

REVIEW ARTICLE

Traditional and Complementary Treatments among Malay, Chinese and Indian Chronic Diseases: A Systematic Review

Salihah Yusoff, Siti Aishah Hassan, and Wan Norhayati Wan Othman

Department of Counselor Education and Counseling Psychology, Faculty of Educational Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

ABSTRACT

Although the modern medicine has progressed for a long time, there are empirical studies shows the effectiveness of traditional and complementary treatments (TCT) in curing chronic diseases. In Malaysia, TCT is often related to the use of herbs and meditation that vary according to ethnicity. Each ethnic group has its own beliefs system in curing diseases. This study mainly aims to provide an overview on the perceptions of the effectiveness TCT in curing chronic diseases. The authors used electronic database to select 10 journal articles according to inclusion and exclusion criteria. Findings show the highest statistic among Sabah natives and followed by Malay ethnic on believing in the effectiveness of TCT. Price and encouragement from family and friends are the main influencing factors of taking TCT. We suggest that counsellors need to be aware of the TCT practices on particular culture in order to increase respect and trust in the helping relationships.

Keywords: Traditional, complementary, alternative, chronic disease, Malaysia, India

Corresponding Author:

Siti Aishah Hassan, PhD

Email: siti_aishahh@upm.edu.my

Tel: +60192292609

INTRODUCTION

Chronic disease is a disease which remains for a long term period. Chronic disease can hamper freedom and the health of people with disabilities. The most common chronic diseases include arthritis, cancer, stroke, and heart attack. Chronic disease normally hard to be cured and cannot be prevented using vaccination. In Malaysia, according to Department of Statistics Malaysia (1), the percentage of medically certified deaths was greater in 2016 ($f=85,637$) compared to 2015 ($f=80,691$), an increment to 52.8% from 51.8% of total death. In 2016, the main cause of chronic disease death is 13.2% from Ischemic heart diseases, followed by Pneumonia (12.5%). Next, 6.9% from cerebrovascular diseases, then 5.4% contributed by transport accidents and finally malignant 2.2% from neoplasm of trachea, bronchus and lung.

Malaysia has been susceptible to numerous outbreaks and diseases that may affected more than 30 million people. There are seven top diseases in Malaysian namely, coronary heart disease, stroke, pneumonia & influenza, lung diseases, diabetes mellitus, HIV/AIDS and leptospirosis. According to Ministry of Health Malaysia

(2), traditional and complementary treatment (TCT) is a form of health practices aims to cure or prevent diseases. It is also to preserve the mental health and overall human well-being. Traditional and complementary treatments have been practiced throughout the world including Malaysia. Among them are the famous medicine of traditional Indian, Chinese and Malay and also Islamic medical treatment and homeopathy. Nowadays, nine hospitals in Malaysia were offering traditional and complementary treatment services to chronic patients such as stroke, cancer and so on. Malaysia with three major ethnic, which are Malay, Chinese and Indian still use traditional and alternative treatment in their health care (2).

1. What are the statistics of Malaysian in using traditional and complementary treatments?
This question shows the search of the percentage and other statistical data of Malaysian in using traditional and complementary treatments in each ethnic group.
2. What is the effectiveness of using traditional and complementary treatments in curing or reducing effect of chronic disease in Malaysia and India?
The focus is given to the effectiveness of using traditional and complementary treatments among Malaysian and Indian.
3. What are the influencing factors of Malaysian in using traditional and complementary treatments in curing chronic disease?

Factors that influenced Malaysian in using traditional and complementary treatments in Malaysia collected by journal articles were then reviewed.

METHOD

This systematic review was started by using several key words related to traditional and complementary treatments, chronic disease, Malaysia and India. In order to obtain relevant literature review, the following method has been implemented.

