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PRESERVING MEDICAL HERITAGE FOR SUSTAINABLE FUTURES: AN ETHNOSCIENTIFIC AND ETIOLOGICAL FRAMEWORK OF HALAL MALAY HERBAL REMEDIES

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Abstract: *Growing interest in ethical healthcare and sustainable wellness has renewed attention to traditional medical heritage. However, Traditional Malay Medicine (TMM) continues to face fragmented documentation, limited integration of historical knowledge with contemporary practices, and insufficient policy support for sustainable development. This study examines the diversity and traditionally reported therapeutic applications of Malay herbal remedies across four disease categories, investigates preparation methods and ethical practices, and proposes interdisciplinary and policy approaches for sustainable healthcare integration. Employing a qualitative methodology, the research combines documentary and doctrinal analysis of selected classical Kitab Tib sources, relevant legal provisions and scholarly literature with semi-structured interviews involving ten experienced TMM practitioners. The findings identify traditional herbal applications associated with chronic diseases, respiratory ailments, dermatological conditions, and psychosocial disorders. Three interrelated themes emerge: ethnoscientific botanical classification, traditional etiological interpretations, and ethical practices involving halalan toyyiban and responsible botanical sourcing. The integration of documentary and practitioner perspectives highlights the cultural significance of Malay medical knowledge and its potential contribution to heritage preservation, ethical herbal innovation and environmental sustainability. The study recommends strengthening practitioner education, interdisciplinary collaboration, sustainable botanical resource management and policy coordination to support responsible integration into contemporary healthcare and the halal wellness industry. Future research should prioritise botanical authentication, herbal safety assessment, pharmacological and clinical validation, and evaluation of sustainable governance models to establish stronger evidence for traditional therapeutic applications.*

Keywords: *Medical Heritage; Ethnoscience; Etiological Framework; Halal Herbal Remedies; Sustainable Futures.*

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Introduction

Traditional Malay Medicine has long relied on herbal preparations as part of its healing practices, reflecting a body of indigenous knowledge that has been transmitted from one generation to another through continuous community practice and observation. These herbs are strategically employed in various therapeutic modalities to holistically address physical, emotional, and spiritual ailments. Within the classical Malay worldview, medicinal plants are fundamentally regarded as divine gifts endowed with intrinsic healing properties. Within the traditional Malay worldview, medicinal plants are believed to possess functions and benefits that correspond to specific health needs and natural balances. This systemic knowledge base has been meticulously refined over centuries through experiential wisdom and ecological familiarity. In this scholarly context, ethnoscience is defined as Malay medical heritage, representing the systematic study of traditional medicinal knowledge and practices deeply embedded within a specific cultural community. This ethnoscientific dimension comprehensively encompasses how medicinal herbs are identified, sustainably harvested, processed, and applied in healing, while simultaneously acknowledging the spiritual, ethical, and cultural values that shape their therapeutic use (Arba'iyah Mohd Noor, 2014; Harun Mat Piah, 2015; Nor Azlina Abdul Aziz, 2019; Mohd Shahril Mat Ghani, 2020).

Parallel to this, etiology, or causal analysis, focuses on decoding the multi-layered origins of illness and the environmental factors contributing to disease manifestation. In Traditional Malay Medicine, this etiological framework evaluates bodily imbalances, spiritual disturbances, and localized environmental influences, which collectively guide the diagnostic selection of appropriate herbal remedies (Harun Mat Piah, 2015; Mohd Shahril Mat Ghani, 2020).

Although traditional Malay medical knowledge has been examined through manuscript studies, ethnobotanical research and contemporary pharmacological investigations, further attention is needed to understand how these different forms of evidence relate to one another. In particular, the relationship between historical descriptions of herbal remedies, practitioners' knowledge of illness and treatment, halal considerations and the sustainable preservation of medicinal resources remains an important area for interdisciplinary analysis. Drawing upon selected documentary materials, practitioners' experiences and relevant regulatory provisions, this study examines these relationships through ethnoscientific and etiological perspectives. Its contribution lies in bringing these dimensions together to inform the documentation, interpretation and responsible development of Traditional Malay Medicine within contemporary healthcare and wellness contexts.

Objective

The primary objective of this research is to comprehensively analyze the role of traditional medicine within contemporary health frameworks. First, the study aims to identify the diversity of traditional Malay herbal remedies and their specific therapeutic properties across various disease classifications, including chronic conditions, dermatological disorders, and emotional imbalances. Second, the investigation seeks to study the traditional preparation methods, ethical practices, and dynamic application frameworks of these herbal formulations as documented in classical medical manuscripts and practitioners' experiences. Finally, this research intends to suggest comprehensive public policies, cross-disciplinary innovations, and sustainable healthcare models that strategically integrate halal ethnoscientific knowledge into the global wellness industry and national governance frameworks.

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Methods

Research Design

This research employs a qualitative design that integrates document-based analysis with field investigation to address the study objectives comprehensively. The combination of these methods enables a broader understanding of traditional knowledge while supporting efforts to document and preserve it in a systematic manner (Rashidi et al., 2014). The framework integrates textual evidence from marginalized medical heritage with living practices, providing a comprehensive evaluation of herbal practices from the perspectives of ethnoscience and etiology.

Data Collection

The data collection process was divided into two primary phases: documentary sourcing and empirical ethnographic fieldwork.

