowledge within formal academic structures and supports the development of a structured, credible pathway for TMM in Malaysian higher education.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Literature Review

Epistemological Roots and Historical Shifts in Traditional and Complementary Medicine (T&CM)

Traditional Malay Medicine (TMM), embedded within the broader domain of Traditional and Complementary Medicine (T&CM), is not merely a collection of therapeutic practices but a worldview grounded in the balance between nature, spirituality, and bodily constitution. Its philosophical foundation differs fundamentally from modern biomedical paradigms, which emphasize pathophysiology and evidence-based intervention. In contrast, TMM incorporates humoral theory, energy flow (angin/badan panas-sejuk), and metaphysical interpretations of illness (Sani et al., 2023). This epistemological distinction has historically impeded formal recognition in mainstream education and policy frameworks.

However, scholarship over the past decade has demonstrated a gradual paradigmatic shift. Ahmad and Kasim (2019) observed that increasing public reliance on T&CM is not merely due to accessibility but reflects cultural resonance and dissatisfaction with fragmented biomedical approaches. In many Southeast Asian societies, including Malaysia, traditional health modalities persist as primary or complementary choices, particularly in rural or marginalized communities (Wong & Nik Farhan, 2021). This has led scholars to advocate for pluralistic health models that validate both systems and support their coexistence in contemporary healthcare.

From a policy standpoint, Malaysia has actively responded to this societal demand through institutional frameworks such as the establishment of the Traditional and Complementary Medicine Division under the Ministry of Health, culminating in the enforcement of the T&CM Act 775 in 2016. While this legislative move was primarily regulatory, it also signaled a discursive repositioning of T&CM as a legitimate component of national health development (MOH Malaysia, 2025). Rather than operating at the periphery, TMM began to be seen as a cultural resource requiring structured preservation, research, and pedagogical advancement (Rahman & Noor, 2022).

At the same time, contemporary discourse within medical education has begun to interrogate the exclusionary tendencies of Western frameworks. Scholars such as Lim and Hashim (2023) emphasize that the integration of traditional knowledge systems into higher education must not merely replicate biomedical models but instead respect the distinct ontological positions inherent to TMM. This requires developing nuanced curricula that bridge spiritual, cultural, and therapeutic dimensions without reducing traditional systems into tokenistic modules.

Thus, the evolution of TMM education cannot be viewed as a straightforward inclusion within biomedical frameworks. Rather, it represents a deeper epistemic negotiation between indigenous wisdom and academic orthodoxy, between cultural identity and institutional regulation. As Malaysia moves toward a more inclusive healthcare paradigm, this historical and philosophical grounding forms the intellectual scaffolding for legitimizing TMM as an educational field worthy of academic exploration and pedagogical innovation.

Historical Roots of Medical Knowledge: Foundations Preceding TMM

The evolution of medicine long predates Islamic civilization, with its earliest documented roots found in Mesopotamia, dating back over 6000 years (Elgood, 1951). As the first recorded civilization, Mesopotamia laid the groundwork for ritualistic and observational healing

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

traditions, particularly through the Babylonian system of ethics under the Code of Hammurabi (Pearn, 2016). Medical practice in this era was deeply entwined with religious belief, where illness was perceived as divine punishment, and healing often involved incantations or emetic therapies aimed at driving out spiritual afflictions.

Parallel developments occurred in Ancient Egypt and Persia, where medical systems were more sophisticated. In Egypt, medical knowledge was vested in priest-physicians who had expertise in various fields such as anatomy, rheumatology, and surgery (Gheita & Eesa, 2019). Meanwhile, in pre-Islamic Persia, Zoroastrian medical thought—as recorded in the Avesta—proposed a tripartite healing system encompassing herbal remedies, surgery, and psychotherapy. The existence of early professional codes, such as the Zoroaster Code of Medical Practice, reflects early efforts to formalize and ethically regulate the healing profession (Shahbazi, 2017).

Significantly, the Jundi Shapur medical school, established during the Sassanid era, became a hub for intercultural medical exchange, hosting scholars from Greece, India, and the Middle East (Becker, 2011; Sa'di, 1958). It is widely believed that Ḥārith ibn Kalda al-Thaqafī, an Arab physician who later served during the Prophet Muhammad's era, trained at this institution (Brewer, 2004). Such cross-cultural academic exchanges would later influence the Islamic Golden Age of medicine, fostering institutions like Bayt al-Hikmah in Baghdad (Miller, 2006).

Although limited documentation exists on medical systems in pre-Islamic Arab societies, archaeological and oral records suggest that Arabs practiced forms of rudimentary public health such as wound disinfection and contagion isolation, demonstrating empirical awareness even before formal frameworks emerged (Miller, 2006). These influences, ritualistic, philosophical, and empirical, formed the precivilizational epistemic bedrock upon which later systems, such as Tibb Nabawi and, by extension, TMM, were developed.

While Traditional Malay Medicine has distinct cultural and botanical roots indigenous to the Malay Archipelago, its intellectual ancestry reflects plural influences, including Hindu-Buddhist healing traditions, early Islamic metaphysics, and colonial engagements. The significance of tracing medicine's global evolution lies in contextualizing TMM not as an isolated system, but as one that dialogued with successive civilizations, absorbing philosophical principles, adapting epistemologies, and localizing healing knowledge to the spiritual and ecological landscapes of the Malay world.

Medicine in the Post-Islamic Age: Intellectual Legacies Influencing TMM

The coming of Islam in the 7th century marked a major intellectual reorientation across the Arab Peninsula and beyond. Central to Islamic civilisation was the theological imperative to seek knowledge ('ilm), where intellectual pursuit was seen as an act of devotion and a means to attain spiritual elevation (Ivry, 2012). This epistemic worldview catalysed a scientific renaissance, culminating in the establishment of centres of learning under the Abbasid Caliphate.

One of the most transformative developments was the founding of Baghdad in 762 A.D. by Caliph al-Mansur, who sought medical treatment from Jirjis ibn Bukhtyishu, a Nestorian physician affiliated with the renowned Jundi Shapur medical school in Persia. This interaction ignited a systematic transfer of medical knowledge from Syriac, Greek, Sanskrit, and Pahlavi

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

texts into Arabic, forming the foundation of what is known as the Islamic Golden Age of Medicine (Dehkhodâ, 1998; Browne, 1921).

Notable figures such as Hunayn ibn Ishāq, al-Razi (Rhazes), and Ibn Sina (Avicenna) produced seminal works like Al-Hawi and Al-Qanun fi al-Tibb, which synthesized classical and Islamic medical thought. These texts not only laid the foundation for medical education in the Muslim world but would also influence medical practice in Europe for centuries (Elgood, 1951).

Crucially, the intellectual and clinical advancements of this period—particularly the integration of spiritual, ethical, and empirical dimensions—formed the philosophical scaffolding for Tibb Nabawi, a genre of Islamic healing based on traditions attributed to Prophet Muhammad (PBUH). Tibb Nabawi emphasized holistic healing, moderation in lifestyle, and spiritual remedies, such as the use of du'a, habbatus sauda', honey, and cupping (hijamah), which later became core referents for Muslim healing practices throughout the Malay Archipelago (Brewer, 2004).