Search strategy

The databases (Science Direct) were searched in Mac 2018 using “complementary treatment”, “chronic illness”, “traditional treatment”, “alternative treatment”, “chronic disease” in Malaysia”. All search related in the Science Direct database are shown in Table 1. All selected and identified journals have been downloaded and stored in the pdf format. The rules of the systematic review were using the key words, then by the publication year, country, and source of journal. As shown in Figure 1, there were 860 relevant articles found, but only 387 from year 2012 – 2018 were chosen. Then, the search scope was reduced to Malaysia only and the last outcome was 15 article journals. The articles were entirely read if the abstract shows relation to the review topic. Finally, only 10 articles remain for the final analysis and discussion.



Figure 1: The inclusion and exclusion criteria. A total 860 relevant articles found, but only 387 from year 2012 – 2018 were chosen. For exclusion criteria, the search scope was reduced to Malaysia only and the last outcome was 15 article journals. For inclusion criteria, the findings of TCT discussed and finally, total of 10 articles remain for the final analysis and discussion.

Inclusion and exclusion criteria

For inclusion criteria, the article should have (1) been written in English, (2), the respondents with chronic disease, (3) included at least one measure of using traditional and complementary treatments (TCT). The exclusion criteria included (1) were not published in peer-reviewed journals, and (2) reviewed article and not original articles.

Table 1: Inclusion and exclusion criteria

Inclusion Criteria Presented in Order	Particulars	Literatures Identified	Remaining Literature
Key terms	Traditional treatment in chronic disease	60,581	60,581
Year	From 2012-2018	25,683	25,683
Country	Malaysia	387	387
Exclusion Criteria Presented in Order	Particulars	Literatures Identified	Remaining Literature
Language	Bahasa Malaysia and Indonesia	15	15
Article Type	Book Book Chapter Peer-reviewed Journals	13	13
Journal Source	Journal of Molecular Biology Journal of Cleaner Production Journal of Chromatography	20	20

RESULT

The statistics of Malaysian in using traditional and complementary treatments

The statistical data of Malaysian by ethnic used traditional and complementary treatments in Malaysia were shown in Table 3. The highest users of traditional and complementary treatments (TCT) was Sabah Native and followed by Malay users. Table 2 showed the summaries of reviewed literatures that includes author and publication year, title of article, country, sample and findings.

The effectiveness of using traditional and complementary treatments

Following the study conducted Uma Jadhav, Kanchan Mukherjee & Harshad (3), the practices includes Homeopathy, Chinese, Malay and Indian Medicines but exclude registered medical or dental practitioners. In Shahid Mithra [4] research, from 256 respondents, half of them (141= 55.1%) agreed that complementary and alternative treatments (CAM) is more efficacious compared to allopathic medicine. The Chinese ethnic was the highest percentage in belief the effectiveness of CAM. Meanwhile, 178 respondents agreed CAM is safer than allopathic medicine.

The effectiveness and beliefs in traditional and complementary treatments (TCT) among patients of HIV/AIDS, cancer, stroke and ageing patients in Malaysia (5,6, 12, 13, 15) . While in India, Ayurveda has been used among diabetes mellitus and hemophilia patients as well as patients with were also cancers, stroke, Alzheimer and diabetes (3,11).

