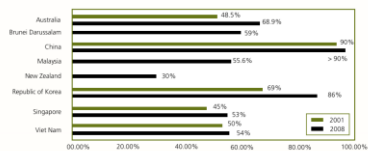


## Complementary, Alternative & Integrative

- The terms "**complementary**" and "**alternative**" are often used interchangeably, but they describe two different approaches.
- Alternative medicine** is defined as a treatment modality **used in place of conventional** medicine. By definition, alternative treatments are not integrated as part of conventional medicine.
- Complementary medicine**, however, makes use of **non-conventional treatment** modalities, some of which have known efficacy, in combination with conventional treatment.
- Both alternative and complementary medicine focus on treatment modalities.
- Integrative medicine**, on the other hand, is not about specific non-conventional treatment modalities, but **is an approach to treating patients**.

Figure 1. Percentage of population using traditional medicine in selected countries in the Region.<sup>1</sup>



Source: 1. The Regional Strategy for Traditional Medicine in the Western Pacific (2012-2020)

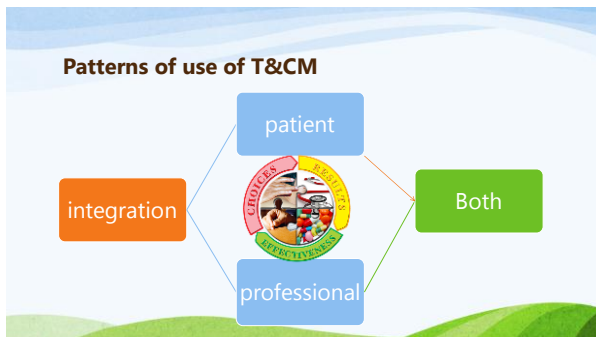
## Seeking experiences from other countries



## Patterns of use of T&CM

Some general points

- Public often choose complementary / traditional medicine to help with a chronic problem or to relieve stress
- Majority of clients already had conventional treatment for the same problems
- New consultations are mainly prompted by recommendations



### Concerns of medical profession have about complementary/ traditional medicine \*

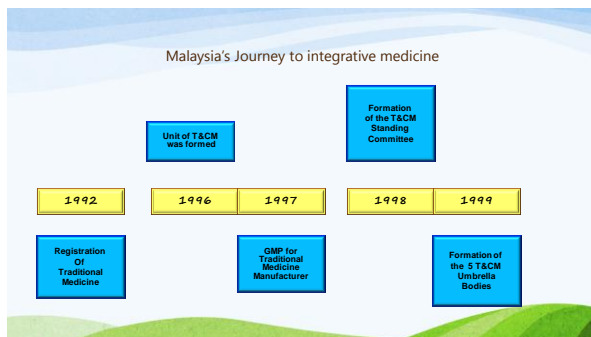
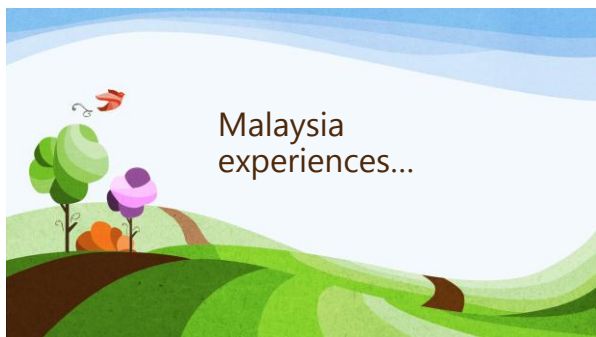
1. Patients are seen by unqualified practitioners - risk of missed or delayed diagnosis.
2. Patients may waste money on ineffective treatments whilst discontinuing or declining effective conventional treatment.
3. Conflicting loyalty
4. Adverse effects from complementary/traditional treatment
5. The claimed benefits of complementary/ traditional medicine are scientifically unproven ( yet).

