DAFTAR PUSTAKA

Abdullah, S. A., Najib, M. N. M., Dali, A. F., & Sulaiman, S. (2016). Malay Cupping Therapy : A Haematological Analysis Pilot Study. *Regional Conference on Science, Technology and Social Sciences (RCSTSS 2014), Rcstss*, 523–529. https://doi.org/10.1007/978-981-10-0534-3

Ahmed, K. A. A., AL-Sanabr, O., Haidar, A., Eskander, S., Al-Qiar, B., Hamzah, A., Mahdi, S., & Al-Ass, G. (2022). Evaluating the Therapeutic Effects of Wet Cupping (Al-Hijamah) on Hematological Parameters, Kidney Function Tests and Lipid Profile in Adult Women. *Biomedical and Pharmacology Journal*, *15*(1), 187–197. https://doi.org/10.13005/bpj/2354

Al Bedah, A. M. N., Khalil, M. K. M., Posadzki, P., Sohaibani, I., Aboushanab, T. S., Alqaed, M., & Ali, G. I. M. (2016). Evaluation of Wet Cupping Therapy: Systematic Review of Randomized Clinical Trials. *Journal of Alternative and Complementary Medicine*, *22*(10), 768–777. https://doi.org/10.1089/acm.2016.0193

Alatas, H. (2021). Penatalaksanaan Hiperurisemia Pada Penyakit Ginjal Kronik (CKD). *Herb-Medicine Journal*, *4*(1), 1. https://doi.org/10.30595/hmj.v4i1.5805

Alligood, Martha Ralie. (2018). *Nurshing Theorists and Their Work* (Martha Raile Alligood (ed.); 9th ed.). Elsevier.

Almaiman, A. A. (2018). Proteomic effects of wet cupping (Al-hijamah). *Saudi Medical Journal*, *39*(1), 10–16. https://doi.org/10.15537/smj.2018.1.21212

Berry, C. E., & Hare, J. M. (2004). Xanthine oxidoreductase and cardiovascular disease: Molecular mechanisms and pathophysiological implications. *Journal of Physiology*, *555*(3), 589–606. https://doi.org/10.1113/jphysiol.2003.055913

Boleu, F. I., Mangimbulude, J. C., & Karwur, F. F. (2018). Hyperurisemia Dan Hubungan Antara Asam Urat Darah Dengan Gula Darah Sewaktu Dan Imt Pada Komunitas Etnik Asli Di Halmahera Utara. *Jurnal Ilmu Kesehatan Masyarakat*, *9*(2). https://doi.org/10.26553/jikm.2018.9.2.96-106

CHEN, B., GUO, Y., CHEN, Z. lin, & SHANG, X. kui. (2016). Cupping: The common wealth of

world traditional medicine. *World Journal of Acupuncture - Moxibustion*, *26*(3), 1,13-6. https://doi.org/10.1016/S1003-5257(17)30055-7

Chilappa, C. S., Aronow, W. S., Shapiro, D., Sperber, K., Patel, U., & Ash, J. Y. (2010). Gout and hyperuricemia. *Comprehensive Therapy*, *36*, 3–13. https://doi.org/10.1201/9781420006452-31

Davies, H. T., & Crombie, K. (2012). What is a systematic review. *International Journal of Number Theory*, *8*(8), 1813–1830. https://doi.org/10.1142/S1793042112501047

Duh, F.-C., & Chiu, Y.-H. (2015). Vacuum Cupping Under Various Negative Pressures: An Experimental Investigation. *Journal of Multidisciplinary Engineering Science and Technology (JMEST)*, *2*(7), 3159–3199. www.jmest.org

Ersoy, S., İnci, H., Sunay, D., Kayıs, S. A., Engin, V. S., & Benli, A. R. (2019). Wet Cupping Therapy Improves Health Related Quality of Life: A Self-Controlled Interventional Study. *Ankara Medical Journal*, *19*(1). https://doi.org/10.17098/amj.581995

Fadhillah, F., & Naan. (2021). *Khasiat Habbatussauda Menurut Hadits*. *4*, 221–227.

Fahimi, M., Kazemikhoo, N., Hashem Dabaghian, F., Iravani, A., Vahabi, F., Azadi, M., Sadeghi, S., Mirkhani, F., Arjmand, M., Zamani, Z., Ansari, F., & Gods, R. (2016). Effects of Wet Cupping on Blood Components Specially Skin-Related Parameters of Healthy Cases: A Case Control Metabonomic Study. *Journal of Skin and Stem Cell*, *In Press*(In Press). https://doi.org/10.5812/jssc.12654

Gegen, G., & Santoso, A. P. A. (2021). Analisis Yuridis Kewenangan Perawat Dalam Pengobatan Bekam Pada Praktik Keperawatan Mandiri. *JISIP (Jurnal Ilmu Sosial Dan Pendidikan)*, *5*(3), 348–356. https://doi.org/10.36312/jisip.v5i3.2151

Golmohammadi, S., Tavasoli, M., & Asadi, N. (2020). Prevalence and risk factors of hyperuricemia in patients with chronic kidney disease and non-alcoholic fatty liver. *Clinical and Experimental Gastroenterology*, *13*, 299–304. https://doi.org/10.2147/CEG.S253619

Hameed, F. A. (2018). Gout. In *Integrative Medicine: Fourth Edition* (Fourth Edi). Elsevier Inc. https://doi.org/10.1016/B978-0-323-35868-2.00069-4

Hani, Umi, & Rita, W. W. (2017). Cupping as Complementary Therapy for Patients with

Hyperuricemia. *AASIC*, 77–79.

