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Teeth Filing in the Perspective of Islamic Law: A Legal Analysis of Medical Necessity and Aesthetic Interests

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Abstract

Although tooth filing has been discussed in Islamic legal scholarship and modern dentistry, the legal boundaries separating therapeutic procedures, defect correction, and purely aesthetic modification remain insufficiently examined from an integrated normative-clinical perspective. This study analyzes the legal status of tooth filing in Islamic law by distinguishing procedures undertaken for medical necessity, correction of physical defects, and aesthetic purposes without therapeutic justification. It employed normative legal research using textual, conceptual, statutory, and clinical-evidence approaches. Islamic legal sources and relevant dental literature were analyzed through the frameworks of *takhrīj al-manāṭ*, *taḥqīq al-manāṭ*, *maqāṣid al-sharīʿah*, and Islamic legal maxims, including *al-ḍarar yuzāl* (harm must be eliminated) and *al-ḍarūrāt tubīḥ al-maḥẓūrāt* (necessities permit prohibited matters). The analysis incorporated classical and contemporary Islamic legal interpretations alongside clinical considerations concerning enamel-reduction procedures. The findings demonstrate that tooth filing is not subject to a uniform legal ruling; its permissibility depends on its purpose, the extent of alteration, and the risk of harm. Procedures performed following professional diagnosis to relieve pain, restore oral function, repair

trauma, manage tooth-size discrepancies, or correct significant defects may be permissible when proportionate and conducted using the least invasive method. Conversely, filing healthy teeth solely for beautification, conformity to aesthetic trends, or attainment of a preferred appearance is inconsistent with the prohibition concerning *al-mutafallijāt li al-ḥusn*, particularly because enamel removal is irreversible. This study proposes a normative-clinical assessment framework comprising four elements: therapeutic indication and intention, proportionality of tissue alteration, benefit–risk evaluation, and professional competence accompanied by informed consent. It concludes that patient autonomy alone cannot justify unnecessary or harmful dental procedures that contravene Islamic legal principles. The framework advances contemporary *fiqh al-nawāzil* concerning medical interventions and provides practical guidance for Muslim patients, dental practitioners, and Islamic legal authorities evaluating aesthetic dental procedures. Further research should examine the perspectives of dental professionals and Muslim communities on contemporary cosmetic dentistry.

Keywords: Dental Aesthetics; Islamic Law; *Maqāṣid al-Sharīʿah*; Medical Necessity; Tooth Filing

INTRODUCTION

Oral health is no longer understood merely as the absence of dental caries, periodontal disease, or other pathological conditions. The World Health Organization (WHO) defines oral health as a condition that enables individuals to perform essential functions, including eating, breathing, speaking, social interaction, working, and maintaining self-confidence. This broader perspective indicates that oral health is closely associated with physical, psychological, and social well-being (World Health Organization, 2022, 2025). Consequently, aesthetic dimensions of dentistry have increasingly gained attention because dental appearance, including tooth shape, alignment, color, and proportion, is often perceived as an important component of personal identity and quality of life.

The growing interest in dental aesthetics has been accelerated by advances in cosmetic dentistry, digital technologies, and social media influence. Contemporary dental practices increasingly offer procedures aimed at modifying tooth appearance, ranging from minimally invasive treatments to irreversible alterations of dental structures. Research among general dental practitioners demonstrates that social media contributes to shaping patients' perceptions of an ideal smile and influences their demand for aesthetic dental procedures

(Abbasi et al., 2022). However, this development has also generated ethical concerns regarding excessive commercialization, unrealistic beauty standards, and the possibility of overtreatment when dental procedures are performed primarily to achieve socially constructed aesthetic ideals rather than legitimate health benefits (Holden et al., 2021; Rostamzadeh & Rahimi, 2025).

One procedure that requires careful examination is teeth filing, a term commonly used by the public to describe various forms of dental reduction. In clinical dentistry, tooth reduction may refer to enameloplasty, odontoplasty, occlusal adjustment, interproximal enamel reduction (IPR), or tooth preparation for restorative procedures. These interventions differ significantly in terms of indication, clinical purpose, amount of tissue removal, and potential risks. While certain forms of tooth reduction are recognized as therapeutic procedures, filing healthy teeth solely to achieve particular aesthetic characteristics raises questions regarding medical ethics and religious permissibility.

This study argues that teeth filing should not be evaluated through a binary classification of "allowed" or "prohibited" without considering its underlying purpose, clinical indication, and consequences. The legal and ethical assessment of tooth modification requires an examination of whether the procedure serves a legitimate therapeutic objective or merely represents unnecessary alteration of healthy body structures for aesthetic preference.

