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Lampiran 1

Pendaftaran Prospero



The screenshot shows an email interface with a header bar containing navigation icons (back, download, delete, mail, and menu). The email title is "PROSPERO acknowledgement of receipt [374138]" with a "Kotak Masuk" label and a star icon. The sender is "CRD-REGISTER" with a profile picture of a blue circle containing a white 'C', and the recipient is "kepada saya".

Dear Registrant,

Thank you for submitting details of your systematic review for registration in PROSPERO.

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We thank you for your understanding in advance.

Yours sincerely,
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Lampiran 2

LOA Accepted Jurnal



**YAYASAN NGESTI WIDHI HUSADA
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Kendal, 12 September 2022

Nomor : 434/LPPMSTIKES/IX/2022

Lampiran : -

Perihal : *Letter of Acceptanc*

Yth. Sdr/i. Nur Asmah, Yuliana Syam, Rosyidah Arafat
di Tempat

Dengan ini Kami memberitahukan bahwa manuskrip yang telah dikirimkan dengan judul:

**“Penerapan Terapi Alternatif Komplementer Bekam dalam Menurunkan Tekanan Darah
Pasien Hipertensi: Tinjauan Literatur”**

Dinyatakan Diterima dan akan terbit dalam Jurnal Keperawatan Supp Volume 14 No 3
September 2022 yang diterbitkan oleh LPPM Sekolah Tinggi Ilmu Kesehatan Kendal. Perlu kami
sampaikan berdasarkan SK Direktur Jendral Penguat Riset dan Pengembangan
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jurnal ilmiah periode II tahun 2020 bahwa Jurnal Keperawatan telah terakreditasi dari
peringkat 4 menjadi peringkat 3, Sejak Volume 12 No 1 tahun 2020 hingga volume 16 nomor
1 tahun 2024.

Demikian pemberitahuan ini kami sampaikan. Atas perhatian dan kerjasamanya, kami ucapkan
terimakasih

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Lampiran 3

Surat Izin Etik



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REKOMENDASI PESETUJUAN ETIK

Nomor:463/STIKES-NH/KEPK/VI/2022

Dengan ini menyatakan bahwa protocol dan dokumentasi yang berhubungan dengan protokol berikut ini telah mendapatkan persetujuan Etik:

No Protokol	SK no 674 STIKES-NH/BAU/X/2018	No. Sponsor Protokol	
IT Peneliti Utama	Nur Asmah	Sponsor	Tidak Ada
Judul Penelitian	Efektifitas Pemberian Terapi Bekam terhadap Tekanan Darah pada Pasien Hipertensi. Systematik Review		
No. Versi Protokol		Tanggal Versi	27 Juni 2022
		Tanggal Versi	27 Juni 2022
Tempat	-		
Jenis Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa berlaku sejak terbitnya rekomendasi sampai penelitian berakhir	Frekuensi review lanjut
Ketua Komisi Etik Penelitian	Nama, Dr. Suarnianti, SKM.,S.Kep.,Ns.,M.Kes	Tanda Tangan	Tanggal
Skertaris Komisi Etik Penelitian	Nama Indah Restika BN, S.Kep.,Ns.,M.Kep	Tanda Tangan	Tanggal

- Menyerahkan Amandemen Protokol Untuk Persetujuan sebelum di implementasikan
- Menyerhakan laporan SAE ke komisi Etika 24 jam dan dilengkapi dalam 7 hari dan lapor SUSAR dalam 72 jam setelah peneliti utama menerima laporan
- Menyerahkan laporan kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerhakan laporan akhir setelah penelitian berakhir
- Melaporkan penyimpangan dari protocol yang di setuju (protokol deviation/violation)

Mematuhi semua peraturan yang ditentukan	No.
Document	: III-001/STIKES-NH/FRM/KEP
Tanggal	: 01 /01/2019
Revisi	: 00