Table II: Summary of selected literatures

Author (Year)	Title of the Article	Country	Sample	Relevant Findings
Syed Imran Ahmed, Syed Azhar S.Sulaiman, Mohammad Azmi Hassali, Kaeshaelya Thiruchelvam, Syed Shahzad Hasan, Christopher K.C.Lee (2016)	Beliefs and practices of complementary and alternative medicine (CAM) among HIV/AIDS patients: A qualitative exploration	Malaysia	15 HIV/AIDS patients	The effectiveness and beliefs in using CAM among HIV/AIDS patients
Maryam Farooqui, Mohamed Azmi Hassali, Aishah Knight Abdul Shatar, Muhammad Aslam Farooqui, Che Noriah Othman (2016)	Use of complementary and alternative medicines among Malaysian cancer patients: A descriptive study	Malaysia	393 cancer patients	The effectiveness of using CAM to cancer patients
Che Noriah Othman, Maryam Farooqui (2015)	Traditional and Complementary Medicine	Malaysia	384 patients	Use of TCM according to race
Azidah Abu Kadir, Afiza Hanum Ahmad Hamid, Monniaty Muhamad (2015)	Pattern Of Complementary And Alternative Medicine Use Among Malaysian Stroke Survivors: A hospital based – Prospective Study	Malaysia	93 stroke patients	The CAM using in stroke patients
Aina Farhana Zulkipli, Tania Islam, Nur Aishah Mohd Taib, Maznah Dahlui, Nirmala Bhoo-Pathy, Nabila Al-Sadat, Hazreen Abdul Majid, Samsinah Hussain (2017)	Use of Complementary and Alternatives Medicine Among Newly Diagnosed Breast Cancer Patients In Malaysian: An Early Report From The MyBCC Study	Malaysia	400 breast cancer patients	The influenced of taking CAM
Halimah Awang, Norma Mansor, Tey Nai Peng, Nik Ainoon Nik Osman (2018)	Understanding Ageing: Fear of Chronic Diseases Later in Life	Malaysia	518 respondents	Statistics of Chronic Diseases
Parikshit Debnath, Abhay Prakash, Subhadip Banerjee, Prasanna N.Rao, Tapas B.Tripathy, Anjan Adhikari & Shivakumar (2015)	Quality of Life & Treatment Satisfaction Observed Among Indian Diabetes Foot Ulcers Undergoing Ayurvedic Adjunct Therapy	India	36 diabetes mellitus patients	The Effectiveness of Ayurveda
Uma Jadhav, Kanchan Mukherjee, Harshad Thakur (2013)	Usage of Complementary and Alternative Medicine Among Severe Hemophilia A Patients in India	India	283 patients	The Effectiveness of Ayurveda
Che Noriah Othman, Maryam Farooqui, Roz Azinur C.Lamino & Norina Din (2012)	Malay Traditional Massage Therapy (MTMT) Seeking Behaviours Among Malays For Their Chronic Diseases – Case Study	Malaysia	131 patients	The Effectiveness of MTMT
Shahid Mitha, Vimalan Nagarajan, Muneer Gohar Babar, M. Jamshed, A. Siddiqui, Shazia Qasim Jamshed (2013)	Reasons of Using Complementary And Alternative Medicines (CAM) Among Elderly Malaysians of Kuala Lumpur And Selangor States: An Exploratory Study	Malaysia	256 respondents	Factors of Using Complementary and Alternative Medicine

The practices include Homeopathy, Chinese, Malay and Indian Medicines but exclude registered medical or dental practitioners (3). In Shahid Mithra [4] research, from 256 respondents, half of them (141= 55.1%) agreed that traditional and complementary treatments (TCT) is more efficacious than allopathic medicine. The Chinese ethnic was the highest percentage in belief the effectiveness of CAM. Meanwhile, 178 respondents agreed CAM is safer than allopathic medicine.

Factors of choosing Traditional and Complementary Treatment (TCT)

There are many factors influence patients in choosing traditional and complementary treatments among Malaysian chronic disease including the development of TCT in country, easy to get, and the price is lower than hospital medical treatment. Moreover, some of them afraid of hospital treatment and have to wait for a long time to get the treatment compare to TCT. Most of them say that taking traditional and alternative treatments has less harmful compare to hospital medicine. Although Malaysia has a good facilities and equipment in terms of the expertise of medical doctors, pharmacist, nurses and physical therapist, many people tend to choose traditional treatment in treating illness rather than modern treatment.

