JURNAL PEMIKIRAN ISLAM Vol. 6, No. 1, January-June 2026
https://jurnal.ar-raniry.ac.id/index.php/jpi DOI: 10.22373/jpi.v6i1.35269

PERIOD FACEMASK, MEDICAL UNCERTAINTY, AND ISLAMIC BIOETHICS: A MAQASIDI ETHICAL ASSESSMENT

[*]Qonita Amilia[1], Ach. Zayyadi[2]
[1,2]Faculty of Islamic Studies, Universitas Nurul Jadid, Probolinggo, Indonesia
[*]Email: qaamilia.17@gmail.com

Abstract

The period facemask, commonly described as the application of menstrual blood to the face for cosmetic purposes, has gained visibility through digital beauty culture and social media circulation. This article examines the practice through Islamic bioethics and *maqasid al-shari'ah*, with particular attention to *ḥifẓ al-nafs*, *ḥifẓ al-'irḍ*, *maṣlaḥah*, and *mafsadah*. The study used qualitative normative library research based on selected Qur'anic verses, scholarship on Islamic bioethics and *maqāṣid al-shari'ah*, medical literature on menstruation and blood-derived aesthetic procedures, and scholarship on digital beauty culture. The findings indicate that available literature does not establish the safety or cosmetic efficacy of applying untreated menstrual blood directly to facial skin. The practice also differs substantially from platelet-rich plasma treatment, which involves clinical preparation, professional supervision, and procedural standards. The analysis further indicates that the period facemask raises ethical concerns related to bodily well-being, dignity, privacy, and the circulation of intimate biological material as digital content. The article does not issue a definitive legal ruling or claim that the practice produces clinical harm in every case. It argues that ethical restraint is warranted because the claimed cosmetic benefits remain insufficiently supported, while relevant concerns related to safety and dignity remain unresolved.

Keywords: Period Facemask; Islamic Bioethics; Maqaṣid Al-Shari'ah; Menstrual Blood; Digital Beauty Culture

***

A. Introduction

Digital media has changed how beauty advice, skincare routines, and health-related claims circulate in everyday life. Platforms such as TikTok and Instagram allow users to share personal experiences, aesthetic preferences, and informal recommendations with audiences far beyond their immediate social circles. Short-form social media can accelerate the circulation of health-related content through highly visual, personalized, and engagement-driven formats (Comp et al., 2021). Broader scholarship on health misinformation further indicates that repetition, personal testimony, and platform visibility can make claims appear credible before their safety or efficacy has been

adequately examined (Chou et al., 2018; Suárez-Lledó & Álvarez-Gálvez, 2021; Swire-Thompson & Lazer, 2020).

One practice that has recently attracted attention is the period facemask, commonly described as the application of menstrual blood to the face for cosmetic purposes. Supporters often associate the practice with natural skincare, regeneration, and feminine empowerment. Menstrual fluid, however, is a biologically complex material. It includes blood, endometrial tissue, cervical mucus, vaginal secretions, and other components that may vary across individuals and across the menstrual cycle (Critchley et al., 2020; Maybin & Critchley, 2015). No adequate clinical evidence currently establishes the safety or cosmetic benefit of applying untreated menstrual blood directly to facial skin.

The issue therefore extends beyond the popularity of an unconventional beauty routine. Claims made through social media often place untreated menstrual blood alongside clinically processed blood-derived procedures, especially platelet-rich plasma treatments. The comparison requires caution. Platelet-rich plasma is prepared under clinical protocols and administered under professional supervision. The period facemask circulates primarily as an informal practice outside clinical settings. Similarity in the use of human biological material does not establish similarity in safety, therapeutic value, or ethical status.

Islamic bioethics provides a relevant framework for examining bodily practices that involve uncertainty, potential harm, and questions of human dignity. Its ethical reasoning draws on the Qur'an, prophetic traditions, Islamic jurisprudence, and moral reflection on human welfare (Daar & Al Khitamy, 2001; Padela, 2007, 2013; Shomali, 2008). The framework of *maqāṣid al-sharīʿah* (the higher objectives of Islamic law) is particularly useful because it directs attention to the values protected by Islamic law when new practices emerge in changing social conditions.

