

NATIONAL HEALTH & MORBIDITY SURVEY

2015

TRADITIONAL & COMPLEMENTARY MEDICINE

VOLUME IV



NATIONAL HEALTH & MORBIDITY SURVEY 2015

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VOLUME IV : TRADITIONAL & COMPLEMENTARY MEDICINE (T&CM)

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Volumes in this series

The report comprises of several volumes, as follows:

- i. **Volume I : Methodology and General Findings**
- ii. **Volume II : Non-Communicable Diseases, Risk Factors & Other Health Problems**
- iii. **Volume III : Health Care Demands**
- iv. **Volume IV : Traditional and Complementary Medicine (T&CM)**

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EXECUTIVE SUMMARY

The 2015 National Health Morbidity Survey was conducted throughout Malaysia from March until May 2015 involving all age groups. The objectives were to study the prevalence of T&CM practices used by the Malaysian population with consultation, to describe the reasons for T&CM use, to determine the place where the T&CM practices are obtained; and to determine the amount of expenditure and the amount the public is willing to pay for the services of the T&CM practices. The T&CM practices were specifically defined according to the T&CM Act 2013. The survey used a Two Stage Stratified Random Sampling design and was administered using a structured questionnaire. A response rate of 92% was achieved.

Key findings

An estimated 29.25% of the population had ever used any T&CM practices with consultation and 21.51% of the population used T&CM within the last twelve months with consultation. For the use within the last twelve months, females showed significantly higher T&CM use (23.89%) compared to males (19.33%) and the urban population had higher percentage of use (22.64%) compared to rural population (18.23%).

T&CM practices are mainly used to maintain wellness, as shown in all top five preferred practices; Malay massage (41.92%), Chinese herbs (13.69%), Malay herbs (10.07%), Malay cupping (6.45%) and tuina (4.49%). When T&CM was used as treatment, the intended use was for primary and complementary treatment. The number of people who intended the use of T&CM as an alternative treatment was less than 20%. This study found that T&CM were often used for minor illnesses such as myalgia, joint and muscle ache, back pain and cough.

The users obtained services of T&CM at various facilities depending on the practices offered. Traditional Chinese medicine, traditional Indian medicine, homeopathy and complementary therapy were practices that are mainly obtained at practitioners' premises. Traditional Malay medicine practices, in particular Malay massage and Malay herbs, were provided at practitioner's house and the user's own house.

Although some of the population had paid a higher amount of fee compared to what they were willing to pay, the median values of out-of-pocket expenditure for the majority of T&CM practices were nearly similar to the median amount that the users were willing to pay.

Although supplementary product is not a category of T&CM practices, its use within the last twelve months with consultation was the second highest (30.99%). The main users (85.52%) were the urban population and 82.2% of them used the supplements to maintain wellness.

Conclusions

- T&CM continues to be an important presence in this country as it has made some impact to the health of Malaysian population.
- There is a need to continue providing T&CM practices to offer options for patients and for healthy individuals especially in maintaining wellness and complementing mainstream medical system.
- Services of T&CM are obtained at various facilities depending on the practices offered.
- The cost of the services for the majority of the T&CM practices is within an affordable rate.
- Supplementary products were abundantly consumed by the Malaysian population.

Recommendations

- A formalised T&CM unit should be established in more government hospitals and expanded to other health care facilities.
- The type of services within the T&CM unit should be increased.
- Monitoring of each T&CM practices should be conducted based on the identified places of practice.
- The registration and monitoring of supplementary products should be strengthened by the relevant authorities.
- More research is required for T&CM especially in Malay herbs in order to produce the scientific evidence required to support the safe use of practice.

BACKGROUND

Malaysia is a multiracial country comprising of Malays, Chinese, Indians, indigenous people and others. The various ethnicity accounts for the varied unique and distinctive cultural identities, food, traditions, beliefs, festivals, arts and craft, costumes, architectural styles and others. The main healthcare system in Malaysia is the conventional system but in reflection to the rich ethnic diversity, the traditional medicine of each group is very much ingrained in the society. On top of this, the demand for complementary medicine has also increased. A study on the use of Traditional and Complementary Medicine (T&CM) by the Malaysian population was conducted in 2004.(1) The result showed a prevalence of 69.4% of Malaysian population had ever used T&CM in their lifetime and 55.6% had used T&CM within the last twelve month period.(1) The value of use within the last twelve month period was comparable to the T&CM use in other countries such as Australia 68.9% (2) and Japan 76.0%.(3)

Considering the high demand of T&CM, many efforts have been conducted since 2004 by the Malaysian government to integrate T&CM into national healthcare system. The initiatives and measures were taken to ensure safety and quality of T&CM practices including establishment of the Traditional and Complementary Medicine Division, the gazettelement of T&CM Act 2013(4) to regulate the practitioners and practices, standardisation and accreditation of education and training of recognised practices, establishment of T&CM units in selected government hospitals, promotion of safe use of T&CM and increased numbers of research and development. This is in line with the strategy of World Health Organization in recognising the contribution of T&CM to health.(5)

In the T&CM Act 2013, the recognised T&CM practices have been categorised into six main groups based on the main ethnic groups and concept of practice and further divided into distinct practices (Table 1).

Table 1: The main practices and the subgroup practices

No.	Main practice	Practice
1	Traditional Malay Medicine	Malay Herbs Malay cupping Malay massage
2	Traditional Chinese Medicine	Acupuncture & Moxibustion Chinese Herbs Tuina Chinese cupping Qi gong
3	Traditional Indian Medicine	Ayurveda Siddha Unani Yoga & Naturopathy
4	Homeopathy	
5	Islamic Medical Practice	
6	Complementary Therapy	Divided into 4 main subgroups <ul style="list-style-type: none"> • Mind-body medicine therapy <ul style="list-style-type: none"> ○ Hypnotherapy ○ Psychotherapy • Biological based therapy <ul style="list-style-type: none"> ○ Aromatherapy ○ Nutritional Therapy • Manipulative therapy <ul style="list-style-type: none"> ○ Chiropractic ○ Osteopathy ○ Complementary group of massages* ○ Reflexology • Energy Medicine <ul style="list-style-type: none"> ○ Reiki ○ Aura Metaphysic ○ Colour Vibration Therapy

*Complementary group of massages consists of Thai massage, Swedish massage, Balinese/Javanese massage, Shiatsu massage, and aromatherapy massage.

In order to foster the appropriate regulation and integration of T&CM practice into the national healthcare system, current information on several factors are required. A value of the current prevalence will provide information on the extent of T&CM usage and the type of practices being used. It is also important to know the reasons for using T&CM by

the Malaysian public, either as a treatment for illness or to maintain wellness and could be for both reasons. The type of illness may also play a role in determining the type of practices being used, for example massage to address myalgia or stroke while herbs are used for diabetes mellitus.

In Malaysia, the services of T&CM are provided at various locations based on the type of practices either at the practitioner's premise or at the user's house. As the T&CM Act 2013 governs the practitioners, it is important to know the location of the practice in order to allow efficient monitoring by relevant authorities.

Currently, the charge incurred for T&CM services is based on the amount set by the practitioners and the demand from the public. When the T&CM Act 2013 is enforced, a standardised fee will be imposed. In order to provide a reasonable rate of payment, baseline information on the amount that the public is currently paying and the amount that the public is willing to pay for certain services will give an estimation of future practice fee.

OBJECTIVES

1. To study the prevalence of T&CM practices used by the Malaysian population
 - 1.1. Prevalence of ever used
 - 1.2. Prevalence of current use (use within the last twelve months)
2. To describe the reasons for T&CM use
3. To determine the place where the T&CM practices are obtained
4. To determine the amount of expenditure and the amount the public are willing to pay for the service of T&CM practices

METHODOLOGY AND SAMPLING DESIGN

Study Design

This use of Traditional & Complementary Medicine (T&CM) study was conducted under the National Health Morbidity Survey (NHMS) 2015. The NHMS 2015 was a cross sectional population survey conducted nationwide.

Target Population

Geographically, the study covered both urban and rural areas, involving all age groups in Peninsular Malaysia, Sabah and Sarawak. The target population was all non-institutionalised individuals residing in Malaysia for at least 2 weeks prior to the data collection. Institutional population such as those staying in hotels, hostels and hospitals were excluded from the survey.

Sampling Frame

The sampling frame for this study was updated in 2014 by the Department of Statistics. Based on the frame, Malaysia was divided into Enumeration Block (EB) which is a geographically continuous areas with identified boundaries. There were about 75,000 EBs in Malaysia in 2014. Each EB contains between 80 to 120 Living Quarters (LQ) with an average population of 500 to 600 people.

Sample Size Determination

The sample size was estimated using Sample size calculation formula for a prevalence study.

$$n_{\text{SRS}} \geq \frac{z_{\alpha/2}^2 p(1-p)}{e^2}$$

The sample size calculation based on criteria below;

1. Expected T&CM used based on previous study: Prevalence of ever use in a lifetime or current use within the last twelve month
2. Margin of Error (e) between 0.01-0.05
3. 95% Confidence Interval

To ensure optimum sample size, a few adjustments were made;

1. Adjusted n (srs) for the total number of target population (N) (Based on estimated 2014 population).

$$n_{SRS} \geq \frac{n_{srs}}{1 + \frac{n_{srs}}{N}}$$

2. Adjusted for design effect (deff) (Based on previous survey: NHMS 2011)
N (complex) = n * deff
3. Adjusted the n(complex) taking into account expected non response rates of 35%
n (adj) = n (complex) * (1 + non response)

Urban Rural

Thus, the optimum sample size required was 10,428 living quarters.

Sampling Design

The Two Stage Stratified Random Sampling design was used to ensure the national representativeness for this study. Sampling involved two stages; the Primary Sampling Unit (PSU), which is EBs and Secondary Sampling Unit (SSU) which is LQ within the selected EBs. A total of 794 EBs were selected from the total EBs in Malaysia, which 484 and 310 EBs were selected from urban and rural area respectively. Twelve LQs were randomly selected from each selected EBs. Only one household member within the selected household was randomly chosen using modified Kish Grid Table (6) to answer the T&CM module.

Study Instrument

A bilingual (Malay and English) questionnaire was constructed based on the questionnaire used in a nationwide T&CM survey carried out in 2004. This questionnaire is divided into 2 sections. The first section, N1, records the histories of T&CM use in general; ever use of any practice in the respondents' life time and used within the last twelve months. This section also documents whether the practices used or obtained is with or without consultation of a practitioner. Section 2, N2, gathers information on types of T&CM practices used within the last twelve months; which the respondents may choose more than one practice that they have used. For this study, the answers were close-ended with selection comprising of a pre-set list of practices as described in Table 1. Supplementary product was added as an extra variable to differentiate its use from herbal product.

For each reported T&CM practice, the questionnaire requires the documentation of the place or facility where the service of T&CM is obtained, the actual amount of money paid for the service in the last six months, the amount that they are willing to pay for the service for one session, and the purpose of use for each T&CM practice, whether it is solely for wellness, for treatment or for both reasons (wellness and treatment) of the mentioned disease or health problem.

The questions were prepared and customised to harmonise with the format in the mobile and handheld devices that are used by the interviewers on the field. A pre-test for this questionnaire was carried out to evaluate the reliability of the questions. In order to assist the identification of the type of practice, a separate book that defined and described the practices (Appendix 1) and a flash card (Appendix 2) were provided to the interviewers. A book on the codes for the type of illnesses were also supplied (Appendix 3).

Data collection

Before the implementation of data collection, scouts were identified from the staff of the District Health Officer in the selected districts. These scouts identified and tagged the

listed LQs given by the Department of Statistics. They also informed the members in the selected LQs, community and related government agencies regarding the survey including the scheduled plan for data collection.

Seventy five teams were established throughout Malaysia. Each team comprised of one Team Leader (Q27), three interviewers (Q17), one nurse and one driver. The distribution of team was based on regions, where 57 teams were divided throughout the Peninsular Malaysia and the remaining 18 teams were divided in Sabah and Sarawak. The team visited selected LQs and obtained written consent, conducted the interview, measure blood pressure and test for blood glucose and cholesterol.

The data collection was conducted from March until May 2015 using a structured questionnaire through face to face interview by trained research assistants using mobile device or handheld devices (Model *Samsung Galaxy Tab 8.9* & *Samsung Galaxy Tab S 10.5*).

Variable Definitions

Ever used of T&CM with consultation

Definition: Respondents will have at least once in their lifetime used any type of T&CM practices through consultation with a practitioner.

T&CM use within the last twelve months with consultation

Definition: Respondents will have at least once in the past year (12 months) from the date of the interview used any type of T&CM practices through consultation with a practitioner.

RESULTS

1. SOCIODEMOGRAPHICS

A total of 7982 respondents responded to the T&CM questionnaire out of 8680 household surveyed which gave a 92.0% response rate.

This study was carried out in 13 states and 3 federal territories (Johor, Kedah, Kelantan, Melaka, Negeri Sembilan, Pahang, Penang, Perak, Perlis, Selangor, Terengganu, Sabah & Wilayah Persekutuan Labuan, Sarawak; Wilayah Persekutuan Kuala Lumpur and Wilayah Persekutuan Putrajaya). There is a higher proportion of respondents from urban areas (59.1%) compared to rural areas (40.9%) and female respondents (51.9%) compared to male respondents (48.1%). There were homogenous distributions of the age range of respondents. In association to ethnicity, Malay respondents form the biggest group (62.7%), followed by Chinese (16.5%), Indian (6.4%), other Bumiputera (8.3%) and others (6.1%). More than half of the respondents are married, while 21.9% are not married and 11.3% are widow/widower/divorcee. Most of the respondents have had formal education background (Table 2).

Table 2: Socio-demographic characteristics of respondents for T&CM Module

Sociodemographic Characteristics	n	%
State		
Johor	678	8.5
Kedah	532	6.7
Kelantan	456	5.7
Melaka	453	5.7
Negeri Sembilan	487	6.1
Pahang	477	6
Pulau Pinang	567	7.1
Perak	551	6.9
Perlis	526	6.6
Selangor	1142	14.3
Terengganu	476	6
Sabah & WP Labuan	631	7.9
Sarawak	465	5.8
WP Kuala Lumpur	332	4.2
WP Putrajaya	209	2.6
Location		
Urban	4717	59.1
Rural	3265	40.9
Sex		
Male	3842	48.1
Female	4140	51.9

Sociodemographic Characteristics	n	%
Age Group		
0-4	524	6.6
5-9	502	6.3
10-14	435	5.4
15-19	489	6.1
20-24	502	6.3
25-29	609	7.6
30-34	598	7.5
35-39	535	6.7
40-44	518	6.5
45-49	532	6.7
50-54	634	7.9
55-59	571	7.2
60-64	512	6.4
65-69	394	4.9
70-74	326	4.1
75+	301	3.8
Ethnicity		
Malays	5004	62.7
Chinese	1320	16.5
Indians	511	6.4
Other Bumiputera	659	8.3
Others	488	6.1
Marital Status		
Single	1751	21.9
Married	4050	50.7
Widow/widower/divorcee	898	11.3

Sociodemographic Characteristics	n	%
Occupation		
Government/semi government employee	656	8.2
Private employee	1864	23.4
Self employed	1221	15.3
Unpaid worker/home maker	917	11.5
Retiree	326	4.1
Income Group		
Less than RM 1000	1786	22.4
RM 1000 - RM 1999	1607	20.1
RM 2000 - RM 2999	1316	16.5
RM 3000 - RM 3999	920	11.5
RM 4000 - RM 4999	629	7.9
RM 5000 - RM 5999	471	5.9
RM 6000 - RM 6999	305	3.8
RM 7000 - RM 7999	238	3
RM 8000 - RM 8999	191	2.4
RM 9000 - RM 9999	95	1.2
RM 10000 & above	424	5.3
Quintile Income Group		
Quintile 1	1569	19.7
Quintile 2	1687	21.1
Quintile 3	1709	21.4
Quintile 4	1448	18.1
Quintile 5	1569	19.7

2. PREVALENCE OF T&CM PRACTICES USED BY THE MALAYSIAN POPULATION

2.1 Objectives

General objective:

To study the prevalence of T&CM practices used by the Malaysian population

Specific objectives:

- Prevalence of ever used with consultation
- Prevalence of use within the last 12 months with consultation
- Types of practices used

2.2 Findings

The result discussed in this section focused on the T&CM practices that are obtained with consultation.

2.2.1 Prevalence of ever used T&CM with consultation

The overall prevalence of ever used T&CM with consultation was 29.25% (95% CI: 27.66 -30.89) with significantly more females using T&CM [32.75% (95% CI: 30.52 – 35.06)] compared to males [26.05% (95% CI: 24.13 – 28.06)]. There was no difference between urban [30.17% (95% CI: 28.23 – 32.18)] compared to rural areas [26.58% (95% CI: 24.09 – 29.23)]. By ethnicity, the Chinese had the highest prevalence at 32.98% (95% CI: 29.37 – 36.80), followed by the Malay [31.36% (95% CI: 29.31 – 33.50), and 'Others' [25.44% (95% CI: 20.28 – 31.40) (Table 3). There were no differences between the income levels.