From the perspective of Islamic law, this issue is particularly significant due to the prophetic tradition concerning *al-mutafallijāt li al-ḥusn*, which condemns individuals who alter their teeth for beautification purposes and associates such modification with changing Allah's creation (al-Bukhārī, 2002, no. 5943; Muslim, 2006, no. 2125). Nevertheless, classical Islamic jurisprudence does not interpret all forms of physical modification as prohibited. Scholars such as al-Nawawī (2010) distinguish between modifications performed solely for beautification and interventions intended to remove defects, treat disease, or restore normal function.

Therefore, the central legal consideration is not merely the existence of physical alteration but the identification of the legal cause (*'illah*), the degree of necessity, the presence of harm or benefit, and the proportionality of the intervention. This perspective corresponds with the principles of *maqāṣid al-sharī'ah*, particularly the preservation of human well-being (*ḥifẓ al-nafs*) and the prevention of harm through the legal maxim *al-ḍarar yuzāl* (harm must

be eliminated). However, the application of *maqāṣid* must remain connected with objective clinical evidence and should not become a justification for unrestricted personal preferences (Padela, 2019).

Previous studies have examined aesthetic dental procedures from both medical ethics and Islamic legal perspectives. Research on veneers and orthodontic treatments in Indonesia has discussed the permissibility of dental modification when supported by medical indications. Nurul et al. (2025), for example, analyzed veneer and orthodontic procedures by integrating perspectives from Islamic scholars and healthcare professionals. Similarly, Wijaya et al. (2024) examined motivations for veneer use through the framework of *maqāṣid al-sharīʿah* and categorized aesthetic dental interventions according to their objectives.

Although these studies provide important contributions, several limitations remain. First, previous research generally discusses cosmetic dental procedures as a broad category without specifically distinguishing between therapeutic enamel reduction and elective modification of healthy teeth. Second, the distinction between medical necessity and aesthetic preference is often presented as a simple dichotomy, whereas contemporary dentistry includes intermediate categories such as correction of developmental abnormalities, management of psychosocial distress, and functional rehabilitation. Third, existing studies have not sufficiently integrated the biological characteristics of dental enamel, particularly its irreversible loss after removal, into the Islamic legal analysis of tooth modification.

This gap demonstrates the need for a more comprehensive framework that connects Islamic legal reasoning with clinical dental considerations. Such an approach is necessary to provide clearer guidance for patients, dental professionals, and Islamic legal authorities in evaluating contemporary dental modification practices.

The novelty of this study lies in developing an integrated normative-clinical framework for analyzing teeth filing from the perspective of Islamic law. Unlike previous studies that primarily categorize dental procedures according to general aesthetic or medical purposes, this study examines the legal status of teeth filing through the interaction between the rationale (*ʿillah*) of the prohibition of *al-mutafallijāt*, the biological limitations of enamel, and contemporary principles of minimally invasive dentistry.

The theoretical foundation of this study combines Islamic legal theory and medical ethics. The analysis employs the concepts of *maqāṣid al-sharīʿah*, *takhrīj al-manāṭ* (identification of the effective legal cause), and *taḥqīq al-manāṭ* (verification of the applicability of legal

reasoning to specific cases). These concepts are integrated with ethical principles in healthcare, including benefit, prevention of harm, proportionality, professional responsibility, and informed consent. Through this framework, the study seeks to demonstrate that patient autonomy alone cannot justify procedures that are medically unnecessary, potentially harmful, or inconsistent with Islamic legal principles.

Based on the above discussion, this study focuses on analyzing the legal boundaries of teeth filing within Islamic law by examining the differences between procedures performed for medical necessity, correction of defects, and purely aesthetic purposes. The study aims to formulate a more precise classification of the Islamic legal status of teeth filing and to establish normative-clinical indicators that can assist patients, dental practitioners, Islamic scholars, and fatwa institutions in determining whether a particular dental modification is permissible or prohibited. Through this analysis, the study contributes to contemporary discussions on Islamic medical jurisprudence by offering an evaluative framework that integrates religious principles, clinical considerations, and professional ethical standards.

METHODS

This study employs a normative legal research method using four complementary approaches. First, the textual approach is applied to examine Qur'anic verses, particularly Q.S. al-Nisā' [4]:119, prophetic traditions concerning *al-mutafallijāt li al-ḥusn*, and classical scholarly interpretations regarding medical treatment and the correction of physical defects. Second, the conceptual approach is used to analyze key Islamic legal concepts, including *taghyīr khalq Allāh* (alteration of Allah's creation), *al-ḍarar* (harm), *al-ḥājah* (need), *al-'ayb* (defect), *taḥsīniyyāt* (embellishments), and professional responsibility in healthcare practices. Third, the statutory approach is utilized to examine the authority of dental practitioners, patient safety principles, professional standards, and informed consent within the framework of Indonesian health regulations, particularly Law Number 17 of 2023 concerning Health. Fourth, the clinical evidence approach is incorporated to ensure that legal reasoning is based not merely on common terminology but on the actual characteristics and objectives of dental procedures.

