



Malay Traditional Therapy (MTT) : A complementary treatment among Malays

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Abstract

Research background: Malay Traditional Therapy (MTT) has gained popularity among patients diagnosed with various types of chronic diseases. Objective: This study was to determine the prevalence of use of MTT among Malays for their related diseases and the effectiveness of the treatment in reducing pain. Methodology: Questionnaires, patient's records files and Visual Analogue Scale (VAS) scores were used to obtain data and to evaluate the treatment progress. Result: Patients visit the centre for various types of chronic diseases and treatments. VAS scores showed positive progress for majority of patients. Summary: MTT was commonly used as a complementary treatment among Malays for various types of chronic diseases to reduce pain and proven to be effective.

Keywords: Malay Traditional Massage Therapy, chronic diseases, prevalence, quality of life. VAS score.

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1.0 Introduction

The growing acceptance of Complementary and Alternative Medicine (CAM) has attributed to the increase demand for the interdisciplinary nature of care to increase health-related quality of life (HRQoL) outcome (Kelleher 2003). MTT has been one of the therapies of choice for some Malays in Malaysia as their alternative or complementary medicine for the betterment of their life quality.

The documented availability of such information is still limited in Malaysian scenarios despite the escalating CAM practices and usage in various countries and cultures around the world. However with the recent move of Ministry of Health Malaysia to offer several CAM practice services in several selected government hospital have shown that Malaysia has started to recognize CAM as another choice of treatment beside the modern treatment. In line with the move of Malaysian government, it is timely that studies on CAM should be conducted more vigorously in order to support and complement the government's effort. It is additionally vital to keep the country's own CAM alive, particularly concerning indigenous Malay cultural heritage which deserved to be preserved and appreciated by all generation. (Lua 2011).

Pusat Rawatan Tanpa Ubat (PUSRATU) is a Malay Traditional Therapy centre which uses spine alignment through jabbing technique, cupping and point massage for the treatment techniques or in mixtures depending upon the patients presentation and complains. Patients who suffered chronic diseases often presented with pain beside other complaints. Treatment received also claimed to reduce other symptom but it is not a point of discussion in this article. The founder and the staff of this center are registered under TCM Malaysia and are allowed to perform their practice. However there is no data documented on the prevalence of use and the effectiveness of MTT among Malays in Malaysia who seek this type of treatment, up to this point of study. Even though there are claims saying that patients who receive the treatment from this centre have improved from their disease symptoms and show some positive progress there is no evidence to proof their claim. The present study was carried out with the following objectives:

- To determine the prevalence of use of Malay Traditional Therapy among Malays for their chronic diseases.
- To investigate the effectiveness of Malay Traditional Therapy in reducing pain by using Visual Analogue Score Scale.

2.0 Literature Review

Study conducted by Sagar et al. (2007) stated that massage would improve physiologic and clinical outcome by offering a symptomatic relief of pain through physical and mental relaxation. The manipulation of affected muscles and fascia may induce local biochemical changes that modulate local blood flow and oxygenation in muscle. These local effects may influence neural activity which influences mood and pain perception. Another study found out that massage may also increases the pain threshold through the release of endorphins and serotonin. The gate-control theory predicts that massaging a particular area stimulated large-

diameter nerve fibres which have an inhibitory input onto T-cells. This may result in decreased T-cell activity, followed by pain relief (Melzack R, and Wall PD. 1996). Massage may also increase local blood circulation, improve muscle flexibility, intensify the movement of lymph, and loosen adherent connective tissue (Lee et al.1990). However the precise mechanisms by which massage exerts multiple therapeutic effects are not yet known.