Hani, Umme, & Saleem, M. (2019). Review on cupping therapy (al-hijama): A miraculous alternative system of medicine, which is an unbeatable cure for all ailments. *Journal of Pharmacognosy and Phytochemistry*, *8*(2), 2406–2414. http://www.phytojournal.com/archives/2019/vol8issue2/PartAM/8-1-215-975.pdf

Hao, S., Zhang, C., & Song, H. (2016). Natural Products Improving Hyperuricemia with Hepatorenal Dual Effects. *Evidence-Based Complementary and Alternative Medicine*, *2016*. https://doi.org/10.1155/2016/7390504

Herliawati, H., Fitri, E. Y., & Mozarta, M. (2019). Uji Beda Kadar Asam Urat Setelah Dilakukan Terapi Komplementer Senam Yoga Dan Rendam Air Jahe Hangat Pada Penderita Gout Di Lubuk Bakung Wilayah Kerja Puskesmas Pakjo Palembang. *Seminar Nasional Keperawatan*, *0*(2), 86–91. http://www.conference.unsri.ac.id/index.php/SNK/article/view/1198/595

Higgins, J. P. T., Altman, D. G., Gøtzsche, P. C., Jüni, P., Moher, D., & Oxman, A. D. (2011). *The Cochrane Collaboration ' s tool for assessing risk of bias in randomised trials*. 1–9. https://doi.org/10.1136/bmj.d5928

Higgins, J. P. T., Altman, D. G., Gøtzsche, P. C., Jüni, P., Moher, D., Oxman, A. D., Savović, J., Schulz, K. F., Weeks, L., & Sterne, J. A. C. (2019). Cohrane Handbook for Systematic Reviews of Interventions. In *Archives of Internal Medicine* (Vol. 145, Issue 3). https://doi.org/10.1001/archinte.1985.00360030123022

Husain, N. N., Hairon, S. M., & Zain, R. M. (2020). *The Effects of Wet Cupping Therapy on Fasting Blood Sugar, Renal Function Parameters, and Endothelial Function: A Single-arm Intervention Study*. *35*(2). https://doi.org/10.5001/omj.2020.26

Ikmal, N., & Satria, A. P. (2020). Hubungan Tingkat Pengetahuan dengan Penggunaan Terapi Bekam di Klinik Cendana Herbal Samarinda. *Borneo Student Research*, *1*(3), 2020. http://journals.umkt.ac.id/index.php/bsr/article/view/1196

Indonesian Rheumatology Association. (2018). *Rekomendasi Pedoman Diagnosis dan Pengelolaan Gout*. Indonesian Rheumatology Association (IRA).

Indrawan, I. B., Kambayana, G., & Putra, T. R. (2017). Hubungan Konsumsi Purin Tinggi Dengan

Hiperurisemia: Suatu Penelitian Potong Lintang Pada Penduduk Suku Bali di Kota Denpasar. *Jurnal Penyakit Dalam Udayana*, *1*(2), 38–44. https://doi.org/10.36216/jpd.v1i2.20

Joanna Briggs Instituse. (2019). Critical Appraisal tools for Quasi-Experimental in JBI Systematic Reviews. *JBI Reviewer's Manual*. https://doi.org/10.46658/jbirm-17-03

Khan, K., Kunz, R., Kleijnen, J., & Antes, G. (2011). Systematic reviews. In C. Makepeace & F. Naish (Eds.), *Palliative Medicine* (2nd ed., Vol. 13, Issue 1). Hodder Arnold, an Hachette UK Company. https://doi.org/10.1191/026921699670710078

Kidwai, Z. K. (2018). *Management of hyperuricemia & gouty arthritis with unani murakkab advia & Hijama-bil-Shart*. *2*(3), 39–42.