The main factor influencing was encouraged by family and friends. This finding was supported by Aina Farhana et.al (12) study, they found the majority of the respondents used TCT were influenced by family members. According to Syed Imran Ahmed et.al, (13) the use of TCT improve immune effects, no material toxic and strong cultural influence are the factors of using TCT. The next factor was suggested by doctor or pharmacist. But some of the reasons for not telling doctors about TCT are because it is the participants' assumption that it's a traditional way compare to medicine from hospital. Therefore, doctors and nurses should create a warm relationship with patients to share the use of TCT. They should always discuss about TCT to prevent any bad effect occur from TCT practices while they doing treatment. Good communication between patients and physicians will help prevent the occurrence of negative impact in taking TCT. The least important factor was cultural belief. Each culture in Malaysia has their own views on traditional and alternative treatments.

DISCUSSION

Traditional and complementary treatments (TCT) covers various approaches, knowledge and belief about health practices that may incorporate animal, plant, mineral, physical exercises, spiritual healing that can be applied alone or as mixture, with the aim to preserve health and overall wellbeing, that may be used for diagnosis, treatment or prevention of illness (2). In some countries, the uses of complementary/alternative/non-conventional words often used in tandem with traditional treatment.

Traditional and Complementary Treatments (TCT) in Malay Ethnic

The biggest population in Malaysia is Malay ethnic. The most commonly used TCT in Malay ethnic is massage. Before the arrival of Islam to Malay Land, massage treatments are influenced by mystique power to cure the disease. Today, among Malay patients, massage remains as prevalent methods of traditional treatments. Malay Massage also has been introduced in government hospitals such as in Pulau Pinang, Johor and Putrajaya. Majority Malay patients generally believe massage helps to improved muscle tone blood circulation, therefore accelerate the therapeutic process especially for stroke (5).

The principle of a Malay massage is angin (wind) and urat (veins), which means the nervous system or blood and lymphatic vessels. Veins are kneaded using long strokes to expel wind and oil are used both to facilitate the movement for the massage and for its predicated medicinal properties. However after influenced of Islam, the quotations from Al-Quran and Hadith have been used to replace the manteras. In Malaysia, one of the popular centers in traditional and alternative treatment is PUSRATU (Pusat Rawatan Tanpa Ubat). This center was registered under Ministry of Health Malaysia. Another study, the progress of 131 chronic disease patients who get the treatment in this center, 47 patients (36.2%) show positive progress [6]. However 10 patients (7.7%) claimed they haven't shown any progress. Meanwhile the others were still in the first treatment. Basically the patients will show the progress after a few treatments.

Traditional and Complementary Treatment (TCT) in Chinese Ethnic

Acupuncture is one of the most popular traditional and alternative treatments in Chinese ethnic. More than 2500 years ago, acupuncture had been practiced as an important therapeutic technique in treating various diseases such as headache and psychological problems. Recently, the empirical evidence of post stroke shoulder pain (PSP) using acupuncture treatment is appearing quickly. Five thousand years ago, the origins of Chinese herbal medicine have been found in China. Chinese herbal medicines take a natural and holistic approach to healthcare and considered as trustworthy for various cultural and social backgrounds. According a study (7), patients with diabetic complications can be treated using Chinese herbal medicines by increasing abnormalities related to blood viscosity, microcirculation and oxidative stress. The most popular exercise in Chinese ethnic is Tai Chi, an exercise with slow rhythmic movements that covers mind-body-soul therapy. Originally, Tai Chi was originally used for self-defense. But today, it is used to help maintain good health. Meanwhile, combination of Tai Chi and Qigong Shiatsu is now called Ai Chi. In Farogh Namjooyan (8) research on 73 patients, he found that Tai Chi succeed to reduce pain, spasticity and fatigue.