Documentary and Doctrinal Sourcing

The documentary component drew upon selected records of classical Malay medical knowledge, including the National Library of Malaysia's manuscript catalogue annotations and available editions or analytical compilations of Kitab Tib. The documentary materials included the compiled analysis of MSS 1991 and the dermatological remedy records presented in Kitab Tib Muzium Terengganu. These sources were examined for descriptions of illnesses, herbal ingredients, preparation techniques, modes of application and associated traditional beliefs or precautions. The extraction process focused on information relevant to the study objectives rather than attempting an exhaustive analysis of the entire manuscript collection. Where catalogue annotations were consulted, these were treated as descriptive archival records and distinguished from detailed textual extracts. The extracted information was organised thematically to facilitate comparison with practitioners' accounts and the relevant scholarly literature. This approach enabled the study to examine relationships between historical knowledge and contemporary practice while recognising the different levels of detail available across the documentary sources.

Table 1: Documentary Sources and Levels of Manuscript Analysis

Documentary source	Source identification	Type of material examined	Role in the study
PNM Kitab Tib catalogue matrix	112 manuscript catalogue records	Catalogue entries and descriptive annotations	Initial identification, screening and contextual mapping
MSS 300	PNM catalogue	Catalogue annotation	Background on traditional ailments and spiritual interpretations
MSS 747	PNM catalogue	Catalogue annotation	Background on ailments, healing practices and spiritual knowledge
MSS 1292	PNM catalogue	Catalogue annotation	Contextual information on herbal remedies and traditional conditions
MSS 2515	PNM catalogue	Catalogue annotation	Background on remedies, illness-related beliefs and traditional knowledge
MSS 2999	PNM catalogue	Catalogue annotation	Contextual information on ailments, herbal ingredients and preparation methods

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MSS 1991	FRIM, Kitab Tib MSS 1991 PNM: Edisi dan Analisis Teks	Detailed structured treatment extracts	Textual analysis of traditional disease terminology, ingredients, preparation, application and restrictions
Kitab Tib Muzium Terengganu	FRIM publication by Abdil Ghani Hussain	Detailed dermatological treatment extracts	Textual analysis of skin-related conditions, ingredients, preparation, application and ethnomedical elements
Tayyib al-Ihsan fi Tibb al-Insan	Classical medical work attributed to Shaykh Ahmad al-Fatani	Secondary scholarly reference; direct textual extraction not established	Historical and conceptual context, subject to confirmation of the edition consulted

Source: Researcher's compilation based on the PNM manuscript catalogue matrix, selected published textual editions and structured documentary extracts.

As presented in Table 1, the documentary sources were examined at different levels of analysis according to the nature and availability of the materials. The 112 PNM catalogue records provided the basis for preliminary screening and source identification, while selected catalogue annotations contributed historical and contextual information. More detailed analysis was undertaken using the structured treatment extracts from MSS 1991 and Kitab Tib Muzium Terengganu. This distinction ensured that catalogue-level descriptions were not treated as equivalent to detailed textual evidence, thereby strengthening the transparency and methodological rigour of the documentary analysis.

Practitioner Interviews and Ethnographic Fieldwork

To address the second objective regarding traditional preparation methods and ethical practices, a case study methodology was employed through ethnographic and participatory observations alongside in-depth interviews (Yin, 1995; Merriam, 1998; Jasmi, 2012; Mawardi, 2019). To triangulate the textual data from the historical manuscripts, empirical fieldwork involved semi-structured, in-depth interviews with ten (10) highly experienced practitioners of Traditional Malay Medicine.

The participants were selected using purposive and snowball sampling methods to ensure authoritative and relevant insights. The primary inclusion criteria strictly required the practitioners to: (1) possess a minimum of 15 years of active clinical experience, (2) be formally registered under the Traditional and Complementary Medicine Act 2016 (Act 775), and (3) demonstrate specific expertise in herbal formulations, classical kitab tib applications, or holistic traditional diagnostics. To capture a comprehensive regional representation of Malay healing traditions, the geographical scope encompassed multiple states across Peninsular Malaysia. The demographic profiles of the selected respondents are detailed in Table 1 below.

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Table 2: Demographic Profiles of the Traditional Malay Medicine (TMM) Practitioners

Respondent ID	Gender	Age	Clinical Experience	Location (State)	Specific Area of Expertise
P1	Male	58	22 years	Terengganu	Herbal treatments for chronic diseases (e.g., hypertension and diabetes)
P2	Female	65	30 years	Kelantan	Postpartum care, *jamu* preparation, and traditional dermatology
P3	Male	50	18 years	Terengganu	Spiritual medicine, emotional disorders (anxiety/depression), and herbal baths
P4	Male	62	25 years	Pahang	Traditional Malay massage, nerve, and joint rehabilitation
P5	Female	55	20 years	Kedah	Herbal treatments for respiratory conditions (e.g., asthma) and women's health
P6	Male	60	28 years	Perak	Bone setting and application of traditional hot compresses (*tuam/pilis*)
P7	Female	53	16 years	Selangor	Holistic treatments, traditional cupping (*bekam*), and detoxification therapy
P8	Male	68	35 years	Melaka	Traditional toxicology (antidotes for poisons and toxins) based on classical manuscripts
P	Female	59	24 years	Johor	Reproductive health (fertility) and botanical root processing
P10	Male	54	19 years	Penang	Mystical diagnostics and ethical botanical harvesting (ecological sustainability)

Source: Developed by the Researcher Based on Fieldwork Data Collected from Traditional Malay Medicine Practitioners.

As presented in Table 2, the ten TMM practitioners represented diverse areas of expertise and geographical backgrounds across Peninsular Malaysia. Their clinical experience ranged from 16 to 35 years, encompassing herbal treatments, postpartum care, traditional diagnostics, physical therapies and spiritual healing practices. This diversity provided a range of practitioner perspectives relevant to the study's ethnoscientific and etiological framework, particularly concerning traditional herbal preparation, ethical considerations and the continuity of inherited medical knowledge. The participants' experiences also provided a basis for comparing contemporary practices with the documentary evidence derived from selected classical Kitab Tib sources.