Kim, K. W., Lee, T. W., Lee, H. L., An, S. K., Park, H. S., Choi, J. W., Lee, B. R., & Yang, G. Y. (2020). Pressure Levels in Cupping Therapy: A Systemic Review. *Journal of Acupuncture Research*, *37*(1), 28–34. https://doi.org/10.13045/jar.2019.00339

Kumar, S., Singh, A., Takhelmayum, R., Shrestha, P., & Sinha, J. (2010). Prevalence of hyperuricemia in Chitwan District of Nepal. *Journal of College of Medical Sciences-Nepal*, *6*(2), 18–23. https://doi.org/10.3126/jcmsn.v6i2.3612

Lestari, T. W., Lusitawati, L., Afrilia, A. R., Suharyanto, F., Prihartini, N., Nurhayati, N., & Siswoyo, H. (2019). Kepatuhan Praktisi Terapi Tradisional Bekam Terhadap Standar Prosedur Operasional. *Holistik Jurnal Kesehatan*, *13*(2), 114–127. https://doi.org/10.33024/hjk.v13i2.1368

Li, J. Q., Guo, W., Sun, Z. G., Huang, Q. S., Lee, E. Y., Wang, Y., & Yao, X. D. (2017). Cupping therapy for treating knee osteoarthritis: The evidence from systematic review and meta-analysis. *Complementary Therapies in Clinical Practice*, *28*, 152–160. https://doi.org/10.1016/j.ctcp.2017.06.003

Lilin, R., Hadi, I., Askrening, & Indrayana, M. (2020). Complementary Alternative Medicine : Kombinasi Bekam Basah dan Ayat Alquran pada Perubahan Tekanan Darah, Glukosa, Asam Urat, dan Kolesterol. *Jurnal.Poltekkes-Kdi*, *12*, 114. https://myjurnal.poltekkes-kdi.ac.id/index.php/HIJP

Lin, X., Wong, H., & Ng, S. (2018). Cupping, the past and present application. *Chinese Medicine and Culture*, *1*(3), 121. https://doi.org/10.4103/cmac.cmac_37_18

Liu, Z., Chen, C., Li, X., Zhao, C., Li, Z., Liang, W., & Lin, Y. (2018). Is cupping blister harmful?—A proteomical analysis of blister fluid induced by cupping therapy and scald. *Complementary Therapies in Medicine*, *36*(October 2017), 25–29. https://doi.org/10.1016/j.ctim.2017.11.002

Livinski, A., Joubert, D., & Terry Nancy. (2015). Undertaking a Systematic Review: What You Need to Know. *National Institutes of Health, October*, 80. http://nihlibrary.nih.gov

Lolo, W. A., Yudistira, A., & Datu, O. S. (2020). PKM Pada Kelompok Masyarakat Kelurahan Lahendong Kecamatan Tomohon Selatan Kota Tomohon Tentang Pemanfaatan Obat Tradisional Sebagai Terapi Komplementer Pada Penyakit Degeneratif. *VIVABIO: Jurnal Pengabdian Multidisiplin*, *2*(3), 8. https://doi.org/10.35799/vivabio.2.3.2020.31104

Lu, S., Du, S., Fish, A., Tang, C., & Lou, Q. (2018). Wet cupping for hypertension : a systematic review and meta-analysis. *Clinical and Experimental Hypertension*, *00*(00), 1–7. https://doi.org/10.1080/10641963.2018.1510939

Mahendra, H. I., & Arum, P. (2021). Pengaruh Pemberian Sari Buah Kersen terhadap Kadar Asam Urat pada Penderita Hiperurisemia. *Jurnal Gizi*, *10*(1), 1. https://doi.org/10.26714/jg.10.1.2021.1-13

Manampiring, A. E. (2013). Hiperurisemia Dan Respons Imun. *Jurnal Biomedik (Jbm)*, *3*(2). https://doi.org/10.35790/jbm.3.2.2011.865

Marlinda, R., & Putri, D. (2019). Pengaruh Pemberian Air Rebusan Daun Salam Terhadap Penurunan Kadar Asam Urat Pasien Arthritis Gout The Effect Of Indonesian Bay-Leaf Water Stew On Uric Acid Level In Patients With Gout Arthritis. *Jurnal Kesehatan Saintika Meditory*, *2*(1), 62–70. http://jurnal.syedzasaintika.ac.id/index.php/meditory/article/view/478

Masengi, K. G. D., Ongkowijaya, J., & Wantania, F. (2016). Hubungan Hiperurisemia Dengan Kardiomegali Pada Pasien Gagal Jantung Kongestif. *E-CliniC*, *4*(1), 0–5. https://doi.org/10.35790/ecl.4.1.2016.10971

Mei, C. L., Ge, J. B., Zou, H. J., & Gao, X. (2017). Chinese multidisciplinary expert consensus on the diagnosis and treatment of hyperuricemia and related diseases: Multidisciplinary expert task force on hyperuricemia and related diseases. *Chinese Medical Journal*, *130*(20), 2473–2490. https://doi.org/10.4103/0366-6999.216416

Meilani, E., Wahyuni, D., & Maryatun, S. (2020). Pengalaman Pasien Stroke Menggunakan Terapi Bekam. *Proceeding Seminar Nasional Keperawatan*, *6*(1), 130–134.