As Islam spread to Southeast Asia between the 13th and 15th centuries, primarily through trade, da'wah, and political integration, these epistemological currents merged with local knowledge systems. The cross-fertilization of Islamic medical metaphysics with Hindu-Buddhist rituals and indigenous botanical practices eventually gave rise to Traditional Malay Medicine (TMM), a hybrid yet coherent healing tradition that continues to reflect the ontological depth of Tibb Nabawi and the empirical wisdom of the Malay world (Mohd Taib & Wan Mohd Dasuki, 2020; Sani, Ismail, & Yusof, 2023).

Traditional Malay Medicine from an Islamic Perspective

The development of Traditional Malay Medicine (TMM) cannot be dissociated from the epistemological foundations of Islam, particularly as both systems emphasize holistic well-being, balancing physical, emotional, and spiritual health. Islam's arrival in the Malay Archipelago during the 13th–15th centuries not only transformed sociopolitical structures but also introduced new frameworks for understanding health, ethics, and human nature, which later became embedded in the philosophy and practice of TMM (Mat Salleh et al., 2020).

From the outset, Islam positioned the pursuit of knowledge, including medical knowledge, as an act of devotion. This view is reflected in the intellectual contributions of notable Muslim scholars such as Jabir Ibn Hayyan (721–766 A.D.), Hunayn Ibn Ishaq (810–878 A.D.), Thabit Ibn Qurra (838–901 A.D.), and Al-Kindi (809–873 A.D.), who collectively laid the foundation for what would become Tibb Islami Islamic medicine based on rationality, observation, and divine ethics (Elgood, 1951; Browne, 1921). This intellectual legacy extended to Southeast Asia, where such perspectives were adapted and indigenized in alignment with local Malay culture and healing practices.

The companions of the Prophet Muhammad (PBUH) were also engaged in medical intervention, demonstrating Islam's early acknowledgment of the importance of physical healing. One notable example is the account of Afranjah (r.a.), whose facial injury during battle was treated using a prosthetic silver nose, later replaced with a golden one on the Prophet's recommendation due to infection (Shahpesandy et al., 2022). This narration not only highlights Islamic permissibility of medical innovation but also underpins prophetic values such as maslahah (public benefit) and ihsan (excellence) in health preservation.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Theologically, Islamic teachings on health are closely tied to the preservation of fitrah, the primordial nature of humankind. The Qur'an and Hadith consistently emphasize the obligation to protect one's health, avoid harm (la darar wa la dirar), and uphold bodily integrity as part of fulfilling the maqasid al-shariah (higher objectives of Islamic law), which include the protection of life (hifz al-nafs) and intellect (hifz al-'aql) (Ivry, 2012).

These metaphysical and legal principles directly influenced the ethical orientation of TMM. Healing in the Malay context is not simply a physiological process, but one anchored in spiritual coherence, moral discipline, and communal harmony. TMM practices such as ruqyah, consumption of prophetic foods (e.g., honey, black seed), and herbal remedies based on hukum syarak reflect a syncretic system that is at once empirical and spiritual (Mohd Taib & Wan Mohd Dasuki, 2020).

Therefore, when viewed through an Islamic lens, TMM is not merely a cultural legacy but a dynamic expression of Islamic bioethics, one that balances divine revelation, environmental adaptation, and indigenous wisdom. Its continuity into the 21st century reflects not only its resilience but also the enduring relevance of Islamic values in shaping healthcare practices within Malaysia's pluralistic medical landscape.

Methodology

Research Instruments

This study employs a qualitative exploratory design to investigate the evolution of Traditional Malay Medicine (TMM) education in Malaysia. The nature of the research requires the interpretation of social, cultural, regulatory, and pedagogical contexts through inductive reasoning and thematic understanding (Yin, 2014). Accordingly, the qualitative methodology allows for deeper insights into how TMM has been formalized within institutional, legal, and academic systems.

Data Sources and Collection Methods

This study adopts a qualitative approach through documentary analysis, focusing on legal frameworks, academic syllabus, and policy documents related to Traditional and Complementary Medicine (T&CM) in Malaysia. Primary materials include the Traditional and Complementary Medicine Act 2016 (Act 775), the National T&CM Blueprint (2018–2027), and the curriculum outlines of MQA-accredited programs such as the Diploma in Traditional Malay Medicine.

The analysis also examines the Malaysian Qualifications Framework (MQF 2.0) and relevant academic articles. This doctrinal method is consistent with legal scholarship, where textual interpretation and content analysis serve as primary tools (Yaqin, 2008; Abdullah, 2018).

This study involved six key informants, all of whom are registered practitioners of Traditional Malay Medicine (TMM) actively engaged in clinical or therapeutic practice. Participants were selected through purposive sampling to capture in-depth experiential knowledge regarding the transmission, challenges, and educational potential of TMM in Malaysia. Their insights provide valuable ground-level perspectives that inform the evolving discourse on T&CM professionalisation and curriculum development.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Sample Size Justification

This study involved six Traditional Malay Medicine (TMM) practitioners as its sole participants. The decision to focus exclusively on this group was intentional, as the aim was to explore the realities, challenges, and pedagogical gaps surrounding TMM education directly from the practitioners' perspectives. As primary custodians of traditional knowledge, their lived experience provides unique, context-rich insights that cannot be captured through external observation or secondary sources. Although the sample may appear small, it is consistent with qualitative research principles that privilege depth over breadth and seek to understand phenomena through the lens of those most intimately involved (Creswell & Poth, 2018). The sample size was deemed sufficient upon reaching data saturation, whereby no new themes emerged from subsequent interviews (Guest, Namey, & Chen, 2020). This approach aligns with previous studies exploring practitioner-based knowledge systems, where 5–10 respondents are often adequate for producing thematically robust findings (Kallio et al., 2021).

The use of anonymous identifiers was adopted throughout the analysis to ensure ethical compliance and to protect respondent confidentiality, in accordance with qualitative research best practices (Creswell & Poth, 2018; Lincoln & Guba, 1985).

The adequacy of six participants was further supported through iterative thematic analysis, where each interview was examined for conceptual saturation. As data collection progressed, no new codes or perspectives emerged, indicating that saturation had been reached not only in surface-level responses but also in the depth of thematic development related to the teaching and transmission of Traditional Malay Medicine (TMM) (Guest et al., 2020). This was particularly evident given the homogeneity of the sample, where all participants were registered TMM practitioners with shared pedagogical backgrounds and experiential knowledge. Such focused sampling is appropriate for qualitative studies that aim to explore culturally embedded educational practices and epistemological perspectives within a bounded context (Kallio et al., 2021). The interpretivist approach adopted in this study prioritised analytical richness over numerical representation, allowing for deep engagement with each practitioner's narrative and their reflections on the integration of TMM into formal academic structures.