The primary legal sources consist of the Qur'an, *Ṣaḥīḥ al-Bukhārī*, *Ṣaḥīḥ Muslim*, the interpretations of al-Nawawī, legal maxims formulated by al-Suyūṭī, the theory of *maqāṣid al-sharī'ah* developed by al-Shāṭibī, and Law Number 17 of 2023 concerning Health. Secondary sources include peer-reviewed articles addressing enamel reduction procedures, enamel thickness, minimal intervention dentistry, dental ethics, Islamic bioethics, social media influence on aesthetic dentistry, veneers, and professional limitations in cosmetic dental practices. Contemporary literature published between 2019 and 2026 is prioritized, while earlier sources are used only when they function as foundational normative references or theoretical frameworks. Literature searches were conducted through PubMed, PubMed Central, Google Scholar, the official World Health Organization (WHO) database, and government regulatory databases.

The data were analyzed qualitatively through three stages. The first stage involved identifying various forms of teeth filing based on their objectives, clinical indications, and potential consequences. The second stage applied *takhrīj al-manāṭ* to identify the effective legal cause (*'illah*) underlying the prohibition in the prophetic tradition, including beautification as the sole purpose, alteration of normal anatomical structures, and potential deception or harm. Subsequently, *taḥqīq al-manāṭ* was employed to examine whether these legal characteristics are present in contemporary dental procedures. The third stage applied *maqāṣid al-sharī'ah* and Islamic legal maxims to evaluate the proportionality between benefits (*maṣlaḥah*) and harms (*mafsadah*). The analytical principles included *al-ḍarar yuzāl* (harm must be eliminated), *al-ḍarar lā yuzāl bi al-ḍarar* (harm cannot be removed by an equivalent or greater harm), *al-ḍarūrāt tubīḥ al-maḥẓūrāt* (necessities permit prohibited matters), and *al-ḍarūrah tuqaddar bi qadarihā* (necessity is determined according to its extent) (al-Suyūṭī, 1990).

The validity of the conclusions was maintained through consistency between clinical evidence, normative legal arguments, and their juridical implications. This study does not provide individual clinical diagnoses and does not replace professional dental examinations or personal religious rulings (*fatwa*). In this article, the term "medical necessity" refers to a condition supported by professional diagnosis, clinical indication, prognosis, and appropriate therapeutic alternatives, rather than merely a subjective claim that aesthetic modification may improve personal confidence.

RESULTS

Teeth Filing as a Non-Unified Clinical Term

Enamel is the hard tissue that protects the crown of the tooth. Although remineralization processes may repair mineral loss at an early stage, mechanically removed enamel cannot regenerate like soft tissues. Therefore, any enamel reduction is considered irreversible and must follow the principle of tissue preservation (Malcangi et al., 2023). The principle of minimal intervention dentistry requires dental practitioners to preserve as much healthy tooth structure as possible and avoid procedures that remove more tissue than clinically necessary (Alyahya, 2024).

In orthodontic treatment, interproximal enamel reduction (IPR) involves removing a small and controlled amount of enamel from the proximal surfaces of teeth. This procedure may be indicated for mild-to-moderate crowding, tooth-size discrepancies, correction of tooth contacts, or improvement of treatment stability. A meta-analysis on enamel thickness demonstrates that enamel thickness varies according to tooth type and mesial-distal location; therefore, safe reduction cannot be determined using a uniform measurement for all teeth (Kailasam et al., 2021). A systematic review of IPR found no significant increase in caries, demineralization, periodontal problems, or sensitivity within available studies; however, the quality of evidence ranged from low to very low, requiring continued caution (Gómez-Aguirre et al., 2022). Research involving children and adolescents also indicates that IPR can serve as an appropriate adjunctive therapy but emphasizes limitations in sample size and the necessity of long-term monitoring (Khoury-Absawi et al., 2025).

Unlike IPR, aesthetic enameloplasty involves reshaping the incisal edge, length, angle, or silhouette of teeth. This procedure may be corrective, such as smoothing sharp fractured edges after trauma, but it may also become a purely elective modification of healthy teeth. Preparation for veneers or crowns also requires careful distinction. Tissue reduction may be justified when restoration is required for damaged teeth, pathological discoloration, fractures, or significant morphological abnormalities. However, it becomes problematic when healthy teeth are reduced merely to receive aesthetic restorations (Malcangi et al., 2023). Therefore, the term "teeth filing" must be differentiated according to clinical indication, altered tissue, and available alternatives.