Lampiran 4

Pencarian Database

The screenshot shows the PubMed website interface. The search bar contains the query: (((((((hypertension[MeSH Terms]) OR (high blood pressure[MeSH Terms])) AN ... Search. The results page shows 165 results. A bar chart titled 'RESULTS BY YEAR' shows a significant increase in results from 2011 to 2021. Two results are visible:

- 1. **Multifactorial intervention has a significant effect on diabetic kidney disease in patients with type 2 diabetes.**
Cite: Ueki K, Sasako T, Okazaki Y, Miyake K, Nangaku M, Ohashi Y, Noda M, Kadowaki T; J-DOIT3 Study Group. *Kidney Int.* 2021 Jan;99(1):256-266. doi: 10.1016/j.kint.2020.08.012. Epub 2020 Sep 4. PMID: 32891604 **Free article.** Clinical Trial.
Share: To evaluate the effect of multifactorial intervention on the onset and progression of diabetic kidney disease in the patients with type 2 diabetes, we analyzed the effects of intensified multifactorial intervention by step-wise intensification of medications and life-style modifi ...
- 2. **Effect of a Machine Learning-Derived Early Warning System for Intraoperative Hypotension vs Standard Care on Depth and Duration of Intraoperative Hypotension During Elective Noncardiac Surgery: The HYPE Randomized Clinical**

The screenshot shows the ScienceDirect website interface. The search bar contains the query: Hypertension AND Cupping Therapy AND Control OR Standart care AI. The results page shows 30 results. A 'Refine by:' section on the left allows filtering by year, with options from 2011 to 2021. Two results are visible:

- 1. **Wet cupping therapy ameliorates pain in patients with hyperlipidemia, hypertension, and diabetes: A controlled clinical study**
International Journal of Surgery Open, 5 August 2020, ...
Heshu Sulaiman Rahman, Govand Ali Ahmad, ... Rasedee Abdullah
View PDF **Abstract** **Figures** **Export**
- 2. **Continue or stop applying wet cupping therapy (al-hijamah) in migraine headache: A randomized controlled trial**
Complementary Therapies in Clinical Practice, 18 October 2019, ...
Suleyman Ersoy, Ali Ramazan Benli
Abstract **Figures** **Export**

At the bottom, there is a 'Personalize' button and a note: 'Get a personalized search experience. Recommendations, reading history, search & journals alerts, and more registration benefits.'

proquest.com/results/1451E710EEC24242PQ/1?accountid=25704

Perpustakaan Nasional RI

ProQuest

Hypertension AND Cupping Therapy AND Control OR Standart care AND Blood pressure

71 hasil

Ubah pencarian Pencarian terakhir Simpan pencarian/pembertitahuan

Filter yang diterapkan
Hapus semua filter

Jurnal Akademik
10 Tahun Terakhir
clinical trials OR randomization
Bahasa Inggris

Tampilkan hasil di luar langganan perpustakaan saya.

Disortir berdasarkan
Relevansi

Batasi ke

Pilih 1-71

1 **Cupping Therapy for Migraine: A PRISMA-Compliant Systematic Review and Meta-Analysis of Randomized Controlled Trials**
Seo, Jilhye, Chu, Hongmin, Cheol-Hyun, Kim, Kang Keyng Sung, Lee, Sangkwon. *Evidence - Based Complementary and Alternative Medicine; New York* Vol. 2021, (2021).
...herbal medicine, moxibustion, blood-letting, and cupping are used clinically in...
...complementary and alternative medicine [7, 8]. Cupping is an East Asian...
...cupping therapy and creates local suction as shown in Figure 1. Various types of...
Abstrak/Detail Teks lengkap Teks lengkap - PDF (753 KB)