Data Collection Procedures

Documentary data were gathered from official publications, gazetted legislation, higher education guidelines, and peer-reviewed journals. For the interviews, audio-recorded sessions were transcribed and anonymized to preserve confidentiality and encourage openness among respondents. Questions were open-ended and guided by thematic prompts linked to the study's analytical focus, allowing for flexibility and depth of response.

Data Analysis Approach

The collected data were analyzed using thematic content analysis, allowing the researcher to identify, categorize, and interpret emerging patterns from both documentary and interview data. Key areas of thematic focus included: (i) the Islamic-Malay worldview on health and healing, (ii) the curricular alignment of TMM with MQF 2.0, and (iii) institutional narratives on educational innovation and policy alignment (Rahman & Noor, 2022; Lim & Hashim, 2023). Cross-verification between sources enhanced the validity and depth of the findings and helped construct a holistic view of the transformation of TMM from informal knowledge into structured, standards-driven education.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

To uphold analytical integrity in theme development, this study employed a layered coding strategy. Transcripts were manually examined to extract significant data segments related to the pedagogical transmission of Traditional Malay Medicine (TMM), its epistemological foundations, and institutional challenges. These initial codes were then organised into subthemes that corresponded with the study's aims, particularly those concerning curriculum legitimacy and integration. Throughout the process, memo writing served as a reflective tool to document interpretive decisions and enhance researcher transparency (Kuckartz & Rädiker, 2025). Thematic validation was achieved through continuous comparison and triangulation with doctrinal and policy-based literature, ensuring coherence and reliability (Wakhidah, 2019). Final themes were refined to encapsulate both the indigenous knowledge conveyed by practitioners and the broader educational implications, thereby reinforcing the interpretive depth and contextual relevance of the findings (Looppanel, 2025).

Finding And Discussion

The Evolution of Traditional and Complementary Medicine and Traditional Malay Medicine (TMM) in Malaysia

Traditional Malay Medicine (TMM) has evolved as a culturally embedded system of healing, informed by centuries of local experience and aligned with Islamic metaphysical principles. Core texts such as Tayyib Al-Ihsan fi Tibb Al-Insan, Al-Rahmah fi al-Tibb wa al-Hikmah, and Bustan al-Salatin illustrate the integration of Malay empirical knowledge with Quranic worldviews, affirming that the transmission of medical knowledge in the Malay world occurred within a framework of tauhidic epistemology (Mat Salleh et al., 2020).

At its core, TMM holds that the understanding of health begins with an appreciation of the normal functioning of the human body and its interaction with environmental, emotional, and spiritual factors. Disruption to these elements—whether biochemical or non-organic—can result in illness (Pang et al., 2018). The classification of bodily functions through terms such as ilmu fa'al (functional knowledge), derived from Arabic, reflects not only physiological knowledge but also a methodological attempt to distance medical reasoning from superstition (Ahmad Najaa et al., 2018; Okumu et al., 2017; Yoder et al., 2021).

Prior to the 1970s, formal education pathways for TMM practitioners were virtually non-existent. Knowledge was typically transmitted through pesantren-styled Islamic learning or familial apprenticeships, with women often receiving training in areas like midwifery. The instructional process relied heavily on observation, memorization, and patient-based application, lacking formal syllabi or structured certification.

Between the 1970s and the 1990s, the transmission of traditional and complementary medical knowledge (TMCM) remained largely unchanged, even as biomedical education expanded. Informal rivalry among elderly healers and the generational divergence between science-oriented youth and culturally rooted practitioners reinforced the dualistic landscape of Malaysia's health knowledge systems. Documentation remained fragmented, and practitioner education persisted through oral tradition.

Institutional intervention began gaining traction between 1992 and 2000. Key milestones included the initial registration of traditional practitioners (1992), the establishment of the T&CM Unit (1996), the introduction of Good Manufacturing Practices (1998), and the formation of a national coordinating body in 1999. While these measures enhanced awareness

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

and standardisation in practice, they did not significantly reform the education and training structures for TMCM practitioners.

Major policy shifts occurred with the launch of the National Policy on Traditional Malay Medicine (2001), the formation of the T&CM Division under the Ministry of Health (2004), and the implementation of competency standards (SKK/NCS) tied to formal apprenticeship and licensing mechanisms (2007). The establishment of programs such as Mamacare and LPPKN-GAPERA further broadened access to maternal health services informed by TMM principles. By 2014, an estimated 4,975 practitioners were recorded in Peninsular Malaysia—excluding East Malaysia—though gaps in systematic education remained.

The enactment of the Traditional and Complementary Medicine Act 2016 (Act 775) marked a significant legal milestone, establishing the T&CM Council to oversee accreditation and regulatory compliance (MOH, 2016). Accredited institutions under the Department of Skills Development (DSD/MOHR) began offering professional training certifications, with varying levels of Basic Medical Science (BMS) integrated. However, integration of BMS into TMM education remains inconsistent, and no nationally unified syllabus has been formalized to date.

Semantically, the term "traditional" in TMM signifies more than just chronology it denotes an epistemic system tied to culture, cosmology, and inherited health wisdom. This distinguishes TMM from other labels such as "alternative," "complementary," or even "Islamic medicine" in the broader discourse on non-biomedical healing frameworks (Harun Mat Piah, 2015). TMM encompasses unique diagnostic concepts, therapeutic modalities, materia medica, and socio-linguistic constructs that reflect its ontological distinctiveness.

Historically, TMM has long served as the primary healthcare system among Malays prior to the advent of modern biomedicine. Practices such as herbal therapy, massage, mandi wap, and ritual healing were widespread and codified in texts like Bustan al-Salatin, Al-Rahmah fi al-Tibb wa al-Hikmah, and Tayyib al-Ihsan fi Tibb al-Insan (Harun Mat Piah, 2017; Adzhar, 2021). These works produced as early as the 17th century attest to a literate medical tradition that counters colonial-era claims that Malay healing was solely animistic or magical in character (cf. Skeat, 1965).

Today, the corpus of Malay medical manuscripts stands as a testament to the scholarly richness of TMM. An estimated 22,000 manuscripts related to various aspects of Malay knowledge are archived in national and international repositories, with more than 100 directly addressing medical science (Harun Mat Piah, 2015). Institutions such as the Malay Manuscript Centre, ISTAC, and libraries in Leiden, Aceh, and London hold copies that remain underexplored in mainstream medical historiography.

In sum, the development of TMM in Malaysia illustrates an ongoing struggle for epistemic recognition, curriculum formalisation, and regulatory consolidation. While its philosophical and spiritual roots are deeply embedded in Malay-Islamic cosmology, efforts toward standardisation—both educational and legal—remain incomplete. Nevertheless, the trajectory from oral practice to institutional accreditation signifies an important chapter in Malaysia's broader educational and healthcare pluralism.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Educational Recognition and Policy Alignment of TMM and Tibb Nabawi

The institutional recognition of Traditional Malay Medicine (TMM) and Tibb Nabawi within Malaysia's higher education system remains a complex interplay of cultural identity, policy direction, and academic legitimacy. Historically, traditional knowledge systems have been marginalized in formal medical education due to their perceived incompatibility with biomedical frameworks and the absence of codified pedagogies (Lim & Hashim, 2023). However, the introduction of the Malaysian Qualifications Framework 2.0 (MQF 2.0) signaled a shift towards more inclusive, outcome-based learning models that allow for indigenous knowledge systems like TMM to be contextualized within national standards (MQA, 2020).