Table 3: Prevalence of ever used T&CM with consultation by socio-demographic characteristics

Sociodemographic Characteristics	n	Estimated Population	Prevalence (%)	CV	95% CI	
					Lower	Upper
MALAYSIA	2466	8742818	29.25	0.028	27.66	30.89
Location						
Urban	1503	6712083	30.17	0.033	28.23	32.18
Rural	963	2030735	26.58	0.049	24.09	29.23
Sex						
Male	1025	4065788	26.05	0.038	24.13	28.06
Female	1441	4677030	32.75	0.035	30.52	35.06
Ethnicity						
Malay	1677	4865895	31.36	0.034	29.31	33.5
Chinese	429	2220124	32.98	0.057	29.37	36.8
Indian	100	358662	18.14	0.13	14.95	23.25
Other Bumiputeras	150	691795	21.07	0.097	17.33	25.37
Others	110	606342	25.44	0.112	20.28	31.4
Income Group						
Less than RM 1000	512	1103695	25.22	0.065	22.13	28.59
RM 1000 - RM 1999	465	1356934	27.13	0.061	24.03	30.47
RM 2000 - RM 2999	391	1253390	26.28	0.064	23.12	29.72
RM 3000 - RM 3999	276	1104819	29.586	0.067	25.84	33.62
RM 4000 - RM 4999	203	910819	31.59	0.079	26.94	36.65
RM 5000 - RM 5999	164	749360	31.93	0.085	26.85	37.48
RM 6000 - RM 6999	109	460908	30.87	0.11	24.62	37.92
RM 7000 - RM 7999	72	340888	28.59	0.129	21.91	36.36
RM 8000 - RM 8999	73	364619	36.26	0.118	28.32	45.03
RM 9000 - RM 9999	29	145301	29.26	0.217	18.45	43.06
RM 10000 & above	172	952084	36.72	0.078	31.31	42.48

Sociodemographic Characteristics	n	Estimated Population	Prevalence (%)	CV	95% CI	
					Lower	Upper
Quintile Income Group						
Quintile 1	454	995676	25.83	0.069	22.49	29.49
Quintile 2	488	1386311	27.29	0.061	24.14	30.68
Quintile 3	498	1575152	25.61	0.059	22.76	28.67
Quintile 4	464	2003221	31.5	0.054	28.28	34.92
Quintile 5	562	2782459	32.95	0.046	30.04	35.99

2.2.2 Prevalence of T&CM use within the last twelve months with consultation

The prevalence of T&CM use within the last twelve months was 21.51% (95% CI: 20.11 – 22.98). Females showed significantly higher T&CM use [23.89% (95% CI: 21.92 – 25.98)] compared to males [19.33% (95% CI: 17.59 – 21.21)]. The urban population had higher percentage of use [22.64% (CI: 20.91 – 24.46)] compared to rural population [18.23% (95% CI: 16.17 – 20.49)]. T&CM use within the last twelve months was highest among Chinese [25.41% (95% CI: 22.08 – 29.05)], followed by Malays [22.98% (95% CI: 21.19 – 24.88)] and ‘Others’ [17.27% (95% CI: 13.42 – 21.94)]. In comparing of income levels, income level of Q5 25.67% (95% CI: 23.02 – 28.51) had the highest prevalence followed by Q4 [22.11% (95% CI: 19.37 – 25.12)] and the lowest prevalence was in Q2 [20.41% (95% CI: 17.50 – 23.66) income level (Table 4).

Table 4: Prevalence of T&CM use within the last 12 months with consultation by socio-demographic characteristics

Sociodemographic Characteristics	n	Estimated Population	Prevalence (%)	CV	95% CI	
					Lower	Upper
MALAYSIA	2466	8742818	29.25	0.028	27.66	30.89
Location						
Urban	1503	6712083	30.17	0.033	28.23	32.18
Rural	963	2030735	26.58	0.049	24.09	29.23
Sex						
Male	1025	4065788	26.05	0.038	24.13	28.06
Female	1441	4677030	32.75	0.035	30.52	35.06
Ethnicity						
Malay	1677	4865895	31.36	0.034	29.31	33.5
Chinese	429	2220124	32.98	0.057	29.37	36.8
Indian	100	358662	18.14	0.13	14.95	23.25
Other Bumiputeras	150	691795	21.07	0.097	17.33	25.37
Others	110	606342	25.44	0.112	20.28	31.4
Income Group						
Less than RM 1000	512	1103695	25.22	0.065	22.13	28.59
RM 1000 - RM 1999	465	1356934	27.13	0.061	24.03	30.47
RM 2000 - RM 2999	391	1253390	26.28	0.064	23.12	29.72
RM 3000 - RM 3999	276	1104819	29.586	0.067	25.84	33.62
RM 4000 - RM 4999	203	910819	31.59	0.079	26.94	36.65
RM 5000 - RM 5999	164	749360	31.93	0.085	26.85	37.48
RM 6000 - RM 6999	109	460908	30.87	0.11	24.62	37.92
RM 7000 - RM 7999	72	340888	28.59	0.129	21.91	36.36
RM 8000 - RM 8999	73	364619	36.26	0.118	28.32	45.03
RM 9000 - RM 9999	29	145301	29.26	0.217	18.45	43.06
RM 10000 & above	172	952084	36.72	0.078	31.31	42.48
Quintile Income Group						
Quintile 1	454	995676	25.83	0.069	22.49	29.49
Quintile 2	488	1386311	27.29	0.061	24.14	30.68
Quintile 3	498	1575152	25.61	0.059	22.76	28.67
Quintile 4	464	2003221	31.5	0.054	28.28	34.92
Quintile 5	562	2782459	32.95	0.046	30.04	35.99

2.2.3 Types of practices used within the last twelve months

Among the T&CM users, the most preferred main practice used was traditional Malay medicine [52.06% (95% CI: 48.28 – 55.83)], followed by traditional Chinese medicine [20.01% (95% CI: 16.83 – 23.62)] and Complementary therapy [6.20% (95% CI: 4.70 – 8.14%)]. Figure 1 and Figure 2 showed the preferred practice groups among the T&CM users.

As shown in Figure 2, Malay massage [41.92% (95% CI: 38.49 – 45.42)] was the most preferred T&CM practice, followed by Chinese herbs [13.69 (95% CI: 11.02 – 16.88)], Malay herbs [10.07% (95% CI: 8.31 – 12.16)], Malay cupping [6.45% (95% CI: 4.82 – 8.58)] and tuina [4.49% (95% CI: 3.20 – 6.27)] (Table 5).

2.2.4 Use of T&CM practices based on location (urban vs rural)

All the T&CM practices such as Malay massage and Chinese herbs are used more by the urban residents compared to rural. Among the modalities, Ayurveda, chiropractic, osteopathy, reiki, aura metaphysic, hypnotherapy and psychotherapy were reported as only used in the urban areas (Table 5).

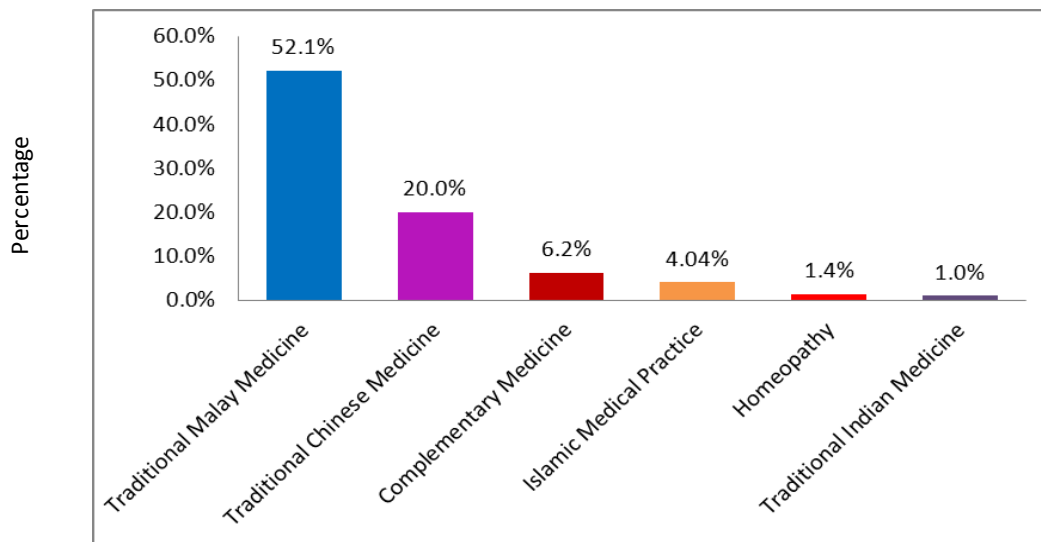


Figure 1: T&CM use by practices within the last twelve months with consultation

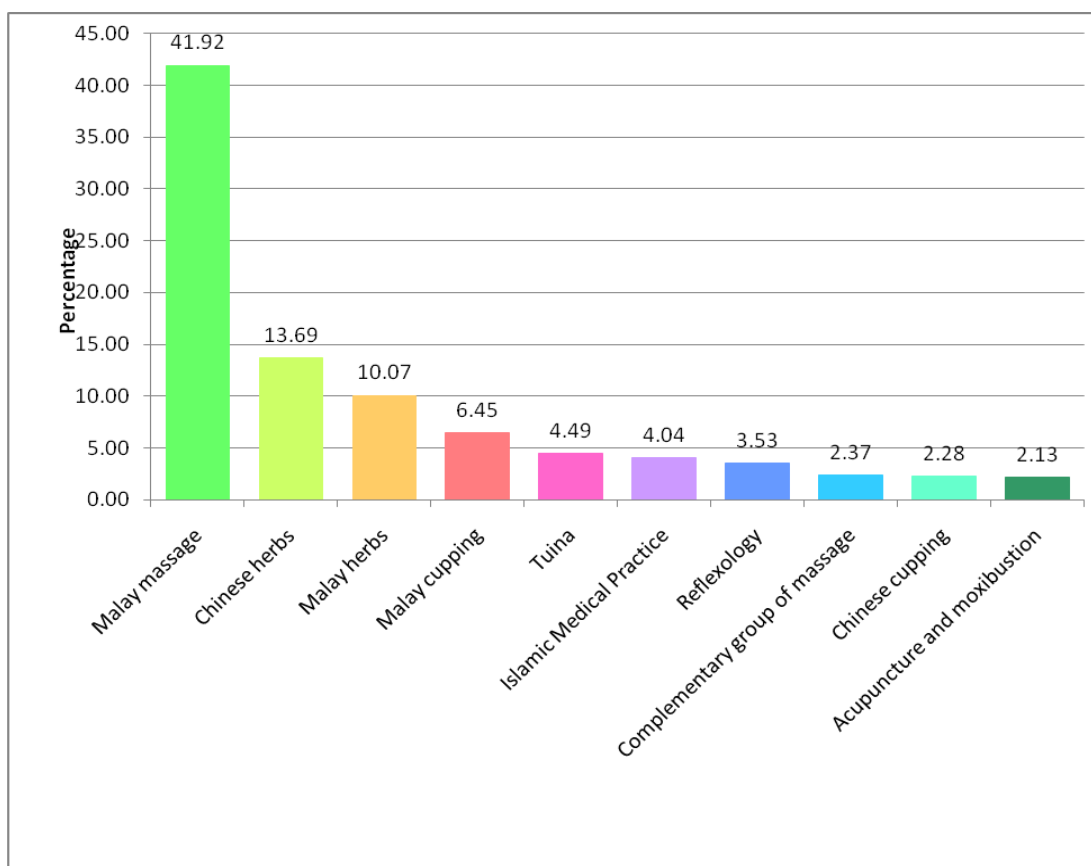


Figure 2: T&CM practice areas used within the last twelve months with consultation

Table 5: Prevalence of T&CM use within the last 12 months with consultation by socio-demographic characteristics

	National						Urban						Rural					
	n	Estimated Population	95% CI		n	Estimated Population	95% CI		n	Estimated Population	95% CI		n	Estimated Population	95% CI			
			Lower	Upper			Lower	Upper			Lower	Upper			Lower	Upper		
<i>Traditional Malay Medicine</i>	983	3347693	52.06	48.28	55.83	528	2337405	69.82	66	73.38	455	1010287	30.18	26.62	34			
Malay herbs	194	647542	10.07	8.31	12.16	91	443279	68.46	59.49	76.23	103	204263	31.54	23.77	40.51			
Malay massage	791	2695145	41.92	38.49	45.42	420	1868395	69.32	65.06	73.28	371	826750	30.68	26.72	34.94			
Malay cupping	100	414595	6.45	4.82	8.58	74	344033	82.98	71.12	90.61	26	70562	17.02	9.39	28.88			
<i>Traditional Chinese Medicine</i>	260	1286524	20.01	16.83	23.62	231	1200576	93.32	85.87	96.98	29	85948	6.68	3.02	14.13			
Chinese herbs	176	880101	13.69	11.02	16.88	158	825643	93.81	82.59	97.98	18	54458	6.19	2.02	17.41			
Acupuncture & moxibustion	36	137010	2.13	1.43	3.17	33	134633	98.27	93.66	99.54	3	2377	1.73	0.46	6.34			
Tuina	58	288758	4.49	3.2	6.27	51	282077	97.69	93.86	99.15	7	6681	2.31	0.85	6.14			
Chinese cupping	23	146584	2.28	1.43	3.61	21	124447	84.9	56.12	96.11	2	22137	15.1	3.89	43.88			
Qi gong	8	34826	0.54	0.2	1.45	6	31741	91.14	63.31	98.4	2	3085	8.86	1.6	36.69			
<i>Traditional Indian Medicine</i>	19	62647	0.97	0.54	1.74	18	62335	99.5	96.26	99.94	1	312	0.5	0.06	3.74			
Ayurveda	5	19310	0.3	0.1	0.86	5	19310	100	100	100	0	-	-	-	-			
Siddha	0	-	-	-	-	0	-	-	-	-	0	-	-	-	-			
Unani	0	-	-	-	-	0	-	-	-	-	0	-	-	-	-			
Yoga & naturopathy	16	49735	0.77	0.4	1.48	15	49423	99.37	95.23	99.92	1	312	0.63	0.08	4.77			
<i>Homeopathy</i>	25	93207	1.45	0.88	2.38	19	84233	90.37	76.09	96.51	6	8974	9.63	3.49	23.91			
<i>Islamic Medical Practice</i>	70	259572	4.04	2.9	5.59	44	193764	74.65	58.12	86.2	26	65808	25.35	13.8	41.88			
Supplementary products	556	1992482	30.99	27.79	34.37	401	1703925	85.52	81.67	88.67	155	288557	14.48	11.33	18.33			

	National						Urban						Rural					
	n	Estimated Population	95% CI		n	Estimated Population	95% CI		n	Estimated Population	95% CI		n	Estimated Population	95% CI			
			Lower	Upper			Lower	Upper			Lower	Upper			Lower	Upper		
Complementary Medicine	96	398924	6.2	4.7	8.14	81	363657	91.16	83.43	95.48	15	35267	8.84	4.52	16.57			
Chiropractic	3	15761	0.25	0.05	1.19	3	15761	100	100	100	0	-	-	-	-			
Reflexology	55	226851	3.53	2.57	4.83	47	204837	90.3	78.88	95.97	8	22014	9.7	4.13	21.12			
Osteopathy	2	9094	0.14	0.03	0.73	2	9094	100	100	100	0	-	-	-	-			
Complementary group of massage	35	152156	2.37	1.43	3.9	28	139261	91.53	77.18	97.18	7	12894	8.47	2.82	22.82			
Reiki	2	16083	0.25	0.06	1.12	2	16083	100	100	100	0	-	-	-	-			
Aura metaphysic	1	11488	0.18	0.03	1.26	1	11488	100	100	100	0	-	-	-	-			
Colour vibration therapy	0	-	-	-	-	0	-	-	-	-	0	-	-	-	-			
Aromatherapy	12	64122	1	0.51	1.94	11	61413	95.77	73.82	99.45	1	2709	4.23	0.55	26.18			
Nutritional therapy	5	20885	0.32	0.13	0.84	4	17350	83.07	34.43	97.87	1	3535	16.9	2.13	65.57			
Hypnotherapy	1	1623	0.03	0	0.18	1	1623	100	100	100	0	-	-	-	-			
Psychotherapy	1	1451	0.02	0	0.16	1	1451	100	0	100	0	-	-	-	-			

2.3 Conclusion

The current study captured a lower percentage of T&CM use in Malaysia compared to the study in 2004. The previous study was designed to capture the minute details where even the simplest form of utilisation such as application of ointment would be considered as using T&CM. In this study, the definition of T&CM practices requires a more comprehensive criterion to be fulfilled before the users can be considered as utilising T&CM. The current lower prevalence were also reflected in India (<30%) (7) and among adults in USA (33.2%).(8) Studies in Australia and USA also showed that T&CM use was more preferred by women and the higher income level groups.(2, 9). In this study, there is a higher T&CM use by the females compared to the males but there was no difference between the income level groups.

The results showed traditional Malay medicine was the most used practice among the respondents. This may due to acceptability and accessibility of traditional Malay medicine practices either in urban or rural area.

3. REASONS FOR T&CM USE

3.1 Objective

To describe the reasons for T&CM use

3.2 Findings

The result discussed in this section focused on the T&CM practices that is obtained with consultation.

3.2.1 Reasons for use

In this survey there were three (3) reasons for the use of T&CM practices: i) to maintain wellness, ii) as therapeutic treatment and iii) in combination (treatment and to maintain wellness). T&CM practices were mainly used to maintain wellness, as shown in all top ten practices (Figure 3). The choice of T&CM practices as a treatment for diseases by the Malaysian population is still low. There is no clear difference in preference for treatment or; treatment and wellness. Islamic medical practice displayed near equivalent usage in all three categories of use.

A total of 503 (63.59%) of Malay massage users go for massage to maintain wellness, 136 (17.19%) for treatment and 152 (19.22%) for combination of both treatment and wellness. For Malay herbs, most of the users consume the herbs to maintain wellness [132 (68.04%)], 34 (17.53%) for treatment and 28 (14.43%) for combination of both treatment and wellness. The use of Chinese herbs also showed the same trend which 107 (60.80%) use it for wellness, 38 (21.59%) for treatment and 31 (17.61%) for combination of both (treatment and wellness) (Table 6).