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., Antes, G., Atkins, D., Barbour, V., Barrowman, N., Berlin, J. A., Clark, J., Clarke, M., Cook, D., D'Amico, R., Deeks, J. J., Devereaux, P. J., Dickersin, K., Egger, M., Ernst, E., Gøtzsche, P. C., … Tugwell, P. (2014). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *Revista Espanola de Nutricion Humana y Dietetica*, *18*(3), 172–181.

Muharram, S., Kasmawati, & Musdalipa. (2019). *Faktor - Faktor Yang Mempengaruhi Sikap Masyarakat Dalam Memilih Pengobatan Alternatif Bekam*. *7*(0005), 19–31.

Munn, Z., Tufanaru, C., & Aromataris, E. (2014). Data extraction and synthesis. *American Journal of Nursing*, *114*(7), 49–54. https://doi.org/10.1097/01.NAJ.0000451683.66447.89

Ningsih, F. N., & Afriana, N. (2017). Pengaruh terapi bekam terhadap kadar asam urat pada penderita hiperuremia di rumah sehat khaira bangkinang. *Jurnal Ners Universitas Pahlawan Tuanku Tambusa*, *1*(2), 2580–2194.

Parker, M. E. (2001). Nursing theories and nursing practice. In *Hong Kong Nursing Journal* (Vol. 50). F.A. Davis Company.

PBI. (2020). *Panduan Pengajaran Bekam. Perkumpulan Bekam Indonesai (PBI)*. PBI.

PPNI. (2018). Standar Intervensi Keperawatan Indonesia. In Tim Pokja SIKI DPP PPNI (Ed.), *Definisi dan Tindakan Keperawatan* (Edisi 1. C, pp. 418–419). DPP PPNI.

Putri, A. A. (2019). Pengaruh Terapi Bekam Terhadap Penurunan Kadar Asam Urat Pada Lansia di Wilayah Kerja Puskesmas Sitiun 1. *MENARA Ilmu*, *XIII*(8), 30–38.

Qureshi, N. A., Ali, G. I., Abushanab, T. S., El-Olemy, A. T., Alqaed, M. S., El-Subai, I. S., & Al-Bedah, A. M. N. (2017). History of cupping (Hijama): a narrative review of literature. *Journal of Integrative Medicine*, *15*(3), 172–181. https://doi.org/10.1016/S2095-4964(17)60339-X

Rakhman, A., Purnawan, I., & Purwadi, A. R. (2015). Pengaruh Terapi Akupressure Terhadap Kadar Asam Urat Darah Pada Lansia. *Jurnal Skolastik Keperawatan*, *1*(2), 62–68. https://doi.org/10.35974/jsk.v1i2.86

Ratna, S. F., Arskal, S. M., Fika, E., & Imam, S. (2018). BEKAM Sebagai Kedokteran Profetik. In *Journal of Visual Languages & Computing* (Vol. 1, Issue 3). https://www.m-culture.go.th/mculture_th/download/king9/Glossary_about_HM_King_Bhumibol_Adulyadej's_Funeral.pdf

Richter, O. Z., Kerres, M., Bedenlier, S., Bond, M., & Buntins, K. (2019). Systematic Reviews in Education Research. methodology, Perspevtives and Application. In *Contemporary Economic Perspectives in Education*. https://doi.org/10.2307/j.ctt14jxsqg.4

Ridho, A. A. (2015). *Bekam Sinergi. Rahasia Sinergi Pengobatan Nabi, Medis Modern & Tradisional Chinese Medicine*. PT Aqwam Media Profetika.

Riskesdas Sulawesi Selatan. (2018). Laporan Provinsi Sulawesi Selatan Riskesdas 2018. In *Badan Penelitian Dan Pengembangan Kesehatan* (Vol. 110, Issue 9). http://ejournal2.litbang.kemkes.go.id/index.php/lpb/article/view/3658

Risniati, Y., Afrilia, A. R., Lestari, T. W., Nurhayati, N., & Siswoyo, H. (2020). Pelayanan Kesehatan Tradisional Bekam: Kajian Mekanisme, Keamanan dan Manfaat. *Jurnal Penelitian Dan Pengembangan Pelayanan Kesehatan*, *3*(3), 212–225. https://doi.org/10.22435/jpppk.v3i3.2658

Saeed, A. A. M., Badulla, W. F. S., & Sheikh, G. A. A. (2021). the Effect of Wet Cupping Therapy (Al-Hijamah) on Some Blood Components: a Comparative Study. *Electronic Journal of University of Aden for Basic and Applied Sciences*, *2*(3), 124–130. https://doi.org/10.47372/ejua-ba.2021.3.106

Sajid, M. I. (2016). Hijama therapy (wet cupping) - its potential use to complement British healthcare in practice, understanding, evidence and regulation. *Complementary Therapies in Clinical Practice*, *23*, 9–13. https://doi.org/10.1016/j.ctcp.2016.01.003

Santoso, D. W., Khusniyah, Z., & Kesehatan, F. I. (2020). *Upaya Menurunkan Kadar Asam Urat Pada Lansia Dengan*. *4*(1), 55–60.

