REVIEW ARTICLE

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

Salihah Yusoff, Siti Aishah Hassan, and Wan Norhayati Wan Othman
Department of Counselor Education and Counseling Psychology, Faculty of Educational Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

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

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

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

Malaysia has been susceptible to numerous outbreaks and diseases that may affected more than 30 million people. There are seven top diseases in Malaysian namely, coronary heart disease, stroke, pneumonia & influenza, lung diseases, diabetes mellitus, HIV/AIDS and leptospirosis. According to Ministry of Health Malaysia (2), traditional and complementary treatment (TCT) is a form of health practices aims to cure or prevent diseases. It is also to preserve the mental health and overall human well-being. Traditional and complementary treatments have been practiced throughout the world including Malaysia. Among them are the famous medicine of traditional Indian, Chinese and Malay and also Islamic medical treatment and homeopathy. Nowadays, nine hospitals in Malaysia were offering traditional and complementary treatment services to chronic patients such as stroke, cancer and so on. Malaysia with three major ethnic, which are Malay, Chinese and Indian still use traditional and alternative treatment in their health care (2).

1. What are the statistics of Malaysian in using traditional and complementary treatments?
This question shows the search of the percentage and other statistical data of Malaysian in using traditional and complementary treatments in each ethnic group.

2. What is the effectiveness of using traditional and complementary treatments in curing or reducing effect of chronic disease in Malaysia and India?
The focus is given to the effectiveness of using traditional and complementary treatments among Malaysian and Indian.

3. What are the influencing factors of Malaysian in using traditional and complementary treatments in curing chronic disease?
Factors that influenced Malaysian in using traditional and complementary treatments in Malaysia collected by journal articles were then reviewed.

**METHOD**

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

**Search strategy**

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

**Inclusion and exclusion criteria**

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

**Table 1: Inclusion and exclusion criteria**

<table>
<thead>
<tr>
<th>Inclusion Criteria Presented in Order</th>
<th>Particulars</th>
<th>Literatures Identified</th>
<th>Remaining Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key terms Traditional treatment in chronic disease</td>
<td>60,581</td>
<td>60,581</td>
<td></td>
</tr>
<tr>
<td>Year From 2012-2018</td>
<td>25,683</td>
<td>25,683</td>
<td></td>
</tr>
<tr>
<td>Country Malaysia</td>
<td>387</td>
<td>387</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusion Criteria Presented in Order</th>
<th>Particulars</th>
<th>Literatures Identified</th>
<th>Remaining Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Bahasa Malaysia and Indonesia</td>
<td>15</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Article Type Book Book Chapter Peer-reviewed Journals</td>
<td>13</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Journal Source Journal of Molecular Biology Journal of Cleaner Production Journal of Chromatography</td>
<td>20</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

**RESULT**

The statistics of Malaysian in using traditional and complementary treatments

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

The effectiveness of using traditional and complementary treatments

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

The effectiveness and beliefs in traditional and complementary treatments (TCT) among patients of HIV/ AIDS, cancer, stroke and ageing patients in Malaysia (5,6, 12, 13, 15). While in India, Ayurveda has been used among diabetes mellitus and hemophilia patients as well as patients with were also cancers, stroke, Alzheimer and diabetes (3,11).
The main factor influencing was encouraged by family and friends. This finding was supported by Aina Farhana et al. (12) study, they found the majority of the respondents used TCT were influenced by family members. According to Syed Imran Ahmed et al., (13) the use of TCT improve immune effects, no material toxic and strong cultural influence are the factors of using TCT. The next factor was suggested by doctor or pharmacist. But some of the reasons for not telling doctors about TCT are because it is the participants’ assumption that it’s a traditional way compare to medicine from hospital. Therefore, doctors and nurses should create a warm relationship with patients to share the use of TCT. They should always discuss about TCT to prevent any bad effect occur from TCT practices while they doing treatment. Good communication between patients and physicians will help prevent the occurrence of negative impact in taking TCT. The least important factor was cultural belief. Each culture in Malaysia has its own views on traditional and alternative treatments.

DISCUSSION

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

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

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

Traditional and Complementary Treatment (TCT) in Chinese Ethnic

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

Traditional and Complementary Treatment (TCT) in Indian Ethnic

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

Implication

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

CONCLUSION

From discussion above, it can be concluded that there is empirical evidence from previous studies showing the efficacy of traditional and complementary treatments (TCT) among chronic disease patients. This includes treatment among cancer, stroke and diabetes patients. There are various treatment methods used such as Malay Massage, Acupuncture, Tai Chi, Ai Chi, Yoga and Ayurveda. The review also discuss about
influencing factors in taking traditional and alternative treatments. The major factor in applying TCT was convinced by family members. Sabah native ethnic was the highest followed by Malay in using traditional and complementary treatments in curing disease. The fact, TCT were used for hundreds of years before the development of medical science as we know is good enough for some people. It is important to understand why people choose to use TCT as a treatment in curing disease. Nowadays, there are many traditional and modern supplements that are widely sold. For safety and health, every country should have an organization to control and evaluate the traditional and alternative treatment in order to prevent negative effects to patients. Hence, having knowledge on reasons why some people choose TCT and the benefits as well as the harm may help counselor to be more aware the sensitivity of certain cultures and traditions.

ACKNOWLEDGMENT

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

REFERENCES