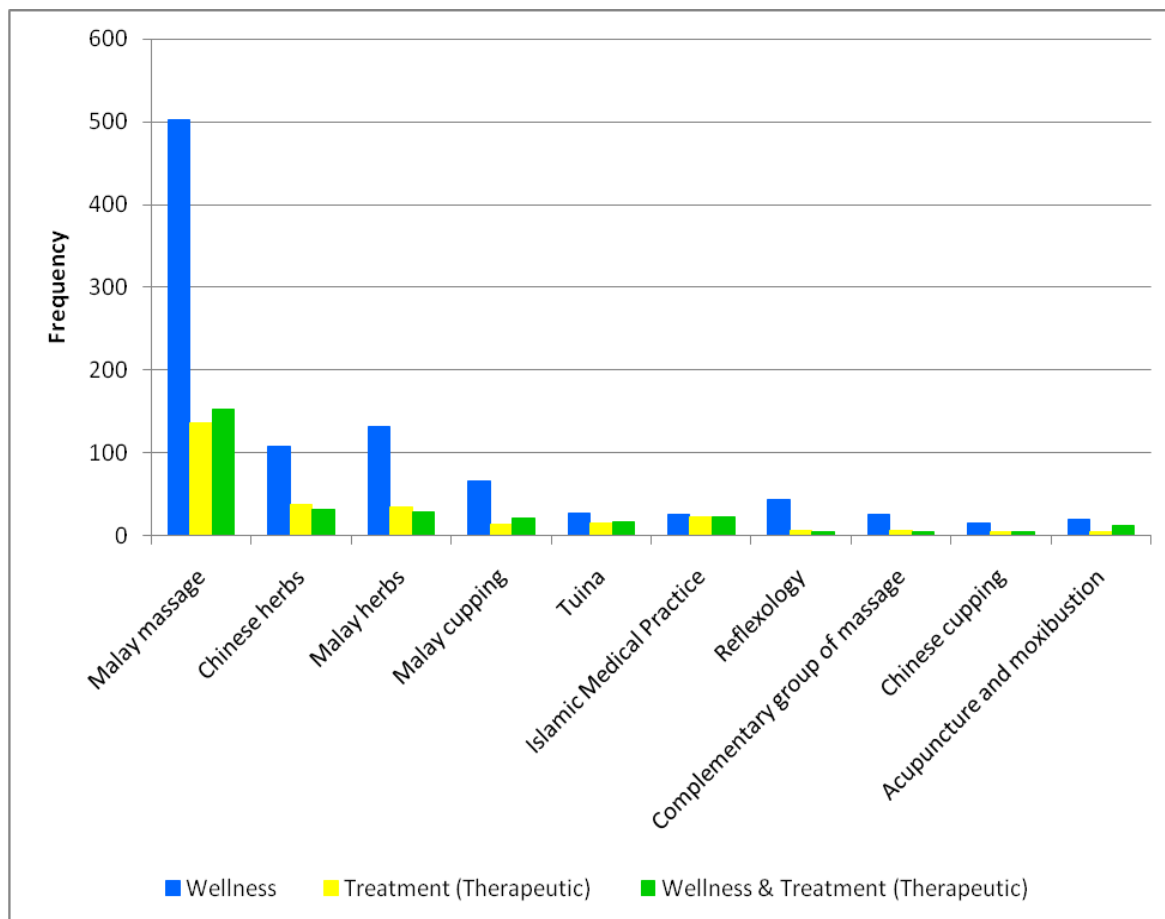


Figure 3 : Reasons for the use of ten most preferred T&CM practices within the last twelve months with consultation

Table 6: Reasons for the use of T&CM practices within the last twelve months with consultation

	Wellness		Treatment		Wellness & Treatment	
	n	%	n	%	n	%
Traditional Malay Medicine						
Malay herbs	132	68.04	34	17.53	28	14.43
Malay massage	503	63.59	136	17.19	152	19.22
Malay cupping	66	66.00	13	13.00	21	21.00
Traditional Chinese Medicine						
Chinese herbs	107	60.80	38	21.59	31	17.61
Acupuncture and moxibustion	19	52.78	5	13.89	12	33.33
Tuina	27	46.55	15	25.86	16	27.59
Chinese cupping	15	65.22	4	17.39	4	17.39
Qi gong	7	87.50	0	-	1	12.50
Traditional Indian Medicine						
Ayurveda	4	80.00	0	-	1	20.00
Siddha	0	-	0	-	0	-
Unani	0	-	0	-	0	-
Yoga and naturopathy	13	81.25	1	6.25	2	12.50
Homeopathy	12	48.00	7	28.00	6	24.00
Islamic Medical Practice	25	35.71	22	31.43	23	32.86
Supplementary products	457	82.19	34	6.12	65	11.69
Complementary Therapy						
Chiropractic	1	33.33	-	-	2	66.67
Reflexology	44	80.00	6	10.91	5	9.09
Osteopathy	0	-	2	100.00	0	-
Complementary group of Massage (Therapeutic/ Swedish/ Thai/ Balinese/ Javanese/ Shiatsu massage)	25	71.43	6	17.14	4	11.43
Reiki	2	100.00	0	-	0	-
Aura metaphysic	1	100.00	0	-	0	-
Colour vibration therapy	0	-	0	-	0	-
Aromatherapy	8	66.67	2	16.67	2	16.67
Nutritional therapy	3	60.00	0	-	2	40.00
Hypnotherapy	0	-	0	-	1	100.00
Psychotherapy	0	-	0	-	1	100.00

3.2.2 Intention of use

For those who seek T&CM practices for therapeutic purposes, 41.18% used the practices as complementary to conventional treatment, while 40.44% chose T&CM as the first line or primary treatment before seeking conventional treatment. This study reported 18.38% of those who used T&CM practices solely as an alternative treatment without seeking any conventional treatment (Figure 4).

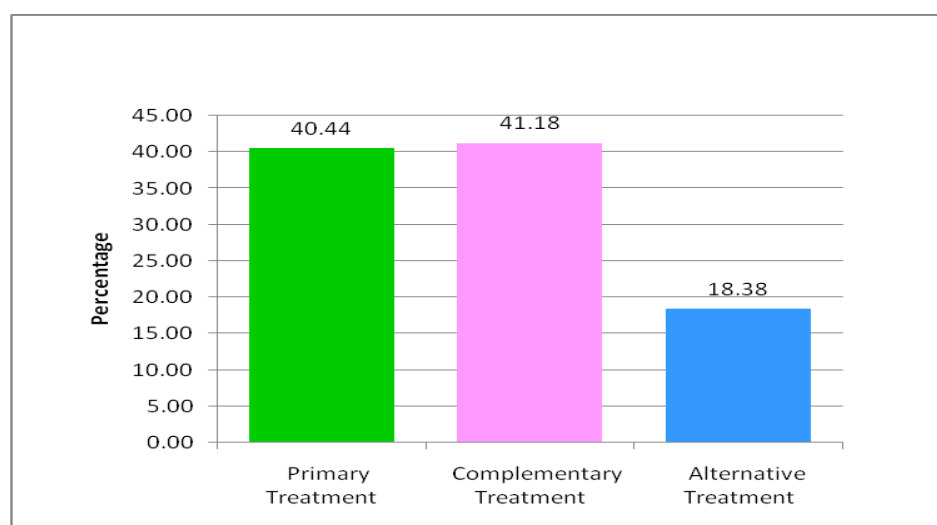


Figure 4: The intention for use of T&CM practices

3.2.3 The health problems for which T&CM practices were used for within the last twelve months with consultation

There were 115 health related problems (including symptoms and diseases) identified as the reason for seeking T&CM services. All diseases are categorised into 12 categories (Appendix 2): cardiovascular system (code 001 – 006), respiratory system (code 007 – 014), digestive system (015 – 024), excretory system (025 – 030), endocrine system (code 031 – 032), reproductive system (033 – 045), musculoskeletal system (046 – 059), nervous system (060 – 071), head and neck problems (code 072 – 078), skin problems (code 079 – 097), other (code 098 – 114) and unidentified other diseases (code 115). 'Other' consist of cancer, AIDS,

obesity, substance abuse, spiritual disturbance, energy booster, body slimming, bleeding tendency, measles, wellness and fever (other than dengue or measles).

Only 74 diseases were chosen by the respondents according to the above categories. Health problems related to musculoskeletal system had the highest usage of T&CM practices (Figure 5). The other categories were respiratory system, reproductive system, nervous system and cardiovascular system. In this survey, T&CM were mainly used for minor illnesses such as myalgia, joint and muscle ache, back pain and cough (Figure 6 and Figure 7). Less than 15% of respondents with non-communicable diseases such as stroke, diabetes mellitus, high blood pressure and cancer reported use of T&CM (Figure 7 and Table 8). None of the respondent chose T&CM as treatment for acute diseases or infections for example appendicitis, cellulitis, burn, urinary tract infection and others (Table 8).

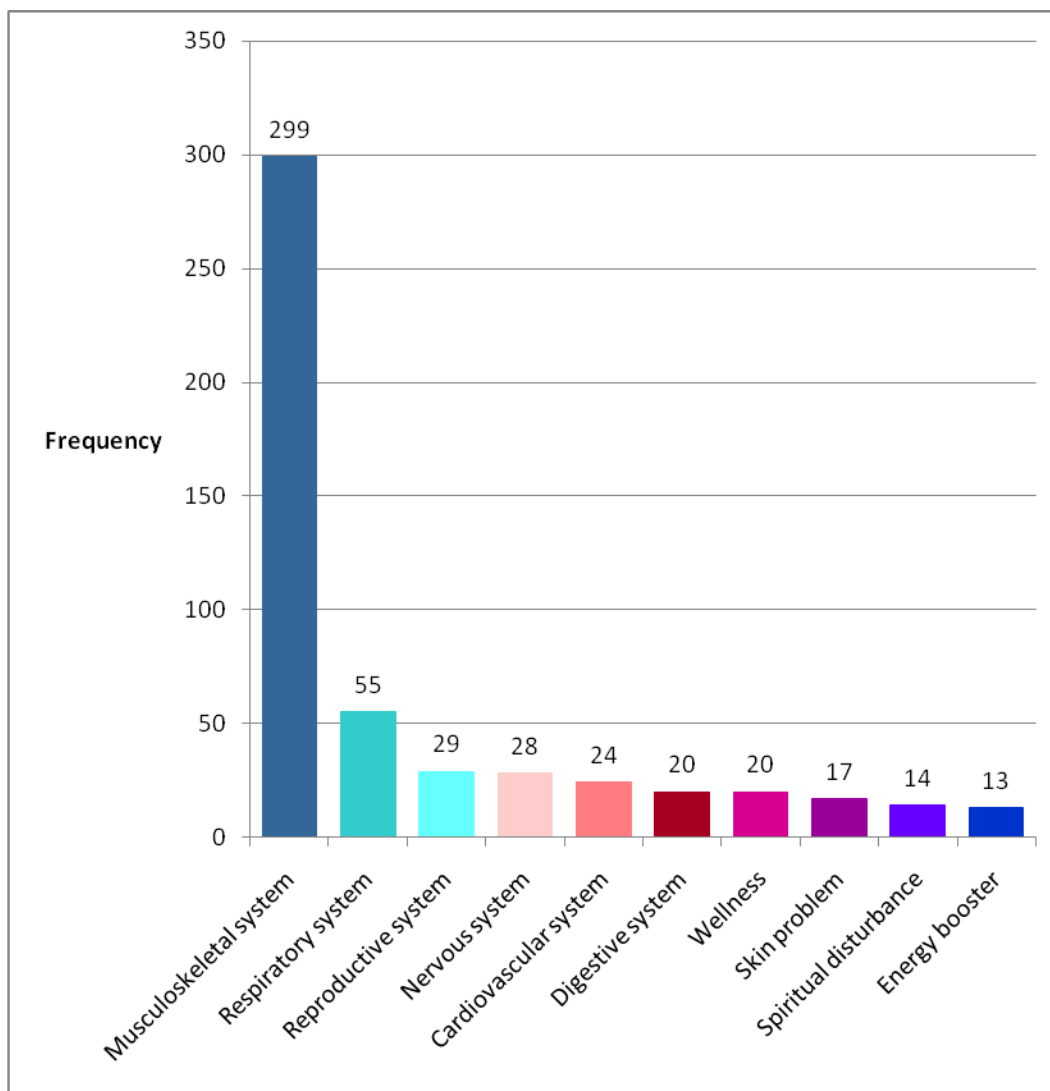


Figure 5: Categories of health problems which T&CM practices were frequently used for within the last twelve months with consultation

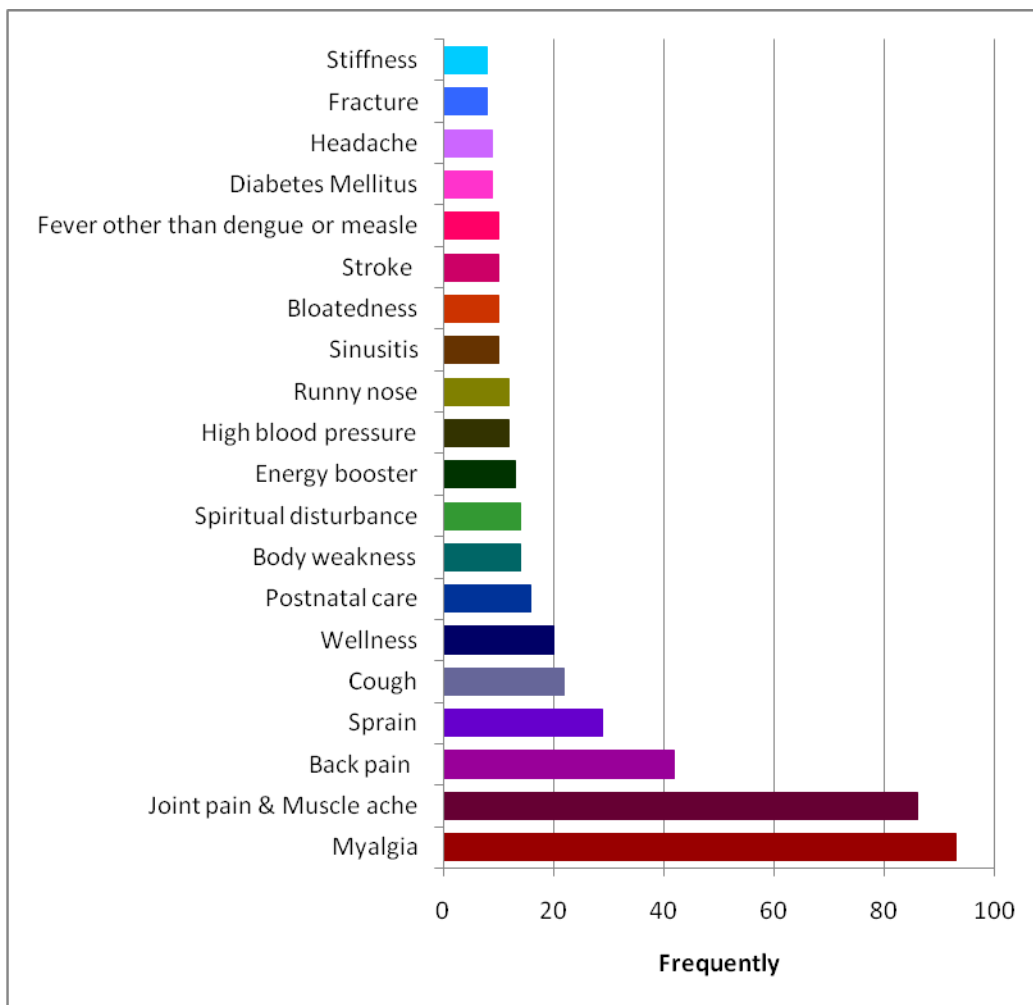


Figure 6: Twenty health problems for which T&CM practices were most frequently used for within the last twelve months with consultation

Table 7: The frequency of T&CM practices used for specific health problems within the last twelve months with consultation

Disease List (Code H)	Frequency	Disease List (Code H)	Frequency
Cardiovascular system		57 Body weakness	14
1 High blood pressure	12	58 Sciatica	0
2 Low blood pressure	2	59 Cervical spondylosis	1
3 Chest Pain	2	Nervous system	
4 Heart Disease	1	60 Stroke	10
5 Heart Failure	4	61 Parkinson disease	2
6 Hypercholesterolemia	3	62 Headache	9
Respiratory system		63 Migraine	3
7 Cough	22	64 Epilepsy	1
8 Runny nose	12	65 Insomnia	0
9 Sore throat	4	66 Anxiety disorder	0
10 Sinusitis	10	67 Depression	0
11 Pneumonia	1	68 Schizophrenia	0
12 Tuberculosis	0	69 Stress	3
13 Asthma	5	70 Dementia	0
14 Pleural effusion	1	71 Postpartum blues	0
Digestive system		Head and neck problem	
15 Nausea or vomiting	0	72 Eye sore	1
16 Gastritis	2	73 Eye swelling	0
17 Diarrhoea	3	74 Blurred vision	2
18 Constipation	0	75 Cataract	0
19 Abdominal Pain	2	76 Mouth Ulcer	1
20 Appendicitis	0	77 Dental problem	2
21 Bloating	10	78 Epistaxis	1
22 Worm Infestation	2	Skin problem	
23 Pile or Haemorrhoid	0	79 Scabies	1
24 Gastric Ulcer	1	80 Acne	1
Excretory system		81 Pityriasis versicolor	1
25 Kidney stone	1	82 Eczema	2
26 Urinary frequency	1	83 Psoriasis	0
27 Haematuria	0	84 Vitiligo	0
28 Urinary tract infection	0	85 Cellulitis	0
29 Prostate problem	0	86 Wound	0
30 Kidney disease	0	87 Burn	0

Disease List (Code H)	Frequency	Disease List (Code H)	Frequency
Endocrine system		88 Rashes	2
31 Diabetes Mellitus	9	89 Tinea infection	1
32 Thyroid disease	1	90 Urticaria	0
Reproductive system		91 Boils	3
33 Infertility	0	92 Scar	1
34 Family planning	1	93 Leprosy	0
35 Dysmenorrhea	4	94 Bald or alopecia	0
36 Menorrhagia	0	95 Dandruff	0
37 Fibroid	0	96 Lice	0
38 Miscarriage	3	97 Stay young or ageless	5
39 Pregnancy	1	98 Cancer	2
40 Post-natal care	16	99 AIDS	1
41 Sexual transmitted disease	0	100 Hepatitis	0
42 Hernia	0	101 Autoimmune disease	0
43 Menopause	1	102 Obesity	1
44 Irregular menstrual cycle	3	103 Substance abuse	1
45 Amenorrhea	0	104 Spiritual disturbance	14
Musculoskeletal system		105 Energy booster	13
46 Fracture	8	106 Body slimming	3
47 Sprain	29	107 Bleeding tendency	2
48 Joint pain & Muscle ache	86	108 Dengue fever	0
49 Gouty arthritis	4	109 Measles	1
50 Swelling	3	110 Malaria	0
51 Back pain	42	111 Jaundice	0
52 Back pain	7	112 Herpes Zoster	0
53 Stiffness	8	113 Wellness	20
54 Osteoporosis	2	114 Fever other than dengue or measles	10
55 Arthritis	2	115 Others	13
56 Myalgia	93		

3.3 Conclusion

The reason for the use of T&CM practices was mainly to maintain wellness while the use as treatment was still low. For those who seek T&CM practices as a treatment, the percentage of use as primary treatment or complementary treatment were almost equivalent. The number of people who used T&CM as an alternative treatment without seeking treatment in conventional medicine is less than 20%. The availability of conventional medicine in primary healthcare system in Malaysia may play a role as more clinics have been set-up and made accessible to the public within the last decade.