2 **Our Choice: study protocol for a randomized controlled trial for optimal implementation of psoriasis treatment by the integration of Chinese and western medicine**
Sun, Xiaoying, Zhou, Xiaoyong, Wei, Yuegang, Yang, Wenxin, Huang, Ning, dkk. *Trials* Vol. 21, Iss. 1, (Dec 2020).
...cupping therapy is a type of acupuncture therapy, commonly used in China and...
...cupping therapy combined with TCM [16]. In this procedure, a vacuum is generated...
...cupping accelerates blood circulation and promotes metabolism, dissipates blood...
Abstrak/Detail Teks lengkap Teks lengkap - PDF (2 MB)

Association between cognitive function and larqe optic nerve cupping, accounting for cup-disc-ratio genetic risk score

e-resources.perpusnas.go.id/2255/ehost/results?vid=188&sid=c4ca4bcc-583f-45a6-8a0a-bf5e4f288ac2%40redis&bquery=Hypertension+OR+High+Blood+Pressure+AND+Cupping+Therapy+...

New Search Subjects Publications Images Company Profiles More Sign In Folder Preferences Languages Help Exit

EBSCOhost Searching: Art & Architecture Complete, Show all Choose Databases

Hypertension OR High Blood Pressure Search

Basic Search Advanced Search Search History

Perpustakaan Nasional Indonesia

Refine Results

Current Search

Find all my search terms:
Hypertension OR High Blood Pressure AND Cupping Therapy OR Wet Cu...

Limiters

Full Text
Published Date: 20110101-20211231
Language: english
Subject: randomized controlled tr...

Limit To
Full Text

Search Results: 1 - 20 of 83

1. **Effect of grape products on blood pressure: a systematic review and meta-analysis of randomized controlled trials.**

By: Asbaghi, Omid, Naeini, Fatemeh, Moodi, Vihan, Najafi, Moein, Shirinbakhshmasoleh, Mina, Rezaei Kalishadi, Mahnaz, Hadi, Amir, Ghaedi, Ehsan, Fadel, Abdulmnannan. *International Journal of Food Properties*. 2021, Vol. 24 Issue 1, p627-645. 19p. 1 Diagram, 3 Charts, 3 Graphs. DOI: 10.1080/10942912.2021.1901731. Database: Hospitality & Tourism Complete

Academic Journal

Previous studies have suggested that grape and its products may possess blood pressure (BP)-lowering properties. Due to inconsistencies in results, we aimed to systematically examine the effect o...

Subjects: Grape products; Biological Product (except Diagnostic) Manufacturing; Fresh fruit and vegetable merchant wholesalers; Grape Vineyards; Blood products; Randomized controlled trials; Grapes

Show all 11 Images

HTML Full Text PDF Full Text (1.6MB)

2. **Current and Future Treatments for Persistent Pulmonary Hypertension in the Newborn.**

Newsires

Verve Medical Announces R... (Business Wire (English), 16 hours ago)

CureApp: Digital Therapeu... (Business Wire (English), 15 days ago)

Santen and UBE Received F... (Business Wire (English), 52 days ago)

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Showing 29 results for:

Title Hypertension OR High Blood Pressure AND Cupping Therapy OR Wet Cupping OR Blood Cupping Therapy AND Control OR Standart care AND Blood pressure ✕

[MODIFY SEARCH](#)

Filters:

[Open Access](#) ✕
 [Publication Date: 2011 - 2021](#) ✕

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 - Open Access

AVAILABILITY

Books (29) Chapters (413)



Book
Care and the City
 Encounters with Urban Studies
 Edited By Angelika Gabauer, Sabine Knierbein, Nir Cohen, Henrik Lebuhn, Kim Trogal, Tihomir Viderman, Tigran Haas
 1st Edition | 24 October 2021 | Routledge | 254 pages
[Abstract](#)

Search By

Abstract ▾

Keywords

Hypertension AND Cupping Therapy OR Wet Cupping OR Blood Cupping Therapy AND Blood pri

Publisher

Publisher Name

🔍 Search

Downloadable PDF Only

Filter By Year

2012 2021

From To

2012

2021

Filter

Reset

Found 24 documents


 Search *Hypertension AND Cupping Therapy OR Wet Cupping OR Blood Cupping Therapy AND Blood pressure*, by abstract, from: 2012, to: 2021