Each interview session lasted between 60 to 90 minutes. The sessions utilized a semi-structured guide with open-ended questions designed to explore three main themes: traditional diagnostic methods (etiology), the ethnoscientific logic and ethical preparation of halal herbal remedies, and adherence to environmental sustainability during raw botanical sourcing. All interview sessions were audio-recorded with the participants' informed consent and subsequently transcribed verbatim.

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Data Analysis

The collected data were analysed using thematic analysis and qualitative content analysis to examine the relationships between historical Malay medical knowledge, contemporary healing practices, and the ethical and sustainability dimensions of herbal remedies. For the empirical component, interview transcripts were systematically reviewed and coded to identify recurring themes relating to traditional disease interpretations, herbal formulation and preparation techniques, spiritual and ethical considerations, and the transmission of knowledge across generations. These themes were subsequently compared across practitioners to identify similarities, variations, and contextual differences in their reported practices.

For the documentary component, qualitative content analysis was conducted using the selected Kitab Tib catalogue annotations and available structured textual extracts. The analysis focused on traditional disease terminology, herbal ingredients, preparation and application methods, etiological explanations, and associated beliefs or precautions. Catalogue-level descriptions were distinguished from detailed treatment records to ensure that interpretations reflected the nature and depth of the available evidence. Relevant scholarly literature and regulatory provisions, including the Traditional and Complementary Medicine Act 2016 (Act 775), were also examined to contextualise the findings within contemporary ethical, safety, and governance considerations.

The findings from both analytical components were then synthesised through triangulation to identify areas of convergence, divergence, and continuity between historical documentary knowledge and contemporary practitioner accounts. This integrated approach enabled the study to develop an ethnoscientific and etiological interpretation of Traditional Malay Medicine while critically examining the implications of halal principles, cultural heritage preservation, and environmental sustainability. Historical therapeutic claims and practitioners' reported experiences were interpreted within their respective contexts rather than treated as independent evidence of clinical efficacy or safety.

Literature Review

Traditional Malay Medicine and Ethnoscience as an Analytical Tool

Previous scholars, including Harun Mat Piah (2015) and Arba'iyah Mohd Noor (2014), have extensively mapped the epistemology and pharmacological practices within the kitab tib traditions, highlighting a highly structured diagnostic system based on regional biodiversity. Building upon this, the current study utilizes ethnoscience not merely as a synonym for traditional knowledge, but as a specific analytical tool (Rashidi et al., 2014). This ethnoscientific lens evaluates how local communities systematically classify, test, and validate medicinal flora according to their own cultural logic and taxonomic rules, allowing for a structured comparison against modern botanical science.

Theoretical and Epistemological Frameworks

This study's empirical and analytical approach is anchored in a multidimensional theoretical framework encompassing cognitive anthropology, Islamic epistemology, and environmental sustainability. From a botanical taxonomy perspective, the research applies Ethnoscience Theory, rooted in cognitive anthropology, to explain the indigenous cultural logic and taxonomic rules local communities use to classify nature (Rashidi et al., 2014). This is complemented by the principles of Ethnobotanical Phytochemistry, which effectively bridge

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traditional classifications such as the 'hot' and 'cold' properties of herbs with their actual biochemical activities and pharmacological efficacy (Heinrich et al., 2012).

In analyzing disease causation, this study utilizes Humoral Pathology Theory, which posits that illnesses stem from a fundamental imbalance of bodily elements and fluids (Mohd Shahril Mat Ghani, 2020). However, within the context of Traditional Malay Medicine, this humoral pathology is intrinsically governed by Islamic Epistemology via a Tawhidic approach. This paradigm asserts that the genesis of a disease is never strictly physiological; it represents a complex interplay between physical environmental factors and metaphysical or spiritual disruptions, requiring a holistic healing mechanism (Mohd Noor, Mahmood, & Abdul Latif, 2025).

Finally, the ethical preparation and operational guidelines of these herbal remedies are strictly evaluated through the lens of *Maqāṣid al-Sharī'ah*, specifically *Hifz al-Nafs* (the protection of life). This Islamic legal objective mandates that the preservation of human life relies on pure, safe, and halalan toyyiban medicine (Kamali, 2008). This ethical requirement naturally intersects with Sustainable Development Theory. In the context of traditional medicine, it prioritizes ecological viability and responsible resource harvesting, ensuring that botanical foraging meets current healthcare demands without compromising the integrity of future environmental ecosystems (World Commission on Environment and Development, 1987).

The Traditional Etiological System and Halal Integration

Illness in Traditional Malay Medicine is not viewed randomly; rather, it follows a coherent traditional etiological system. This system attributes disease causation to a disruption in the hot/cold humoral balance, lifestyle choices, dietary habits, environmental exposure, and spiritual disturbances (Mohd Shahril Mat Ghani, 2020). Consequently, treatments are prescribed to directly counter these specific etiological roots. Furthermore, as global demand for ethical healthcare rises, the concept of halal becomes central. Literature surrounding halal medicinal practices emphasizes not only the prohibition of specific animal derivatives or intoxicants but also the ethical sourcing, hygienic preparation, and the rigorous adoption of halal supply chain standards during manufacturing (Ngah et al., 2014).