Malaysian population are most likely to use T&CM for health problems related to musculoskeletal system problems such as myalgia, joint pain & muscle ache and back pain. This is similar to the reported reason for T&CM use worldwide.(9, 10) In USA, a study reported back pain, joint pain and other musculoskeletal problems as top reasons to use T&CM by adults.(9) In 1998, Astin also found that T&CM was used mostly for back problems.(11) There was a small percentage of population who reported the use of T&CM practice for chronic health problems. It has been reported that diabetic patients used T&CM because they needed more control on their disease (47%), dissatisfaction with conventional medicines for diabetes with regards to the side-effects (34.1%) and efficacy (16.6%).(12) Interestingly, there was no reported use of T&CM in acute problems.

4. PLACES WHERE THE T&CM PRACTICES WERE OBTAINED

4.1 Objective

To determine the place where the T&CM practices were obtained

4.2 Findings

The result discussed in this section focused on the place where the T&CM practices that is obtained with consultation.

In this survey, the seven (7) facilities have been identified in providing T&CM practices are government health facilities, private health facilities, T&CM practitioner's premise of practice, T&CM practitioner's house, user's house, pharmacy, kiosk or sales agent, and others.

Those who used traditional Malay massage and cupping received treatment at the practitioner's house (53.35% and 37.00% respectively) while the use of Malay herbs was reported to be mainly at the user's house (26.80%) (Table 8).

Table 8: Places where Traditional Malay Medicine practice were obtained within the last twelve months with consultation

Facilities	Malay herbs		Malay massage		Cupping	
	n	(%)	n	(%)	n	(%)
Government health facility / practitioner	4	2.06	6	0.76	0	-
Private health facility / practitioner	4	2.06	14	1.77	9	9.00
T&CM practitioner's premise of practice	45	23.20	82	10.37	31	31.00
T&CM practitioner's house	41	21.13	422	53.35	37	37.00
User's own house	52	26.80	248	31.35	19	19.00
Pharmacy	13	6.70	4	0.51	0	-
Kiosk / Sales agent	26	13.40	5	0.63	3	3.00
Others	9	4.64	10	1.26	1	1.00

Most of the traditional Chinese medicine users obtained Chinese herbs (76.14%), acupuncture and moxibustion (61.11%), Chinese cupping (47.83%) and tuina (37.93%) at the T&CM practitioner’s premises (Table 9).

Table 9: Places where the Traditional Chinese Medicine practice were obtained within the last twelve months with consultation

Facilities	Chinese Herbs		Acupuncture & Moxibustion		Tuina		Chinese cupping		Qi gong	
	n	%	n	%	n	%	n	%	n	%
Government health facility / practitioner	1	0.57	0	-	0	-	1	4.35	0	-
Private health facility / practitioner	6	3.41	6	16.67	14	24.14	3	13.04	0	-
T&CM practitioner's premise of practice	134	76.14	22	61.11	22	37.93	11	47.83	1	12.50
T&CM practitioner's house	13	7.39	6	16.67	15	25.86	3	13.04	2	25.00
User’s own house	7	3.98	1	2.78	3	5.17	5	21.74	3	37.50
Pharmacy	5	2.84	0	-	1	1.72	0	-	0	-
Kiosk / Sales agent	7	3.98	0	-	3	5.17	0	-	0	-
Others	3	1.70	1	2.78	0	0.00	0	-	2	25.00

Similarly, traditional Indian medicine users received services of Ayurvedic practices at the practitioner’s premises (60.00%). Yoga and naturopathy users received the services at their own house (43.75%) and private health facilities (31.25%).(Table 10).

Table 10: Places where the Traditional Indian Medicine practice were obtained within the last twelve months with consultation

Facilities	Ayurveda		Yoga and naturopathy	
	n	%	n	%
Government health facility / practitioner	0	-	0	-
Private health facility / practitioner	0	-	5	31.25
T&CM practitioner's premise of practice	3	60	3	18.75
T&CM practitioner's house	0	-	1	6.25
User's own house	2	40	7	43.75
Pharmacy	0	-	0	-
Kiosk / Sales agent	0	-	0	-
Others	0	-	0	-

Homeopathy users mainly received the services at the practitioner's premises (44.00%) and private health facilities (24.00%). Meanwhile the users of Islamic medical practices mainly seek the services at practitioner's house (51.43%) and premises (28.57%) (Table 11).

Table 11: Places where the Homeopathy and Islamic Medical Practice were obtained within the last twelve months with consultation

Facilities	Homeopathy		Islamic Medical Practice	
	n	%	n	%
Government health facility / practitioner	0	-	1	1.43
Private health facility / practitioner	6	24.00	4	5.71
T&CM practitioner's premise of practice	11	44.00	20	28.57
T&CM practitioner's house	2	8.00	36	51.43
User's own house	1	4.00	7	10.00
Pharmacy	3	12.00	0	-
Kiosk / Sales agent	2	8.00	0	-
Others	0	-	2	2.86

In complementary therapy practices, most of the users received manipulative and biological-based therapies. Massages in the complementary group (i.e. Swedish, Thai, Balinese, Javanese, and Shiatsu) and reflexology services were mainly obtained from T&CM practitioner’s premises (62.86% and 43.64% respectively). The biological-based therapies, aromatherapy (58.33%) and nutritional therapy (40.00%), were also provided at the premises of T&CM practitioners (Table 12 and Table 13).

Table 12: Places where the T&CM Complementary Medicine I practices were obtained within the last twelve months with consultation

Facilities	Chiropractic		Reflexology		Osteopathy		Complementary group of massage (Therapeutic/Swedish/Thai/Balinese/Javanese/Shiatsu massage)		Reiki	
	n	%	n	%	n	%	n	%	n	%
Government health facility / practitioner	0	-	0	-	0	-	0	-	0	-
Private health facility / practitioner	2	66.67	10	18.18	0	-	4	11.43	0	-
T&CM practitioner's premise of practice	0	-	24	43.64	1	50.00	22	62.86	1	50.00
T&CM practitioner's house	1	33.33	7	12.73	0	-	5	14.29	0	-
User's own house	0	-	8	14.55	1	50.00	4	11.43	1	50.00
Pharmacy	0	-	1	1.82	0	-	0	-	0	-
Kiosk / Sales agent	0	-	3	5.45	0	-	0	-	0	-
Others	0	-	2	3.64	0	-	0	-	0	-

Table 13: Places where the T&CM Complementary Medicine II practice obtained within the last twelve months with consultation

Facilities	Aura metaphysic		Colour vibration therapy		Aromatherapy		Nutritional therapy		Hypnotherapy		Psychotherapy	
	n	%	n	%	n	%	n	%	n	%	n	%
Government health facility / practitioner	0	-	0	-	0	-	0	-	0	-	1	100.00
Private health facility / practitioner	0	-	0	-	4	33.33	0	-	0	-	0	-
T&CM practitioner's premise of practice	0	-	0	-	7	58.33	2	40.00	1	100.00	0	-
T&CM practitioner's house	0	-	0	-	0	-	0	-	0	-	0	-
User's own house	1	100.00	0	-	1	8.33	1	20.00	0	-	0	-
Pharmacy	0	-	0	-	0	-	1	20.00	0	-	0	-
Kiosk / Sales agent	0	-	0	-	0	-	1	20.00	0	-	0	-
Others	0	-	2	3.60	0	-	0		0	-	0	-

4.3 Conclusion

The findings showed that users obtained T&CM practices at various facilities depending on the practices offered. The services of traditional Chinese medicine, traditional Indian medicine, homeopathy and complementary therapies were mainly obtained at the practitioner's premise. On the other hand, traditional Malay medicine services, Malay massage and Malay herbs in particular, were provided at the practitioner's house and the users own house. This information will assist the authority to monitor the practitioner at the exact place of service provision.

Currently, T&CM services are available in 13 government hospitals. The hospitals are 1) Hospital Kepala Batas, Pulau Pinang; 2) Hospital Sultanah Bahiyah, Alor Setar; 3) Hospital Putrajaya, Putrajaya; 4) Hospital Rehabilitasi Cheras, Kuala Lumpur; 5) National Cancer Institute, Putrajaya; 6) Hospital Port Dickson; 7) Hospital Sultan Ismail, Johor Bharu; 8) Hospital Sultanah Hajjah Kalsom, Cameron Highlands; 8) Hospital Sultanah Nur Zahirah, Kuala Terengganu; 9) Hospital Perempuan Raja Zainab II, Kota Bharu; 10) Hospital Jasin, Melaka; 11) Hospital Umum Sarawak, Sarawak; 12) Hospital Duchess of Kent, Sabah; and 13) Hospital Likas, Sabah. However only five main services are offered which are Malay massage, Malay postnatal care, acupuncture, Chinese herbal therapy, and Shirodhara.(13) The government hospital had the least reported usage of T&CM services due to the selected practices and limited indication of disease treatment.

Currently in the hospital scenario, very few private hospitals offer T&CM services and this is reflected by the result in this study where only traditional Chinese medicine was reported to be obtained there.

Some other forms of T&CM practices are not yet integrated with modern medicine delivery in Malaysia, and is only delivered in private facilities, premises and houses like a few other countries such as Cambodia, USA, Canada and Australia.(14-16)

5. PAYMENT

5.1 Objective

To determine the amount of expenditure and the amount the public are willing to pay for the T&CM practices

5.2 Findings

The result discussed in this section focused on the T&CM practices that is obtained with consultation.

5.2.1 Amount of expenditure and amount the public were willing to pay

In traditional Malay medicine, a wide range of payment was reported for both the amount that the respondent paid for example Malay herbs (RM2 - RM2000), and the amount they were willing to pay (RM0 – RM2000) but the median values were RM30 and RM20 respectively. The difference between the amount paid and willing to pay for Malay herbs was only RM10. Meanwhile, for Malay massage and cupping there were no difference between these two reported amounts (Figure 7 and Table 14).

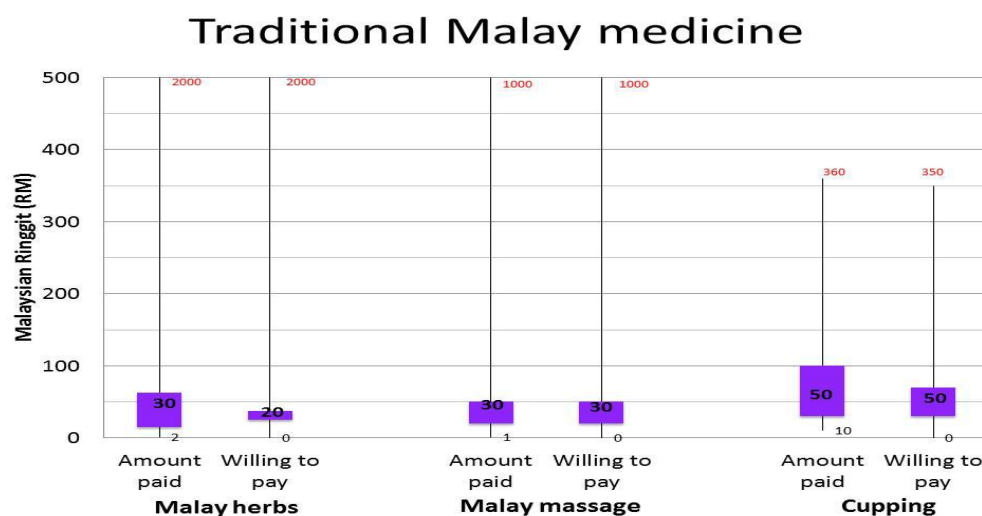


Figure 7: Amount paid and willing to pay for traditional Malay medicine

Traditional Chinese medicine also reported a wide range of amount paid for example tuina (RM12 – RM2400) and amount willing to pay (RM0- RM2000). However, the median amount paid and willing to pay was RM60 and RM50 respectively (Figure 8).

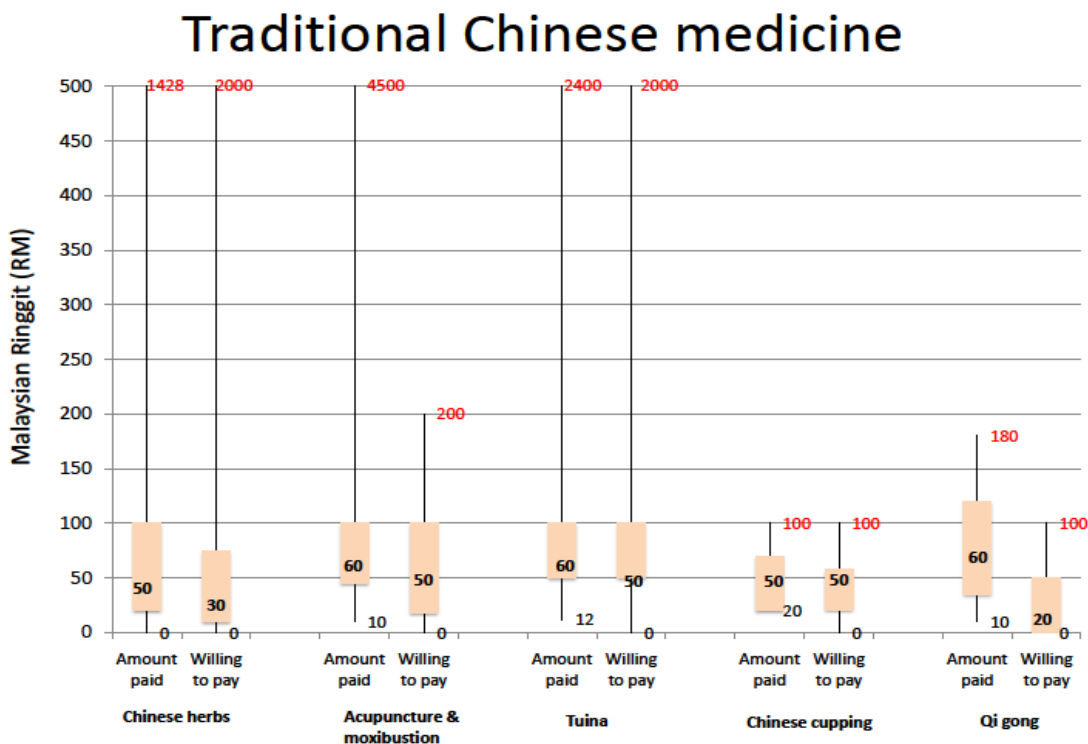


Figure 8: Amount paid and willing to pay for traditional Chinese medicine

The median amount paid for Ayurveda was higher at RM240 but the range was narrower (RM180 – RM300). The median amount that they are willing to pay was RM100. For yoga and naturopathy practices, the median amount paid was RM140 while the willingness to pay was only RM20 (Figure 9 and Table 14).

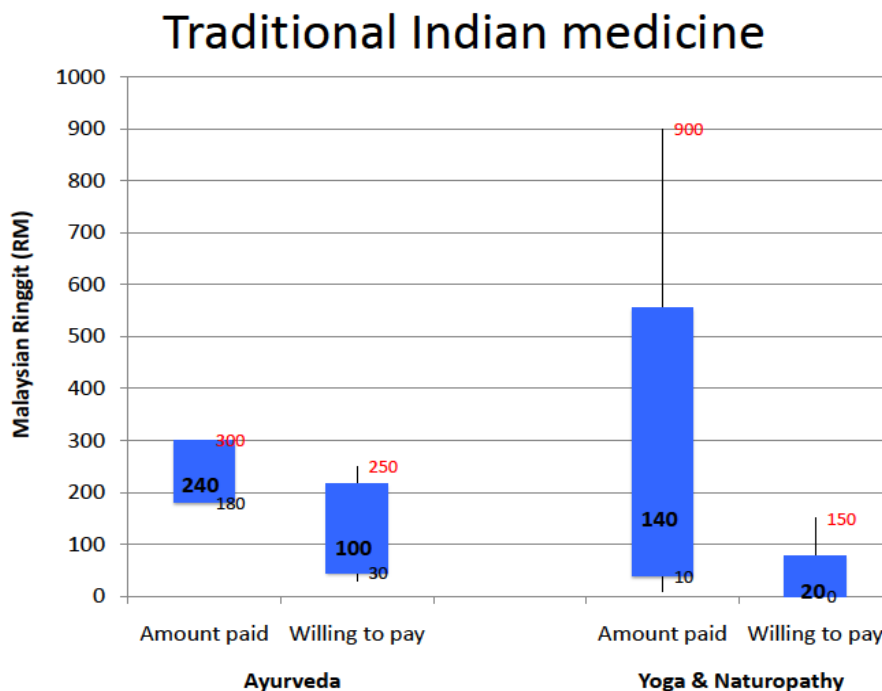


Figure 9: Amount paid and willing to pay for traditional Indian medicine

For homeopathy, the users were willing to pay more (median RM65) as to what they have paid (median RM50) (Figure 10 and Table 14). Meanwhile for Islamic medical practice, the median amount paid is similar with the amount they were willing to pay (median: RM20).