Sari, F. R., Arskal Salim, M. G., Ekayanti, F., Al-safi Ismail, A., & Nitalia, M. (2019). Prophetic Wet Cupping Practices for Degenerative Diseases At the Waroeng Sehat Tangerang Selatan: a Preliminary Study. *Biotech. Env. Sc*, *21*(4), 1052–1056.

Septia, R. D., Ali, K., & Meti, D. C. (2018). Pengetahuan Asam Urat, Asupan Purin Dan Status Gizi

Terhadap Kejadian Hiperurisemia Pada Masyarakat Perdesaan. *Media Pendidikan, Gizi, Dan Kuliner*, *7*(2), 1–11.

Siswanto, S. (2012). Systematic Review Sebagai Metode Penelitian Untuk Mensintesis Hasil-Hasil Penelitian (Sebuah Pengantar). *Buletin Penelitian Sistem Kesehatan*, *13*(4). https://doi.org/10.22435/bpsk.v13i4

Sumartini, R., & Susila, A. (2021). Efektivitas Terapi Bekam Basah Terhadap Penurunan Kadar Asam Urat Di Wilayah Kerja Puskesmas Cilegon . *Jurnal Ilmu Keperawatan Indonesia (JIKPI)*, *2*(1), 2746–2579.

Syukri, M. (2010). Asam Urat dan Hiperuresemia. *Majalah Kedokteran Nusantara*, *40*, 52–56.

Tan, Y., & Chen, Z. (2020). The Penetration of PAD Teaching Mode in the Training of Art Teaching Skills for Normal College Students. *International Journal of Education and Economics*, *3*(4), 246–247. http://www.ij-ee.com/Papers/Vol 3, No 4 (IJEE 2020).pdf#page=254

Tim Riskesdas. (2018). Laporan Nasional RISKESDAS 2018. In *Kementtrian Kesehatan Republik Indonesia*. Balitbangkes. http://labdata.litbang.kemkes.go.id/images/download/laporan/RKD/2018/Laporan_Nasional_RKD2018_FINAL.pdf

Timotius, K. H., Kurniadi, I., & Rahayu, I. (2019). *Metabolisme Purin & Pirimidin. Gangguan & dampaknya bagi kesehatan.* (E. Risanto (ed.)). ANDI.

Vaccaro, M., Coppola, M., Ceccarelli, M., Montopoli, M., & Guaneri, C. (2021). The good and the bad of cupping therapy: Case report and review of the literature. *European Review for Medical and Pharmacological Sciences*, *25*(5), 2327–2330. https://doi.org/10.26355/eurrev_202103_25266

Wahono, R. S. (2015). A Systematic Literature Review of Software Defect Prediction: Research Trends, Datasets, Methods and Frameworks. *Journal of Software Engineering*, *1*(1), 1–16. https://doi.org/10.3923/jse.2007.1.12

Wang, X., Zhang, X., Elliott, J., Liao, F., Tao, J., & Jan, Y. K. (2020). Effect of Pressures and Durations of Cupping Therapy on Skin Blood Flow Responses. *Frontiers in Bioengineering and Biotechnology*, *8*(December), 1–7. https://doi.org/10.3389/fbioe.2020.608509

Wang, Y. L., An, C. M., Song, S., Lei, F. L., & Wang, Y. (2018). Cupping Therapy for Knee Osteoarthritis: A Synthesis of Evidence. *Complementary Medicine Research*, *25*(4), 249–255. https://doi.org/10.1159/000488707

Widada, W., Wahyuning, S., & Azza, A. (2017). *Panduan Praktikum Terapi Komplementer* (Issue 0080117246).

Widiastuti, D. M., & Faridin. (2020). *Karakteristik Hiperurisemia Pada Pasien DM Tipe 2 di RSUP DR. Wahidin Sudirohusodo Makassar* (Vol. 2017, Issue 1).

Widodo, S., & Mustofa, A. (2017). *Bekam Basah Menurunkan Kadar Asam Urat Dalam Darah Pada Penderita Hiperurisemi*. *September*, 361–370.

Widowati, L., Siswanto, S., Delima, D., & Siswoyo, H. (2014). Evaluasi Praktik Dokter Yang Meresepkan Jamu Untuk Pasien Penderita Penyakit Degenerative Di 12 Propinsi. *Media Penelitian Dan Pengembangan Kesehatan*, *24*(2), 95–102. https://doi.org/10.22435/mpk.v24i2.3567.95-102

Widyatuti, W. (2008). Terapi Komplementer Dalam Keperawatan. *Jurnal Keperawatan Indonesia*, *12*(1), 53–57. https://doi.org/10.7454/jki.v12i1.200

Wulandari, D. (2019). Factors Influencing Hyperuricemia: Evidence from Sukoharjo, Central Java, Indonesia. *Indonesian Journal of Medicine*, *4*(4), 321–328. https://doi.org/10.26911/theijmed.2019.04.04.04

Yamanaka, H. (2011). Japanese guideline for the management of hyperuricemia and gout: Second edition. *Nucleosides, Nucleotides and Nucleic Acids*, *30*(12), 1018–1029. https://doi.org/10.1080/15257770.2011.596496

Yunbo, W., Mingqiang, L., Guirong, Q., Hongrong, L., & Gang, H. (2021). *The effect of moving cupping on psoriasis vulgaris and its in fl uence on PASI score*. *6*(December 2020), 2020–2022.