This article concentrates on two principles of *maqāṣid al-sharīʿah*. The first is *ḥifẓ al-nafs* (protection of life), which concerns the preservation of bodily well-being and the avoidance of preventable harm. A practice whose safety remains uncertain requires careful ethical scrutiny, especially when its claimed benefits have not been supported by sufficient clinical evidence. The second principle is *ḥifẓ al-ʿirḍ* (preservation of dignity and honor). This principle concerns respectful treatment of the human body and becomes

especially relevant when intimate bodily experiences are transformed into publicly circulated digital content.

Existing discussions of Islamic bioethics have generally addressed pharmaceutical ethics, reproductive technologies, medical procedures, professional responsibility, and the moral limits of biomedical intervention (Daar & Al Khitamy, 2001; Padela, 2007, 2013; Sachedina, 2009; Shomali, 2008). Scholarship on platelet-rich plasma has similarly focused on procedures conducted through clinical protocols and professional supervision, emphasizing preparation, safety, efficacy, and standardization in medical and aesthetic settings (Marx, 2004; Alves & Grimalt, 2018; Leo et al., 2015). These discussions offer important points of reference, yet they do not directly address digital beauty practices involving untreated biological materials promoted through social media. The period facemask therefore presents a distinct ethical case at the intersection of digital culture, bodily practices, medical uncertainty, and Islamic moral reasoning.

The article develops a normative ethical assessment without presenting itself as a clinical study or a definitive legal ruling. Its analysis considers the available medical discussion, Islamic jurisprudential principles, and *maqāṣid al-sharīʿah* in order to evaluate the practice cautiously. The concepts of *maṣlaḥah* (benefit or public good) and *mafsadah* (harm) provide the evaluative basis for determining whether the anticipated benefits of a practice are sufficiently supported and whether its possible harms warrant ethical restraint. This approach reflects contemporary scholarship that applies *maqāṣid al-sharīʿah* to emerging bioethical questions while remaining attentive to textual sources, legal reasoning, and social change (Auda, 2008; Ibn Ashur, 2006; Kamali, 2008).

Accordingly, this study addresses three questions. First, how should the period facemask be understood in light of available medical discussions concerning menstrual fluid and nonclinical cosmetic practices? Second, how can *ḥifẓ al-nafs* (protection of life) and *ḥifẓ al-ʿirḍ* (preservation of dignity and honor) guide an ethical evaluation of menstrual blood used as a facial treatment? Third, how can *maṣlaḥah* (benefit or public good) and *mafsadah* (harm) be used to assess emerging digital beauty practices involving human biological materials? The study seeks to contribute a careful *maqāṣidī* (objectives-based) ethical framework for evaluating the period facemask in contemporary Islamic bioethics.

B. Methods

This study used qualitative normative library research to examine the period facemask through the lens of Islamic bioethics and *maqāṣid al-sharīʿah*. The analysis drew on four categories of sources: selected Qur'anic verses; contemporary scholarship on Islamic bioethics and *maqāṣid al-sharīʿah*; peer-reviewed medical literature on menstruation, menstrual fluid, and blood-derived aesthetic procedures; and scholarly discussions of digital beauty culture. The study treated social media reports and popular online content only as contextual material for identifying the public circulation of the practice. Such material was not used as evidence for medical safety, clinical efficacy, or Islamic legal conclusions.

Source selection was guided by the relevance of each publication to the study's three questions: the medical uncertainty surrounding untreated menstrual blood as a cosmetic material, the ethical implications of bodily safety and dignity, and the application of *ḥifẓ al-nafs* and *ḥifẓ al-ʿirḍ* to emerging digital beauty practices. Priority was given to peer-reviewed articles, academic books, and established scholarship on Islamic bioethics, *maqāṣid al-sharīʿah*, menstruation, platelet-rich plasma, menstrual health, and health communication in digital media. Sources were excluded when they addressed unrelated forms of facial masks, general cosmetic products, or medical procedures without a meaningful connection to menstrual fluid, blood-derived cosmetic treatment, Islamic ethical reasoning, or digital beauty culture.

The analysis proceeded through close reading and thematic interpretation. First, the medical literature was examined to distinguish between clinically processed blood-derived treatments and informal cosmetic practices involving untreated menstrual blood. Second, relevant Qur'anic passages and Islamic ethical principles were read in relation to bodily protection, dignity, and responsible treatment of human biological materials. Third, the findings from these bodies of literature were assessed through *maṣlaḥah* and *mafsadah* to determine whether the claimed benefits of the practice were adequately supported and whether the potential harms justified ethical restraint. This process produced a *maqāṣidī* ethical assessment of the period facemask without claiming to establish clinical evidence or issue a definitive legal ruling.