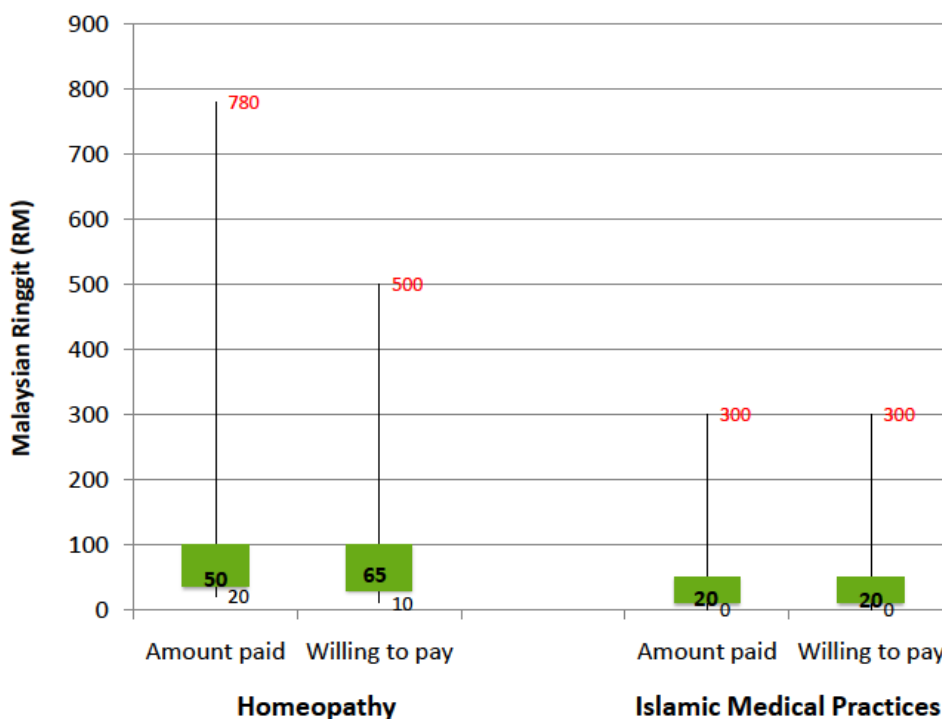


Figure 10: Amount paid and willing to pay for Homeopathy and Islamic medical practices

The expenditure of the services paid by the users for complementary therapies varies. In manipulative therapies, the median of the amount paid for complementary massage was RM60 with a range from RM10 - RM1440, as the median amount of willing to pay was RM53 ranging from RM0 - RM500. For reflexology, users paid between RM0 - RM2500 with median RM40 but they were willing to pay between RM0 - RM500 with a median of RM30 (Figure 11 and Table 14).

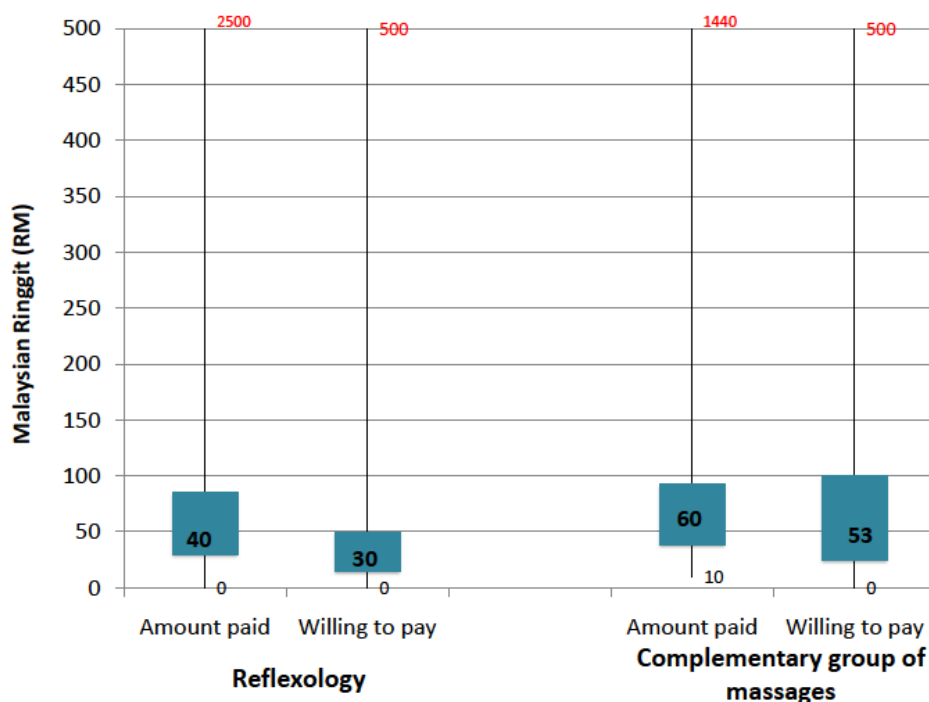


Figure 11: Amount paid and willing to pay for reflexology and complementary group of massages

In biological based therapies, the median of the amount paid for nutritional therapy was RM180 with range from RM10 - RM420, as the median amount of willing to pay was RM30 ranging from RM0 - RM369. Interestingly for aromatherapy, users paid between RM15-RM550 with median amount of RM58 but they were willing to pay more than the amount they had paid which ranged between RM0 - RM600 with median amount of RM100 (Figure 12 and Table 14).

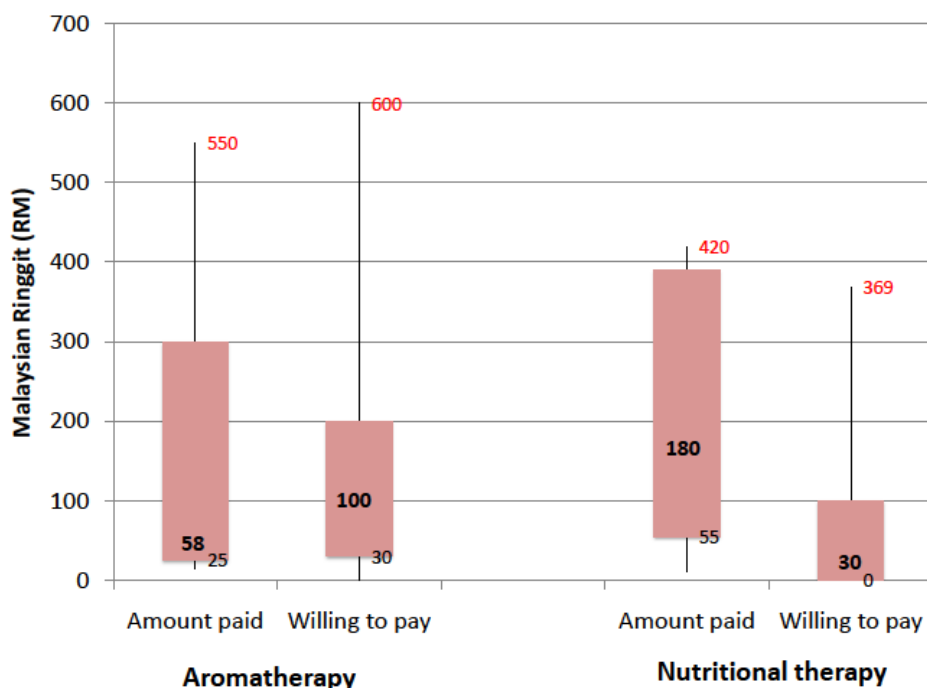


Figure 12: Amount paid and willing to pay for aromatherapy and nutritional therapy

Table 14: Amount of expenditure for services of T&CM and the amount the users are willing to pay

Sociodemographic Characteristics	Amount paid (RM)				Willing to pay (RM)				
	Median	Q3	Max	Min	Q1	Median	Q3	Max	Min
Malay herbs	30	62	2000	1.6	15	20	50	2000	0
Malay massage	30	50	1000	1	20	30	50	1000	0
Malay cupping	50	100	360	10	30	50	70	350	0
Chinese herbs	50	100	1428	0	20	30	75	2000	0
Acupuncture and moxibustion	60	100	4500	10	45	50	100	200	0
Tuina	60	100	2400	12	50	50	100	2000	0
Chinese cupping	50	70	100	20	20	50	58	100	0
Qi gong	60	120	180	10	35	20	50	100	0
Ayurveda	240	300	300	180	180	100	215	250	30
Siddha	-	-	-	-	-	-	-	-	-
Unani	-	-	-	-	-	-	-	-	-
Yoga and naturopathy	140	555	900	10	39	15	78	150	0
Homeopathy	50	100	780	20	35	65	100	500	10
Islamic Medical Practice	20	50	300	0	10	20	50	300	0
Chiropractic	95	648	1200	60	78	100	175	250	60
Reflexology	40	85	2500	0	30	30	50	500	0
Osteopathy	-	-	-	-	-	150	250	250	50
Complementary group of massages (Therapeutic/Swedish/Thai/Balinese/Javanese /Shiatsu massage)	60	93	1440	10	39	52.5	100	500	0
Reiki	-	-	-	-	-	-	-	-	-
Aura metaphysic	-	-	-	-	-	-	-	-	-
Colour vibration therapy	-	-	-	-	-	-	-	-	-
Aromatherapy	58	300	550	15	25	100	200	600	0
Nutritional therapy	180	390	420	10	55	30	100	369	0
Supplementary product	120	300	3600	0	60	60	100	5000	0
Hypnotherapy	-	-	-	-	-	-	-	-	-
Psychotherapy	-	-	-	-	-	-	-	-	-

5.3 Conclusion

The types of practices offered in the urban areas were more compared to the rural areas. Availability and accessibility of the services plays a major role.(17) On an individual level, a certain number of the population had paid a higher amount of fee compared to what they were willing to pay. However, the median values of out-of-pocket expenditure for the majority of T&CM practices were below RM60. This seemed to be an affordable value to the users as the median amount that they are willing to pay were nearly similar.

Generally, the main concept of traditional medicine was based on the willingness to help within the community with no expectations of payment. For example, in the Malay culture where it is dependent on the religious element, Muslims believe in the sense of sympathy, empathy and respect of the rights of those who are in need.(18, 19) These virtues were also seen in other groups of T&CM practices.

Looking into the manipulative based practices that consist of Malay massage, tuina and complementary group of massages, the median amount paid were RM30, RM60 and RM60 respectively. While the median amount that users are willing to pay were RM30, RM50 and RM53 respectively. Therefore, this information may be useful to establish a standard blanket fee for similar concept of practices.

In conclusion, this finding gives valuable information for policy makers to aim for better mechanism of service charge for respective T&CM practices.

6. SUPPLEMENTARY PRODUCTS

Supplementary products refer to products that are intended to supplement the diet taken orally in forms such as pills, capsules, tablets, liquids or powders and are not represented as conventional food or as a sale item of a meal or a diet. The use of supplementary products is not part of the practice in traditional and complementary medicine. However, it is documented as to differentiate between herbal medicine and supplementary products.

In Table 5, the use of supplementary products within the last twelve months with consultation was 30.99% (95% CI: 27.79 - 34.37). The main users (85.52%) were the urban population and 82.2% of them used the supplements to maintain wellness (Table 6). The median amount of expenditure for supplementary products is higher (median: RM120) than the amount that they willing to pay (median: RM60) (Figure 12).

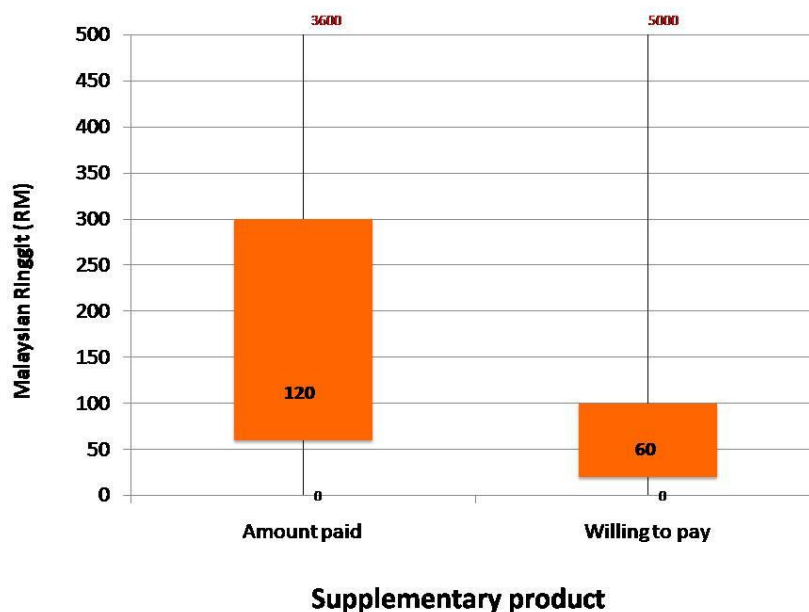


Figure 123: Amount paid and willing to pay for supplement products

Most of the supplementary products were obtained from pharmacies (44.86%) and kiosk or sales agent (31.17%) (Table 15).

Table 15: Places where supplementary products were obtained within the last twelve months with consultation

Facilities	Supplementary Products	
	n	%
Government health facility / practitioner	10	1.8
Private health facility / practitioner	30	5.41
T&CM practitioner's premise of practice	55	9.91
T&CM practitioner's house	12	2.16
Pharmacy	249	44.86
Kiosk / Sales agent	173	31.17
Others	26	4.68

Conclusion

This study showed that supplementary products were abundantly consumed by the Malaysian population. In comparison to the other T&CM practices, supplementary products usage was the second highest (Table 5).

According to the legislation in Malaysia, supplementary products per say did not fall under the jurisdiction of T&CM Act 2013. Nevertheless, public perceived it as part of T&CM. Majority of the supplementary products are available as over-the-counter products either in the form of dietary supplements or natural product supplements, excluding the herbal remedies. The registration and monitoring of the dietary supplements should be addressed by relevant authorities as this study showed a high number of supplementary products users in Malaysia.

Worldwide, the increase in the use of supplementary products ranged between 40 to 60%. (20-24) The result in this study showed that the reason for used is to maintain wellness which is similarly reported in the United States and Kuwait.(22-24) Users were willing to pay out-of-pocket as they believed the benefits from the supplementary products. This also showed that the Malaysian population has an awareness regarding their healthcare. However, the risks and benefits of the long term usage of supplements are not much known. The potential health impacts on self-treatment need to be looked into with better health educational programmes.(22, 23, 25)

REFERENCES

- 1- Siti ZM, Tahir A, Farah AI, Fazlin SMA, Sondi S, Azman AH, et al. Use of traditional and complementary medicine in Malaysia: a baseline study. *Complementary therapies in medicine*. 2009 10//;17(5-6):292-9.
- 2- Xue CC, Zhang AL, Lin V, Da Costa C, Story DF. Complementary and alternative medicine use in Australia: a national population-based survey. *J Altern Complement Med*. 2007 Jul-Aug;13(6):643-50. PubMed PMID: 17718647. Epub 2007/08/28. eng.
- 3- Yamashita H, Tsukayama H, Sugishita C. Popularity of complementary and alternative medicine in Japan: a telephone survey. *Complementary therapies in medicine*. 2002 Jun;10(2):84-93. PubMed PMID: 12481956.
- 4- **Traditional and Complementary Medicine Act 2013, Law of Malaysia(2013)**
- 5- WHO. WHO traditional medicine strategy: 2014-2023. Geneva: 2013.
- 6- L K. Survey Sampling. . New York: John Wiley and Sons, Inc.; 1965.
- 7- Srinivasan R, Sugumar VR. Spread of Traditional Medicines in India: Results of National Sample Survey Organization's Perception Survey on Use of AYUSH. *Journal of evidence-based complementary & alternative medicine*. 2015 Oct 4. PubMed PMID: 26438717. Epub 2015/10/07. Eng.
- 8- Tainya C. Clarke, Lindsey I. Black, Barbara J. Stussman, Patricia M. Barnes, Nahin RL. National health statistic reports. Hyattville, MD: National Center for Health Statistics, 2015 Contract No.: 79.
- 9- Barnes PM, Bloom B, R. N. CDC National Health Statistics Report #12. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. December 2008.2008.Available from:<https://nccih.nih.gov/sites/nccam.nih.gov/files/camuse.pdf>.
- 10- Barnes PM, Powell-Griner E, McFann K, Nahin RL. Complementary and alternativeN medicine use among adults: United States, 2002. Advance data. 2004 May 27(343):1-19. PubMed PMID: 15188733.
- 11- Astin JA. Why patients use alternative medicine: Results of a national study. *JAMA*. 1998;279(19):1548-53.
- 12- Huri HZ, Lian GTP, Hussain S, Pendek R, Widodo RT. A survey amongst complementary alternative medicine (CAM) users with type 2 diabetes. *Int J Diabetes & Metabolism*. 2009;17:9-15.
- 13- Division TaC. Hospital integrasi: Traditional and Complementary Division; 2015 [accessed November 6, 2015]. Available from: http://tcm.moh.gov.my/v4/bmelayu/modules/mastop_publish/?tac=15
- 14- Division TaC. Homepage: Traditional and Complementary Division; 2015 [accessed October 30, 2015]. Available from: <http://tcm.moh.gov.my/v4/>.