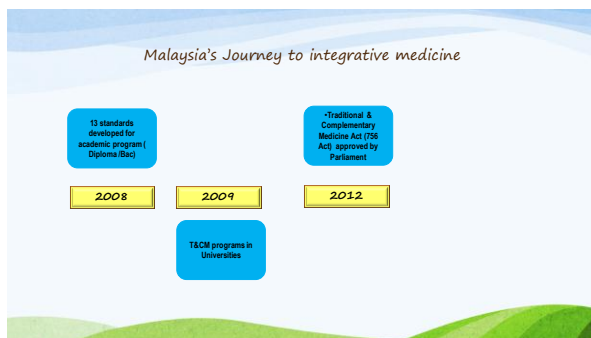
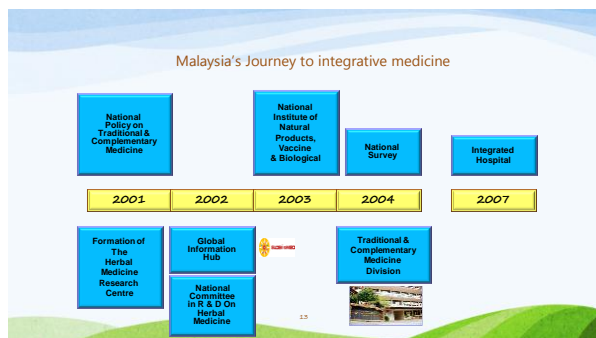
→ Lack of Information

↓ Reduce the gaps between medical profession and T&CM practitioners

YES NO

\* Investigating complementary therapies in primary care. David Johns





### NATIONAL T&CM POLICY IN 2001

**Vision**  
Integration of Traditional and Complementary Medicine (T&CM) into the Malaysian Healthcare System

**Mission**  
Ensure Quality and Safe Use of T&CM practices and products to attain optimal potential in healthcare delivery

### Policy Objectives

- Practices**
  - establish a registry
  - promote rational use
  - ensure T&CM practices in registered facilities
  - facilitate development & integration
  - regulate practices
- Training**
  - T&CM practitioners undergo formalised training
  - process for accreditation
  - modern medicine provider had appropriate knowledge
  - ensure the general public had appropriate knowledge
- Raw Materials & Products**
  - sustainability and standardisation
  - GACP & GMP
  - strengthen control on production, import & export
  - development & protection of IPR
  - strengthen pharmacovigilance
- Research & Development**
  - prioritise & facilitate R&D
  - establish methods & technologies
  - Information data based



### Malay massage treatment regime



**Cherkin et al. (2003) Annals of Internal Medicine, Vol. 139, No. 12, p. 898-907**  
A review of the evidence for the effectiveness, safety and cost of acupuncture, massage therapy and spinal manipulation for back pain.

**Tse (2007) Evidence – based Complementary and Alternative Medicine, p.1-15**  
Effectiveness of massage therapy for chronic, non-malignant pain: A Review.

	Chronic Pain	Post stroke
No of session	3	7
Regime	3 session within a week (3 days in a row or every other day)	First week: 3 sed Second week: 2 sed Third week: 2 sed
Assessment of treatment effectiveness	Done on 3 session	Done on 7 session
Maximum session	5	10



### Acupuncture

	Chronic Pain	Post stroke
No of session	5 sed	20 sed
Regime	Every day or every other day	Every day or every other day
Assessment of treatment effectiveness	5th session	First 10 session: effectiveness of the acupoint Second 10 session: Effectiveness of the treatment
Maximum session	10	30




### Acupuncture


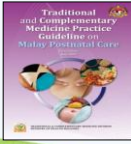

Professor Peter Littlejohns, NICE Clinical and Public Health Director, said: "Most people will be affected by low back pain at some stage in their lives, so it's good news that the NICE now has evidence based guidance on how to treat the condition effectively. There is variation in current clinical practice, so the new NICE guideline means that for the first time we now have the means for a consistent national approach to managing low back pain. Importantly patients whose pain is not improving should have access to a choice of different therapies including acupuncture, structured exercise and manual therapy. The recommendations will enable health professionals to provide the best care and advice for people needing help for low back pain, which should reduce the impact of the condition on patients' day-to-day lives."

Recommendations from the guideline for health professionals include:

- Advise people with low back pain that staying physically active as much as possible is likely to help and provide people with advice and information to help them manage their low back pain
- Offer one of the following treatment options, taking into account the patient's preference: an exercise programme, a course of manual therapy including manipulation, or a course of acupuncture (more details on each below). Consider offering another of these options if the chosen treatment does not result in satisfactory improvement
- Consider offering a structured exercise programme tailored to the individual that may include exercises to strengthen muscles, improve posture and stretching
- Consider offering a course of manual therapy, including spinal manipulation, spinal mobilisation and massage. **Spinal manipulation should be provided by a range of health professionals including osteopaths, chiropractors, manipulative physiotherapists or doctors who have had specialist training**
- Consider offering a course of acupuncture needing, up to a maximum of 10 sessions over a period of up to 12 weeks
- Injections of the lumbar spine for the management of non-specific low back pain are not recommended
- Offer a combined intensive exercise and psychological treatment programme for people who have had at least one less intensive treatment already, but who still have disabling pain which causes significant distress or impacts on daily life
- Do not offer a ray of the lumbar spine for the management of non-specific low back pain, and only offer an MRI scan within the context of a referral for an opinion on spinal fusion.