C. Results and Discussion

The review produced three related findings. First, the available literature does not establish the safety or cosmetic efficacy of applying untreated menstrual blood directly to facial skin. Second, the practice raises ethical concerns under *ḥifẓ al-nafs* (protection of life) and *ḥifẓ al-ʿirḍ* (preservation of dignity and honor). Third, the present balance between claimed benefit and possible harm supports a cautious ethical assessment through *maṣlaḥah* (benefit or public good) and *mafsadah* (harm).

1. Results

1) Medical Uncertainty and the Distinction Between Menstrual Fluid and Clinical Blood-Derived Treatments

The literature on menstruation describes menstrual fluid as a complex biological material associated with endometrial shedding, tissue repair, hormonal regulation, cervical secretions, and changing reproductive tract conditions across the menstrual cycle (Maybin & Critchley, 2015; Critchley et al., 2020). Research on the female reproductive tract also shows that its microbial environment is dynamic and influenced by physiological conditions, including menstruation (Gajer et al., 2012). These studies provide an important biological context for evaluating menstrual fluid, although they do not examine the period facemask as a cosmetic practice.

The literature reviewed for this study does not provide adequate clinical evidence that untreated menstrual blood improves skin texture, reduces acne, stimulates facial regeneration, or produces other cosmetic effects often claimed in social media content. The absence of such evidence is central to the present analysis. The issue is not whether menstrual fluid has biological components of scientific interest, but whether those components can support claims about direct facial application outside medical settings. Current literature does not provide a sufficient basis for that conclusion.

The reviewed sources also show that the period facemask should not be treated as equivalent to platelet-rich plasma treatment. Platelet-rich plasma is prepared through clinical blood collection, centrifugation, concentration, and controlled administration. Its use in aesthetic medicine has been discussed through clinical protocols, professional supervision, and continuing debate about indications, efficacy, and standardization (Marx, 2004; Alves & Grimalt, 2018; Leo et al., 2015). Untreated menstrual blood used in an informal facial application does not undergo comparable preparation or clinical

evaluation. The similarity rests only on the fact that both practices involve human biological material. That similarity does not establish equivalence in composition, safety, therapeutic value, or ethical status.

The first finding therefore concerns medical uncertainty. The reviewed literature does not support the promotion of the period facemask as an evidence-based skincare practice. It also indicates that claims comparing the practice to platelet-rich plasma are scientifically weak because the two practices differ in preparation, clinical setting, quality control, and evidentiary basis.

2) Ethical Relevance of *Ḥifẓ al-Nafs* and *Ḥifẓ al-ʿIrḍ*

The second finding concerns the relevance of *ḥifẓ al-nafs* to a cosmetic practice whose safety has not been adequately established. In Islamic ethical reasoning, bodily well-being is treated as a protected value, and conduct that may expose the body to preventable harm requires caution. Qur'anic guidance against self-destruction and harmful conduct provides a normative basis for this concern (Qur'an 2:195; 4:29). Islamic bioethics similarly emphasizes moral responsibility, protection of human welfare, and careful assessment of risk in situations involving health and the human body (Daar & Al Khitamy, 2001; Sachedina, 2009).

The period facemask raises this concern because it involves direct facial application of untreated biological material without established clinical evidence regarding its cosmetic benefit or safety. The relevant point is not that the practice has been proven to cause harm. The literature does not establish that conclusion. The ethical issue arises because users are encouraged to adopt a bodily practice while the expected benefits remain unverified and the conditions for safe application have not been clinically determined. Under *ḥifẓ al-nafs*, uncertainty of this kind supports prudence, especially when the practice is promoted through informal digital content rather than professional medical guidance.

A second ethical concern relates to *ḥifẓ al-ʿirḍ* (preservation of dignity and honor). Islamic ethical thought treats human dignity as a protected value that includes respectful treatment of the body and careful consideration of how bodily experiences are represented in public life. Qur'an 24:31 provides a normative point of reference for modesty, privacy, and responsible bodily representation. The relevance of this principle becomes more visible when intimate bodily experiences are converted into viral aesthetic content.