- 15- Region WP. Cambodia Health Service Delivery Profile. (n.d.): World Health Organization; [accessed October 30, 2015]. Available from: http://www.wpro.who.int/health_services/service_delivery_profile_cambodia.
- 16- Zhang AL, Changli Xue C, Fong HHS. Integration of Herbal Medicine into Evidence-Based Clinical Practice: Current Status and Issues. In: Benzie IFF, Wachtel-Galor S, editors. Herbal Medicine: Biomolecular and Clinical Aspects. Boca Raton FL: Llc.; 2011.
- 17- Yen ST, Chang HH, Lin T-F. Out-of-pocket expenditures on traditional and Western medicine in Taiwan. *Int J Public Health*. 2013;58:583 - 92.
- 18- Alatas SH, editor Islam dan Kebudayaan Melayu. Seminar Peradaban Islam Se-Malaysia;; 15-17 Julai 1967; Kolej Islam Petaling Jaya.
- 19- Jeannot Abdul Karim KAR. Measuring Malay Values: An Exploratory Study. *Akademika* 2012;82(1):113-23.
- 20- McEachrane-Gross FP, Liebschutz JM, Berlowitz D. Use of selected complementary and alternative medicine (CAM) treatments in veterans with cancer or chronic pain: a cross-sectional survey. *BMC Complementary and Alternative Medicine*. 2006;6:34.
- 21- Altizer KP, Nguyen HT, Neiberg RH, Quandt SA, Grzywacz JG, Lang W, et al. Relationship Between Nonprescribed Therapy Use for Illness Prevention and Health Promotion Health-Related Quality of Life. *Journal of Applied Gerontology*. 2014;33(4):456 - 73.
- 22- Awad A, Al-Shaye D. Public awareness, patterns of use and attitudes toward natural health products in Kuwait: a cross-sectional survey. *BMC complementary and alternative medicine*. 2014;14(1):105.
- 23- Stussman BJ, Black LI, Barnes PM, Clarke TC. Wellness-related use of common complementary health approaches among adults: United States, 2012 Hyattsville, MD: National Center for Health Statistics, 2015 Contract No.: 85.
- 24- Neuhouser ML. Dietary supplement use by American women: challenges in assessing patterns of use, motives and costs. *The Journal of nutrition*. 2003;133(6):1992S-6S.
- 25- Alavi NM, Alami L, Taefi S, Gharabagh GS. Factor analysis of self-treatment in diabetes mellitus: a cross-sectional study. *BMC public health*. 2011;11(1):761.

Appendix 1: Definition and Description of Practices

A. Penggunaan Perubatan Tradisional dan Komplementari (PT&K)

Use of Traditional and Complementary Medicine (T&CM)

BIL.	TERMINOLOGI	DEFINISI/ KETERANGAN
1	Perubatan Tradisional dan Komplementari (PT&K)	Satu bentuk amalan berkaitan kesihatan untuk mencegah, merawat atau membendung penyakit atau mengekalkan kesejahteraan mental dan fizikal individu merangkumi amalan perubatan tradisional Melayu, perubatan tradisional Cina, perubatan tradisional India, Homeopati, penguatan Islam dan terapi komplementari, tetapi tidak termasuk amalan perubatan dan pergigian yang masing-masing digunakan oleh pengamal perubatan dan pengamal pergigian. -AKTA PERUBATAN TRADISIONAL & KOMPLEMENTARI 2013 (AKTA 756)-
	<i>Traditional and Complementary Medicine (T&CM)</i>	<i>A form of health-related practice designed to prevent , treat or manage ailment or illness or preserve the mental and physical well-being of an individual and includes such practices as traditional Malay medicine, traditional Chinese medicine, traditional Indian medicine, homeopathy, Islamic medical practice and complementary therapies, but excludes medical and dental practices used by a medical and dental practitioner respectively.</i> -TRADITIONAL & COMPLEMENTARY MEDICINE ACT 2013 (ACT 756)-
2	Perubatan Tradisional	Perubatan tradisional memiliki sejarah yang panjang . Ia merangkumi keseluruhan pengetahuan, kemahiran, amalan berdasarkan teori, fahaman dan pengalaman asal pelbagai kebudayaan, sama ada boleh dijelaskan atau tidak, yang digunakan dalam mengekalkan kesihatan disamping mencegah, diagnosis, peningkatan atau perawatan penyakit fizikal dan mental.
	<i>Traditional Medicine</i>	<i>Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.</i> -WHO TRADITIONAL MEDICINE STRATEGY 2014-2023-

3	Perubatan Komplementari	Istilah “perubatan komplementari” atau “perubatan alternatif” merujuk kepada kumpulan amalan kesihatan yang meluas yang bukan sebahagian daripada perubatan tradisi atau konvensional sesebuah negara dan tidak juga diintegrasikan secara sepenuhnya ke dalam sistem penjagaan kesihatan yang dominan.
	<i>Complementary Medicine</i>	<i>The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries.</i> <i>-WHO TRADITIONAL MEDICINE STRATEGY 2014-2023</i>
4	Pengamal Perubatan Tradisional dan Komplementari <i>Traditional and Complementary Medicine Practitioner</i>	Pengamal perubatan PT&K ialah seorang yang memberi perkhidmatan PT&K sama ada melalui konsultasi, rawatan atau ubat-ubatan. <i>A T&CM practitioner is a person who practises T&CM by providing either consultation, treatment or medication.</i>
5	Pernahkah anda mendapatkan rawatan PT&K <i>Ever use T&CM</i>	Use of T&CM in a life time. Pernah menggunakan amalan PT&K di dalam kehidupan.
6	Adakah anda mendapatakan rawatan PT&K pada 12 bulan yang lepas	<i>Respondent use T&CM within the last 12 months starting from the month of interview.</i>
	<i>Have you use T&CM for the past 12 months</i>	Responden ada menggunakan PT&K dalam masa 12 bulan sebelum tarikh temuramah.
7	Amalan PT&K <i>T&CM practise</i>	<i>T&CM practises which recognised by Ministry of Health Malaysia</i> Amalan PT&K yang diiktiraf oleh Kementerian Kesihatan Malaysia.

B. Bidang Amalan Perubatan Tradisional dan Komplementari


Traditional and Complementary Medicine Practice Areas


1. Perubatan Tradisional Melayu


Perubatan tradisional yang berasaskan pengetahuan orang Melayu secara turun temurun.




Traditional Malay Medicine


Traditional Malay medicine is based on knowledge inherited from generation to generation among the Malay community.

BIL. No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
a.	Urut Melayu	<p>Urut adalah teknik yang melibatkan manipulasi tisu-tisu badan bagi meningkatkan kesihatan.</p> <p>Urut Melayu adalah teknik urutan yang terdiri daripada menguli, mengusap dan menekan dengan menggunakan tangan serta aplikasi sedikit minyak urut berasaskan herba sebagai media untuk melancarkan urutan. Pengamal akan menggunakan jari, tapak tangan, siku dan/atau kaki ketika mengurut untuk memberi tekanan mekanikal yang berterusan. Terdapat juga pengamal yang menggunakan alat bantuan bagi mengurut seperti kayu kecil, sikat, tanduk dan lain-lain. Aktiviti ini akan diakhiri dengan gerakan regangan. Urut Melayu kadangkala melibatkan bacaan doa.</p> <p>Urutan akan memberi tumpuan kepada manipulasi otot dan/atau tisu di sekitar kawasan urutan. Ini agar dapat merangsang sistem lain dalam badan seperti sistem limfa, sistem peredaran darah dan sistem saraf. Secara langsung dapat memberi kesan terapeutik seperti meningkatkan aliran darah; melegakan kesakitan dan kekejangan otot; dan pemulihan keseluruhan tubuh badan atau sebahagian daripadanya.</p> <p>Terdapat beberapa jenis urutan khusus lain yang dijalankan seperti berikut:</p> <p>i. Urut selepas bersalin: urutan yang dilakukan ke atas ibu selepas bersalin yang juga dilakukan bersama mandian herba, rawatan bertungku dan berbengkung.</p>	



	<p>Malay massage</p>	<p>ii. Urut patah: urutan kawasan patah dengan cara menepuk, menggosok, regangan bersama dengan bacaan doa. Terdapat juga pengamal yang dengan menjalankan teknik tersebut ke atas objek (seperti tulang ayam, lidi kelapa, rotan) sebagai simbolik/mewakili tulang yang patah serta terdapat juga yang mengamalkan penggunaan air penawar.</p> <p>iii. Urut terapeutik: urut di bahagian tertentu badan yang mengalami kesakitan/masalah.</p> <p>iv. Urut tenaga batin: urut yang melibatkan bahagian tertentu badan untuk meningkatkan fungsi sistem reproduktif.</p> <p><i>Massage is a technique of manipulation of soft tissues to enhance general well being.</i></p> <p><i>Urut Melayu (Malay massage) is a massage technique comprising of kneading, stroking and pressing with hands and an application of herbal oils to ease the massage. The practitioner uses his/her thumbs, palms, elbows and/or feet in applying a sustained mechanical pressure during massage. There are also some practitioners that opt for a massage tool such as a wooden stick, comb, horn and other forms of tools, used as an aid during the massage. This activity will end with stretching movements. Urut Melayu sometimes involves recitation of prayers.</i></p> <p><i>It focuses on manipulation of the muscle and/or surrounding soft tissue to stimulate other systems in the body such as lymphatic, circulatory and nervous system. Such manoeuvres promote therapeutic effects such as increasing blood flow, relieving pain and muscle spasm; and rehabilitation of the whole body or part of it.</i></p> <p><i>There are several other types of Malay massage such as follows:</i></p> <p><i>i. Postnatal massage: massage performed on mothers during the confinement period inclusive of herbal bath, bertungku (body heat compression) and berbengkung (body wrapping).</i></p>	
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		<p>ii. Urut patah: also known as bone setter. This massage technique is specific for broken bones done by patting, rubbing, stretching along the bone while reciting prayers. There are also practitioners who perform this technique on an object (such as chicken bone, skewer, cane etc.) as a symbolic representative of broken bones. Some also practise the usage of healing water (performed by prayer recitation).</p> <p>iii. Therapeutic massage: massaging a specific area of the body affected by pain or an illness.</p> <p>iv. Reproductive vitality enhancement massage: massage involving specific part of the body to improve the functionality of the reproductive system.</p>	
<p>b.</p>	<p>Herba Melayu</p> <p><i>Malay herbs</i></p>	<p>Herba yang digunakan dalam perubatan tradisional Melayu sebagai ubatan sampingan untuk melengkapi rawatan penyakit atau memulihkan kesejahteraan berasaskan kepercayaan masyarakat Melayu. Herba boleh terdiri daripada mana-mana bahagian pokok seperti akar, daun atau batang, sama ada dalam bentuk kering atau segar.</p> <p><i>Herbs are used as a complement therapy in traditional Malay medicine based on the Malay community beliefs in the treatment of a disease or enhancement of wellness. It may consist of any part of a plant such as root, leaf or stem, either dry or fresh.</i></p>	
<p>c.</p>	<p>Bekam</p>	<p>Bekam adalah satu bentuk amalan perubatan tradisional yang terdapat dalam pelbagai budaya.</p> <p>Bekam melibatkan penggunaan cawan bekam yang mengandungi udara bertekanan rendah (vakum) dan diletakkan pada kulit di bahagian tertentu badan. Vakum boleh dihasilkan dengan menggunakan kaedah pemanasan (api) atau peralatan dengan sedutan mekanikal. Udara pada kawasan kulit yang dilitupi oleh cawan bekam akan disedut secara perlahan-lahan. Bekam dipercayai dapat meningkatkan peredaran darah dan merangsang pemulihan.</p>	


	Cupping	<p>Terdapat 2 jenis bekam iaitu:</p> <p><u>Bekam kering/bekam angin</u></p> <p>Kaedah di mana cawan bekam yang divakumkan diletak di bahagian tertentu badan. Setiap cawan bekam akan dibiarkan selama 10-15 minit di atas kulit, atau sehingga kulit di kawasan cawan kelihatan kemerahan. Ia tidak dilakukan sekiranya terdapat sebarang luka pada bahagian kulit tersebut.</p> <p><u>Bekam basah</u></p> <p>Kulit di bahagian yang dikenal pasti akan dilukakan sedikit dengan menggunakan skalpel steril sebelum cawan bekam diletak dan divakum di kawasan tersebut. Kulit dan darah di kawasan itu akan disedut secara perlahan ke dalam cawan bekam. Setiap cawan bekam akan dibiarkan selama 10-15 minit di atas kulit, atau sehingga sejumlah darah terkumpul dalam cawan bekam. Setiap prosedur hanya boleh menyedut keluar tidak melebihi 10ml/kg darah (contohnya, untuk seorang dengan berat 45 kg, kehilangan darah adalah sebanyak 450 ml atau kurang). Kehilangan darah yang dibenarkan bagi setiap prosedur adalah maksimum 450 ml. Darah yang terkumpul kemudiannya akan dibuang sebagai sisa klinikal.</p> <p>Bekam yang dilakukan oleh pengamal perubatan tradisional Melayu biasanya tidak disertakan dengan amalan lain seperti penggunaan herba.</p> <p><i>Cupping is a form of traditional medicine practice found in many cultures worldwide.</i></p> <p><i>Cupping involves the use of cups containing low-pressure air (vacuum) placed on the skin, at certain parts of the body. The vacuum can be generated using the heating method (fire) or mechanical suction. The underlying skin will be sucked slowly into the cupping cup. It is believed to improve blood circulation and stimulate recovery.</i></p>	  
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		<p>There are two forms of cupping:</p> <p><u>Dry cupping</u></p> <p>The method in which the vacuum cupping cup is placed on certain parts of the body. Each cup stays on the skin for 10-15 minutes, or until the skin site begins to appear reddish. It is not carried out if there are any cuts on the skin.</p> <p><u>Wet cupping</u></p> <p>A small superficial skin incision is made using a sterile scalpel before the cup is applied on the skin. Skin and blood will be sucked slowly into the cup after pressure is applied. Each cup is left on the skin for 10-15 minutes, or up till a certain amount of blood is accumulated into the cup. Each procedure should not extract more than 10 ml/kg of blood (e.g. in a person weighing 45 kg, blood loss should be 450 ml or less). A maximum of 450 ml blood loss is allowed per procedure. The collected blood will then be disposed of as a clinical waste.</p> <p>Traditional Malay medicine practitioners do not combine other forms of practices (such as herbal prescriptions) during or after cupping therapy.</p>	
<p>d.</p>	<p>Penjagaan ibu selepas bersalin</p>	<p>Terdapat tiga ciri utama dalam rawatan ibu selepas bersalin dalam perubatan tradisional Melayu iaitu penggunaan herba/tumbuhan ubatan, penggunaan haba, dan urutan Melayu selepas bersalin.</p> <p>Penggunaan herba/tumbuhan ubatan:</p> <p>Pelbagai jenis tumbuhan ubatan digunakan terutamanya dalam tempoh berpantang. Tumbuhan ubatan tersebut boleh diambil dalam bentuk air rebusan, kapsul, atau dikisar dan dimasak dengan madu untuk menghasilkan makjun. Penggunaan secara luaran sebagai mandian herba, campuran ekstrak ke dalam minyak urut, pes herba dan sebagainya turut disediakan.</p>	

	<p><i>Postnatal care</i></p>	<p>Penggunaan haba:</p> <p>Haba digunakan dalam bentuk dedahan langsung seperti bertungku (contoh: batu sungai dipanaskan, dibalut dan didemah di bahagian badan tertentu), dan mandian herba suam; atau secara dedahan tidak langsung seperti amalan pemakanan semasa berpantang.</p> <p>Urutan Melayu selepas bersalin:</p> <p>Melibatkan urutan keseluruhan badan, bertungku dan barut. Urutan badan dilakukan sekurang-kurangnya enam hingga tujuh kali sepanjang tempoh berpantang.</p> <p><i>There are three major features in Malay postnatal care: the use of herbs, the use of heat, and Malay postnatal massage.</i></p> <p>The use of herbs:</p> <p><i>Different types of herbs are usually used during the confinement period. It can be taken orally in the form of decoction, capsule or grounded and cooked with honey (known as makjun). It can be used externally as a herbal bath, a mixture of extract into an oil massage, made into a herbal paste and etc.</i></p> <p>The use of heat:</p> <p><i>Heat is used in the form of direct exposure such as bertungku (eg: using heated river stones for warm compression over a certain body area), and warm herbal bath; or indirect exposure such as consuming “heaty food” during confinement period.</i></p> <p>Malay postnatal massage:</p> <p><i>Includes whole body massage, hot compression (bertungku) and body wrapping (barut). Body massage is done at least six to seven times during the confinement period.</i></p>	  
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BIL. No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
d.	<p>Tuina (Urutan Cina)</p> <p><i>Tuina</i></p>	<p>Terapi manipulatif Cina digunakan dalam perubatan tradisional Cina yang sering digunakan bersama akupunktur, moksibusi, bekam, herba Cina, tai chi dan qigong. Pengamal boleh menggunakan pelbagai gerakan, daya tarikan dan urut, dengan rangsangan titik <i>acupressure</i>.</p> <p><i>Chinese manipulative therapy used in traditional Chinese medicine are often used together with acupuncture, moxibustion, cupping, Chinese herbs, tai chi and qigong. The practitioner can use a range of motion, traction, and massage, with the stimulation of acupressure points.</i></p>	
e.	<p>Bekam Cina</p>	<p>Bekam adalah satu bentuk amalan perubatan tradisional yang terdapat dalam pelbagai budaya. Bekam melibatkan penggunaan cawan bekam yang mengandungi udara bertekanan rendah (vakum) dan diletakkan pada kulit di bahagian tertentu badan. Vakum boleh dihasilkan dengan menggunakan kaedah pemanasan (api) atau peralatan dengan sedutan mekanikal. Kawasan kulit di dalam cawan bekam akan disedut secara perlahan dan dipercayai dapat meningkatkan peredaran darah dan merangsang pemulihan.</p> <p>Terdapat 2 jenis bekam iaitu:</p> <p><u>Bekam kering/bekam angin</u></p> <p>Kaedah di mana cawan bekam yang divakumkan diletak di bahagian tertentu badan. Setiap cawan bekam akan dibiarkan selama 10-15 minit di atas kulit, atau sehingga kulit di kawasan cawan kelihatan kemerahan. Ia tidak dilakukan sekiranya terdapat sebarang luka pada bahagian kulit tersebut.</p> <p><u>Bekam basah</u></p> <p>Kulit di bahagian yang dikenal pasti akan dilukakan sedikit dengan menggunakan skalpel steril sebelum cawan bekam diletak dan divakum di kawasan tersebut. Kulit dan</p>	