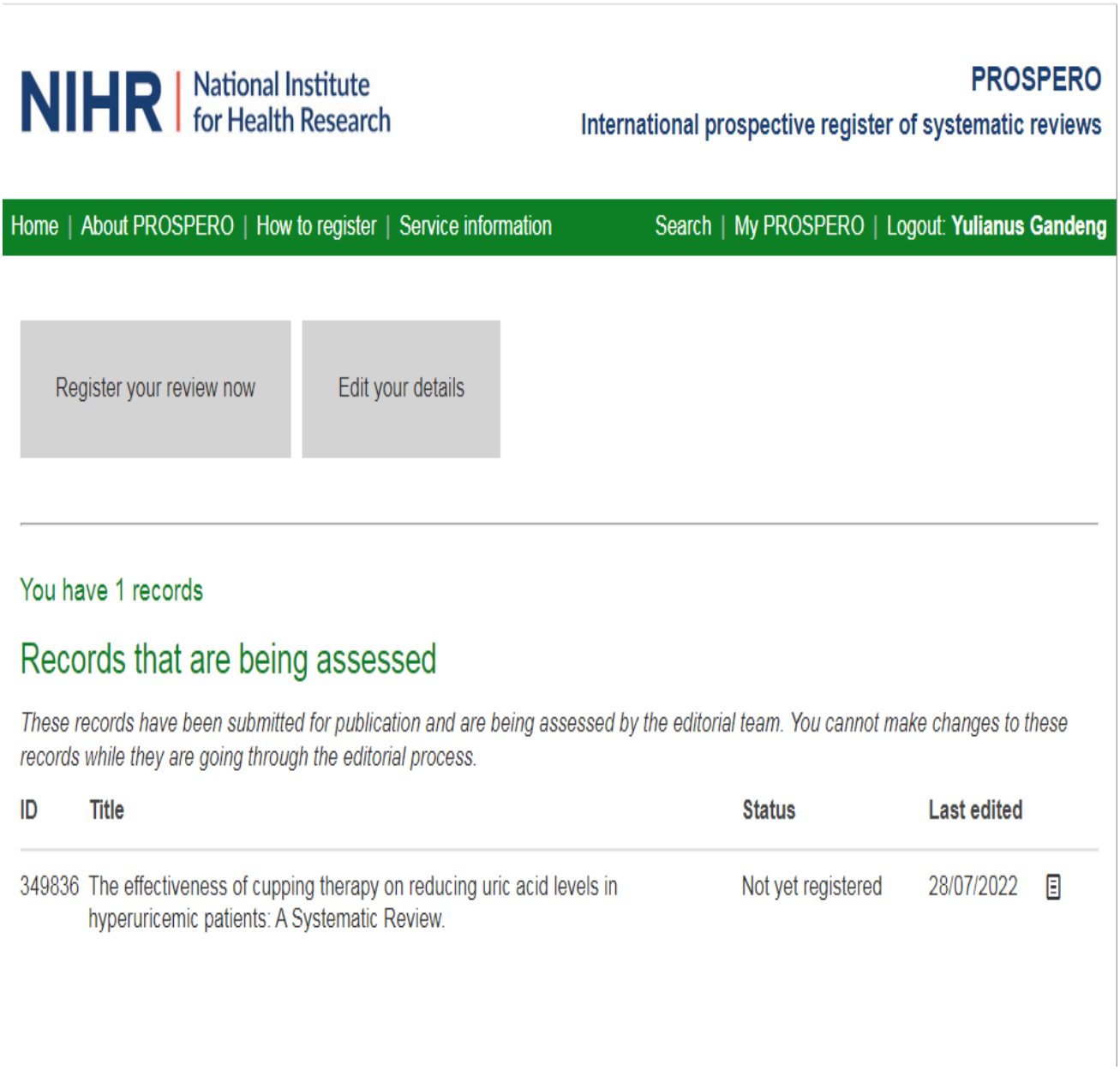
Zaidi, S. M. A., Jameel, S. S., Jafri, K., Khan, S. A., & Ahmad, E. (2016). Ilaj bil hijamah (Cupping therapy) in unani system of medicine: Anecdotal practice to evidence based therapy. *AMHA - Acta Medico-Historica Adriatica*, *14*(1), 81–94.