Table 1. Clinical Typology of Teeth Filing Procedures and Preliminary Legal Classification

Type of procedure	Clinical indication	Clinical characteristics	Preliminary legal tendency
Therapeutic-functional	Premature contacts, sharp post-traumatic edges, functional disturbance, pain	Based on objective diagnosis; intended to eliminate disease or dysfunction	Permissible; may be recommended according to necessity
Controlled orthodontic procedure	Mild-to-moderate crowding, tooth-size discrepancy, contact correction	Minimal and measurable enamel reduction as part of treatment planning	Permissible with strict clinical conditions
Reconstructive/defect correction	Fracture, hypoplasia, significant abnormal shape, pathological discoloration	Restores tooth form closer to normal function and appearance	Permissible if proportional
Elective aesthetic modification	Creating "rabbit teeth," canine-like shapes, following trends, modifying normal teeth	No disease or defect; irreversible alteration for appearance only	Prohibited when performed solely li al-ḥusn

Normative Basis of Prohibition and Permissible Scope

Q.S. al-Nisā' [4]:119 contains Satan's statement that he will command humans to alter Allah's creation (Kementerian Agama RI, 2019). This verse is frequently used as a general basis in discussions regarding bodily modification. However, physical alteration is not absolutely prohibited because circumcision, wound treatment, extraction of diseased teeth, surgery, and rehabilitation procedures may be permitted or even required. Therefore, the concept of *taghyīr khalq Allāh* must be interpreted together with specific textual evidence, the purpose of the procedure, and its consequences.

The most direct textual basis is the hadith of Ibn Mas'ūd concerning the condemnation of tattooing, eyebrow plucking, and *al-mutafallijāt li al-ḥusn*, namely those who alter teeth for beautification purposes (al-Bukhārī, 2002; Muslim, 2006). The term *al-mutafallijāt* refers to creating spaces between teeth or modifying front teeth to appear younger or more attractive. The phrase *li al-ḥusn* serves as a crucial limitation. Al-Nawawī (2010) explains that prohibition applies when the act is performed for beautification purposes, whereas procedures required for treatment or correction of defects are excluded from the prohibition.

This interpretation produces two important legal principles. First, the prohibited object is determined not merely by the instrument or technique but by the combination of intention and dental condition. The same dental instrument may be used to remove a sharp

traumatic edge or to reshape healthy teeth according to aesthetic trends. Second, the exception for treatment cannot become a justification for all aesthetic preferences. Medical necessity requires a diagnosable condition, reasonable benefit, and proportional intervention.

From the perspective of *maqāṣid al-sharīʿah*, preservation of life (*ḥifẓ al-nafs*) includes maintaining bodily health and preventing harm. Preservation of dignity may also become relevant when dental abnormalities cause significant psychosocial difficulties; however, such considerations must be carefully assessed so that *maqāṣid* does not become a justification for commercial beauty standards. Al-Shāṭibī (2004) distinguishes between *darūriyyāt*, *ḥājiyyāt*, and *taḥsīniyyāt*. Procedures restoring oral function, preventing damage, or treating trauma are closer to primary or secondary necessities, whereas minor modifications of healthy teeth solely for aesthetic perfection belong to *taḥsīniyyāt* and cannot override specific textual prohibitions or the risk of tissue damage.

Contemporary Islamic bioethics further emphasizes the need for structured deliberation. Ibrahim et al. (2019) position *maqāṣid* as a moral objective, while Padela (2019) emphasizes the importance of operational frameworks to prevent arbitrary application. Dabbagh et al. (2023) also demonstrate that textual and contextual reasoning must interact. In the case of teeth filing, religious texts establish boundaries against beautification-based alteration, while clinical evidence determines whether a procedure constitutes therapy, defect correction, or elective preference.

The legal maxim *al-ḍarar yuzāl* supports enamel reduction when the procedure eliminates genuine harm, such as sharp fractured edges causing soft tissue injury or occlusal contact problems. However, this principle is balanced by *al-ḍarar lā yuzāl bi al-ḍarar* and *al-ḍarūrah tuqaddar bi qadarihā*. Thus, minor harm cannot be removed through excessive tissue reduction, and permissibility is limited according to necessity. Since removed enamel cannot be restored naturally, a conservative approach carries legal significance rather than merely technical preference.