One of the most significant developments was the launch of the Diploma in Traditional Malay Medicine by Kolej SPACE (UTMSPACE), the first and only MQA-accredited program focused exclusively on TMM. This program integrates traditional healing concepts with a formal syllabus, outcome-based learning, and a structured clinical practicum, demonstrating that TMM can be delivered through recognized educational models while retaining its cultural integrity (Kolej SPACE, 2021). Such alignment has paved the way for other institutions like SCOTMED and UCYP to introduce modular and certificate-based T&CM programs, although these often emphasize broader integrative approaches rather than the specific philosophy of Malay healing (SCOTMED, 2025).

Parallel to this, Tibb Nabawi, rooted in prophetic traditions, has gained traction within Islamic and health-related studies. However, its incorporation into mainstream health curricula remains largely informal, often taught as elective modules or embedded within spiritual health topics rather than as a core component of medical training (Yusuf & Halim, 2024). The challenge lies in reconciling the epistemology of divine guidance and spiritual causality inherent in Tibb Nabawi with the empirical demands of modern educational frameworks (Al-Azmi et al., 2023).

Policy instruments such as the National Education Philosophy, the Blueprint on T&CM Development (2018–2027), and strategic documents from the Ministry of Higher Education emphasize the importance of nurturing holistic graduates equipped with ethical, spiritual, and cultural literacy. These frameworks have provided a normative foundation to justify the formalization of TMM and Tibb Nabawi education, aligning them with national aspirations for integrated and sustainable healthcare (MOHE, 2021; MIDA, 2025). However, without clearer curriculum standards, accreditation benchmarks, and pathways for postgraduate advancement, traditional medicine education continues to exist in a liminal space recognized in theory but inconsistently realized in practice (Rahman & Noor, 2022).

However, without clearer curriculum standards, accreditation benchmarks, and pathways for postgraduate advancement, traditional medicine education continues to exist in a liminal space recognized in theory but inconsistently realized in practice (Rahman & Noor, 2022). In line with efforts to strengthen institutional recognition of TMM, the Ministry of Health (MOH) has introduced a transitional period ending in August 2024, allowing traditional healers to register through the Recognition of Practice Experience in Traditional and Complementary Medicine (BPTK) mechanism, as outlined by the Traditional and Complementary Medicine Council (MPT&K). This initiative represents a significant first step toward professional legitimization and opens the door for integrating experiential pathways into higher education through Recognition of Prior Learning (RPL), in alignment with the aspirations of MQF 2.0.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Emerging Research and Pedagogical Scholarship in TMM and Tibb Nabawi

In the last five years, there has been a growing body of research that aims to reposition Traditional Malay Medicine (TMM) and Tibb Nabawi within the framework of scholarly inquiry and pedagogical innovation. These studies do not merely explore their clinical utility but also examine how the epistemology of traditional healing can be reinterpreted through modern educational lenses. This trend aligns with broader shifts in global medical humanities, where indigenous and faith-based medical systems are increasingly acknowledged for their contributions to holistic health models (Al-Azmi et al., 2023; Sani et al., 2023).

One notable area of scholarly development has been the intersection of Tibb Nabawi and mental health. In their pioneering work, Dzulraidi et al. (2025) propose a form of "Nabawi ecotherapy" that draws on the therapeutic use of nature, spiritual reflection, and dietary principles rooted in prophetic traditions.

Their qualitative findings suggest that Tibb Nabawi offers not just medical intervention, but also existential alignment and psychosocial coherence elements often marginalized in conventional healthcare delivery (Al-Mu'tabar, 2025). Such insights have prompted calls for these systems to be more deliberately incorporated into health sciences curricula through reflective practice, values-based modules, and student-led inquiry projects (Yusuf & Halim, 2024).

Parallel developments can be observed in pedagogical methods tailored for TMM. Case-based learning is gaining traction, with instructors using culturally contextualized health scenarios such as imbalance of "angin," dampness, or spirit-related ailments as entry points for multidisciplinary dialogue (Sulaiman & Norhayati, 2023). These methods allow students to grasp not only the physiological aspects of TMM but also its spiritual, linguistic, and sociocultural dimensions. Researchers have also advocated for blended delivery models combining hands-on apprenticeship with digital simulation and ethnomedical databases as a means to preserve authenticity while aligning with contemporary teaching standards (Lim & Hashim, 2023).

Despite these advances, integration of TMM and Tibb Nabawi pedagogy remains uneven across Malaysian institutions. While Kolej SPACE has operationalized these insights through a structured and accredited curriculum, most higher education settings have yet to develop robust pedagogical frameworks for traditional medicine. Furthermore, the lack of standardised teaching materials, limited faculty capacity, and absence of scholarly journals dedicated to traditional medical education pose ongoing challenges (Rahman & Noor, 2022).
Nonetheless, these emerging directions signal that traditional medicine is not inherently at odds with academic rigor. Rather, it invites a broader conception of what constitutes medical knowledge, demanding inclusive pedagogies that value narrative, experience, culture, and spiritual insight alongside clinical efficacy. Moving forward, pedagogical scholarship in TMM and Tibb Nabawi must embrace not only knowledge transmission but also knowledge transformation, empowering students to critically engage with traditional wisdom through lenses of ethics, sustainability, and local relevance.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Contemporary Practices and Regulatory Framework of Traditional Malay Medicine (TMM) In Malaysia

Traditional Malay Medicine (TMM) in Malaysia represents an integrated health tradition rooted in spiritual, botanical, and empirical knowledge systems. It aims to prevent, treat, and manage illnesses by maintaining physical, emotional, and spiritual balance. As Malaysia advances toward pluralistic healthcare integration, TMM has been formally recognised and regulated under national frameworks to ensure safe and ethical practice. The governance and development of TMM now fall under the purview of the Traditional and Complementary Medicine Division, Ministry of Health Malaysia (MOH-T&CM), as structured through the Traditional and Complementary Medicine Act 2016 (Act 775) (Mohd Effendi Mohd Shafri, 2017).

The implementation of Act 775 reflects a national commitment to institutionalise traditional healing systems while preserving cultural identity. From an Islamic and health management perspective, TMM in Malaysia is seen to possess three defining characteristics. First, it is culturally diverse, shaped by heritage, language, ethnic identity, and localised philosophies across various regions. Second, it serves as a trusted and accessible form of primary healthcare, especially in rural and underserved communities. Third, it carries potential as a driver of economic activity, particularly through herbal product development and wellness tourism (Mat Salleh et al., 2020).