Zhang, X., Tian, R., Lam, W. C., Duan, Y., Liu, F., Zhao, C., Wu, T., Shang, H., Tang, X., Lyu, A., &

Bian, Z. (2020). Standards for reporting interventions in clinical trials of cupping (STRICTOC): Extending the CONSORT statement. *Chinese Medicine (United Kingdom)*, *15*(1), 1–15. https://doi.org/10.1186/s13020-020-0293-2

Lampiran 1

Pendaftaran Prospero



Lampiran 2

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 3

Surat Izin Etik

SEKOLAH TINGGI ILMU KESEHATAN (STIKES)
NANI HASANUDDIN MAKASSAR
Jl. Perintis Kemerdekaan VIII No. 24 Telp.(0411) 582104. Fax. (0411) 582104
Email: info@stikesnh.ac.id

REKOMENDASI PESETUJUAN ETIK

Nomor:635/STIKES-NH/KEPK/VII/2022

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

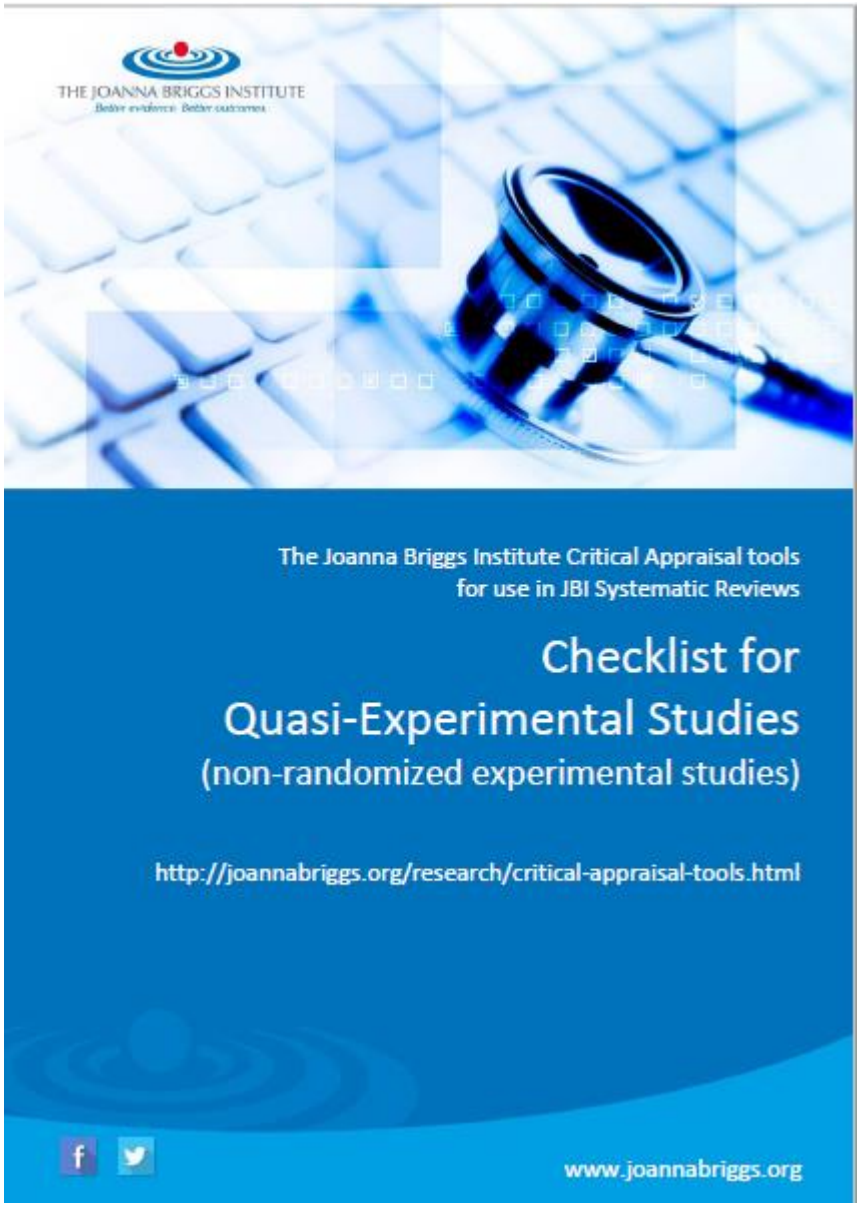
No Protokol	SK no 674 STIKES-NH/BAU/X/2018	No. Sponsor Protokol	
IT Peneliti Utama	Yulianus	Sponsor	Tidak Ada
Judul Penelitian	Efektivitas pemberian terapi bekam terhadap penurunan kadar asam urat pada hiperurisemia : A Systematic Review		
No. Versi Protokol		Tanggal Versi	27 Juli 2022
		Tanggal Versi	27 Juli 2022
Tempat	-		
Jenis Review	☑ Exempted ☐ Expedited ☐ 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