Biomedical Intersections and Sustainability

While historical manuscripts provide the foundation for traditional applications, validating these claims requires intersection with contemporary biomedical evidence. Furthermore, bridging this epistemological gap within modern institutions demands a culturally-rooted framework that effectively integrates Islamic epistemology with formal biomedical knowledge (Mohd Noor, Mahmood, & Abdul Latif, 2025). For instance, the traditional use of Allium sativum for cardiovascular issues is corroborated by biomedical studies identifying the active compound allicin, known for its potent antihypertensive and cardioprotective properties (Batiha et al., 2020). Similarly, the use of Momordica charantia in managing diabetes is supported by biomedical evaluations of its functional components and biological activities, which confirm its potent hypoglycemic properties (Jia et al., 2017). Finally, preserving this heritage requires a multi-dimensional approach to sustainability: cultural sustainability (protecting the manuscript knowledge), ecological sustainability (preventing the over-harvesting of wild herbs), economic sustainability (driving the halal wellness industry), and healthcare-system sustainability (reducing the burden on modern public health infrastructure).

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Digital Preservation and Policy Governance

The preservation of traditional medical knowledge increasingly relies on digital ontology and systemic documentation to prevent the permanent loss of indigenous heritage (Raja Rina Raja Ikram & Mohd Khanapi Abd Ghani, 2015). Beyond digital archiving, the formalization of these historical practices requires robust legal and regulatory frameworks to ensure clinical safety and ethical compliance. In the local context, the Traditional and Complementary Medicine Act 2016 serves as a pivotal regulatory mechanism to standardize practitioner qualifications and treatment protocols (Ministry of Health Malaysia, 2016). Implementing such comprehensive policy governance is essential to bridge the persistent gap between indigenous healing practices and mainstream public healthcare education systems (Abdullah, 2018; Mohd Noor, Mahmood, & Abdul Latif, 2025).

Socioeconomic Impact and the Halal Creative Economy

Integrating ethnoscientific knowledge into contemporary markets offers significant socioeconomic opportunities, particularly within the rapidly expanding global wellness and halal creative economies. The commercialization of traditional herbal remedies, when strictly governed by ethical sourcing and environmental sustainability guidelines, empowers local communities while preserving natural botanical resources. By aligning traditional healing practices with modern halal standards and national policies, stakeholders can strategically foster a resilient wellness tourism sector that respects cultural heritage and meets international ethical healthcare demands simultaneously (Abuduli & Aljunid, 2011).

Results and Findings

Thematic Framework of Practitioner Interviews

To systematically capture the empirical data from the ten (10) highly experienced Traditional Malay Medicine (TMM) practitioners, a thematic interview framework was developed. This framework, grounded in relevant anthropological and Islamic epistemological theories, guided the semi-structured interview process to ensure alignment with the study's objectives.

Table 3: Thematic Interview Framework and Theoretical Justification

Main Theme	Supporting Theory (Justification)	Guided Interview Questions
1. Ethnoscience & Botanical Taxonomy	**Ethnoscience Theory (Cognitive Anthropology):** Explains the indigenous cultural logic in classifying nature. **Ethnobotanical Phytochemistry:** Connects traditional classification (hot/cold) with plant biochemical activity.	1. How do you classify herbs (e.g., 'hot', 'cold', 'windy' categories) before prescribing them to patients? 2. Can you share specific preparation and drying methods to preserve the medicinal efficacy of these herbs?
2. Etiology & Diagnostic Methods	**Humoral Pathology Theory:** Illness stems from an imbalance of bodily elements. **Islamic Epistemology (Tawhidic Approach):** Integrates physical (environmental) and metaphysical (spiritual) causes in disease genesis.	1. When diagnosing chronic or dermatological diseases, how do you trace the root cause (etiology)? 2. How do dietary factors, 'wind' imbalances, and spiritual disturbances interrelate in triggering an illness?

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Main Theme	Supporting Theory (Justification)	Guided Interview Questions
3. Halal Integrity, Ethics & Sustainability	**Maqāṣid al-Sharī'ah (Hifz al-Nafs):** The protection of life demands pure and safe medicine. **Sustainable Development Theory:** Prioritizes resource harvesting without compromising future ecological viability.	1. What ecological taboos or ethics must be strictly observed when foraging for herbs in the forest? 2. How do you ensure the concept of *halalan toyyiban* (physical and spiritual purity) is maintained during herbal processing?

Source: Developed by the Researcher Based on the Study Findings.

As presented in Table 3, the thematic interview framework was structured around three interrelated dimensions: ethnoscience and botanical classification, traditional etiology and diagnostic practices, and halal integrity, ethics and sustainability. These themes provided a systematic basis for exploring practitioners' knowledge, experiences and interpretations of Traditional Malay Medicine. The following sections present selected responses from the ten practitioners, organised according to the three themes to illustrate their perspectives on traditional herbal practices and the preservation of inherited medical knowledge. The responses are identified using participant codes (P1–P10) to maintain confidentiality and facilitate comparison across participants.

Summary of Respondent Transcripts by Theme

The interview findings provided insights into the knowledge, beliefs and reported practices of Traditional Malay Medicine (TMM) practitioners. The responses were organised into three interrelated themes, reflecting the ethnoscientific, etiological, ethical and sustainability dimensions of traditional healing practices.

Theme 1: Ethnoscience and Botanical Taxonomy

The practitioners described traditional approaches to classifying medicinal plants according to their perceived properties, particularly the categories of 'hot', 'cold' and 'neutral'. These classifications informed their reported decisions regarding herb selection, preparation and suitability for particular conditions. The responses also highlighted traditional processing practices intended to preserve the perceived medicinal qualities of botanical ingredients.

Participant P1:
"Herbs have intrinsic natures. For instance, 'hot' herbs like Eurycoma longifolia (Tongkat Ali) cannot be prescribed indiscriminately to hypertensive patients experiencing acute inflammation; it can be detrimental. We must first neutralize the body with 'cooling' herbs like Centella asiatica (Pegaga)."