Boundaries Between Medical Necessity, Defect Correction, and Pure Aesthetic Interest

Medical necessity can be identified through four elements: the presence of clinical diagnosis or findings, a clear therapeutic objective, accountable benefits, and proportional

treatment options. Examples include smoothing fractured tooth edges, selective reduction for occlusal correction, IPR within orthodontic planning, or restorative preparation for damaged teeth. In such cases, alteration of tooth structure is not the final objective but a necessary consequence of restoring health or function.

Defect correction exists between disease treatment and aesthetic enhancement. A defect (*'ayb*) may include congenital abnormalities, trauma-related conditions, significant asymmetry, abnormal tooth morphology, or conditions causing proportionate social difficulties. Al-Nawawī (2010) includes correction of defects within permissible modifications. However, the determination of a defect cannot be based solely on subjective dissatisfaction or social media influence. Assessment should integrate objective examination, severity of disturbance, non-invasive alternatives, and stability of patient expectations.

Pure aesthetic interest refers to modifying healthy teeth within normal variation without disease, trauma, functional problems, or significant defects. Examples include filing teeth to appear younger, creating canine-like shapes, modifying tooth length for "bunny teeth" trends, or reducing enamel to place veneers without restorative indication. In this category, the dominant purpose is *li al-ḥusn*. Because the procedure involves irreversible removal of normal tissue without recognized necessity and directly relates to the prohibited category in the hadith, its original legal ruling is prohibition.

Four-Element Normative-Clinical Assessment Framework

To avoid overly general legal classifications, this article proposes a four-element normative-clinical assessment framework. This framework is not intended to replace individual fatwas or clinical diagnoses but serves as an analytical instrument that integrates dental evidence with Islamic legal principles.

The first element is indication and dominant purpose. The primary question is whether the procedure is intended to treat disease, prevent harm, restore function, or correct a significant defect. If the answer is limited to purposes such as "to become more beautiful," "to follow trends," or "to resemble a particular figure," then the legal rationale (*'illah*) of the prohibition based on *li al-ḥusn* becomes stronger. When multiple purposes exist, the dominant intention should be determined through clinical diagnosis, treatment planning, and available alternatives.

The second element is proportionality of tissue alteration. The permissibility of medical intervention is restricted according to the level of necessity. Enamel reduction must be minimal, measurable, and consistent with the anatomical thickness of the tooth. Evidence regarding enamel thickness variation demonstrates the importance of individualized assessment, particularly because anterior teeth possess different enamel reserves compared with premolars and molars (Kailasam et al., 2021). Procedures that can achieve the intended outcome through simple polishing should not be replaced with extensive preparation. Similarly, conservative orthodontic approaches should be considered before invasive procedures such as veneer preparation.

The third element is benefit-risk balance and reversibility. Aesthetic benefits must be evaluated against possible risks, including sensitivity, dentin exposure, caries susceptibility, occlusal changes, repeated restoration requirements, and loss of healthy dental structure. Existing evidence supports the controlled use of IPR; however, long-term evidence remains limited (Gómez-Aguirre et al., 2022; Khoury-Absawi et al., 2025). In elective cosmetic procedures, such uncertainty strengthens the principle of precaution. The lower the medical necessity and the more irreversible the procedure, the stronger the justification required for permissibility.

The fourth element is professional competence, legality, and informed consent. Procedures involving dental tissue reduction constitute dental medical interventions and must be performed by qualified professionals with appropriate authority, competence, registration, and licensing. Law Number 17 of 2023 concerning Health emphasizes patient safety, professional standards, and quality healthcare services as fundamental principles in healthcare delivery (Republic of Indonesia, 2023). National legal studies also emphasize the importance of clear professional boundaries in aesthetic procedures to prevent disputes and malpractice (Rochmawati et al., 2025). Valid informed consent requires comprehensive information regarding diagnosis, treatment objectives, amount of tissue reduction, irreversible consequences, risks, alternatives, maintenance costs, and potential future treatment needs.

These four elements are cumulative in nature. A medically indicated procedure performed excessively remains unjustified. A minimally invasive procedure conducted without professional authority is also impermissible. Complete patient consent does not transform an elective aesthetic modification subject to prohibition into a permissible act.

Conversely, modification of tooth structure may be allowed when it is based on recognized necessity, limited according to the required extent, provides greater benefit than harm, and is performed professionally.