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

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

Lampiran 4

JBI Critical Apprasisal Checklist for Quasi Experimental Studies



JBI Critical Appraisal Checklist for Case Series

Reviewer_____ Date_____

Author_____ Year_____ Record Number_____

	Yes	No	Unclear	Not applicable
1. Were there clear criteria for inclusion in the case series?	☐	☐	☐	☐
2. Was the condition measured in a standard, reliable way for all participants included in the case series?	☐	☐	☐	☐
3. Were valid methods used for identification of the condition for all participants included in the case series?	☐	☐	☐	☐
4. Did the case series have consecutive inclusion of participants?	☐	☐	☐	☐
5. Did the case series have complete inclusion of participants?	☐	☐	☐	☐
6. Was there clear reporting of the demographics of the participants in the study?	☐	☐	☐	☐
7. Was there clear reporting of clinical information of the participants?	☐	☐	☐	☐
8. Were the outcomes or follow up results of cases clearly reported?	☐	☐	☐	☐
9. Was there clear reporting of the presenting site(s)/clinic(s) demographic information?	☐	☐	☐	☐
10. Was statistical analysis appropriate?	☐	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Lampiran 5

CASP RCT

CASP
Critical Appraisal Skills Programme

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]*

CASP
Critical Appraisal Skills Programme

Study and citation:

Section A: Is the basic study design valid for a randomised controlled trial?			
1. 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:* • *Population studied* • *Intervention given* • *Comparator chosen* • *Outcomes measured?*	Yes ☐	No ☐	Can't tell ☐
2. Was the assignment of participants to interventions randomised? *CONSIDER:* • *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 ☐	No ☐	Can't tell ☐
3. Were all participants who entered the study accounted for at its conclusion? *CONSIDER:* • *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 ☐	No ☐	Can't tell ☐

Section B: Was the study methodologically sound?			
4. • **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 ☐ ☐ ☐	No ☐ ☐ ☐	Can't tell ☐ ☐ ☐
5. Were the study groups similar at the start of the randomised controlled trial? *CONSIDER:* • *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 ☐	No ☐	Can't tell ☐

CASP
Critical Appraisal Skills Programme

6. Apart from the experimental intervention, did each study group receive the same level of care (that is, were they treated equally)? *CONSIDER:* • *Was there a clearly defined study protocol?* • *If any additional interventions were given (e.g. tests or treatments), were they similar between the study groups?* • *Were the follow-up intervals the same for each study group?*	Yes ☐	No ☐	Can't tell ☐

Section C: What are the results?

7. Were the effects of intervention reported comprehensively? *CONSIDER:* • *Was a power calculation undertaken?* • *What outcomes were measured, and were they clearly specified?* • *How were the results expressed? For binary outcomes, were relative and absolute effects reported?* • *Were the results reported for each outcome in each study group at each follow-up interval?* • *Was there any missing or incomplete data?* • *Was there differential drop-out between the study groups that could affect the results?* • *Were potential sources of bias identified?* • *Which statistical tests were used?* • *Were p values reported?*	Yes ☐	No ☐	Can't tell ☐
8. Was the precision of the estimate of the intervention or treatment effect reported? *CONSIDER:* • *Were confidence intervals (CIs) reported?*	Yes ☐	No ☐	Can't tell ☐
9. Do the benefits of the experimental intervention outweigh the harms and costs? *CONSIDER:* • *What was the size of the intervention or treatment effect?* • *Were harms or unintended effects reported for each study group?* • *Was a cost-effectiveness analysis undertaken? (Cost-effectiveness analysis allows a comparison to be made between different interventions used in the care of the same condition or problem.)*	Yes ☐	No ☐	Can't tell ☐

CASP
Critical Appraisal Skills Programme

Section D: Will the results help locally?			
10. Can the results be applied to your local population/in your context? *CONSIDER:* • *Are the study participants similar to the people in your care?* • *Would any differences between your population and the study participants alter the outcomes reported in the study?* • *Are the outcomes important to your population?* • *Are there any outcomes you would have wanted information on that have not been studied or reported?* • *Are there any limitations of the study that would affect your decision?*	Yes ☐	No ☐	Can't tell ☐
11. Would the experimental intervention provide greater value to the people in your care than any of the existing interventions? *CONSIDER:* • *What resources are needed to introduce this intervention taking into account time, finances, and skills development or training needs?* • *Are you able to disinvest resources in one or more existing interventions in order to be able to re-invest in the new intervention?*	Yes ☐	No ☐	Can't tell ☐

APPRAISAL SUMMARY: *Record key points from your critical appraisal in this box. What is your conclusion about the paper? Would you use it to change your practice or to recommend changes to care/interventions used by your organisation? Could you judiciously implement this intervention without delay?*

Lampiran 6

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 7

The PRISMA 2020 for Abstracts 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

Lampiran 8

The PRISMA 2020 Checklist

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.	