The theoretical foundations stipulate that the passive movements of massage and mobilization, stretching, and activation of muscles and subdermal tissue enhance blood flow and metabolism, thus reducing tension and enabling the reduction of substances involved in the generation and prolongation of pain. Sometimes general, unspecific regulatory processes are also thought to be involved, as well as psychosomatic connections (Haberzettl and Kemmerich, 1990) which could be psychoneuroimmunologic pathways mediated by the immunocompetent cells of the skin (Werner et al., 1997). However, these are only broad and speculative ideas with no accepted theory currently available to make effects of touch and massage cogently. Many experimental studies have demonstrated that a host of physiologic parameters change after massage (Walach et al.,1995; Walach, 1996). However, there is no clear cut theory emerging from this research. What we see is an array of differentially changing parameters depending on site, type of massage, subject of treatment, duration and frequency of treatment, pre treatment level of parameter, to name but a few of the modifying variables. While the effects of massage, in a broad and general sense, have been demonstrated in experimental studies, it is by no means clear whether these effects also relate in an understandable and systematic way to clinical improvement. This clarity can only be achieved by clinical trials (Brandmaier and Walach, 1998; Walach, 1995). As reviews have shown, there is only some evidence in favour of the clinical efficacies of massage, often stemming from methodologically flawed studies (Brandmaier and Walach, 1998; Ernst, 1998; Ernst and Fialka,1994; Vickers, 1996). Most of the randomized studies have used massage as a control group for other therapeutic interventions, and hence have not really studied a strong version of massage, but more or less massage as a placebo (Hsieh et al., 1992).

3.0 Methodology

Verbal consents were obtained from the patients and an official approval was obtained from PUSRATU. A one year period of a cross sectional study was carried out to determine the prevalence of Malays with various type of chronic diseases seeking Malay Traditional Massage Therapy at Malay Traditional Massage Therapy or *Pusat Rawatan Tanpa Ubat* (PUSRATU) at Northern part of Malaysia. Self administered questionnaires which consist of demographic data, medical history and reasons for their visits were validated and distributed to all patients for them to fill up. Visual Analog Score (VAS) scale sheet rating 1 to 4 Lakert were given to all participants upon their agreement to participate in the study The traditional massage treatment was performed on all the patients by a qualified traditional practitioners on their visit day which was schedule by the centre depending on their type of disease, diagnosis and prognosis. They were asked to fill up the VAS score before and after the treatment on every visit. Data on demographic, medical history and reasons for their visits were analyzed. Patient's record files were evaluated to check for the type of treatment

received. Data were analyzed and presented in mean \pm SE and percentages and tabulated as pie charts and histogram.

4.0 Results and Discussions

Figure 1 shows the patient's mean age which were 51.40 \pm 15.6 (20.1 % males and 79.8% females) respectively. Majority of the patients were presented with other co-morbid diseases such as hypertension 21% (n=28), Diabetes Mellitus (15.5%, n=20) and etc (Figure 2). Reasons for their visits were because of Back Pain (70.5% n= 91), Osteo related diseases (71.3%, n=92), Insomnia 13.2% (n=17), Thyroid cases 5.4% (n=7) etc (Figure 3).

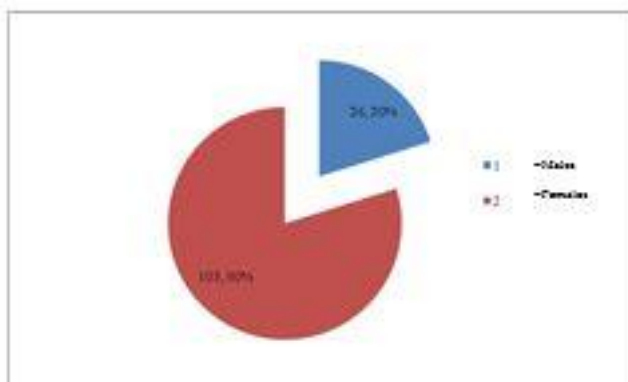


Figure 1: Percentages of Males versus Females patients.

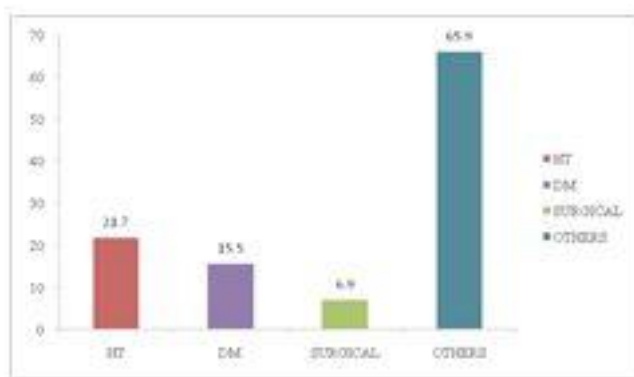


Figure 2: Percentages of patients versus types of chronic diseases.