The use of menstrual blood as a beauty trend does not mean that menstruation itself is shameful or inappropriate for public discussion. Menstruation is a normal biological process and a legitimate subject of medical education, health communication, and scholarly inquiry. The concern arises when intimate biological material is transformed into aesthetic spectacle, commercial content, or viral experimentation without sufficient ethical reflection. Digital platforms can encourage this shift by rewarding novelty, visual provocation, and audience engagement. Under *ḥifẓ al-ʿirḍ*, the period facemask therefore raises questions about bodily privacy, the commodification of intimate experience, and the respectful representation of women's bodies in online spaces.

The second finding shows that *ḥifẓ al-nafs* and *ḥifẓ al-ʿirḍ* address different yet connected dimensions of the practice. The first concerns bodily safety and preventive caution. The second concerns dignity, privacy, and the ethical representation of intimate biological experience. Together, these principles provide a more complete framework for examining the period facemask than a narrow question of cosmetic preference.

3) The Ethical Balance Between *Maṣlaḥah* and *Mafsadah*

The third finding concerns the balance between *maṣlaḥah* (benefit or public good) and *mafsadah* (harm). In the framework of *maqāṣid al-sharīʿah* (the higher objectives of Islamic law), a practice should be assessed through its likely consequences for protected human interests. Contemporary scholarship on Islamic law and bioethics uses this framework to examine new practices that were not directly addressed in classical legal texts (Auda, 2008; Ibn Ashur, 2006; Kamali, 2008).

The claimed benefits of the period facemask remain largely anecdotal. Social media users may describe improved skin appearance, reduced acne, or a sense of bodily empowerment, yet these claims have not been supported by adequate clinical evidence. The available literature does not establish a reliable cosmetic benefit that would justify recommending untreated menstrual blood as a facial treatment. This limitation is important because a claim of *maṣlaḥah* requires more than personal testimony or digital popularity.

Potential *mafsadah* appears more substantial in the present evidentiary context. The practice involves unresolved questions concerning hygiene, dermatological safety, the use of untreated biological material, and the public circulation of intimate bodily

content. These concerns do not prove that every use will result in physical harm or moral injury. They do indicate that the expected benefit remains uncertain while several ethically relevant risks have not been adequately addressed.

The review therefore supports a cautious *maqāṣidī* (objectives-based) assessment. The article does not issue a definitive legal ruling and does not claim to establish clinical harm. Its findings indicate that the period facemask should not be promoted as a safe or beneficial cosmetic practice when its claimed effects lack adequate clinical support and when its implications for bodily well-being and dignity remain unresolved. Ethical restraint is more consistent with *ḥifẓ al-nafs*, *ḥifẓ al-ʿirḍ*, *maṣlaḥah*, and *mafsadah* under these conditions.

2. Discussion

The period facemask illustrates a broader problem in contemporary digital beauty culture: the movement of health-related claims from personal testimony into public recommendation. Beauty and lifestyle influencers can shape consumer perceptions through perceived authenticity, visual intimacy, and credibility that is often built through repeated personal disclosure and product recommendation (Abidin, 2016; De Veirman et al., 2017; Djafarova & Rushworth, 2017). Studies of health misinformation further show that repeated online exposure and personal narratives may complicate users' ability to distinguish anecdotal claims from evidence-based guidance (Chou et al., 2018; Suárez-Lledó & Álvarez-Gálvez, 2021; Swire-Thompson & Lazer, 2020). In this setting, the central issue is not simply whether individuals may experiment with unconventional skincare routines. It concerns the conditions under which a practice involving human biological material becomes normalized, promoted, and imitated by others without adequate evidence of safety or efficacy.

The findings indicate that menstrual fluid should not be treated as interchangeable with clinically prepared blood-derived products. Menstruation involves a complex physiological process that includes endometrial shedding, tissue repair, hormonal activity, cervical secretions, and changing reproductive conditions (Maybin & Critchley, 2015; Critchley et al., 2020). This complexity does not itself establish that menstrual fluid is unsafe for facial use. It does, however, show that biological complexity cannot be converted into a cosmetic claim without clinical evidence. Assertions that menstrual

blood contains biologically active components do not demonstrate that direct topical application produces dermatological benefits.