Traditional and Complementary Treatment (TCT) in Indian Ethnic

Yoga is an ancient Indian practice involving physical exercise as well as breathing, meditation and relaxation techniques to enable practitioners to acquire physical and mental health. Malaysian also increasingly receives Yoga that not only has the potential to maintain good health but also to treat chronic diseases. In Arun Kanmanthareddy et.al (9) study, they found quality of life improvement, anxiety and depression decreased scores from their respondents after receiving Yoga treatment. Ayurveda is one of the treatment originally comes from India. Ayur was defines as 'life' while Veda is 'science'. Therefore Ayurveda means science of life. From Olaku.O, et.al (10) research, among 68 cancer patients who used Ayurveda to treat their disease, 32 patients were collectively designated as persuasive, 36 cases as not evaluable and 41 cases did not have any prior conventional treatment. Meanwhile, Parikshit.D.et,al. (11) found that Ayurveda increases treatment satisfaction among diabetes patients.

Implication

Currently, the used of traditional and complementary treatments (TCT) is popular among Malaysian. The traditional forms of Malay, Chinese, Indian and complementary treatments are extensively used. The use of traditional and alternative treatment according to their culture shows a high degree of trust and hold onto their respective cultures. Especially, when allopathy medicine failed to provide solutions for complicated diseases then alternative medicine, traditional healing, and Islamic complementary medicine (ICM) may be referred to (16). As a counselor, this knowledge is essential to help assured clients that the counselor does understand their feelings and situations they are experiencing. The knowledge also will lead to an understanding of other cultures that will display the multicultural dynamics as well as facilitate social interaction with one another. In addition, understanding of other cultures, especially in TCT, will prevent negative expectation, cultural shocks and misconceptions about other cultures. For more interesting and comprehensive details, future study may include more journals in the review. Therefore, research in this area should be done in wider scope involving Asian or South East Asian community to promote awareness and knowledge in traditional and complementary treatments.

CONCLUSION

From discussion above, it can be concluded that there is empirical evidence from previous studies showing the efficacy of traditional and complementary treatments (TCT) among chronic disease patients. This includes treatment among cancer, stroke and diabetes patients. There are various treatment methods used such as Malay Massage, Acupuncture, Tai Chi, Ai Chi, Yoga and Ayurveda. The review also discuss about

influencing factors in taking traditional and alternative treatments. The major factor in applying TCT was convinced by family members. Sabah native ethnic was the highest followed by Malay in using traditional and complementary treatments in curing disease. The fact, TCT were used for hundreds of years before the development of medical science as we know is good enough for some people. It is important to understand why people choose to use TCT as a treatment in curing disease. Nowadays, there are many traditional and modern supplements that are widely sold. For safety and health, every country should have an organization to control and evaluate the traditional and alternative treatment in order to prevent negative effects to patients. Hence, having knowledge on reasons why some people choose TCT and the benefits as well as the harm may help counselor to be more aware the sensitivity of certain cultures and traditions.

ACKNOWLEDGMENT

The research, publication or authorship of this article has no potential conflicts of interest and did not receive any financial support.