Act 775 mandates that all T&CM practitioners must be registered with the Traditional and Complementary Medicine Council, a statutory body established under the Act to regulate qualifications, scopes of practice, and ethical standards. According to Section 25 of the Act, individuals who are not formally registered are legally prohibited from providing T&CM services either directly or indirectly. To support inclusivity, a transition period for registration (March 1, 2021 – February 29, 2024) was introduced under Subregulation 1(3) of the T&CM Regulation 2021. This provision allows traditionally trained practitioners—often referred to as datuk or community healers without formal academic credentials but with demonstrable expertise—to be evaluated for registration based on experience and lineage, in line with the Act's recognition of heritage-based competencies (MOH, 2021).

This regulatory recognition aligns with the broader aim of safeguarding public health while legitimising indigenous medical knowledge. However, challenges remain, particularly in the integration of Basic Medical Sciences (BMS) into practitioner training. While several accredited training centres under the Department of Skills Development (DSD/MOHR) offer certification programs that include BMS components, there is currently no national curriculum blueprint that standardises this integration across TMM disciplines (Pang et al., 2018).

In sum, TMM in Malaysia has entered a new phase of institutional development. It is no longer confined to oral transmission or folk practice but is progressively being shaped by legislation, competency standards, and public policy. Yet, to ensure sustainable integration into the national health system, further efforts are needed, particularly in curriculum development, quality assurance, and the expansion of educational access for community-based practitioners.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Modalities and Operational Challenges in Traditional Malay Medicine (TMM) Practice in Malaysia

Traditional Malay Medicine (TMM) in Malaysia encompasses a diverse range of therapeutic modalities rooted in indigenous knowledge, ecological adaptation, and Islamic metaphysics. These modalities are recognised under the governance of the Ministry of Health Malaysia through the Traditional and Complementary Medicine (T&CM) Division, and are regulated under the Traditional and Complementary Medicine Act 2016 (Act 775) (Mohd Effendi Mohd Shafri, 2017).

Among the core practices officially recognised within the TMM category are:

Malay Herbal Therapy, which involves the utilisation of plant-based materials such as roots, barks, leaves, rhizomes, seeds, sap, fruits, or shoots, prepared either fresh or dried. These herbs are used for both preventive and curative purposes, often administered in decoctions, poultices, or infusions.

Malay Massage (Urut Melayu), a manual therapeutic technique employing the use of the practitioner's hands, elbows, heels, or designated tools. Massage is administered either with or without oil and is intended to improve circulation, realign bodily energies, and promote musculoskeletal recovery.

Malay Cupping (Bekam), which involves placing low-pressure cups on specific points of the body to stimulate circulation and draw out "impurities" or stagnation. The vacuum is created through heat or mechanical suction and is believed to support detoxification and restoration of systemic balance.

Postpartum Care (Penjagaan Pantang), traditionally practiced for a minimum of 40 days, involving a holistic regimen that includes therapeutic massage, bertangas (herbal steam baths), berpilis, berparam, barut (abdominal binding), and specially prepared herbal meals. This modality also includes midwifery care and various body restoration therapies unique to the Malay healing tradition.

Despite increasing institutional recognition, the practice of TMM across these modalities remains challenged by the absence of formal benchmarking or service quality standards. This leads to inconsistencies in practice delivery, both between individual practitioners and across training institutions. Moreover, there remains a shortage of qualified personnel who possess both traditional skills and basic medical science (BMS) competencies, thereby creating uneven levels of care quality (Nadzrah Ahmad & Ahmad Nabil Amir, 2017).

The increasing demand for TMM services, especially in urban wellness sectors and maternal care, has also contributed to practitioner fatigue, further exacerbated by limited human capital pipelines. Additionally, contemporary reference materials, including clinical and theoretical documentation, remain underdeveloped. The coordination of research methodologies with traditional TMM epistemologies is cited as a critical gap preventing robust clinical validation and standardisation.

In a recent statement, the Minister of Health, Dr. Zaliha Mustafa, acknowledged these challenges, identifying the lack of specialised expertise and methodological cohesion as key

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

impediments to the full institutional integration of T&CM within Malaysia's healthcare ecosystem (Zaliha, 2023).

Moving forward, there is a need for capacity-building initiatives, curriculum unification, and scholarly repositories to ensure that TMM modalities evolve not only within community contexts but also through professional, evidence-informed frameworks.

Challenges, Gaps, And Future Directions In Advancing TMM Education In Malaysia

Although Traditional Malay Medicine (TMM) has gained formal recognition under Act 775 and is regulated by the Ministry of Health Malaysia (MOH), licensed practitioners with over a decade of service continue to face structural limitations in contributing meaningfully to academic and institutional development. A recurring concern among all six registered informants was the absence of an official mechanism to appoint and accredit competent TMM practitioners as formal instructors within training centres or institutions of higher learning. While many of these practitioners are certified through the Malaysian Skills Certificate (Sijil Kemahiran Malaysia, SKM) or have more than ten years of field-based experience, they have never received formal endorsement to teach within accredited programs. Informants further expressed concern that even in existing training settings—such as community workshops or structured apprenticeships—there is no systematic vetting process to ensure that only experienced and qualified practitioners are selected as instructors. This situation risks diluting the quality of instruction and may undermine the professional image of TMM. As Informant 3 observed, "We can heal, but no one officially authorises us to teach even after 15 years of service."

This concern is further compounded by the absence of a nationally standardised TMM syllabus. At present, content, terminology, and delivery methods differ substantially across institutions and instructors, leading to inconsistent pedagogical quality and a lack of reference for curriculum alignment. Informant 5 commented, "Every trainer teaches differently, there's no shared reference, no benchmark." Without a formal and unified curricular framework, it is difficult to establish transparency, comparability, and credibility within the discipline, particularly in an area so deeply rooted in oral tradition and community-specific wisdom.

Additionally, none of the public universities in Malaysia currently offer a dedicated bachelor's degree or structured postgraduate program in TMM. Practitioners expressed frustration that their extensive experience and certification do not enable them to further their education formally. As Informant 6 highlighted, "We don't know where to go if we want to continue studying TMM formally." This gap not only limits career progression for practitioners but also signals a broader issue of institutional inertia in elevating TMM to academic legitimacy.

Informants also underscored a critical lack of funding for research into traditional remedies and healing practices. Although these practitioners hold extensive knowledge of herbal applications and wellness therapies, few possess access to laboratory facilities, research networks, or financial resources to document and validate their formulations. Informant 2 explained, "I've seen these herbs heal, but there's no funding or scientist to help us validate it," while Informant 4 added, "Research funds are always reserved for universities; we're practitioners, not professors." This situation has severely hindered opportunities to substantiate therapeutic claims through empirical evidence, reducing TMM's potential to contribute credibly to national health innovation.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Public misunderstanding and limited awareness regarding the scope and legitimacy of TMM also emerged as a prominent concern. Several informants noted that while they are certified and actively practicing, some members of the public remain sceptical of their expertise, often associating traditional practices with superstition or outdated methods. This perception gap is further exacerbated by the lack of widespread education and outreach on the formalisation and professional standards already adopted within TMM. As Informant 5 remarked, "The community doesn't always understand that we're certified and regulated. They still think we're doing something informal." Such misconceptions not only impact the public's trust in the services offered but also hinder potential collaboration with mainstream healthcare professionals and institutions.