### Malay postnatal care

	Wellness	Postnatal care
Treatment commences	24 hours after discharge from postnatal ward	3 days after discharge from hospital
Type of treatment	Wellness massage + Breastcare	massage + hot Compression + body Wrapping ( barut/girdle)
No of session	One off	6 session

### Shirodhara Treatment

No of session	5
Type of treatment	Head massage + oil
Indication	Insomnia, Stress, Anxiety, Mild depression

**J Altern Complement Med 2008**  
DOI:10.1089/jam.2007.1319-98

**Psychoneuroimmunology is effects of Ayurvedic oil-dripping treatment.**

Shirodhara has anxiolytic and ASC-inhibiting effects, and it promotes a decrease of noradrenaline and exhibits a sympatholytic effect, resulting in the activation of peripheral foot skin circulation and immunoprotection.

**J Altern Complement Med 2008** DOI:10.1089/jam.2007.1319-98

**Pharmacogenetic-psychologic effect of Ayurvedic oil-dripping treatment using an essential oil from *Levetidula angustifolia*.**

Three mechanisms: (1) the well-known relaxing action of essential oils from *L. angustifolia* mediated by olfactory nerves, (2) the pharmacological action of substances absorbed through the skin or mucosa in the ear canal or lavender essential oil, and (3) the physiologic effect of warm oil dripped on the forehead induced by the somato-sympathetic reflex through thermoreceptors or pressure sensors in the skin or hair follicles on the trigeminal cranial nerves.



### Guidelines on T&CM Practices 2009 - 2012



#### Reviewed Guidelines



Guideline on Acupuncture



Guideline on Acupuncture

#### Good Practice Guidelines (2010)



Good Practice Guideline on Malay Massage



Good Practice Guideline on Acupuncture

#### Good Practice Guidelines (2011)



Good Practice Guideline on Herbalology

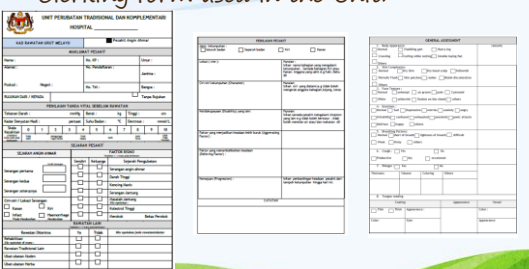


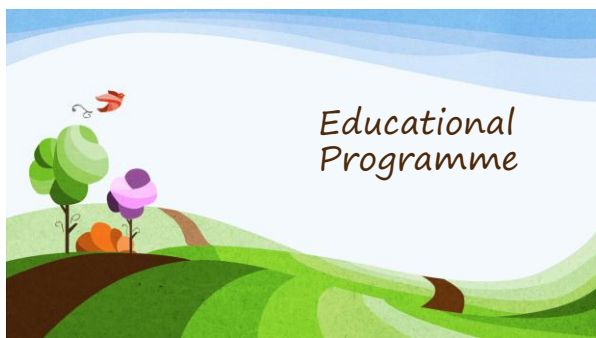
Garis Panduan Penubuhan Islam (Practice Guideline on Islamic Medical Practice)

**Work in progress is directed towards the following guidelines:**

1. Practice Guideline on Shirodhara
2. Practice Guideline on Homeopathy
3. Practice Guideline on Chiropractic
4. Garis Panduan Penubuhan Islam (Practice Guideline on Islamic Medical Practice)