BIL. No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
	<p><i>Chinese Cupping</i></p>	<p>darah di kawasan itu akan disedut secara perlahan ke dalam cawan bekam. Setiap cawan bekam akan dibiarkan selama 10-15 minit di atas kulit, atau sehingga sejumlah darah terkumpul dalam cawan bekam. Setiap prosedur hanya boleh menyedut keluar tidak melebihi 10ml/kg darah (contohnya, untuk seorang dengan berat 45 kg, kehilangan darah adalah sebanyak 450 ml atau kurang). Kehilangan darah yang dibenarkan bagi setiap prosedur adalah maksimum 450 ml. Darah yang terkumpul kemudiannya akan dibuang sebagai sisa klinikal.</p> <p>Selalunya bekam dilakukan oleh pengamal perubatan tradisional Cina disertakan dengan amalan lain seperti penggunaan herba Cina.</p> <p><i>Cupping is a form of traditional medicine practice found in many cultures worldwide.</i></p> <p><i>Cupping involves the use of cups containing low-pressure air (vacuum) placed on the skin, at certain parts of the body. The vacuum can be generated using the heating method (fire) or with mechanical suction. The underlying skin will be sucked slowly into the cupping cup. It is believed to improve blood circulation and stimulate recovery.</i></p> <p><i>There are two types of cupping:</i></p> <p><u><i>Dry cupping</i></u></p> <p><i>The method in which the vacuum cup is placed on certain parts of the body. Each cup stays on the skin for 10-15 minutes, or until the skin site begins to appear reddish. It is not carried out if there are any cuts on the skin.</i></p> <p><u><i>Wet cupping</i></u></p> <p><i>A small superficial skin incision is made using a sterile scalpel before the cup is applied on the skin. Skin and blood in the cup area will be sucked slowly. Each cup is left on the skin for 10-15 minutes, or up till a certain amount of blood is accumulated into</i></p>	


BIL. No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
		<p><i>the cup. Each procedure should not draw more than 10 ml/kg of blood (e.g. in a person weighing 45 kg, blood loss should be 450 ml or less). A maximum of 450 ml blood loss is allowed per procedure. The collected blood will then be disposed of as a clinical waste.</i></p> <p><i>Cupping therapy conducted by traditional Chinese medicine practitioners is often accompanied with other forms of practices such as the use of Chinese herbs.</i></p>	
f.	<p>Qigong</p> <p><i>Qigong</i></p>	<p>Merupakan amalan melibatkan pergerakan badan, nafas, dan minda untuk kesihatan, meditasi, dan latihan seni mempertahankan diri. Qigong adalah sebahagian daripada amalan perubatan tradisional Cina. Secara tradisional, amalan ini untuk membina dan menyeimbangkan qi (chi) atau apa yang telah diterjemahkan sebagai "tenaga kehidupan".</p> <p><i>A practice of aligning body, breath and mind for health, meditation, and martial arts training. With roots in Chinese medicine, it is traditionally viewed as a practice to cultivate and balance qi (chi) or what has been translated as "life energy".</i></p>	

3. Perubatan Tradisional India




Perubatan tradisional yang berasaskan pengetahuan orang India secara turun temurun.




Traditional Indian Medicine



Traditional Indian medicine is based knowledge inherited from generation to generation among the Indian community.



BIL. No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
a.	Ayurveda	<p>Ayurveda bermaksud 'sains kehidupan'. Objektif utama adalah bagi tujuan kesejahteraan, pencegahan penyakit dan perubatan. Ia terkenal di bahagian Utara India.</p> <p>Ia adalah satu sistem perubatan tradisional India, berdasarkan 5 elemen iaitu ruang, udara, api, air dan bumi; dan berdasarkan konsep keseimbangan tiga unsur. Unsur-unsur tersebut akan bergabung di dalam tubuh manusia untuk membentuk tiga kuasa atau tenaga kehidupan yang dikenali sebagai Doshas. Doshas terdiri dari Vata (tenaga kinetik), Pitta (tenaga haba), dan Kapha (tenaga keupayaan) yang mengawal fungsi fisiologi dan psikologi badan. Keseimbangan 3 doshas akan mengekalkan kesihatan, sementara ketidak seimbangan akan menghasilkan penyakit. Ayurveda menekankan Prinsip Pemakanan (Ahara Niyma), Regimen harian (Dincharya), Regimen mengikut musim (Ritucharya), kelakuan/tingkah laku sosial yang baik (Sadavritta), penggunaan ubat-ubatan dan rawatan yang berasaskan tumbuhan.</p> <p><i>Ayurveda means 'science of life'. The principal objectives of Ayurveda are maintenance and promotion of health, prevention of disease and cure of sickness. Ayurveda is a famous practice in North India.</i></p> <p><i>It is a system of traditional Indian medicine, based on 5 elements - space, air, fire, water and earth; and treatment concept based on balance of the three elemental substances. These elemental substances combine in the human body to form three life forces or energies, the Doshas. The Doshas consist of</i></p>	



6. Terapi Komplementari / *Complementary Therapy*



Terapi Manipulatif/ <i>Manipulative Therapy</i>			
BIL. No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
a.	Kiropraktik <i>Chiropractic</i>	Satu sistem perubatan komplementari berdasarkan diagnosis dan rawatan manipulasi penjarangan sendi, terutama tulang belakang. <i>A system of complementary medicine based on the diagnosis and manipulative treatment of misalignment of the joints, especially those of the spinal column.</i> -THE CONCISE OXFORD DICTIONARY-	
b.	Refleksologi <i>Reflexology</i>	Refleksologi adalah amalan mengurut, mengoles, atau menekan bahagian-bahagian tapak kaki, atau kadang-kadang tangan dan telinga yang diiktiraf sebagai zon refleks, dengan tujuan memberi kesan yang baik pada bahagian-bahagian badan yang lain, atau untuk meningkatkan kesihatan umum. <i>Reflexology is the practice of massaging, squeezing, or pushing on parts of the feet, or sometimes the hands and ears which are recognised as reflex zone, with the goal of encouraging a beneficial effect on other parts of the body, or to improve general health.</i>	
c.	Osteopati <i>Osteopathy</i>	Ia adalah aplikasi terapeutik yang dilakukan secara manual untuk meningkatkan fungsi fisiologi dan/atau sokongan homeostasis yang berubah akibat fungsi somatic yang telah terjejas melalui kaedah memanipulasi anggota badan dan urutan. Ini dilaksanakan dengan lembut tanpa menghasilkan bunyi 'klik' di bahagian sendi. Pengamal Osteopati menerima latihan khusus berkaitan sistem maskuloskeletal. <i>It is the therapeutic application of manually guided forces to improve physiologic function and/or support homeostasis that has been altered by somatic dysfunction through body manipulation and massage. It involves very subtle and gentle adjustments without any 'clicking' of the joints. Osteopaths receive special training on musculoskeletal system.</i>	

Terapi Manipulatif/ <i>Manipulative Therapy</i>			
BIL. No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
d.	Urutan/ <i>Massage</i>		
	Urutan Thai <i>Thai massage</i>	<p>Urut yang dilakukan mengikut garisan yang ditetapkan (Sen) di dalam badan, ia termasuk urutan beritma dan regangan seluruh badan; memanipulasi badan pelanggan ke dalam pelbagai posisi.</p> <p><i>The massage generally follows designated lines (Sen) in the body, it includes rhythmic pressing and stretching of the entire body; manipulating the recipient's body into many different positions.</i></p>	
	Urutan Swedish <i>Swedish massage</i>	<p>Merujuk kepada pelbagai teknik yang direka khusus untuk merehatkan otot dengan mengenakan tekanan kepada otot-otot, dan menggosok dalam arah yang sama dengan aliran darah kembali ke jantung. Minyak pati digunakan sebagai media urutan.</p> <p><i>Refers to a variety of techniques specifically designed to relax muscles by applying pressure to them, and rubbing in the same direction as the flow of blood returning to the heart. Essential oil is used as a massage medium.</i></p>	
	Urutan Bali / Jawa <i>Balinese/Javanese massage</i>	<p>Ahli terapi urut melakukan gabungan, tekanan, menguli, mengoles dan urut menggunakan tangan dan juga kaki. Minyak kelapa yang dicampurkan dengan rempah digunakan sebagai media urutan.</p> <p><i>The Balinese/Javanese massage therapist performs a combination of kneading strokes, skin rolling, and foot massage using hands and feet by positioning herself/himself above the client. Coconut oil infused with spices is used as a massage medium.</i></p>	

Terapi Manipulatif/ <i>Manipulative Therapy</i>			
BIL. No.	AMALAN <i>Practice</i>	DESKRIPSI DAN KETERANGAN <i>Description and Information</i>	GAMBAR <i>Image</i>
	Urutan Shiatsu <i>Shiatsu massage</i>	<p>Shiatsu adalah urutan Jepun dan bererti “tekanan jari”. Terapi ini menggunakan tekanan dengan ibu jari, jari, dan tapak tangan ke kawasan-kawasan tertentu di badan.</p> <p><i>Shiatsu is a form of Japanese massage and defined as “finger pressure”. The therapist applies pressure with his thumbs, fingers, and palms to specific areas on the body.</i></p>	
	Urutan aromaterapi <i>Aromatherapy Massage</i>	<p>Menggunakan bahan-bahan tumbuhan yang mudah meruap, yang dikenali sebagai minyak pati, serta sebatian aromatik lain dari tumbuh-tumbuhan. Penggunaan pati aromatik ini dapat mempengaruhi suasana atau kesihatan seseorang. Urutan aromaterapi menggabungkan penggunaan minyak pati dengan teknik urutan Swedish.</p> <p><i>Uses volatile liquid plant materials, known as essential oils (EOs), and other aromatic compounds from plants with the intention to harmonise and promote a person's mood or health.</i></p> <p><i>Aromatherapy massage combines the therapeutic benefits of using essential oils with Swedish massage techniques.</i></p>	

Perubatan Tenaga / Energy Medicine			
BIL. No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
a.	Reiki <i>Reiki</i>	<p>Ia menggunakan teknik yang biasanya dipanggil penyembuhan melalui tapak tangan. Melalui penggunaan teknik ini, pengamal percaya bahawa mereka memindahkan tenaga sejagat (iaitu, reiki) dalam bentuk qi (Bahasa Jepun: ki) melalui tapak tangan, yang mereka percaya membolehkan pemulihan diri dan mengembalikan keadaan keseimbangan.</p> <p><i>It uses a technique commonly known as palm healing or hands-on-healing. Through the use of this technique, practitioners believe that they are transferring universal energy (i.e., reiki) in the form of qi (Japanese: ki) through the palms, which they believe allows for self-healing and a state of equilibrium.</i></p>	
b.	Aura metafizik <i>Aura metaphysic</i>	<p>Gabungan tiga bahagian ilmu iaitu Aura, Meta, dan Fizik. Aura adalah tenaga gelombang atau frekuensi bioelektromagnetik manakala meta adalah sesuatu yang merentasi jangkauan dan fizik bermakna semulajadi atau alam semula jadi. Oleh itu, gabungan ini boleh ditakrifkan sebagai falsafah atau pengetahuan undang-undang semula jadi yang luar biasa atau yang tidak dijangka yang wujud dalam kehidupan kita.</p> <p><i>The combination of three parts of knowledge which is Aura, Meta, and Physic. Aura is a wave energy or bioelectromagnetic frequency while meta is something that crosses the expectations and physics means natural or nature. Thus, combination of these can be defined as a philosophy or knowledge of unusual or unexpected natural law that exist in our life.</i></p>	
c.	Terapi getaran warna	<p>Terapi getaran warna menggunakan konsep aromaterapi sebagai nutrien untuk otak/fikiran. Aromaterapi ini dipanggil 'Nutrisi Perlu' yang akan memberikan ketenangan kepada mereka yang menghidunya. Mawar putih adalah elemen yang paling penting dalam minyak getaran aroma.</p>	

Terapi Manipulatif/ <i>Manipulative Therapy</i>			
BIL. No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
	<i>Colour vibration therapy</i>	<i>Colour vibration therapy utilises the aromatherapy concept as a nutrient for the brain/mind. The aromatherapy called 'Essential Nutrition' will give calmness to those who inhale it. The white rose is the most essential element in the aroma vibration oil.</i>	
Terapi Berasaskan Biologi / <i>Biological Based Therapy</i>			
BIL No.	AMALAN Practice	DESKRIPSI DAN KETERANGAN Description and Information	GAMBAR Image
a.	Aromaterapi <i>Aromatherapy</i>	Menggunakan bahan-bahan tumbuhan yang mudah meruap, yang dikenali sebagai minyak pati, dan sebatian aromatik lain dari tumbuh-tumbuhan. Penggunaan pati aromatik ini dapat mempengaruhi suasana atau kesihatan seseorang. <i>Uses volatile liquid plant materials, known as essential oils (EOs), and other aromatic compounds from plants by smell for the purpose of affecting a person's mood or health.</i>	
b.	Terapi Nutrisi <i>Nutritional therapy</i>	Konsep pengetahuan berkaitan mikronutrisi sebagai suplemen bagi memaksimumkan potensi kesihatan sebagai pencegahan penyakit, atau merawat penyakit. Rawatan menggunakan suplemen ini akan ditawarkan oleh pengamal PT&K melalui sesi konsultasi. <i>The concept of micronutrient as nutrition-related knowledge to maximize the potential health supplements as disease prevention, or treatment of disease.</i> <i>Treatment with these supplements is offered by T&CM practitioners through consultation sessions.</i>	

Terapi Minda-Badan/ <i>Mind-body Therapy</i>			
BIL. <i>No.</i>	AMALAN <i>Practice</i>	DESKRIPSI DAN KETERANGAN <i>Description and Information</i>	GAMBAR <i>Image</i>
a.	Hipnoterapi <i>Hypnoterapy</i>	<p>Selalunya digunakan untuk mengubah suai tingkah laku subjek, kandungan emosi dan sikap, serta pelbagai keadaan termasuk tabiat yang tidak normal, kebimbangan, penyakit yang berkaitan dengan tekanan, pengurusan kesakitan, dan pembangunan peribadi melalui kaedah hipnosis.</p> <p><i>Often applied in order to modify a subject's behaviour, emotional content, and attitudes, as well as a wide range of conditions including dysfunctional habits, anxiety, stress-related illness, pain management, and personal development through hypnosis.</i></p>	
b.	Psikoterapi <i>Psychotherapy</i>	<p>Hubungan <i>interpersonal</i> digunakan oleh ahli psikoterapi terlatih untuk membantu pelanggan dalam masalah hidup melalui kaedah konsultasi.</p> <p>Tujuannya adalah untuk meningkatkan rasa tenang dan mengurangkan rasa tidak selesa.</p> <p><i>Intentional interpersonal relationship used by trained psychotherapists to aid a client in problems of living through consultation.</i></p> <p><i>Aims to increase the individual's sense of well-being and reduce their subjective sense of discomfort.</i></p>	

Keterangan Lanjut Amalan

Rawatan Urutan

Rawatan Urutan

Keterangan Umum: Urut merupakan proses manipulasi yang melibatkan tisu-tisu badan seperti otot, sendi dan tulang. Urut dilakukan dengan menggunakan tangan, siku atau kaki. Terdapat juga pengamal yang menggunakan alat bantuan bagi mengurut seperti kayu kecil, sikat, tanduk dll.

Apa yang diguna / Cara: Kaedah ini menggunakan pelbagai teknik seperti menekan, menggosok, mengurut, memicit, menguli, regangan atau kombinasi teknik-teknik tersebut.

Di mana bahagian badan dilakukan: Seluruh badan, dan bahagian tertentu di mana masalah dialami.

Jenis-jenis urutan:

1. Urutan Melayu: bertujuan untuk merangsang atau memulihkan seluruh tubuh atau bahagian badan yang sakit. Urutan dilakukan dengan penggunaan minyak berasaskan herba sebagai medium untuk mengurangkan geseran. Konsep Urutan Melayu adalah urutan tisu dalaman (deep tissue massage) dimana ianya menfokuskan pengaliran darah ke jantung dari itu kebiasaannya urut akan bermula dari bahagian kaki ke bahagian kepala. Aktiviti akan ditutup dengan gerakan regangan. Terdapat beberapa rawatan khusus yang dijalankan:
 - i. Urut selepas bersalin: urutan yang dilakukan ke atas ibu selepas bersalin yang juga dilakukan bersama mandian herba, rawatan bertungku dan berbengkung.
 - ii. Urut patah: kawasan patah dengan cara menepuk, menggosok, regangan bersama dengan bacaan doa. Ia turut juga diamalkan dengan menjalankan teknik tersebut ke atas objek (seperti tulang ayam, lidi kelapa, rotan) sebagai simbolik/mewakili tulang patah itu, ada juga yang mengamalkan penggunaan air jampi.
 - iii. Urut Terapeutik: urut dibahagian tertentu badan yang mengalami kesakitan/masalah.
 - iv. Urut Tenaga Batin: urut yang melibatkan bahagian tertentu badan untuk meningkatkan fungsi sistem reproduktif.
2. Tuina (urutan Cina): urutan bersama amalan lain seperti akupunktur, moksibusi, bekam, herba Cina, tai chi atau qi gong. Pengamal boleh menggunakan pelbagai gerakan, daya tarikan, dan urut, dengan rangsangan titik acupressure. Teknik-teknik ini boleh membantu dalam rawatan muskuloskeletal, serta banyak keadaan bukan otot.

3. Shiatsu: urutan mengikut cara urutan Jepun dengan menggunakan teknik tekanan jari dan tapak tangan ke atas badan pesakit.
4. Urutan Thai: urutan mengikut cara urutan Thai dengan gabungan unsur-unsur goyangan lembut, regangan dan mampatan beritma (rhythmic compression).
5. Urutan Bali: urutan kombinasi gerakan menguli, gerakan golekkan serta urutan di kaki. Banyak ditawarkan di spa.
6. Urutan Swedish: urutan dengan teknik tekanan dan gosok bagi melegakan otot. Banyak ditawarkan di spa.
7. Refleksologi: mengurut, memicit dan menekan bahagian-bahagian tapak kaki atau tapak tangan atau telinga yang dikenali sebagai zon refleksi.
8. Urutan Pribumi: urutan yang dilakukan oleh pengamal mengikut cara ajaran turun temurun bangsa pribumi Malaysia.