REFERENCES

1. Department of Statistic Malaysia Statistics on Causes of Death, Malaysia, 2017; Retrieve on 4/12/18 <https://www.dosm.gov.my/>
2. World Health Organization. Infectious Diseases 2018; Retrieved on 4/12/18 https://www.who.int/topics/infectious_diseases/en/
3. Uma Jadhav, Kanchan Mukherjee & Harshad Thakur. Usage of Complementary and Alternative Medicine among Severe Hemophilia A Patients in India. *Journal of Evidence-Based Complementary & Alternative Medicine*, 2013; Vol. 18(3), 191-197.
4. Shahid Mithaa, Vimalan Nagarajan, Muneer Gohar Babar, Mohammad Jamshed Ahmad Siddiqui & Shazia Qasim Jamshed. Reasons of using complementary and Alternative Medicines (CAM) Among Elderly Malaysians of Kuala Lumpur and Selangor States: An Exploratory Study. *Journal of Young Pharmacists*, 2013; Vol. 5(20). 50-53.
5. Azidah Abdul Kadir, Afiza Hanum Ahmad Hamid, Monniaty Mohammad. Pattern of Complementary and Alternative Medicine Use among Malaysian Stroke Survivors: A Hospital-Based Prospective Study. *Journal of Traditional and Complementary Medicine* 2015; Vol. 5. 157-160.
6. Che Noriah Othman & Maryam Farooqui Traditional and Complementary Medicine. *Procedia – Social and Behavioral Sciences* 2015; 170. 262 – 271.
7. T.-F. Tzeng, S.S. Liou & I.-M. Liu "The selected traditional Chinese medicinal formulas for treating diabetic nephropathy: perspective of modern science," *Journal of Traditional and Complementary Medicine*. 2013; Vol. 3 (3). 152–158
8. Foroogh Namjooyan, Rahil Ghanavati, Nastaran Majdinasab, Shiva Jokari & Mohammad Janbozorgi. Uses of Complementary and Alternative Medicine in Multiple Sclerosis. *Journal of Traditional and Complementary Medicine*. 2014; Vo1. 4. (3).145-152.
9. Arun Kanmanthareddy, Madhu Reddy, Gopi Ponnaganti, Hari Priya Sanjani, Sandeep Koripalli, Nivedita Adabala, Avanija Buddam, Pramod Janga, Thanmay Lakkireddy, Sudharani Bommana, Ajay Vllakati, Donita Atkins and Dhanunjaya Lakkireddy. Alternative medicine in atrialfibrillation treatment—Yoga, acupuncture, biofeedback and more. *Journal of Thoracic Disease*. 2015; Vol. 7(2).185-192.
10. Oluwadamilola Olaku, Farah Zia, Jeans M. Santana & Jeffrey D. White The National Cancer Institute Best Case Series Program: A Summary of Cases of Cancer Patients Treated With Unconventional Therapies in India. *Integrative Cancer Therapies* 2013; Vol. 12(5) 385–392.
11. Parikshit Debnath, Abhay Prakash, Subhadip Banerjee, Prasanna N. Rao, Tapas Brata Tripathy, Anjan Adhikari & Shivakumar Quality of Life and Treatment Satisfaction Observed Among Indians With Diabetes Foot Ulcers Undergoing Ayurvedic Adjunct Therapy. *Journal of Evidence-Based Complementary & Alternative Medicine*. 2015; Vol. 20(1) 13-19.
12. Aina Farhana Zulkipli, Tania Islam, Nur Aishah Mohd Taib, Maznah Dahlui, Nirmala Bhoo-Pathy, Nabilla Al-Sadat, Hazreen Abdul Majid & Samsinah Hussain, Use of Complementary and Alternative Medicine Among Newly Diagnosed Breast Cancer Patients In Malaysia: An Early Report From the MyBCC Study. *Integrative Cancer Therapies* 2017; 1–10.
13. Syed Imran Ahmeda, Syed Azhar Syed Sulaimana, Mohammad Azmi Hassalia, Kaeshaelya Thiruchelvamb, Syed Shahzad Hasanc & Christopher K.C. Leed. Beliefs and practices of complementary and alternative medicine (CAM) among HIV/AIDS patients: qualitative exploration. *European Journal of Integrative Medicine*. 2016; Vol. 8 .41–47.
14. Halimah Awang, Norma Mansor, Tey Nai Peng & Nik Ainoon Nik Osman. Understanding Ageing: Fear of Chronic Diseases Later In Life. *Journal of International Medical Research*. 2018; Vol. 46(1).175–184.
15. Maryam Farooqui, Mohamed Azmi Hassali, Aishah Knight Abdul Shatar, Muhammad Aslam Farooqui, Fahad Saleem, Noman ul Haq & Che Noriah Othman. Use of Complementary

and Alternative Medicines among Malaysian Cancer Patients: A Descriptive Study. *Journal of Traditional and Complementary Medicine*. 2016; Vol.(6):321-326.

16. Hussin S, Rahman NA, On LK, Mokhtar MK.

Bridging Modern Medicine with Islamic Complementary Medicine: Preliminary Attempts in Malaysian Context. *Advanced Science Letters*. 2018 Jul 1; 24(7):4820-3.