### Clerking form used in the Unit.

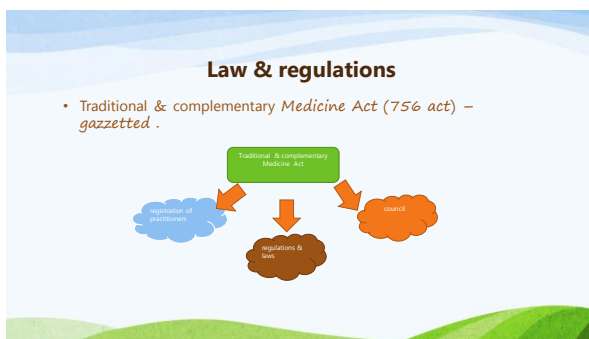




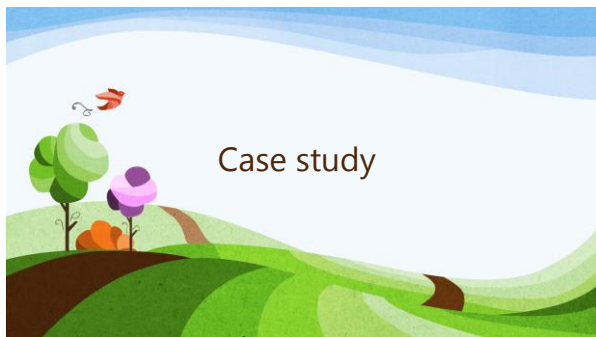
Bachelors and diploma educational programmes developed together with MQA & T&CM practitioners

Bachelor Educational Programme	Diploma Training Programme
<ul style="list-style-type: none"> <li>• Bachelor of Traditional Chinese Medicine (Acupuncture)</li> <li>• Bachelor of Traditional Chinese Medicine</li> <li>• Bachelor of Complementary Medicine (Natural Medicine)</li> <li>• Bachelor of Homeopathy</li> <li>• Bachelor of Malay Medicine</li> <li>• Bachelor of Ayurveda Medicine</li> <li>• Bachelor of Chiropractic</li> </ul>	<ul style="list-style-type: none"> <li>• Diploma in Malay Massage</li> <li>• Diploma in Traditional Chinese Medicine (Acupuncture)</li> <li>• Diploma in Natural Medicine</li> <li>• Diploma in Aromatherapy</li> <li>• Diploma in Islamic Medicine</li> <li>• Diploma in Reflexology</li> </ul>

Bil	Nama program	Nama Institusi	Tarikh Lulus Menteri
1	Bachelor of Science (Hons) Chinese Medicine	INTERNATIONAL MEDICAL UNIVERSITY	25/01/2010
		Universiti Antarabangsa INTI	09/06/2009
		UNIVERSITI PENGURUSAN & SAINS (MSU)	10/07/2009
		Universiti Tunku Abdul Rahman (UTAR Sungai Long)	31/07/2010
		KOLEJ SELATAN, SKUDAI	27/08/2010
2	Ijazah Sarjana Muda Sains Perubatan Homeopati (Keputusan)	Kolej Universiti Sains Perubatan Cyberaya (UCUMS)	09/06/2009
3	Bachelor of Science (Hons) Chiropractic	INTERNATIONAL MEDICAL UNIVERSITY	
4	Diploma in Traditional Chinese Medicine	Universiti Pengurusan Dan Sains (MSU)	09/06/2009
5	Diploma in Natural Medicine	Kolej Universiti Lincoln (Kampus Utama)	22/08/2011
		Malacca College of Science and Management (MCSM)	*1/07/2009.









# Case study

### Case Study



**ICU-June 2008**  
Hypoxia Ischemic Encephalopathy (HIE), resulting in a dense stroke to the her Right side of body



13th August 2008.  
She was discharged with a tracheostomy in situ, still having significant slurring of speech, able to tolerate normal feeds, needing help with her ADL and only mobilizing with wheel chair



**First session 14 August**

- massage was aimed at the Right leg first and then slowly moved up to the Right upper limb.
- This was done to facilitate blood flow and soften the muscle by concentrating the massage at certain points



**4th session 25/8/2008**

- the patient was able to lift up the right hand until 90 degree and sit without support
- had already ambulating with a walking frame.
- Similar massage technique was applied to the R upper and lower limbs and the back



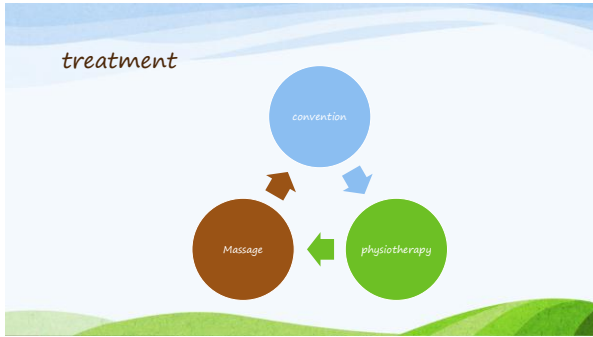
**12 session ,29/9/2008**

- able to walk long distances with the walking frame.
- able to wash the dish, fry eggs and fish while sitting, own dressing and toilet activities including bath



**Last session < October 2008**

- She came with her husband and her daughter.
- She walked with her walking frame from the carpark.
- She was able to sit by herself and hold her daughter



Take home message