Table 2. Four-Element Normative-Clinical Assessment Framework for Evaluating Teeth Filing

Indicator	Key Question	Permissible Characteristics	Prohibited Characteristics	Required Evidence
Indication and purpose	What clinical problem exists?	Disease, trauma, functional disturbance, significant defect	Normal teeth modified solely for trends or beauty	Diagnosis, photographs, radiographs, treatment plan
Proportionality	Is tissue reduction limited to what is necessary?	Minimal, measurable, conservative alternatives considered	Excessive preparation without clinical need	Measurement records, simulations, alternative options
Benefit-risk assessment	Do benefits outweigh potential harm?	Favorable prognosis and controlled risks	Minimal benefit with irreversible or repeated risks	Informed consent and risk assessment
Professional competence and legality	Who performs the procedure and under what standards?	Authorized and competent dental professionals	Unqualified practitioners or non-professional settings	Professional registration, medical records, practice standards

Legal Construction Regarding Various Cases

First, teeth filing performed to eliminate disease or functional problems is permissible. This category includes correction of traumatic occlusal contacts, smoothing sharp edges that cause injury, and limited enamel reduction in orthodontic treatment based on professional diagnosis. The permissibility derives from the therapeutic purpose and the elimination of harm. When failure to perform the procedure may result in further damage, the legal status may increase to recommended or obligatory depending on the level of risk.

Second, teeth filing for correcting fractures, abnormal morphology, or significant defects is permissible with proportional limitations. The objective is *i'ādat al-khilqah ilā al-aṣl*, namely restoring the condition closer to normal appearance and function rather than creating a new standard of beauty. The determination of a "significant defect" should be based on professional assessment and reasonable social context. Psychosocial difficulties may be considered, but they should not be based solely on dissatisfaction influenced by advertisements or digital filters.

Third, filing healthy teeth solely to enhance beauty is prohibited. This category most closely corresponds with the meaning of *al-mutafallijāt li al-ḥusn*. The prohibition becomes stronger when the procedure involves extensive enamel loss, disguises natural characteristics, imitates specific appearances, involves deception, or requires lifelong repeated restorations. Islam recognizes beauty, but aesthetic enhancement must remain within permissible means and should not involve unnecessary bodily harm.

Fourth, mixed or uncertain cases require temporary suspension until adequate diagnosis and consultation are conducted. For example, a patient may express dissatisfaction with tooth appearance despite having teeth within normal anatomical variation. Dentists should explore the source of dissatisfaction, explain normal anatomical diversity, provide non-invasive options, and consider psychological referral when appearance concerns become excessive. This approach aligns with preventing overtreatment and maintaining authentic autonomy rather than autonomy shaped by commercial pressure (Rostamzadeh & Rahimi, 2025).

Fifth, teeth filing performed by unauthorized individuals is prohibited even when the patient's intention appears minor. The prohibition arises from two considerations: violation of professional authority and increased risk of harm. Professional competence is not merely an administrative requirement because enamel reduction requires knowledge of anatomy, occlusion, enamel thickness, sterilization, diagnosis, and complication management. Rochmawati et al. (2025) demonstrate that violations of professional boundaries in aesthetic procedures may result in administrative, civil, and criminal liability.

Sixth, marketing strategies that promise a "perfect smile," normalize preparation of healthy teeth, or encourage impulsive procedures through discounts should be considered ethical concerns. Holden et al. (2021) found that commercial incentives may contribute to overtreatment in private dental practice. Recent systematic reviews also emphasize the need for stronger marketing regulations to ensure that patient welfare remains the primary consideration (Rostamzadeh & Rahimi, 2025). From an Islamic legal perspective, economic benefit cannot justify procedures that cause harm or violate religious principles.

Implications for Dentists, Patients, and Fatwa Institutions

For dental practitioners, clinical decisions should begin with diagnosis rather than aesthetic service packages. Medical records should document initial conditions, treatment objectives, conservative alternatives, planned tissue reduction, and justification for selecting a particular procedure. Intraoral photographs, radiographs when necessary, and occlusal documentation support evidence that treatment is based on professional consideration rather than commercial motivation. The principle of preserving anatomical structures emphasized by Kovács (2024) is relevant both as an ethical standard and as evidence of professional caution.

For patients, informed consent should be understood as a process rather than merely a signed document. Patients should understand that removed enamel does not regenerate, aesthetic outcomes may change over time, sensitivity may occur, and restorations may require replacement. Claims such as "minimal filing" must be supported by measurable explanations rather than marketing statements. Patients also have the right to seek a second opinion when procedures are proposed for otherwise healthy teeth.

For Islamic scholars and fatwa institutions, legal questions should be accompanied by sufficient clinical descriptions, including diagnosis, purpose, amount of enamel reduction, alternatives, prognosis, and practitioner competence. Fatwas that only respond to general terms such as "veneers," "bunny teeth," or "teeth filing" risk producing overly broad conclusions. The method of *taḥqīq al-manāṭ* requires identification of factual circumstances before applying legal rulings. Collaboration between Islamic scholars, dentists from relevant specialties, ethicists, and health law experts can produce more accurate legal determinations.