Participant P9:
"When drying sensitive leaves like Cassia alata (Gelenggang), we strictly avoid direct scorching sunlight. We air-dry them in shaded areas so that the essential medicinal essence (phytochemicals) is not destroyed."

These accounts illustrate how traditional botanical classifications and preparation practices continue to inform practitioners' understanding of herbal medicine. However, the traditional

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classification of herbs according to thermal properties should be distinguished from contemporary pharmacological assessments of their safety and efficacy.

Theme 2: Etiology and Diagnostic Methods

The interview responses indicated that some practitioners interpreted illness through a combination of physical, dietary, environmental and spiritual considerations. Their accounts reflected traditional etiological frameworks in which bodily imbalance, lifestyle factors and culturally understood spiritual influences may contribute to explanations of illness.

Participant P6:

"When a patient complains of joint or skin diseases, I assess their pulse first. Many chronic ailments originate from a damaged digestive system (improper diet) and excess 'wind' trapped in the body."

Participant P3:

"For emotional ailments like severe anxiety or persistent skin conditions unresponsive to modern medicine, the etiology often involves mystical disturbances. Physical medicine is insufficient; we must treat the spiritual aspect using Ziziphus mauritiana (Bidara) baths combined with Ruqyah (Islamic incantations) to restore their internal balance."

These responses demonstrate the significance of traditional explanatory models in practitioners' diagnostic reasoning. References to bodily 'wind', humoral imbalance and spiritual disturbances are interpreted here as elements of indigenous medical knowledge rather than clinically established causes of disease.

Theme 3: Halal Integrity, Ethics and Sustainability

The practitioners' accounts also highlighted the importance of ethical conduct in sourcing and preparing herbal remedies. The responses reflected concerns regarding plant conservation, cleanliness, permissible ingredients and religious practices associated with traditional healing. These considerations illustrate how some practitioners understand *halalan toyyiban* within a broader cultural and ethical framework.

Participant P10:

"When foraging in the forest, ethical conduct is mandatory. We are strictly forbidden from uprooting the 'mother root' (taproot). We only harvest the peripheral roots so the plant can regenerate. This respects nature's balance."

Participant P8:

"The knife used to slice herbs must be pure and never used to slaughter animals. During the boiling process, the practitioner's tongue must be engaged in dhikr (remembrance of God). If the preparation lacks spiritual hygiene, the medicine loses its 'berkat' (divine blessing) and therapeutic efficacy."

These accounts illustrate the relationship between traditional healing practices, religious values and environmental responsibility. However, individual practitioners' interpretations of spiritual purity and ethical preparation should not be assumed to represent universally prescribed halal requirements or scientifically established determinants of therapeutic efficacy.

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Synthesis of Interview Findings

The interview findings suggest that the participating TMM practitioners interpret health and illness through interconnected physical, environmental, cultural and spiritual perspectives. Their accounts demonstrate the continued relevance of traditional ethnoscientific classifications, including hot–cold concepts, dietary considerations and culturally understood etiological explanations, in shaping reported diagnostic and treatment practices.

Furthermore, the findings indicate that the practitioners' understanding of halalan toyyiban may extend beyond the permissibility of medicinal ingredients to encompass cleanliness, ethical botanical sourcing, responsible preparation and spiritual considerations. These dimensions highlight the potential contribution of traditional knowledge to discussions of cultural heritage preservation, ethical practice and environmental sustainability.

Taken together, the findings provide a qualitative basis for comparing contemporary practitioners' perspectives with selected historical Kitab Tib records. This comparison contributes to the study's ethnoscientific and etiological framework while recognising that traditional therapeutic claims, religious interpretations and reported practices require appropriate contextualisation and should not be equated with independently verified clinical outcomes.

Triangulation with Classical Kitab Tib Manuscripts

The documentary analysis was conducted to examine the relationships between historical descriptions of illnesses and healing practices and the themes emerging from contemporary practitioners' accounts. Selected Kitab Tib sources provided historical perspectives on traditional disease terminology, herbal ingredients, preparation techniques, modes of application and associated ethnomedical beliefs. In particular, the structured treatment records derived from MSS 1991 and Kitab Tib Muzium Terengganu offered more detailed textual evidence for comparison with practitioners' reported knowledge and practices.

The triangulation process focused on identifying areas of convergence and divergence across traditional botanical knowledge, etiological interpretations and herbal preparation practices. This comparison provided insights into the relationship between documented medical heritage and contemporary healing traditions, while recognising the different levels of evidence available from catalogue annotations, detailed textual extracts and practitioner interviews. Similarities between historical records and contemporary accounts were interpreted as thematic correspondences rather than definitive evidence of uninterrupted knowledge transmission or scientifically established therapeutic efficacy.

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Table 4: Integration of Herbal Applications, Ethnoscience, and Etiology Based on Classical Kitab Tib Manuscripts