Pengaruh Terapi Bekam Terhadap Tekanan Darah Pasien Hipertensi Esensial di Rumah Bekam Denpasar Mei-Juni Tahun 2014

Bahar Sangkur G Sangkur G; Dini Nurmuhammah; Inge Nandya; Ni Putu Diah; Nurtyana Utami; I Nyoman Sutansa
 E-jurnal Medika Udayana Vol 6 No 11 (2017): E-jurnal Medika Udayana
 Publisher : Universitas Udayana

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PENGARUH TERAPI BEKAM BASAH TERHADAP TEKANAN DARAH PADA PASIEN HIPERTENSI

Ida Rosida; Irma Nurahmi
 Coping Community of Publishing in Nursing Vol 4 No 3 (2016): Desember 2016
 Publisher : Program Studi Sarjana Ilmu Keperawatan dan Profesi Ners, Fakultas Kedokteran, Universitas Udayana

[Show Abstract](#) | [Download Original](#) | [Original Source](#) | [Check in Google Scholar](#) | [Full PDF \(364,233 KB\)](#)

Gambaran Kadar Kolesterol-LDL (Low Density Lipoprotein) Sebelum dan 48 Jam Sesudah Melakukan Satu Kali Terapi Bekam Basah Pada Penderita Hipertensi Dengan Pola lima titik

Suryanta, Suryanta; Septiana, Winda
 Jurnal Teknologi Laboratorium Vol 5 No 2 (2016): 2016 (2)
 Publisher : POLTEKKES KEMENKES YOGYAKARTA

[Download Original](#) | [Original Source](#) | [Check in google scholar](#) | [Full PDF \(242,534 KB\)](#)

CASP RCT







 www.casp-uk.net
 info@casp-uk.net
 Summertown Pavilion, Middle Way Oxford OX2 7LG

CASP Randomised Controlled Trial Standard Checklist:

11 questions to help you make sense of a randomised controlled trial (RCT)

Main issues for consideration: Several aspects need to be considered when appraising a randomised controlled trial:

-  Is the basic study design valid for a randomised controlled trial? (Section A)
-  Was the study methodologically sound? (Section B)
-  What are the results? (Section C)
-  Will the results help locally? (Section D)

The 11 questions in the checklist are designed to help you think about these aspects systematically.

How to use this appraisal tool: The first three questions (Section A) are screening questions about the validity of the basic study design and can be answered quickly. If, in light of your responses to Section A, you think the study design is valid, continue to Section B to assess whether the study was methodologically sound and if it is worth continuing with the appraisal by answering the remaining questions in Sections C and D.

Record 'Yes', 'No' or 'Can't tell' in response to the questions. Prompts below all but one of the questions highlight the issues it is important to consider. Record the reasons for your answers in the space provided. As CASP checklists were designed to be used as educational/teaching tools in a workshop setting, we do not recommend using a scoring system.

About CASP Checklists: The CASP RCT checklist was originally based on JAMA Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL and Cook DJ), and piloted with healthcare practitioners. This version has been updated taking into account the CONSORT 2010 guideline (<http://www.consort-statement.org/consort-2010>, accessed 16 September 2020).