For regulators and professional organizations, specific guidelines are needed regarding elective aesthetic dental procedures, including advertising standards, prohibition of misleading claims, documentation of healthy tissue reduction, and referral criteria. Law Number 17 of 2023 concerning Health provides a framework for patient safety and healthcare quality, but its implementation requires translation into concrete professional standards. Public education is also essential to prevent procedures involving dental tissue alteration from being perceived as ordinary salon services.

Conceptually, this article emphasizes that Islamic law is neither opposed to aesthetics nor supportive of unrestricted bodily modification in the name of benefit. The legal assessment moves from preservation of health and function, to correction of defects, and finally reaches its limit when irreversible modification of healthy teeth is performed solely

for beautification. This framework preserves human dignity, prevents harm, and allows space for legitimate therapeutic developments in modern dentistry.

DISCUSSION

The findings of this study indicate that teeth filing cannot be assigned a single legal status in Islamic law because the procedure encompasses different clinical objectives, ranging from therapeutic intervention to elective aesthetic modification. This finding demonstrates that the decisive factor in determining the legal ruling is not the physical act of reducing tooth structure itself, but rather the underlying purpose, clinical indication, degree of alteration, and potential consequences of the procedure.

The distinction between medical necessity, defect correction, and purely aesthetic interest provides a more precise framework for understanding contemporary dental procedures. Teeth reduction performed to eliminate pain, restore oral function, manage trauma, correct occlusal problems, or support orthodontic treatment represents an intervention directed toward maintaining health and preventing harm. In such circumstances, alteration of dental structure is considered an instrumental action rather than the primary objective. The legal assessment therefore shifts from the existence of physical modification toward the principle of removing harm (*al-ḍarar yuzāl*) and achieving a legitimate therapeutic benefit.

Conversely, the findings demonstrate that filing healthy teeth solely for beautification represents a fundamentally different category. When no disease, defect, or functional disturbance exists, the removal of normal enamel becomes an elective alteration of a healthy structure. This condition closely corresponds with the meaning of *al-mutafallijāt li al-ḥusn*, where the dominant purpose is beautification rather than treatment. The significance of this finding lies in clarifying that patient desire and aesthetic preference alone are insufficient to establish legal permissibility when the procedure involves irreversible alteration without recognized necessity.

The proposed four-element normative-clinical assessment framework further demonstrates that Islamic legal analysis of dental procedures requires integration between textual interpretation and clinical reality. Indication and purpose, proportionality of tissue alteration, benefit-risk assessment, and professional competence with informed consent function as interconnected criteria for evaluating whether a procedure falls within permissible therapeutic modification or prohibited aesthetic alteration.

The findings of this study are consistent with classical Islamic jurisprudence, particularly interpretations concerning the prohibition of *al-mutafallijāt li al-ḥusn*. Previous scholars have emphasized that the prohibition is associated with modification performed for beautification purposes, while interventions aimed at treatment or correction of defects remain within the scope of permissibility (al-Nawawī, 2010). The present study extends this understanding by demonstrating that contemporary teeth filing requires a more detailed analysis because modern dentistry includes procedures that share similar physical mechanisms but differ significantly in purpose and clinical justification.

This finding also supports the application of *maqāṣid al-sharī'ah* in contemporary medical issues. As proposed by al-Shāṭibī (2004), legal evaluation should consider levels of human needs, including *darūriyyāt*, *ḥājiyyāt*, and *taḥsīniyyāt*. Procedures that restore function, prevent deterioration, or eliminate physical harm are closely related to essential and complementary needs. Meanwhile, minor aesthetic modifications of healthy teeth belong primarily to the category of *taḥsīniyyāt* and cannot automatically override specific textual limitations or create unnecessary harm.

The findings are also aligned with contemporary Islamic bioethical discussions. Ibrahim et al. (2019) emphasize that *maqāṣid* provides a moral framework for evaluating medical interventions, while Padela (2019) warns that *maqāṣid* must not be used as an unrestricted justification for personal preferences. The current study supports this position by showing that aesthetic motivation requires objective assessment and cannot be accepted merely because it improves subjective satisfaction.

Compared with previous studies on veneers and orthodontic procedures, this study provides a more specific contribution. Earlier research, such as Nurul et al. (2025) and Wijaya et al. (2024), discussed aesthetic dental procedures from general Islamic legal perspectives. However, these studies did not sufficiently distinguish between therapeutic enamel reduction and elective removal of healthy enamel. The present study addresses this gap by integrating Islamic legal reasoning with dental science, particularly the irreversible characteristics of enamel and the principle of minimal intervention dentistry.