Perubatan Herba

Keterangan umum:

Herba yang telah dikenalpasti akan digunakan dalam perawatan sesuatu penyakit /keadaan kesihatan/ kesejahteraan berdasarkan kepercayaan sesuatu masyarakat.

Perubatan Herba Melayu: perubatan berasaskan tumbuhan yang terdapat dalam lingkungan masyarakat Melayu yang digunakan bagi tujuan merawat sesuatu penyakit, ia boleh terdiri daripada mana-mana bahagian tumbuhan tersebut seperti pucuk, daun, batang dan akar; sama ada segar atau pun kering.

Perubatan Herba Cina: perubatan berasaskan tumbuhan yang terdapat dalam lingkungan masyarakat Cina yang digunakan bagi tujuan merawat sesuatu penyakit, ia boleh terdiri daripada mana-mana bahagian tumbuhan tersebut seperti pucuk, daun, batang dan akar; sama ada segar atau pun kering.

Bekam

Keterangan umum:

Berbekam merupakan satu bentuk amalan perubatan tradisional yang terdapat dalam banyak budaya di seluruh dunia. Ia membabitkan penggunaan cawan yang mengandungi udara bertekanan rendah (menghasilkan tindakan menyedut atau vakum relatif) yang diletakkan pada kulit. Ia juga dikenali sebagai antaranya badkesh, bahnkes, nuhang, bantusa, kuyukaku, gak hoi, hijamah.

Terdapat 2 jenis bekam iaitu:

- 1- Bekam kering/bekam angin (dry cupping)

Kaedah dimana cawan bekam yang di'vakum'kan diletak dibahagian tertentu badan. Ia tidak dijalankan sekiranya terdapat sebarang luka pada kulit bahagian tersebut.

- 2- Bekam basah (wet cupping)

Kulit dibahagian tertentu akan dilukakan sebelum cawan bekam diletakkan dibahagian tersebut. Darah akan dikumpulkan didalam cawan bekam dan

kemudiannya akan dibuang.

Bekam basah yang dijalankan oleh Pengamal Perubatan Tradisional Melayu tidak disertakan dengan amalan lain.

Bekam basah yang dijalankan oleh Pengamal Perubatan Tradisional Cina biasanya diberi bersama rawatan herba.

Senaman

Keterangan umum:

lalah pergerakan badan yang dilakukan secara berulang-kali secara terancang dan berstruktur bertujuan untuk meningkatkan atau mengekalkan satu atau lebih komponen kecergasan fizikal. Senaman juga melibatkan penggunaan dan pengeluaran tenaga yang banyak.

Qigong: merupakan amalan melibatkan pergerakan badan, nafas, dan minda untuk kesihatan, meditasi, dan latihan seni mempertahankan diri. Qigong adalah amalan sebahagian daripada Perubatan Tradisional Cina, secara tradisional dilihat sebagai amalan untuk memupuk dan keseimbangan qi (chi) atau apa yang telah diterjemahkan sebagai "tenaga kehidupan".

Yoga: adalah amalan atau disiplin yang melibatkan pergerakan fizikal, tumpuan mental dan rohani yang berasal dari India purba dengan tujuan untuk mencapai keadaan fikiran yang damai untuk meningkatkan taraf ketenangan minda seseorang. Yoga juga telah popular ditakrifkan sebagai "kesatuan dengan ketuhanan" dalam konteks dan tradisi lain.

Suplemen

Keterangan umum:

Terapi Nutrisi: Konsep pengetahuan berkaitan nutrisi makanan sebagai suplemen bagi memaksimumkan potensi kesihatan sebagai pencegahan penyakit, atau merawat penyakit. Rawatan menggunakan suplemen ini akan ditawarkan oleh pengamal PT&K melalui sesi konsultasi.

Naturopati: Pengamal perubatan ini sering mencadangkan penggunaan kepada bahan-bahan semula jadi, seperti cahaya matahari, herba dan makanan tertentu, serta aktiviti-aktiviti yang mereka katakan sebagai semula jadi, seperti senaman, meditasi dan relaksasi. Pengamal perubatan ini mendakwa bahawa rawatan semulajadi membantu memulihkan keupayaan semula jadi badan untuk pulih dengan sendirinya tanpa kesan buruk ubat-ubatan konvensional. Rawatan ini ditawarkan oleh pengamal PT&K melalui sesi konsultasi.

Produk Suplemen: Produk makanan tambahan kesihatan yang dimakan dalam bentuk cecair, pil, kapsul, tablet atau serbuk sebagai makanan tambahan. Pengambilan produk suplemen tidak melalui sesi konsultasi sama ada daripada pengamal PT&K atau pengamal perubatan moden.





















Tujuan: makanan tambahan, meningkatkan kesihatan, pencegahan penyakit, merawat penyakit, mengawal penyakit yang sedang dihadapi.

C. Konsep Rawatan

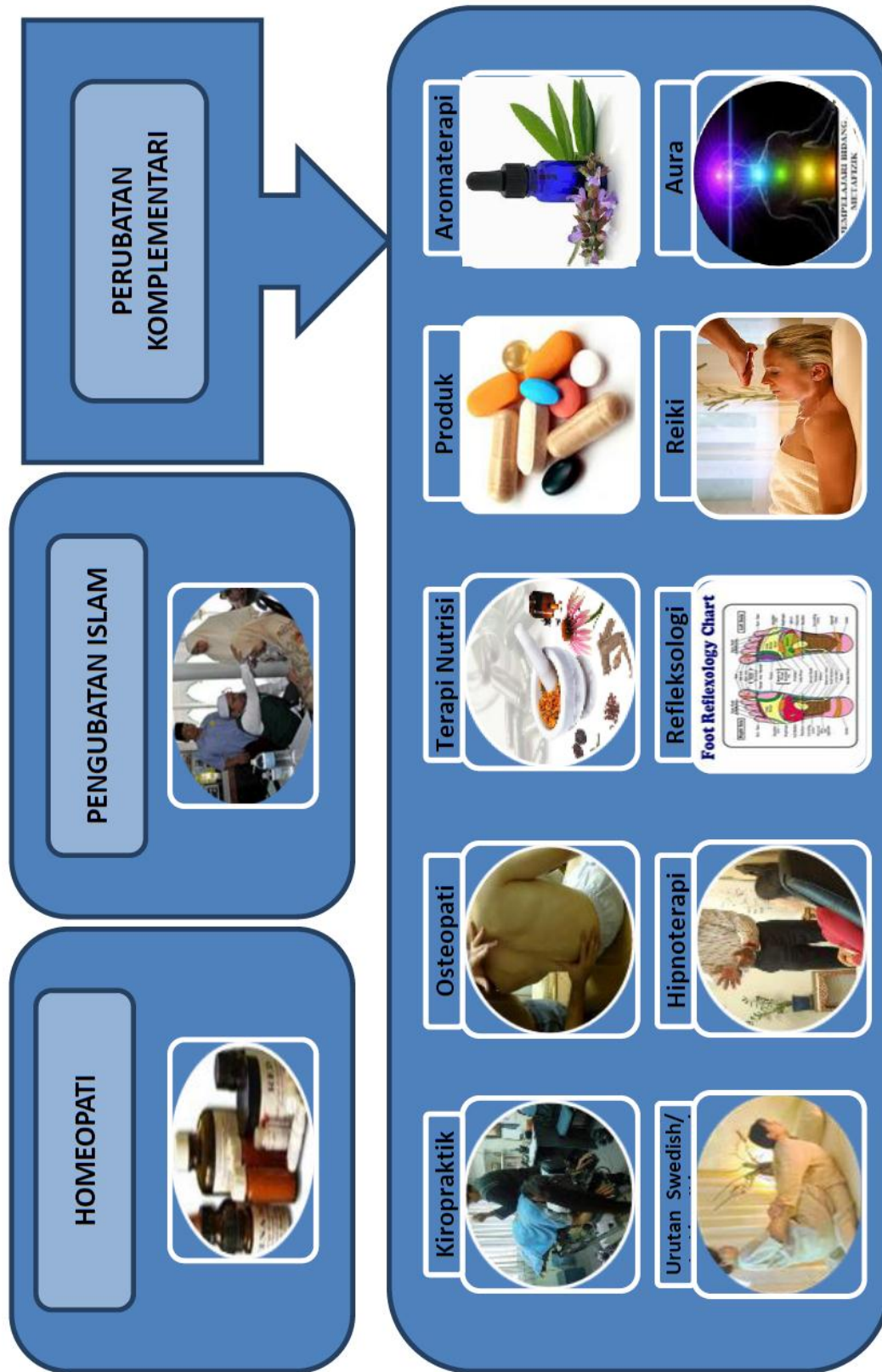
Treatment Concept

BIL. No.	KONSEP RAWATAN <i>Treatment Concept</i>	DESKRIPSI DAN KETERANGAN <i>Description and Information</i>
1.	Rawatan terapeutik <i>Therapeutic treatment</i>	Rawatan terapeutik merujuk kepada rawatan yang membantu dalam penyembuhan penyakit atau masalah kesihatan dengan melibatkan penggunaan kaedah atau bahan rawatan <i>Therapeutic treatment refers to treatment which assists in the cure of diseases or disorders by involving the usage of remedial agents or methods</i> <i>Merriam Webster</i> <i>(http://www.merriam-webster.com/dictionary/therapeutic)</i>
2.	Kesejahteraan <i>Wellness</i>	Merujuk kepada amalan yang membantu dalam menyeimbangkan kesihatan melalui peningkatan kualiti kehidupan dan kesejahteraan diri. <i>Wellness therapy refers to a practice that assists in balancing positive health in an individual as exemplified by quality of life and a sense of well-being.</i> <i>Corbin, Charles B.; Pangrazi, Robert P. Toward a Uniform Definition of Wellness: A Commentary. President's Council on Physical Fitness and Sports Research Digest; Series 3 n15 Dec 2001</i>
3.	Rawatan komplementari <i>Complementary treatment</i>	Mana-mana amalan PT&K di luar skop perubatan konvensional yang digunakan bersama dalam rawatan penyakit. <i>Any T&CM practices beyond the scope of conventional medicine that is used along in the treatment of diseases.</i>
4.	Rawatan alternatif <i>Alternative treatment</i>	Mana-mana amalan PT&K yang digunakan sebagai perawatan penyakit bagi menggantikan perubatan konvensional. <i>Any T&CM practices used in the treatment of disease replacing the conventional medicine.</i>

Appendix 2: Flash card
PERUBATAN TRADISIONAL & KOMPLEMENTARI

PERUBATAN TRADISIONAL MELAYU		
Urut 	Penjagaan Ibu 	
Bekam 		
Herba 		
PERUBATAN TRADISIONAL CINA		
Herba Cina 	Bekam Cina 	Qi Gong 
Akupunktu 	Moksibusi 	Tuina 
PERUBATAN TRADISIONAL INDIA		
Ayurveda 	Siddha 	Naturopati 
Yunani 	Yoga 	

PERUBATAN TRADISIONAL & KOMPLEMENTARI



Appendix 3: Disease List

SISTEM KARDIOVASCULAR / CARDIOVASCULAR SYSTEM	
001	Tekanan darah tinggi / <i>high blood pressure</i>
002	Tekanan darah rendah / <i>low blood pressure</i>
003	Sakit dada / <i>chest pain</i>
004	Sakit jantung / <i>heart disease</i>
005	Lemah jantung / <i>heart failure</i>
006	Hiperkolesterolimea / <i>hypercholesterolimea</i>

SISTEM PERNAFASAN / RESPIRATORY SYSTEM	
007	Batuk / <i>cough</i>
008	Selesema / <i>runny nose</i>
009	Sakit tekak / <i>sore throat</i>
010	Resdung / <i>sinusitis</i>
011	Jangkitan paru-paru / <i>pneumonia</i>
012	Batuk kering / <i>tuberculosis</i>
013	Asma, lelah / <i>asthma</i>
014	Paru-paru berair / <i>pleural effusion</i>

SISTEM PENCERNAAN / DIGESTIVE SYSTEM	
015	Loya, muntah / <i>nausea, vomiting</i>
016	Gastrik / <i>gastritis</i>
017	Cirit-birit / <i>diarrhoea</i>
018	Sembelit / <i>constipation</i>
019	Sakit perut / <i>abdominal pain</i>
020	Radang appendiks / <i>appendicitis</i>

021	Angin, kembung perut / <i>bloatedness</i>
022	Kecacingan / <i>worm infestation</i>
023	Buasir / <i>pile, haemorrhoid</i>
024	Ulser perut / <i>gastric ulcer</i>

SISTEM PERKUMUHAN EXCRETORY SYSTEM	
025	Batu karang / <i>kidney stone</i>
026	Kencing tak lawas / <i>urinary frequency</i>
027	Kencing berdarah / <i>haematuria</i>
028	Jangkitan saluran kencing / <i>urinary tract infection</i>
029	Masalah prostat / <i>prostate problem</i>
030	Masalah buah pinggang / <i>kidney disease</i>

SISTEM ENDOKRIN / ENDOCRINE SYSTEM	
031	Kencing manis / <i>diabetes mellitus</i>
032	Penyakit thyroid / <i>thyroid disease</i>

SISTEM PEMBIAKAN / REPRODUCTIVE SYSTEM	
033	Kemandulan / <i>infertility</i>
034	Perancang keluarga / <i>family planning</i>
035	Senggugut / <i>dysmenorrheal</i>
035	Pendarahan haid berlebihan / <i>menorrhagia</i>
037	Fibroid / <i>fibroid</i>
038	Keguguran / <i>miscarriage</i>
039	Mengandung / <i>pregnancy</i>
040	Penjagaan selepas bersalin / <i>post-natal care</i>

041	Masalah penyakit kelamin / <i>sexual transmitted disease</i>
042	Angin pasang / <i>hernia</i>
043	Menopause / <i>menopause</i>
044	Haid tidak teratur / <i>irregular period cycle</i>
045	Tiada haid / <i>amenorrhea</i>

SISTEM MUSKULOSKELETAL / MUSCULOSKELETAL SYSTEM

046	Patah / <i>fracture</i>
047	Seliuh / <i>sprain</i>
048	Sakit sendi & otot / <i>joint pain & muscle ache</i>
049	Gout / <i>gouty arthritis</i>
050	Bengkak / <i>swelling</i>
051	Sakit belakang / <i>back pain</i>
052	Sakit belikat / <i>back pain</i>
053	Kekejangan / <i>stiffness</i>
054	Tulang reput / <i>osteoporosis</i>
055	Radang sendi / <i>arthritis</i>
056	Sakit badan, lenguh-lenguh / <i>myalgia</i>
057	Lemah anggota, badan / <i>body weakness</i>
058	Skiatika / <i>sciatica</i>
059	Spondilosis servikal / <i>cervical spondylosis</i>

SISTEM SARAF / NERVOUS SYSTEM

060	Lumpuh, angin ahmar / <i>stroke</i>
061	Penyakit Parkinson / <i>parkinson disease</i>
062	Sakit kepala / <i>headache</i>
063	Migraine / <i>migraine</i>
064	Sawan / <i>epilepsy</i>
065	Susah tidur / <i>insomnia</i>
066	Penyakit cemas / <i>anxiety disorder</i>
067	Kemurungan / <i>depression</i>
068	Gila / <i>skizophrenia</i>
069	Ketegangan / <i>stress</i>
070	Nyanyuk / <i>dementia</i>

071	Meroyan / <i>post-partum blues</i>
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MASALAH ANGGOTA KEPALA & LEHER / HEAD & NECK PROBLEM

072	Sakit mata / <i>eye sore</i>
073	Bengkak mata / <i>eye swelling</i>
074	Rabun, kabur mata / <i>blurred vision</i>
075	Katarak / <i>cataract</i>
076	Ulser mulut / <i>mouth ulcer</i>
077	Masalah gigi, gusi / <i>dental problem</i>
077	Radang tonsil / <i>tonsilitis</i>
078	Hidung berdarah / <i>epistaxis</i>

MASALAH KULIT / SKIN PROBLEM

079	Kudis buta / <i>scabies</i>
080	Jerawat / <i>acne</i>
081	Panau / <i>pityriasis versicolor</i>
082	Ekzema / <i>eczema</i>
083	Psoriasis / <i>psoriasis</i>
084	Vitiligo / <i>vitiigo</i>
085	Selulitis / <i>cellulitis</i>
086	Luka kecederaan / <i>wound</i>
087	Luka terbakar / <i>burn</i>
088	Ruam / <i>rashes</i>
089	Kurap / <i>Tinea infection</i>
090	Gegata / <i>urticaria</i>
091	Bisul / <i>boils</i>
092	Parut / <i>scar</i>
093	Kusta / <i>leprosy</i>
094	Botak / <i>bald alopecia</i>
095	Kelemumur / <i>dandruff</i>
096	Kutu / <i>lice</i>
097	Awet muda (ketegangan, pemutihan & melicinkan kulit) / <i>stay young, ageless</i>

LAIN-LAIN / OTHERS	
098	Kanser / <i>cancer</i>
099	HIV / <i>AIDS</i>
100	Radang hati / <i>hepatitis</i>
101	Penyakit autoimmune (SLE/RA) / <i>autoimmune disease</i>
102	Kegemukan / <i>obesity</i>
103	Ketagihan (rokok, alkohol, dadah) / <i>substance abuse (smoking, alcohol, drug)</i>
104	Penyakit spiritual (sihir, santau, gangguan mahluk halus) / <i>spiritual disturbance</i>
105	Meningkatkan stamina, tenaga / <i>energy booster</i>
106	Pelangsingan badan / <i>body slimming</i>
107	Masalah pendarahan / <i>bleeding tendency</i>
108	Demam denggi / <i>dengue fever</i>
109	Demam campak / <i>measles</i>
110	Malaria / <i>malaria</i>
111	Kuning / <i>jaundice</i>
112	Kayap / <i>herpes Zoster</i>
113	Kesegaran & Kesejahteraan / <i>wellness</i>
114	Demam (selain demam denggi & campak / <i>fever (other than dengue fever & measles)</i>
115	Lain-lain / <i>others</i>



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