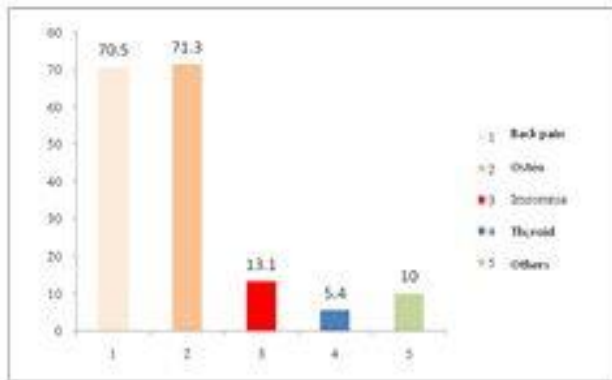


Figure 3: Percentages of patients versus medical history

Treatment given include Spine alignment (45%, n=59), Point massage (1.5% n=2) and Cupping (31.7%, n=41). However, majority of the patients were given multiple therapies simultaneously according to the prognosis of the disease (Figure 4).

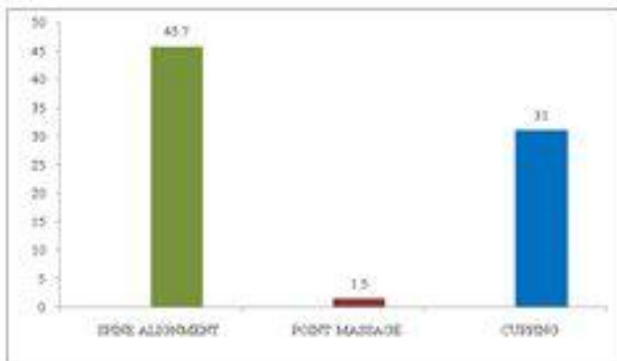


Figure 4: Percentages of patients versus type of treatment

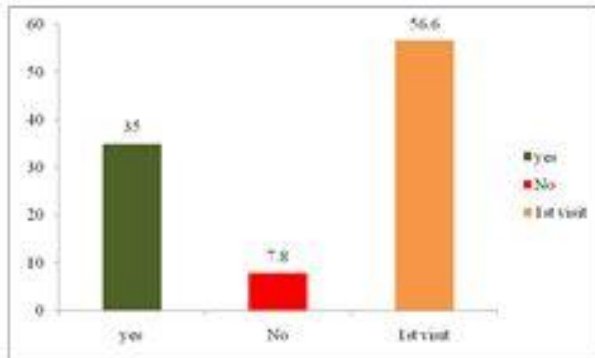


Figure 5: Percentages of patients versus treatment progress

The treatment progress shows 36.2% (n= 47) reported to have a positive progress while 7.7% (n=10) haven't show any progress and no negative impact reported or observed during the study period (Figure 5).

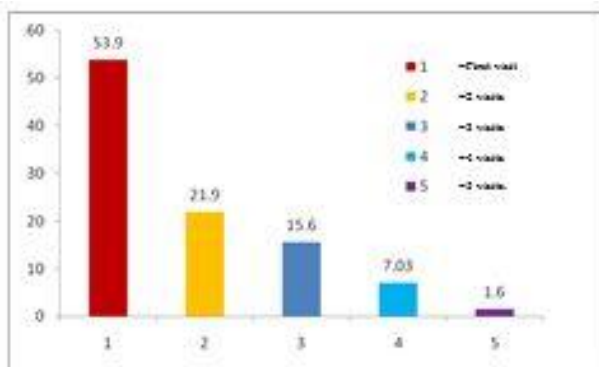


Figure 6: Percentages of patients versus no of visits.

Number of visit ranges from 3 to 10 times during the data collection. In terms of consistency of visit, (46.2% n=60) still continuing the treatment with the centre, 4.6% (n=6) have completed the treatment with positive results, and none of them withdrawn from the treatment due to negative result. The rest of them (56.6 %) still have no result to report since this was their first visit (Figure 6).