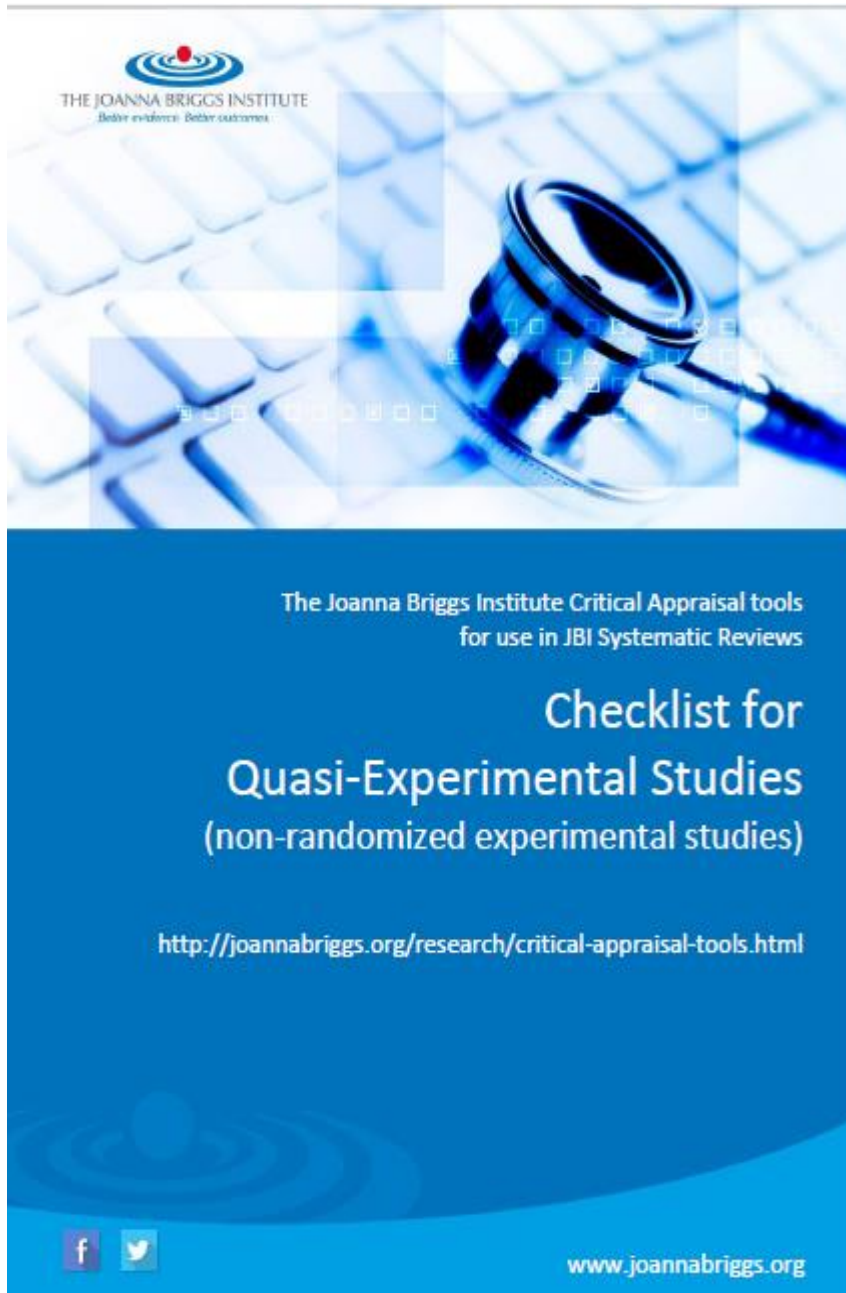
Citation: CASP recommends using the Harvard style, i.e. *Critical Appraisal Skills Programme (2020). CASP (insert name of checklist i.e. Randomised Controlled Trial) Checklist. [online]*

Study and citation:

Section A: Is the basic study design valid for a randomised controlled trial?				
1.	<p>Did the study address a clearly focused research question? CONSIDER: Was the study designed to assess the outcomes of an intervention? Is the research question 'focused' in terms of:</p> <ul style="list-style-type: none"> Population studied Intervention given Comparator chosen Outcomes measured? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can't tell <input type="checkbox"/>
2.	<p>Was the assignment of participants to interventions randomised? CONSIDER:</p> <ul style="list-style-type: none"> How was randomisation carried out? Was the method appropriate? Was randomisation sufficient to eliminate systematic bias? Was the allocation sequence concealed from investigators and participants? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can't tell <input type="checkbox"/>
3.	<p>Were all participants who entered the study accounted for at its conclusion? CONSIDER:</p> <ul style="list-style-type: none"> Were losses to follow-up and exclusions after randomisation accounted for? Were participants analysed in the study groups to which they were randomised (intention-to-treat analysis)? Was the study stopped early? If so, what was the reason? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can't tell <input type="checkbox"/>
Section B: Was the study methodologically sound?				
4.	<ul style="list-style-type: none"> Were the participants 'blind' to intervention they were given? Were the investigators 'blind' to the intervention they were giving to participants? Were the people assessing/analysing outcome/s 'blinded'? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can't tell <input type="checkbox"/>
5.	<p>Were the study groups similar at the start of the randomised controlled trial? CONSIDER:</p> <ul style="list-style-type: none"> Were the baseline characteristics of each study group (e.g. age, sex, socio-economic group) clearly set out? Were there any differences between the study groups that could affect the outcome/s? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can't tell <input type="checkbox"/>

Lampiran 6

JBICritical Appraisal Checklist for Quasi Experimental Studies



JBI Critical Appraisal Checklist for Case Series

Reviewer _____ Date _____

Author _____ Year _____ Record Number _____

	Yes	No	Unclear	Not applicable
• Were there clear criteria for inclusion in the case series?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was the condition measured in a standard, reliable way for all participants included in the case series?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Were valid methods used for identification of the condition for all participants included in the case series?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Did the case series have consecutive inclusion of participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Did the case series have complete inclusion of participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was there clear reporting of the demographics of the participants in the study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was there clear reporting of clinical information of the participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Were the outcomes or follow up results of cases clearly reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was there clear reporting of the presenting site(s)/clinic(s) demographic information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was statistical analysis appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include Exclude Seek further info

Comments (Including reason for exclusion)

Cochrane Collaboration's Tool for Assessing Risk of Bias

Tables

Table 1 | Cochrane Collaboration's tool for assessing risk of bias (adapted from Higgins and Altman¹³)

Bias domain	Source of bias	Support for judgment	Review authors' judgment (assess as low, unclear or high risk of bias)
Selection bias	Random sequence generation	Describe the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups	Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence
	Allocation concealment	Describe the method used to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been foreseen before or during enrolment	Selection bias (biased allocation to interventions) due to inadequate concealment of allocations before assignment
Performance bias	Blinding of participants and personnel*	Describe all measures used, if any, to blind trial participants and researchers from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective	Performance bias due to knowledge of the allocated interventions by participants and personnel during the study
Detection bias	Blinding of outcome assessment*	Describe all measures used, if any, to blind outcome assessment from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective	Detection bias due to knowledge of the allocated interventions by outcome assessment
Attrition bias	Incomplete outcome data*	Describe the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. State whether attrition and exclusions were reported, the numbers in each intervention group (compared with total randomised participants), reasons for attrition or exclusions where reported, and any reinclusions in analyses for the review	Attrition bias due to amount, nature, or handling of incomplete outcome data
Reporting bias	Selective reporting	State how selective outcome reporting was examined and what was found	Reporting bias due to selective outcome reporting
Other bias	Anything else, ideally prespecified	State any important concerns about bias not covered in the other domains in the tool	Bias due to problems not covered elsewhere

*Assessments should be made for each main outcome or class of outcomes.

Lampiran 8

The PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Reported (Yes/No)
		TITLE	
Title	1	Identify the report as a systematic review.	Yes
		BACKGROUND	
Objectives	2	Provide an explicit statement of the main objective(s) or question(s) the review addresses.	Yes
		METHODS	
Eligibility criteria	3	Specify the inclusion and exclusion criteria for the review.	Yes
Information sources	4	Specify the information sources (e.g., databases, registers) used to identify studies and the date when each was last searched.	Yes
Risk of bias	5	Specify the methods used to assess risk of bias in the included studies.	Yes
Synthesis of results	6	Specify the methods used to present and synthesise results.	Yes
		RESULTS	
Included studies	7	Give the total number of included studies and participants and summarise relevant characteristics of studies.	
Synthesis of results	8	Present results for main outcomes, preferably indicating the number of included studies and participants for each. If meta-analysis was done, report the summary estimate and confidence/credible interval. If comparing groups, indicate the direction of the effect (i.e., which group is favoured).	Yes
		DISCUSSION	
Limitations of evidence	9	Provide a brief summary of the limitations of the evidence included in the review (e.g., study risk of bias, inconsistency, and imprecision).	No