Disease Category	Selected Documentary Sources	Traditional Etiological Interpretations & Ethnoscientific Knowledge	Reported Herbal Ingredients	Preparation & Application Methods	Taboos & Ethical Precautions (Halalan Toyyiban)
Chronic Diseases (Hypertension, Diabetes, Cardiovascular and Kidney Conditions)	MS 1292, MS 2999, MSS 2515, Kitab Tib Muzium Terengganu	Traditional interpretations involving imbalances of internal hot and cold elements, with emphasis on bodily regulation and circulation.	Garlic (Allium sativum), bitter gourd (Momordica charantia), ginger and pegaga (Centella asiatica).	Oral consumption of herbal decoctions and infusions; certain ingredients may also be consumed raw.	Traditional preparation requirements, dosage considerations and precautions relating to potentially harmful herbal combinations.
Respiratory & Common Ailments (Asthma, Bronchitis, Fever and Coughs)	MSS 2515, MS 300, MS 747	Traditional explanations involving respiratory discomfort, inflammation and bodily imbalances.	Datura metel, Justicia gendarussa, papaya leaf, clove, mint and betel leaf.	Herbal pills, decoctions and steam-based preparations, as described in traditional healing practices.	Traditional dietary restrictions and preparation precautions. Datura metel is toxic; its historical use should not be interpreted as evidence of clinical safety or effectiveness.
Dermatological Conditions (Psoriasis, Eczema, Acne, Scabies and Herpes Zoster)	Kitab Tib Muzium Terengganu, MS 1292	Traditional interpretations of skin eruptions, inflammation and external bodily disturbances.	Ringworm bush (Cassia alata), neem (Azadirachta indica), turmeric (Curcuma longa) and aloe vera.	Topical preparations involving crushed or pounded plant materials, sometimes combined with oils or other ingredients.	Cleanliness during preparation and application, together with precautions concerning the suitability and safety of medicinal ingredients.
Psychosocial & Emotional Disorders (Insomnia, Depression, Anxiety and Hallucinations)	Kitab Tib Muzium Terengganu, Tayyib al-Ihsan fi Tibb al-Insan	Traditional interpretations involving emotional distress, bodily imbalance and spiritual or metaphysical considerations.	Pegaga, jasmine (Jasminum sambac), basil (Ocimum spp.) and chamomile.	Herbal infusions and aromatic preparations associated with traditional healing practices.	Emphasis on sincerity, spiritual and personal cleanliness, and responsible harvesting of medicinal plants.

Source: Compiled from selected Kitab Tib documentary records and the researcher's thematic analysis.

As presented in Table 4, the selected documentary sources illustrate the diversity of traditional Malay herbal knowledge across four disease categories. The findings highlight the relationships between traditional etiological interpretations, medicinal ingredients, preparation methods and associated ethical considerations.

The analysis of selected classical Malay medical documentary sources illustrates a systematic and holistic approach to traditional healthcare, shaped by cultural beliefs and ethical considerations. The texts describe a diversity of treatment categories and botanical materials, including traditional dermatological preparations involving medicinal plants such as Cassia alata and Aloe vera, as well as herbal applications associated with chronic conditions such as hypertension and diabetes, including garlic and bitter gourd. The documentary materials also reflect the importance of postpartum care and traditional approaches to emotional and spiritual disturbances, including the use of plants such as bidara.

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The selection and application of these herbs can be understood through the interconnected perspectives of ethnoscience and traditional humoral etiology. Within this knowledge system, practitioners interpret illness through concepts of bodily balance, particularly the relationship between hot and cold elements, while considering the perceived properties of medicinal plants. For instance, conditions traditionally associated with excessive bodily heat may be approached through herbs regarded as cooling, whereas other formulations are selected according to their perceived effects on bodily functions. Contemporary phytochemical research provides a complementary scientific perspective on the biological activities of certain medicinal plants, although traditional classifications should not be regarded as direct equivalents of pharmacological mechanisms. The preparation methods further illustrate the practical organisation of Traditional Malay Medicine, whereby external conditions are commonly associated with topical preparations, internal ailments with herbal decoctions or pills (jamu), and other traditional healing practices with steam baths (tangas) and aromatic preparations.

Ethical considerations, traditional restrictions and sustainability practices constitute further dimensions of this medical heritage. The principle of halalan toyyiban (permissible and wholesome) provides an ethical basis for examining the selection, preparation and use of medicinal ingredients. The documentary sources also record various dietary restrictions, preparation requirements and precautions associated with particular remedies. These practices reflect historical understandings of bodily balance, appropriate conduct and treatment, although their effectiveness and safety require independent scientific assessment. Particular caution is necessary when interpreting formulations containing potentially toxic plants such as Datura metel, as historical descriptions of preparation and dosage do not establish clinical safety. Ethical considerations may also extend to responsible botanical harvesting, environmental preservation and the spiritual conduct traditionally associated with healing practices.

Taken together, these findings highlight Traditional Malay Medicine as a historically developed body of knowledge encompassing botanical classification, traditional explanations of illness, herbal preparation techniques and ethical practices. The significance of this heritage extends beyond cultural preservation, offering opportunities for interdisciplinary engagement with ethnoscience, pharmacology, halal governance and sustainability. Contemporary scientific studies have investigated the bioactive constituents and pharmacological properties of several medicinal plants documented in traditional practices; however, the clinical effectiveness and safety of specific traditional formulations require separate evaluation. Integrating historical knowledge with appropriate scientific evidence, ethical principles and regulatory considerations may therefore contribute to the responsible preservation and development of Traditional Malay Medicine within contemporary healthcare and wellness contexts.

The Epistemological Foundation of Classical Malay Tib Manuscripts

The corpus of classical Kitab Tib manuscripts constitutes an important epistemological foundation of Traditional Malay Medicine, reflecting a sophisticated cultural understanding of human health and the therapeutic use of regional biodiversity (Supyan Hussin, 2022; Institut Alam dan Tamadun Melayu, 2017; Malaycivilization, n.d.). Malay manuscript heritage encompasses a substantial body of written knowledge, including texts devoted to medical treatments, herbal formulations and traditional explanations of illness (Johns, 1993; Gallop, 2019). Historical accounts suggest that many surviving medical manuscripts were compiled or copied during the nineteenth century, although their origins, dates and textual traditions vary. Manuscripts such as MS 300 and MS 747, alongside medical writings attributed to Shaykh Ahmad al-Fatani, including Tayyib al-Ihsan fi Tibb al-Insan, illustrate the relationship between

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inherited healing knowledge, Islamic ethical values, environmental familiarity and observations of medicinal practices (Wan Ahmad Ibn Muhammad Zayn al-Fatani, 2015; Hussain, 2017; Ibn Qayyim, 2020). Rather than representing isolated collections of remedies, these texts provide insight into the organisation and transmission of traditional medical knowledge. They also reflect a worldview in which human health is understood through the interconnected relationships between the body, its natural environment and spiritual well-being.