This distinction becomes especially important when the period facemask is compared with platelet-rich plasma treatment. Platelet-rich plasma is produced through controlled blood collection, centrifugation, concentration, and clinical administration. Its application in aesthetic medicine has been examined through professional protocols, although debates remain concerning indications, standardization, and the strength of evidence across different cosmetic uses (Marx, 2004; Alves & Grimalt, 2018; Leo et al., 2015). The period facemask lacks these clinical conditions. It is generally presented as an informal practice in which untreated menstrual blood is applied directly to the face. The presence of biological material in both practices does not justify treating them as medically or ethically equivalent.

This difference supports the relevance of *ḥifẓ al-nafs* (protection of life). In Islamic ethical reasoning, the body is understood as an *amānah* (a trust) that requires responsible care. The principle of *ḥifẓ al-nafs* does not require proof of severe physical injury before caution becomes ethically appropriate. It encourages preventive judgment when a practice may affect bodily well-being and when its benefits remain uncertain. Qur'anic guidance concerning self-preservation and the avoidance of destructive conduct provides a normative foundation for such caution (Qur'an 2:195; 4:29). Islamic bioethics similarly emphasizes the protection of welfare, responsible risk assessment, and careful decision-making in matters concerning health and bodily integrity (Daar & Al Khitamy, 2001; Sachedina, 2009).

The argument here should be understood carefully. The present literature does not establish that every instance of a period facemask will cause infection, irritation, or another specific medical outcome. Such a claim would require direct clinical evidence that is not currently available. The ethical concern lies elsewhere: users may be encouraged to adopt a practice involving untreated biological material even though its conditions of safety, hygiene, and cosmetic benefit have not been clinically determined. Under these circumstances, *ḥifẓ al-nafs* supports an approach of *iḥtiyāṭ* (ethical precaution), particularly when the practice is circulated through informal online content that may be mistaken for professional health advice.

The relevance of *ḥifẓ al-ʿirḍ* (preservation of dignity and honor) emerges through the public representation of intimate bodily experience. Menstruation is a normal biological process and should not be framed as shameful, degrading, or unsuitable for medical education and public health discussion. Menstrual-health scholarship emphasizes that dignity, privacy, bodily knowledge, and reliable information are integral to menstrual well-being (Sommer et al., 2015, 2017; Hennegan et al., 2021). A responsible discussion of menstruation can strengthen health literacy, challenge stigma, and support women's well-being. The ethical issue arises when menstrual blood is recast as aesthetic content for viral circulation without sufficient attention to privacy, bodily dignity, or the commercial logic of digital platforms.

Digital beauty culture frequently rewards novelty and visibility. Practices that appear unusual, transgressive, or visually striking can attract attention regardless of their evidentiary basis. In this context, the period facemask may shift menstrual fluid from a private biological experience into a marketable aesthetic object. This possibility does not mean that every person who discusses or shares the practice has surrendered personal dignity. It does suggest that the social meaning of the practice changes when intimate biological material is circulated primarily as spectacle, entertainment, or commercial content. The ethical concern is therefore directed at the mode of representation and promotion, not at menstruation itself.

The principle of *ḥifẓ al-ʿirḍ* offers a framework for evaluating this shift. Islamic ethics places value on *karāmah* (human dignity), privacy, and respectful treatment of the body. Qur'an 24:31 is relevant because it situates bodily representation within a broader ethic of modesty and moral responsibility. Applied cautiously, this principle invites reflection on whether a digital beauty trend respects the personal and social dimensions of intimate bodily experience. It also raises questions about how platforms, influencers, and audiences participate in the circulation of practices that may turn biological intimacy into consumable content.

The relationship between *ḥifẓ al-nafs* and *ḥifẓ al-ʿirḍ* demonstrates why the period facemask cannot be assessed only through individual preference. The first principle concerns the uncertainty surrounding bodily safety. The second concerns dignity, privacy, and public representation. Together, they show that ethical assessment requires attention to both physical and social consequences. A practice may be personally chosen, yet still

warrant scrutiny when it is promoted to broader audiences as a beauty recommendation without reliable medical support.