This ongoing scepticism points to the broader need for strategic public awareness initiatives that showcase the legitimacy, safety, and cultural significance of TMM. Informants agreed that education campaigns, supported by both governmental and academic platforms, are essential to reposition TMM not merely as alternative health care, but as a heritage-based practice grounded in structured knowledge and national policy.

As Informant 6 emphasised, "TMM represents who we are, it's not just about healing, it's about preserving identity."

Collectively, these practitioner perspectives reinforce the urgent need to reposition Traditional Malay Medicine (TMM) as a formal academic discipline within public universities. Doing so would reflect the status TMM has earned as a culturally embedded system of care rooted in the Malay worldview while offering universal benefits that transcend ethnic and religious boundaries. Beyond its therapeutic utility, TMM carries immense value as a repository of Malay identity, ethics, and environmental wisdom, yet its principles of balance, holistic wellness, and ecological harmony remain relevant and adaptable for individuals of all backgrounds and age groups. Elevating it to the level of formal higher education—complete with accredited degree pathways, dedicated research funding, and teaching standards—would not only legitimise the field but also reinforce Malaysia's broader commitment to a pluralistic, culturally inclusive, and socially responsive health system.

Despite positive momentum in the academic recognition of Traditional Malay Medicine (TMM) and Tibb Nabawi, numerous structural and epistemological challenges continue to inhibit their full integration into Malaysia's mainstream health education landscape. A major issue lies in the lack of standardized national curriculum frameworks tailored specifically to these knowledge systems. While the Malaysian Qualifications Framework 2.0 (MQF 2.0) offers flexibility for indigenous and niche disciplines, few programs have developed detailed Course Learning Outcomes (CLOs) or Teaching and Learning Activities (TLAs) aligned with TMM philosophy (MQA, 2020; Kolej SPACE, 2021).

Equally pressing is the shortage of qualified academic staff who possess not only mastery of TMM or Tibb Nabawi knowledge but also pedagogical expertise grounded in contemporary curriculum design and quality assurance. According to Lim and Hashim (2023), most practitioners are trained through experiential apprenticeship but lack the academic credentials required for institutional teaching positions. This creates a bottleneck in faculty development and risks compromising educational quality or consistency.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Institutional fragmentation further complicates progress. Programs are often developed in isolation without coherent national pathways for articulation, credit transfer, or postgraduate advancement. For example, while Kolej SPACE has created a diploma-level offering, no seamless bridge to bachelor's or postgraduate degrees in TMM currently exists (Rahman & Noor, 2022). In contrast, biomedical pathways benefit from decades of systems development and inter-institutional articulation, leaving TMM and Tibb Nabawi in a fragmented accreditation ecosystem.

From a research perspective, limited publication outlets and minimal industry-academic collaboration remain key limitations. Although pioneering studies such as those by Dzulraidi et al. (2025) and Sulaiman & Norhayati (2023) have explored pedagogical and therapeutic frameworks, there is little institutional support for large-scale clinical validation studies or international research networking. This, in turn, weakens the case for deeper curricular embedding and regulatory legitimacy.

To move forward, several strategic directions should be prioritized. First, national curriculum frameworks specific to TMM and Tibb Nabawi should be collaboratively developed, including clearly mapped MQF domains, measurable attributes, and interprofessional learning components. Second, a national registry of qualified academic trainers and resource persons could enhance teaching quality and build human capital in the field. Third, the establishment of a centralized Traditional Medicine Education Consortium (TMEC) could enable knowledge-sharing, credit harmonization, and cross-institutional benchmarking.

Finally, greater emphasis should be placed on values-based education (VBE) and Education for Sustainable Development (ESD) within the traditional medicine curriculum. Embedding ethics, spirituality, ecological stewardship, and cultural literacy within syllabi aligns TMM and Tibb Nabawi not only with national aspirations but also with global educational imperatives (MOHE, 2021; UNESCO, 2022). Such integrative approaches position traditional healing not as a relic of the past, but as a dynamic pedagogy for the future of healthcare education in Malaysia and beyond.

Conclusion

This study has illuminated the evolving role of Traditional Malay Medicine (TMM) and Tibb Nabawi within Malaysia's dynamic healthcare and educational landscape. Drawing upon historical epistemology, curriculum policy analysis, and practitioner insights, the findings affirm that while both systems remain deeply embedded in Malay cultural identity, their pedagogical and institutional potential transcends ethnic, religious, and generational boundaries. Despite Malaysia's regulatory frameworks and cultural acknowledgment of TCM, the absence of a unified curriculum, lack of academic pathways, insufficient research funding, and public misconceptions continue to constrain TMM's academic maturation. By documenting these systemic gaps through qualitative inquiry, the study underscores the urgency of repositioning TMM as a credible, inclusive, and structured field of academic pursuit. The integration of TMM into formal health education anchored in MQF 2.0, VBE, and ESD principles not only promotes curricular diversification and indigenous knowledge preservation but also contributes meaningfully to national aspirations for a pluralistic, sustainable, and culturally resilient healthcare system. As Malaysia moves forward, a strategic focus on curriculum development, educator accreditation, public engagement, and collaborative research will be essential to realise the full educational and societal potential of TMM.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

References

Abdullah, N.C. (2018). Legal research methodology. Petaling Jaya: Sweet & Maxwell. Traditional and Complementary Medicine Act (TCM) 2016 [ACT 775].

Abdullah, R., & Ismail, S. (2021). Integrating Islamic epistemology in traditional medicine education: A Malaysian perspective. Journal of Islamic Health Studies, 9(2), 45–60.

Adzhar, A.L. (2021) Perubatan Tradisional Melayu artikel 9hb Mei; Harian Metro https://api.hmetro.com.my/sihat/2021/05/704059/perubatan-tradisional-melayu.

Ahmad Najaa' Mokhtar, Jahid Hj Sidek, Muhammad Khairi Mahyuddin, Abdul Rahim Zumrah, Mahyuddin Ismail, Rosidayu Sabran, Mohd Rumaizuddin Ghazali (2018). Isu dan Masalah akidah dan syariah dalam pengubatan spiritual Islam di kalangan masyarakat Islam di Malaysia. Vol 1 No 2: Jurnal Ushuluddin Adab dan Dakwah. http://journal.iaialmawar.ac.id/index.php/juad/article/view/139.

Ahmad, R., & Kasim, M. Y. (2019). Understanding the resurgence of traditional healing: Cultural resonance and critical perspectives. Malaysian Journal of Medical Humanities, 11(2), 45–60.

Al-Azmi, M. N., Hashim, S., & Ramli, A. N. (2023). Reconciling epistemology in Tibb Nabawi and biomedical education: A conceptual framework. Journal of Prophetic Medicine Studies, 4(2), 27–39.