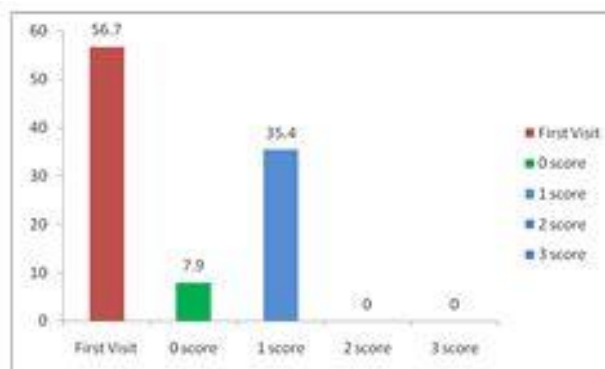


Figure 7: Percentages of patients versus the VAS score.

The pain scores shows that 56.7 % were still not reporting any progress since that was their first visit, 7.9% when given the scores of 0 which represent no progress on pain score, while 35.4% of them gave the score of 1 which represent a positive 1 progress, there were no score on 2 or 3 reported which shown that the pain score were not giving a tremendous result yet for the number of visits stated in this study period (Figure 7).

6.0 Conclusion

The current study concluded the prevalence of MTT used among a group of patients at a local traditional Massage Centre in Malaysia. The common reasons for seeking MTT were back pain, insomnia, osteo related diseases and thyroid problems. Hypertension and Diabetes Mellitus were the common co-morbid diseases found among most of the study participants. Spine alignment, cupping and point massage were the common therapies offered to the patients. A high percentage of patients showed positive results after getting treatments. However few showed no progress. No patients withdrawn from the treatment due to negative impact. MTT found to be somewhat effective to treat common health problems to prevent patients from extra medical procedures and to improve patients' quality of life. The current result shed some light towards the government efforts in recognizing the role of traditional modes of healing in Malaysian Health Care System. Integrating traditional modes of healing can help in reducing the burden on Malaysian Health Care System to avoid extra treatment cost and prolonged hospitalization. However effective measures need to be taken to ensure registered traditional practitioners to offer such treatments to prevent patients getting trapped from the quacks. Moreover further research need to be taken to have better conclusive results in order to generalize the data on a wider population.

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References

- Brandmaier R and Walach H. (1998). *Expertise on the state of the art of the efficacy verification of classical massage, based on clinical studies*. In, Buhning M Eds. Naturopathy. Heidelberg: Springer.
- Kellehear, A. (2003). *Complementary medicine: is it more acceptable in palliative care practice?* The Medical Journal of Australia. 179 (6):S46-S48.
- Ernst, E., Rensch, K.L., Mills, S., Hill, R., Mitchell, A., Willoughby, M., & White, A. (1995). *Complementary Medicine- a definition*. British Journal of General Practice. 45:506.
- Ernst E. (1998). *Does post-exercise massage treatment reduce delayed onset muscle soreness? A systemic review*. Br J Sports Med. 32: 212-214.
- Ernst E and Fialka V.(1994). *The clinical efficacy of massage- a critical review*. Forsch Kompm 1: 226-232.
- Haberzettl A and Kemmerich D. (1990). *Fantasies and associations of psychosomatic patients about the effects of balneo physical applications*. Zschr. Phys Med Baln Med Klima. 19: 268-277.
- Hsieh CYJ, Philips RB, Adams AH and Pope MH. (1992). *Functional outcomes of low back pain: Comparison of four treatment groups in a randomized controlled trial-* J man Physiol Ther. 15: 4-9.
- Lee MHM, Itoh K, Yang G-FW (1990). *Physical therapy and rehabilitation medicine: massage*. In: Bonica JJ, editor. The management of pain. Philadelphia, PA: Lea & Febiger, 1990:1777-8. [2] Taylor JR, Twomey LT. Innervation of lumbar intervertebral discs. *Med J Aust* ;2:701-2.
- Lua, P.L. (2011). *The role of Complementary Malay Therapies: Perspective from Paliative Care Patients*. Published by Berkeley Electronic Press.
- Melzack R, and Wall PD. (1996). *The challenge of pain*. 2nd ed. London: Penguin Books,
- Sagar S, Dryden T, Wong K. (2007). *Massage therapy for cancer patients: a reciprocal relationship between body and mind*. Curr Onco.. 14:45-56.
- Vickers A. (1996). *Massage and Aromatherapy. A guide for Health Professionals*. London. Chapman Hall.
- Werner Gt, Bieger WP, Blum B, Hentschel HD, Huber C and Penz M. (1997). *Effects on numerous parameters in a series of whole body massages*. Phys Med Rehab Kurortmet. 7: 51-54.