The concepts of *maṣlaḥah* (benefit or public good) and *mafsadah* (harm) provide the final evaluative framework. Classical and contemporary discussions of *maqāṣid al-sharīʿah* emphasize that legal and ethical reasoning should attend to the consequences of human conduct and the values protected by Islamic law (Ibn Ashur, 2006; Auda, 2008; Kamali, 2008). In the present case, the claimed *maṣlaḥah* remains uncertain because the reported cosmetic benefits are anecdotal and have not been established through adequate clinical research. Personal satisfaction or online popularity may explain why individuals find the practice appealing, but neither factor alone demonstrates a reliable public benefit.

Possible *mafsadah*, meanwhile, appears in several forms. The first concerns the promotion of an unverified practice as skincare advice. The second concerns the absence of clear clinical guidance regarding hygiene and dermatological safety. The third concerns the potential reduction of intimate biological experience into content designed primarily for attention, engagement, or consumption. These concerns do not establish that the practice always produces physical harm or moral wrongdoing. They show that the ethical basis for promoting it remains weak when its expected benefits have not been substantiated and its broader implications remain unresolved.

D. Conclusion

This study examined the period facemask as an emerging digital beauty practice through Islamic bioethics and *maqāṣid al-sharīʿah*. The review found no adequate clinical evidence supporting the safety or cosmetic efficacy of applying untreated menstrual blood directly to facial skin. The practice should also be distinguished from platelet-rich plasma treatment, which involves clinical preparation, professional supervision, and established procedural standards. Similarity in the use of human biological material does not establish similarity in composition, safety, therapeutic value, or ethical status.

The findings support a cautious ethical assessment through *ḥifẓ al-nafs* and *ḥifẓ al-ʿirḍ*. *Ḥifẓ al-nafs* supports prudence when a bodily practice is promoted without adequate evidence concerning its safety or benefit. *Ḥifẓ al-ʿirḍ* draws attention to dignity, privacy, and the public representation of intimate bodily experiences in digital spaces. This analysis does not treat menstruation as shameful or inappropriate for public

discussion. It addresses the ethical implications that arise when untreated menstrual blood is promoted as a cosmetic treatment or circulated as viral aesthetic content.

The balance between *maṣlaḥah* and *mafsadah* indicates that the claimed benefits of the period facemask remain insufficiently supported, while questions concerning hygiene, dermatological safety, bodily dignity, and digital representation remain unresolved. The article therefore does not issue a definitive legal ruling or claim that the practice produces clinical harm in every case. It proposes ethical restraint as the more defensible position until credible clinical evidence clarifies the safety, effects, and appropriate conditions of using menstrual blood in cosmetic practices. This *maqāṣidī* framework may also assist Islamic bioethics in evaluating future digital trends involving human biological materials.

***

References

Alves, R., & Grimalt, R. (2018). A review of platelet-rich plasma: History, biology, mechanism of action, and classification. *Skin Appendage Disorders, 4*(1), 18–24. https://doi.org/10.1159/000477353

Auda, J. (2008). *Maqasid al-shariah as philosophy of Islamic law: A systems approach*. International Institute of Islamic Thought.

Abidin, C. (2016). "Aren't these just young, rich women doing vain things online?" Influencer selfies as subversive frivolity. *Social Media + Society, 2*(2), 1–17. https://doi.org/10.1177/2056305116641342

Chou, W.-Y. S., Oh, A., & Klein, W. M. P. (2018). Addressing health-related misinformation on social media. *JAMA, 320*(23), 2417–2418. https://doi.org/10.1001/jama.2018.16865

Comp, G., Dyer, S., & Gottlieb, M. (2021). Is TikTok the next social media frontier for medicine? *AEM Education and Training, 5*(3), e10532. https://doi.org/10.1002/aet2.10532

Critchley, H. O. D., Babayev, E., Bulun, S. E., Clark, S., Garcia-Grau, I., Gregersen, P. K., Kilcoyne, A., Kim, J. Y. J., Lavender, M., Marsh, E. E., Matteson, K. A., Maybin, J. A., Metz, C. N., Munro, M. G., Philip, C. A., Velez Edwards, D. R., & Zannas, A. S. (2020). Menstruation: Science and society. *American Journal of Obstetrics and Gynecology, 223*(5), 624–664. https://doi.org/10.1016/j.ajog.2020.06.004