Ethnoscientific and Etiological Frameworks of Herbal Remedies

From an ethnoscientific perspective, classical Malay medical knowledge encompasses the identification, classification and application of botanical resources according to their perceived therapeutic properties. The etiological dimension, meanwhile, concerns traditional explanations of illness that incorporate physical, environmental and spiritual considerations. Within this framework, illness may be interpreted through disturbances in bodily balance, particularly the relationship between hot and cold elements, alongside influences associated with climate, diet, lifestyle and spiritual conditions. Herbal remedies are subsequently selected and prepared according to traditional classifications of ailments and the perceived properties of medicinal ingredients.

In relation to chronic diseases, medicinal plants such as garlic (Allium sativum), bitter gourd (Momordica charantia), ginger (Zingiber officinale) and pegaga (Centella asiatica) are relevant to discussions of traditional herbal knowledge and contemporary pharmacological research. Garlic contains organosulphur compounds, including allicin, which have been investigated for their potential cardiovascular and metabolic effects (Batiha et al., 2020). Bitter gourd contains several biologically active constituents, including charantin, and has been studied for possible effects on glucose metabolism (Wang et al., 2021). Ginger has similarly attracted scientific interest for its antioxidant and anti-inflammatory properties (Arcusa et al., 2022), while pegaga has been investigated for various biological activities (Sun et al., 2020). These findings provide a contemporary scientific context for examining medicinal plants associated with traditional practices. However, evidence concerning individual plant constituents should not be interpreted as direct confirmation of the clinical effectiveness of formulations recorded in classical manuscripts. Likewise, references to conditions such as hypertension, diabetes and cardiovascular disorders require careful differentiation between historical disease descriptions and modern diagnostic categories. Traditional preparations involving papaya leaf (Carica papaya) and ginger may also be considered within the broader discussion of herbal applications for respiratory discomfort, subject to confirmation of their documentary sources.

For common ailments, traditional Malay medical records describe a range of plant-based preparations associated with respiratory symptoms, fever, digestive discomfort, headaches, oral conditions and external wounds. Certain historical formulations reportedly incorporated plants such as Datura metel and Justicia gendarussa in preparations intended for respiratory complaints. Such descriptions are relevant to the history of medical knowledge but require particular caution because Datura metel contains toxic tropane alkaloids and cannot be regarded as a safe treatment on the basis of historical use. Other medicinal plants discussed within traditional healing practices include papaya leaf for fever, ginger and betel leaf (Piper betle) for cough-related symptoms, clove (Syzygium aromaticum) for oral discomfort, and ginger and mint (Mentha spicata) for digestive complaints. Aloe vera and honey have also been investigated in relation to topical applications and wound care (Sánchez et al., 2020). These examples illustrate the diversity of traditional herbal applications while highlighting the need to distinguish historical therapeutic claims from scientifically established clinical outcomes.

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Dermatological conditions represent another important area of traditional Malay herbal knowledge. The documentary records associated with Kitab Tib Muzium Terengganu contain descriptions of remedies for traditionally recognised skin conditions, including badam, puru and kayap. These records provide information on medicinal ingredients, preparation techniques and modes of topical application. Plants such as ringworm bush (Cassia alata), turmeric (Curcuma longa), neem (Azadirachta indica) and aloe vera are also relevant to wider ethnobotanical and pharmacological discussions of skin-related applications (Harun Mat Piah, 2017; Sánchez et al., 2020). Nevertheless, the relationship between historical disease terminology and contemporary diagnoses, including psoriasis, eczema, scabies and herpes zoster, requires careful interpretation. Traditional descriptions of skin eruptions or inflammation should not automatically be treated as equivalent to modern clinical diagnoses. Similarly, the documented use of topical preparations does not independently establish their therapeutic effectiveness or safety.

Psychosocial well-being and emotional disturbances also form part of the broader traditional Malay understanding of health, particularly where physical, emotional and spiritual experiences are considered interconnected. Plants such as pegaga, jasmine (Jasminum sambac), basil (Ocimum spp.) and chamomile (Matricaria chamomilla) have been discussed in traditional herbal practices and contemporary research concerning relaxation, stress-related responses and other biological activities (Sun et al., 2020; Wan Ahmad Ibn Muhammad Zayn al-Fatani, 2015). Herbal infusions and aromatic preparations may therefore be examined as elements of traditional approaches to well-being. However, conditions such as depression, bipolar disorder, panic attacks and hallucinations are clinically distinct and should not be presented as treatable through these herbal preparations without appropriate clinical evidence. Where historical texts describe emotional or sensory disturbances, their terminology and cultural meanings should be interpreted within the original medical and spiritual context rather than equated directly with modern psychiatric diagnoses.

Ethical Preparation and Sustainable Application Methods

The preparation of traditional herbal formulations reflects an important dimension of Malay medicinal knowledge, encompassing the selection of ingredients, processing techniques and methods of application. Documentary records describe various approaches to preparing leaves, roots, flowers and other plant materials, including drying, grinding, pounding, boiling and mixing ingredients with water, honey or oils (Raja Rina Raja Ikram & Mohd Khanapi Abd Ghani, 2015). These processes may produce preparations intended for oral consumption, topical application, herbal bathing or other traditional healing practices. The choice of preparation method is associated with the nature of the ingredients, the traditional classification of the ailment and the intended mode of administration. Nevertheless, the presence of detailed preparation instructions should not be interpreted as evidence that the resulting formulations meet contemporary pharmaceutical standards of quality, efficacy or safety.