Interpretation	10	Provide a general interpretation of the results and important implications.	Yes
OTHER			
Funding	11	Specify the primary source of funding for the review.	No
Registration	12	Provide the register name and registration number.	No

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	lampiran
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	3-4
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	7-8
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	44-45
Information sources	6	Specify all databases, registers, websites, organisations, reference lists, and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	44-52
Search strategy	7	Present the full search strategies for all databases, registers, and websites, including any filters and limits used.	45-50
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and, if applicable, details of automation tools used in the process.	51
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and, if applicable, details of automation tools used in the process.	46-47

Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g., for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	-
	10b	List and define all other variables for which data were sought (e.g., participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	-
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	51-52
Effect measures	12	Specify for each outcome the effect measure(s) (e.g., risk ratio, mean difference) used in the synthesis or presentation of results.	55,56,67
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g., tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	50
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics or data conversions.	-
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	-
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	-
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g., subgroup analysis, meta-regression).	58-62
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	59-62
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	56
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	

Section and Topic	Item #	Checklist item	Location where item is reported
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	55
	16b	Cite studies that might appear to meet the inclusion criteria but which were excluded, and explain why they were excluded.	53
Study characteristics	17	Cite each included study and present its characteristics.	51-54
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	65
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	67
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	56
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g., confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	-
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	61-62
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	62
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	60
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	62

DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	71-72
	23b	Discuss any limitations of the evidence included in the review.	77
	23c	Discuss any limitations of the review processes used.	77
	23d	Discuss implications of the results for practice, policy, and future research.	76
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	51
	24b	Indicate where the review protocol can be accessed or state that a protocol was not prepared.	-
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	51
Support	25	Describe sources of financial or non-financial support for the review and the role of the funders or sponsors in the review.	-
Competing interests	26	Declare any competing interests of review authors.	-
Availability of data, code, and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	

Lampiran 9

Bukti Submit Jurnal

The screenshot shows a web browser displaying the article page for 'Penerapan Terapi Alternatif Komplementer Bekam dalam Menurunkan Tekanan Darah Pasien Hipertensi: Tinjauan Literatur' in the journal 'Jurnal Keperawatan'. The page includes author information (Nur Asmah, Yuliana Syam, Rosyidah Arafat), keywords, an abstract, and a list of navigation links on the right side.

Home / Archives / Vol. 14 No. 3 (2022): Jurnal Keperawatan: Supp September 2022 / article

Penerapan Terapi Alternatif Komplementer Bekam dalam Menurunkan Tekanan Darah Pasien Hipertensi: Tinjauan Literatur

Nur Asmah
Universitas Hasanuddin

Yuliana Syam
Universitas Hasanuddin

Rosyidah Arafat
Universitas Hasanuddin

Keywords: bekam, hipertensi, tekanan darah

Abstract

World Health Organization (WHO 2022) memperkirakan bahwa saat ini prevalensi global hipertensi adalah 22% dari total populasi dunia, dengan

Published
09/28/2022

How to Cite
Asmah, N., Syam, Y., & Arafat, R. (2022). Penerapan Terapi Alternatif Komplementer Bekam dalam Menurunkan Tekanan Darah Pasien Hipertensi: Tinjauan Literatur. *Jurnal Keperawatan*, 14(3), 855-862. Retrieved from <http://jurnal2.stikeskendal.ac.id/index.php/keperawatan/article/view/470>

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