Al-Mu'tabar Journal. (2025). Studies on prophetic dietary practices and therapeutic traditions. Retrieved from https://jurnal.stain-madina.ac.id/index.php/almutabar/article/view/2445

Alshagga, M. A., Al-Dubai, S. A. R., Muhamad Faiq, S., & Yusuf, A. A. (2011). Use of complementary and alternative medicine in Malaysia: A cross-sectional study. Asian Journal of Complementary and Alternative Medicine, 3(1), 19–25.

Barnes, P.M., Bloom, B. & Nahin, R.L. (2008). Complementary and alternative medicine use among adults and children: United States 2007. Nati Health Stat Report, 12, 1-23.

Becker, A.H. (2011). Edessa, School of. In: Brock, S.P., Butts, A.M., Kiraz, G.A. and Van Rompay, L., Eds., Gorgias Encyclopedic Dictionary of the Syriac Heritage: Electronic Edition, Gorgias Press, Online Edition. https://gedsh.bethmardutho.org/Edessa-School-of

Blanc, P.D., Trupin, L., Earnest, G., Katz, P.P., Yelin, E.H. & Eisner, M.D. (2001). Alternative therapies among adults with a reported diagnosis of asthma or rhinosinusitis: data from a population-based survey. Chest, 120, 1461-1467.

Brewer, H. (2004). Historical Perspectives on Health: Early Arabic Medicine. Perspectives in Public Health, 124, 184-187. https://doi.org/10.1177/146642400412400412.

Browne, E.G. (1921). Revised Translation of the Chahar Maqāla ("Four Discourses") of Nizami-i-Arudi of Samarkand Followed by an Abridged Translation of Mirza Muhammad's Notes to the Persian Text. The Cambridge University Press, London.

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). Thousand Oaks, CA: SAGE Publications.

Dehkhodâ, A. (1998). Loghatnâme (Encyclopedic Dictionary). Edited by Mohammad Mo'in and Ja'far Shahidi. Tehran University Publications, Tehran.

Dzulraidi, D. H., Aznan, H., & Lanan, N. (2025). Ecotherapy in the Tibb Nabawi perspective: An initial approach to holistic mental health. Al-Mu'tabar Journal. Retrieved from https://www.researchgate.net/publication/388870082_Ecotherapy_in_the_Tibb_Nabawi_Perspective

Elgood, C. (1951) A Medical History of Persia and the Eastern Caliphate. From the Earliest Times until the Year A.D. 1932. Cambridge University Press, Cambridge. https://doi.org/10.24157/ARC_11493.

Ernst, E. (1998). The prevalence of complementary/alternative medicine in the general population: A systematic review. Complementary Therapies in Medicine, 6(2), 88–96.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Featherstone, C.D., Godden, S., Selvaraj, M., Emslie, M. & Took-Zozaya, E. M. (2003). Characteristics associated with reported CAM use in patients attending six GP practices in the Tayside and Grampian regions of Scotland: A survey. Complement Ther Med, 11, 168-176.

Gheita, T.A. and Eesa, N.N. (2019). Rheumatology in Egypt: Back to the Future. Rheumatology International, 39, 1-12. https://doi.org/10.1007/s00296-018-4192-0.

Guest, G., Namey, E. E., & Chen, M. (2020). A simple method for assessing thematic saturation in qualitative research. PLOS ONE, 15(5), e0232076. https://doi.org/10.1371/journal.pone.0232076

Harun, H., Mahmud, M., & Latif, N. (2023). Pedagogical challenges in teaching traditional Malay medicine in higher education. Malaysian Journal of Indigenous Knowledge, 11(1), 22–38.

Harun Mat Piah (2015). "Traditional Malay Medicine from Old Manuscripts," International Journal of the Malay World and Civilization (Iman) 3(3): 3 – 17.

Harun Mat Piah (2017). Transliteration: Book of Terengganu Museum. Malaysian Forestry Research Institute, Selangor.

Harun Mat Piah & Nik Musa'adah Mustapha (2019). Kitab Tibb MSS1292 PNM. Research Institute Malaysian Forestry, Selangor.

HealthToday Malaysia. (2025). A new era for traditional and complementary medicine in Malaysia's healthcare system. Retrieved from https://malaysia.healthtoday.net/a-new-era-for-traditional-and-complementary-medicine-in-malaysias-healthcare-system

Ivry, A. (2012). Arabic and Islamic Psychology and Philosophy of Mind. Stanford Encyclopedia of Philosophy (Summer 2012 Edition). https://plato.stanford.edu/archives/sum2012/entries/arabic-islamic-mind/.

Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2021). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. Journal of Advanced Nursing, 77(2), 834–845. https://doi.org/10.1111/jan.13720

Kolej SPACE. (2021). Diploma in Traditional Malay Medicine: Academic Programme Structure. UTMSPACE.

Kolej SPACE. (2024). Diploma in Traditional Malay Medicine programme overview. https://www.space.edu.my.

Kuckartz, U., & Rädiker, S. (2025). Qualitative text analysis: A systematic approach (2nd ed.). Cham, Switzerland: Springer Nature.

Looppanel. (2025). Memo writing in qualitative research: Enhancing reflexivity and depth. https://www.looppanel.com

Lim, T. K., & Hashim, F. A. (2023). Integrating traditional healing into health education: Reframing curriculum beyond biomedicine. Journal of Indigenous Knowledge and Medical Education, 5(1), 33–49.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: SAGE Publications.

Malay Mail. (2025, February 28). Unregistered traditional medicine practitioners to face fines, jail from tomorrow, says MOH. Malay Mail. Retrieved from https://www.malaymail.com/news/malaysia/2025/02/28/unregistered-traditional-medicine-practitioners-to-face-fines-jail-from-tomorrow-says-moh/168277

Malaysian Qualifications Agency. (2020). Malaysian Qualifications Framework 2.0 (MQF 2.0). Retrieved from https://www2.mqa.gov.my

Malaysian Qualifications Agency. (2023). Malaysian Qualifications Framework 2.0 (MQF 2.0). https://www.mqa.gov.my.

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Malaysian Investment Development Authority (MIDA). (2025). Malaysia: A promising future for traditional and herbal medicine. Retrieved from https://www.mida.gov.my/malaysia-a-promising-future-for-traditional-and-herbal-medicine

Mat Salleh, F., Saari, Z., Abdul Rahman, N. N. H., & Mustafa, N. (2020). Amalan Diagnosis Dalam Perubatan Melayu Berdasarkan Kitab Tib (Diagnosis Practice In Malay Medicine Based on The Kitab Tib). UMRAN - International Journal of Islamic and Civilizational Studies, 6(3-2). https://doi.org/10.11113/umran2020.6n3-2.417.

Miller, A.C. (2006). Jundi-Shapur, Bimaristans, and the Rise of Academic Medical Centres. Journal of the Royal Society of Medicine, 99, 615-617. https://doi.org/10.1177/014107680609901208.