Daar, A. S., & Al Khitamy, A. B. (2001). Bioethics for clinicians: 21. Islamic bioethics. *Canadian Medical Association Journal, 164*(1), 60–63. https://pmc.ncbi.nlm.nih.gov/articles/PMC80636/

De Veirman, M., Cauberghe, V., & Hudders, L. (2017). Marketing through Instagram

influencers: The impact of number of followers and product divergence on brand attitude. *International Journal of Advertising, 36*(5), 798–828. https://doi.org/10.1080/02650487.2017.1348035

Djafarova, E., & Rushworth, C. (2017). Exploring the credibility of online celebrities' Instagram profiles in influencing the purchase decisions of young female users. *Computers in Human Behavior, 68*, 1–7. https://doi.org/10.1016/j.chb.2016.11.009

Gajer, P., Brotman, R. M., Bai, G., Sakamoto, J., Schütte, U. M. E., Zhong, X., Koenig, S. S. K., Fu, L., Ma, Z. S., Zhou, X., Abdo, Z., Forney, L. J., & Ravel, J. (2012). Temporal dynamics of the human vaginal microbiota. *Science Translational Medicine, 4*(132), 132ra52. https://doi.org/10.1126/scitranslmed.3003605

Hennegan, J., Winkler, I. T., Bobel, C., Keiser, D., Hampton, J., Mahon, T., Sommer, M., & Thorsten, V. (2021). Menstrual health: A definition for policy, practice, and research. *Sexual and Reproductive Health Matters, 29*(1), 1911618. https://doi.org/10.1080/26410397.2021.1911618

Ibn Ashur, M. al-T. (2006). *Treatise on maqasid al-shariah*. International Institute of Islamic Thought.

Kamali, M. H. (2008). *Maqasid al-shariah made simple*. International Institute of Islamic Thought.

Leo, M. S., Kumar, A. S., Kirit, R., Konathan, R., & Sivamani, R. K. (2015). Systematic review of the use of platelet-rich plasma in aesthetic dermatology. *Journal of Cosmetic Dermatology, 14*(4), 315–323. https://doi.org/10.1111/jocd.12167

Marx, R. E. (2004). Platelet-rich plasma: Evidence to support its use. *Journal of Oral and Maxillofacial Surgery, 62*(4), 489–496. https://doi.org/10.1016/j.joms.2003.12.003

Maybin, J. A., & Critchley, H. O. D. (2015). Menstrual physiology: Implications for endometrial pathology and beyond. *Human Reproduction Update, 21*(6), 748–761. https://doi.org/10.1093/humupd/dmv038

Padela, A. I. (2007). Islamic medical ethics: A primer. *Bioethics, 21*(3), 169–178. https://doi.org/10.1111/j.1467-8519.2007.00540.x

Padela, A. I. (2013). Islamic bioethics: Between sacred law, lived experiences, and state authority. *Theoretical Medicine and Bioethics, 34*(2), 65–83. https://doi.org/10.1007/s11017-013-9249-1

Sachedina, A. (2009). *Islamic biomedical ethics: Principles and application*. Oxford University Press.

Shomali, M. A. (2008). Islamic bioethics: A general scheme. *Journal of Medical Ethics and History of Medicine, 1*, 3. https://pmc.ncbi.nlm.nih.gov/articles/PMC3713653/

Sommer, M., Hirsch, J. S., Nathanson, C., & Parker, R. G. (2015). Comfortably, safely, and without shame: Defining menstrual hygiene management as a public health issue. *American Journal of Public Health, 105*(7), 1302–1311. https://doi.org/10.2105/AJPH.2014.302525

Sommer, M., Phillips-Howard, P. A., Mahon, T., Zients, S., Jones, M., & Caruso, B. A. (2017). Beyond menstrual hygiene: Addressing vaginal bleeding throughout the life course in low- and middle-income countries. *BMJ Global Health, 2*(2), e000405.

https://doi.org/10.1136/bmjgh-2017-000405

Suárez-Lledó, V., & Álvarez-Gálvez, J. (2021). Prevalence of health misinformation on social media: Systematic review. *Journal of Medical Internet Research, 23*(1), e17187. https://doi.org/10.2196/17187

Swire-Thompson, B., & Lazer, D. (2020). Public health and online misinformation: Challenges and recommendations. *Annual Review of Public Health, 41*, 433–451. https://doi.org/10.1146/annurev-publhealth-040119-094127