Traditional healing practices also incorporate dietary restrictions, behavioural expectations and ethical considerations concerning the conduct of practitioners. Certain remedies are accompanied by restrictions relating to food consumption, daily activities or other aspects of treatment. Such prescriptions are significant as expressions of traditional understandings of bodily balance and appropriate therapeutic conduct, although their effectiveness requires independent evaluation. The principle of halalan toyyiban provides a relevant ethical framework for considering the permissibility, cleanliness, quality and safety of medicinal ingredients and preparation processes. In contemporary practice, this principle may be

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examined alongside appropriate dosage assessment, ingredient identification, contamination prevention and awareness of potential herb–drug interactions. Ethical considerations also extend to the sincerity and integrity of practitioners, respect for inherited knowledge and the responsible harvesting of medicinal plants. Sustainable resource management is particularly important where medicinal practices depend on locally available botanical species and their continued ecological availability.

Socioeconomic Challenges and Strategic Public Policy Integration

Despite the historical and cultural significance of Malay medical heritage, its responsible integration into contemporary healthcare and wellness settings presents several challenges. These include limitations in the clinical evidence supporting particular traditional formulations, difficulties in standardising medicinal ingredients and preparation methods, and differences between traditional explanatory systems and contemporary biomedical approaches. Practitioners and relevant institutions must also navigate regulatory requirements concerning professional recognition, product quality, consumer safety and the responsible provision of traditional healthcare services. Addressing these challenges requires an approach that preserves the integrity of inherited knowledge while recognising the importance of scientific assessment and appropriate regulatory oversight.

Laboratory investigations, phytochemical analyses, toxicological assessments and, where justified, appropriately designed clinical studies are important pathways for evaluating the safety and potential therapeutic applications of selected traditional formulations. Comparative studies involving Malay, Chinese, Indian and Arab medical traditions may also contribute to a broader understanding of shared and distinctive approaches to herbal knowledge. Furthermore, digital documentation, artificial intelligence and data analytics offer potential tools for organising manuscript information, identifying recurring botanical references and supporting interdisciplinary research, provided that historical terminology and source provenance are carefully maintained. Collaboration among manuscript scholars, Traditional Malay Medicine practitioners, botanists, pharmacologists, healthcare professionals, Islamic scholars and policymakers may strengthen the preservation and critical evaluation of this heritage. Through such collaboration, ethnoscientific knowledge, halal considerations and sustainability principles may inform responsible policy development, wellness tourism and relevant sectors of the halal economy without compromising scientific integrity or public safety.

Conclusion

By integrating ethnoscientific and etiological perspectives, this study provides a clearer understanding of how herbal knowledge and healing practices are conceptualised, documented and applied within Traditional Malay Medicine. Through the triangulation of selected classical Kitab Tib documentary sources and the experiences of registered traditional practitioners, the study highlights the diversity of medicinal plants and their traditional applications in addressing various health conditions, including chronic ailments, dermatological conditions and emotional disturbances. These remedies involve culturally embedded preparation methods, including decoction, grinding and infusion with natural ingredients, reflecting the practical organisation of inherited medicinal knowledge and its continued relevance within contemporary traditional healing practices. Beyond their potential pharmacological significance, these formulations are closely associated with Malay cultural identity, traditional explanations of illness, spiritual and ethical considerations, and relationships with the natural environment. Collectively, these dimensions illustrate Traditional Malay Medicine as a holistic knowledge system shaped by cultural heritage, environmental understanding and intergenerational transmission.

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Furthermore, the etiological perspectives reflected in selected documentary materials, including Kitab Tib Muzium Terengganu and other classical Malay medical writings, provide insights into traditional interpretations of illness and the selection of herbal remedies. When considered alongside contemporary practitioners' experiences, these sources demonstrate areas of continuity and variation in the understanding and application of traditional medical knowledge. The documentation of herbal preparations for skin conditions, bodily discomfort and emotional well-being also provides opportunities for further investigation into their botanical properties, preparation techniques and potential therapeutic applications. Nevertheless, historical descriptions and practitioners' experiences should not be regarded as independent confirmation of clinical efficacy or safety. The ethical dimensions of traditional practice, including appropriate ingredient selection, preparation precautions, dietary restrictions and practitioner responsibility, remain important considerations for examining the relationship between inherited medical knowledge, halalan toyyiban principles and contemporary healthcare requirements. Despite its cultural and scholarly significance, Traditional Malay Medicine continues to face challenges relating to scientific validation, standardisation, regulatory compliance and wider institutional recognition.

To address these challenges, future research should prioritise laboratory investigations, toxicological assessments, appropriately designed clinical studies, cross-civilisational manuscript comparisons and systematic visual documentation of traditional medical knowledge. Emerging digital technologies, including artificial intelligence and big data analytics, may also support the organisation and comparative analysis of historical medical records, particularly in identifying recurring botanical references, traditional disease classifications and preparation methods. Ultimately, the findings highlight the importance of preserving Malay medical heritage through interdisciplinary research, responsible knowledge documentation, appropriate regulatory frameworks and collaboration among traditional practitioners, researchers, healthcare professionals and policymakers. Such efforts may strengthen the recognition and sustainable development of Traditional Malay Medicine while supporting its responsible contribution to contemporary healthcare, wellness practices and the broader halal economy.

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