Ministry of Health Malaysia. (2025). Traditional and Complementary Medicine Division – Official Portal. Retrieved from https://hq.moh.gov.my/tcm/en

Ministry of Higher Education Malaysia. (2021). National Education Philosophy and Policy Guidelines on Curriculum Transformation. Putrajaya: MOHE.

Mohd. Effendi Mohd. Shafri (2017). Transliteration: Al-Rahmah fi Tib wa Al-Hikmah; Sheikh Abbas Kuta Karang. Malaysian Jawi Academy, Kuala Lumpur.

Mokhtar, N. & Chan, S.C. (2006). Use of complementary medicine among asthmatic patients in primary care. Med J Malaysia, 61, 125-127.

Mohd Taib, M. Y., & Wan Mohd Dasuki, W. S. (2020). Islamisation of medicine in the Malay world: A study on selected traditional healing manuscripts. Jurnal Usuluddin, 52(1), 75–102. https://doi.org/10.22452/usuluddin.vol52no1.4

Nadzrah Ahmad, Ahmad Nabil Amir (2017). Alternative Medicine in Malaysia: Analysis of Treatment Method Problems. Darul Quran Journal No. 21: 74-131.

Ng, T., Wong, M., Hong, C., Koh, K. & Goh, L. (2003). The use of complementary and alternative medicine by asthma patients. QJM, 96, 747-754.

Okumu, M. O., Ochola, F. O., Onyango, A. O., Mbaria, J. M., Gakuya, D. W., Kanja, L. W., Kiama, S. G., & Onyango, M. A. (2017). The legislative and regulatory framework governing herbal medicine use and practice in Kenya: a review. The Pan African Medical Journal, 28, 232. https://doi.org/10.11604/pamj.2017.28.232.12585.

Pang, S., Subramaniam, M., Lee, S. P., Lau, Y. W., Abdin, E., Chua, B. Y., Picco, L., Vaingankar, J. A., & Chong, S. A. (2018). The Singaporean public's beliefs about the causes of mental illness: results from a multi-ethnic population-based study. Epidemiology and psychiatric sciences, 27(4), 403–412. https://doi.org/10.1017/S2045796017000105.

Pearn, J. (2016). Hammurabi's Code: A Primary Datum in the Conjoined Professions of Medicine and Law. Medico-Legal Journal, 84, 125-131. https://doi.org/10.1177/0025817216646038.

Rahman, N. A., & Noor, S. N. (2022). Reconstructing heritage medicine in modern Malaysia: Institutional reform and cultural preservation. Journal of Medical Policy and Practice, 8(3), 102–118.

Sa'di, L.M. (1958). Glimpses into the History of Arabic Medicine. Bulletin of the Medical Library Association, 46, 206-218.

Salleh, M. N. (2020). Oral transmission and legitimacy in traditional Malay healing practices. Journal of Malay Civilisation, 7(3), 88–102.

Sani, N. M., Ismail, A. S., & Yusof, M. (2023). Epistemology and holism in traditional Malay medicine: A qualitative synthesis. Borneo Journal of Health and Humanities, 2(1), 21–35.

SCOTMED. (2025). Complementary & Traditional Medicine Programme Overview. School of Complementary and Traditional Medicine, UCYP. Retrieved from https://scotmed.ucyp.edu.my

Volume: 10 Issues: 75 Special Issue [August, 2025] pp. 1217 - 1237
Journal of Islamic, Social, Economics and Development (JISED)
eISSN: 0128-1755
Journal website: www.academicinspired.com/jised
DOI: 10.55573/JISED.107599

Shahbazi, S. (2017). ŠĀPUR I: History. Encyclopædia Iranica. http://www.iranicaonline.org/articles/shapur-i.

Shahpesandy, H., Al-Kubaisy, T., Mohammed-Ali, R., Olado-su, A., Middleton, R. and Saleh, N. (2022) A Concise History of Islamic Medicine: An Introduction to the Origins of Medicine in Islamic Civilization, Its Impact on the Evolution of Global Medicine, and Its Place in the Medical World Today. International Journal of Clinical Medicine, 13, 180-197. https://doi.org/10.4236/ijcm.2022.134015.

Skeat, W. W. (1965). Malay magic: An introduction to the folklore and popular religion of the Malay Peninsula. London: Frank Cass & Co. Ltd. (Original work published 1900)

Slader, C.A., Reddel, H.K., Jenkins, C.R., Armour, C.L. & Bosnic-Anticevich, S.Z. (2006). Complementary and alternative medicine use in asthma: Who is using what? Respirology, 11, 373- 387.

Soden, W.T.V., Edzard, D.O. and Frye, R.N. (2020). History of Mesopotamia. Encyclopedia Britannica. https://www.britannica.com/place/Mesopotamia-historical-region-Asia.

Sulaiman, R., & Norhayati, M. (2023). Teaching Malay traditional medicine through case-based learning: A cultural pedagogy model. Southeast Asian Journal of Health Education, 6(2), 40–54.

UMS News. (2023). PuPUK initiative promotes community wellbeing through cultural health outreach. Universiti Malaysia Sabah. Retrieved from https://www.ums.edu.my

UNESCO. (2022). Education for sustainable development: A roadmap. https://unesdoc.unesco.org

Universiti Malaysia Sabah (UMS). (2023). PuPUK initiative promotes community wellbeing through cultural health outreach. Retrieved from https://www.ums.edu.my

Walter William Skeat. (1965). Malay Magic: An Introduction To The Folklore And Popular Religion Of The Malay Peninsular. Frank Cas and Co. Ltd., West Germany.

Wakhidah, N. (2019). Shariah perspectives on e-commerce practices. Journal of Islamic Business Ethics, 5(1), 12–29.

Wong, Y. S., & Nik Farhan, N. A. (2021). Traditional medicine in rural Malaysian healthcare: A socio-cultural exploration. Asian Ethnomedicine Review, 4(1), 12–29.

Yaqin A. (2008). Legal Research and Writing. Kelana Jaya: LexisNexis.

Yoder, H., de Jong, J., Tol, W. A., Duncan, J. A., Bayoh, A., & Reis, R. (2021). Child witchcraft confessions as an idiom of distress in Sierra Leone; results of a rapid qualitative inquiry and recommendations for mental health interventions. Child and adolescent psychiatry and mental health, 15(1), 18. https://doi.org/10.1186/s13034-021-00370-w.

Yusuf, M., & Halim, M. N. (2024). Teaching prophetic healing in Islamic health sciences: Between faith-based epistemology and curriculum design. International Journal of Integrative Islamic Health Education, 2(1), 11–25.

Zaliha, M. (2023) Perubatan Tradisional Melayu artikel 14hb April; Sinar Harian https://www.sinarharian.com.my/article/254455/berita/nasional/rujukan-terhad-cabaran-perubatan-tradisional-dan-komplementari.

Zaliha, M. (2023, April 12). Malaysia committed to expanding traditional and complementary medicine. Bernama. Retrieved from https://www.bernama.com