The findings also correspond with contemporary dental ethics literature emphasizing the importance of avoiding overtreatment and preserving healthy structures. The ethical concern regarding unnecessary aesthetic intervention identified in this study reflects broader professional discussions regarding commercialization, unrealistic beauty expectations, and

patient vulnerability in cosmetic dentistry (Holden et al., 2021; Rostamzadeh & Rahimi, 2025).

The findings contribute to the development of contemporary Islamic medical jurisprudence by providing a more operational framework for evaluating bodily modification procedures. The study demonstrates that Islamic legal assessment should not rely solely on whether a procedure changes the human body, but must examine the purpose, necessity, proportionality, and consequences of such modification.

Theoretically, this study contributes to the development of *fiqh al-nawāzil* by demonstrating how classical legal concepts, such as *taghyīr khalq Allāh*, *al-ḍarar*, and *maqāṣid al-sharīʿah*, can be applied to emerging medical technologies. The integration between textual analysis and clinical evidence provides a methodological model for addressing other contemporary medical procedures involving bodily modification.

Practically, the findings provide guidance for dental practitioners in determining whether a requested procedure has sufficient therapeutic justification. Dentists should prioritize diagnosis-based treatment planning rather than responding directly to aesthetic demands. The framework may also assist Islamic scholars and fatwa institutions by emphasizing the importance of obtaining accurate clinical information before issuing legal rulings.

For patients, this study highlights that informed consent involves more than approval of a procedure. Patients should understand the biological consequences, irreversible nature of enamel removal, potential risks, and available alternatives. Therefore, patient autonomy should operate within the boundaries of professional responsibility and ethical medical practice.

From a regulatory perspective, the findings support the development of clearer guidelines regarding elective aesthetic dental procedures, particularly concerning advertising practices, documentation requirements, and professional boundaries. Dental modifications involving irreversible removal of healthy structures require stronger ethical oversight than ordinary cosmetic services.

This study has several limitations. First, as a normative legal study, it primarily analyzes textual sources, legal theories, and clinical literature rather than empirical experiences of patients and dental practitioners. Therefore, the findings provide a conceptual

and juridical framework but do not measure how these principles are applied in actual clinical decision-making.

Second, this study focuses on the Islamic legal analysis of teeth filing and does not conduct comparative analysis with all existing fatwas or legal opinions from different Muslim countries. Variations in cultural context, dental practices, and institutional approaches may influence the interpretation and application of legal principles.

Third, although clinical evidence regarding enamel reduction and minimal intervention dentistry is incorporated, this study does not evaluate specific clinical cases or long-term patient outcomes. Future studies may therefore employ empirical qualitative approaches involving dentists, Islamic scholars, and patients to examine how legal and ethical considerations are negotiated in practice.

Future research may also conduct comparative studies between Indonesia, Malaysia, and Middle Eastern countries to examine differences in fatwa methodologies concerning aesthetic dentistry. In addition, interdisciplinary research combining Islamic jurisprudence, dental ethics, psychology, and health law may provide a more comprehensive understanding of contemporary cosmetic dental practices.

CONCLUSION

This study concludes that teeth filing does not possess a uniform legal ruling in Islamic law because the procedure includes various categories with different purposes and consequences. The legal status depends on the dominant intention, clinical indication, degree of tissue alteration, and potential harm resulting from the procedure. Teeth filing performed for medical necessity, restoration of function, trauma management, orthodontic correction, or significant defect repair may be permissible when conducted proportionally and according to professional standards.

In contrast, filing healthy teeth solely for beautification, trend-following, or achieving a preferred appearance falls within the prohibited category associated with *al-mutafallijāt li al-ḥusn*. The prohibition is strengthened by the irreversible removal of enamel and the absence of legitimate therapeutic necessity. Therefore, aesthetic desire alone cannot justify unnecessary modification of healthy dental structures.

The main contribution of this study is the development of a four-element normative-clinical framework consisting of indication and purpose, proportionality of tissue alteration, benefit-risk evaluation, and professional competence with informed consent. This framework provides a systematic approach for integrating Islamic legal principles with contemporary dental science in evaluating tooth modification procedures.

Future research should expand this framework through empirical studies involving dental practitioners, patients, and Islamic legal authorities, as well as comparative investigations of Islamic legal responses to cosmetic dentistry across different Muslim societies. Such studies would strengthen the understanding of how religious principles, medical evidence, and professional ethics interact in addressing emerging healthcare practices.

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