Malay Traditional Massage Therapy (MTMT) Seeking Behaviours among Malays for Their Chronic Diseases-Case Study

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Abstract

Research background: Malay Traditional Massage Therapy (MTMT) has gained popularity among patients diagnosed with various types of chronic diseases. Objective: This study was to determine the prevalence of use of MTMT among Malays for their related diseases. 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: MTMT was commonly used among Malays for various types of chronic diseases and proven to be effective.

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

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1. Introduction

Malay Traditional Massage Therapy (MTMT) is one of the fields of Traditional Malay Medicine (TMM) where the knowledge and practices are indigenous to the Malay culture that cover aspects of health and healing practices from generations. These practices are usually inherited via traditions among families, either in verbal or written forms. MTMT practitioners are often known as Tabib (healers). The treatment aims to cure or prevent diseases. Generally it involves three basic methods of physical approach namely massaging (urut), doubling (lumur) and cupping (bekam). Before the advent of Islam in Malay states, TMM including massage were largely influenced by the belief and practices that uses supernatural power to treat the disease and even until today some of them still remain popular methods of treatment. In the earlier century the local community held traditional medicine in a very high regard. However time has changed and attention given to them now, is not the same as before. This is not only due to the progress of science and technology or modern methods of treatment, but in part to the weakness of the practitioners themselves. Their inherited knowledge is undocumented and has therefore resulted in a decline of the knowledge thus making it unreliable. As mentioned earlier, the arrival and spread of Islam slowly changed the concept used by the Malay medicine practitioners. The quotations from Al-Quran and Hadith of the Prophet Mohamaed (swt) have been used to replace the menteras.

MTMT has been practiced long time ago in Malaysia. Moderate evidence showing that massage is effective for patients with chronic diseases such as back pain, insomnia, osteo related diseases such as arthritis, joint pain, knee pain, osteomyelitis, osteoporosis etc. (Maurits et al. (2005). It was claimed that massage can reduce pain intensity, improving function and most primitive tool to treat pain. The most ancient references to the use of massage come from Babylonia (around 900 BC), China (around 2700BC), India (around 1500-120BC), Greece (Hippocrates 460-377 BC, Asclepiades, Galen) and Rome (Plato 427-347 BC) and Socrates (470-399 BC) (Kanemetz H.L 1985).

In recent years, massage appears to be gaining popularity as an increasing number of people with various types of chronic diseases are seeking alternative care not only for therapeutic reasons but for psychological well being. Massage uses a combination of techniques including cyriax, effleurage petrissage, friction, kneeding or hacking depending on the practitioners and settings. Massage may constitute the primary intervention or may be considered as adjunct to prepare the patient for exercise or other interventions. However there are practitioners (massage therapist) who use massage as the primary intervention.

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). MTMT has been one of the therapies of choice for some Malays in Malaysia as their alternative or complementary medicine to improve their QoL (Hassan et al 2010).

In Malaysia use of CAM is popular (Farooqui et al 2012, Hassan et al 2009) however, the documented availability of such information is still limited despite the escalating use CAM practices. The recent move of ministry of health Malaysia to recognize the role of CAM in Malaysian health care system has provided a platform to the patients to utilize CAM therapies with full confidence and without a fear of being trapped by the quacks. After a call from World Health Organization (WHO) to recognize the role of CAM in national health care system, Malaysia was among the countries who developed and implemented their own policies on Traditional and Complementary Therapies (T&CM) in 2000[1]. The integrative medicines unit was first set up at Kepala Batas Hospital, which is situated in the northern region of Malaysia. To date, nine hospitals all over the country are offering numerous types of T&CM practices for patients with chronic disease such as stroke, cancer etc. The most common therapies offered under integrative medicines unit are massage, acupuncture, hypnotherapy, Islamic medicines as well as Traditional Chinese Medicines (TCM), Malay Traditional therapies, Ayurvededa etc. 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 efforts in recognizing the role of CAM therapies in national health care system. 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).

PUSRATU (Pusat Rawatan Tanpa Ubat) i.e. a treatment without medicine centre is a Malay Traditional Massage Therapy center. PUSRATU has few centres all over Malaysia. However the centre used for this study is located at a Northern part of Malaysia and is registered under Ministry of Health Malaysia. The treatments offered at PUSRATU are very different in term of techniques, approaches and duration of treatment from the current available technique in Malaysia even though it is under the group of Malay traditional therapy.

Patients who visit this center and the traditional practitioners at this center claim that this method of treatment manage to reduce their pain, improve their physical condition and reconstruct their body system back to normal.

MTMT uses spine alignment through jabbing massage technique, cupping and point massage or a mixture of all depending upon the patients’ severity of illness. The therapy techniques vary according to an individual’s need and symptoms. Beside the physical approach, they combine some element of spiritual technique through Al-Quran recitation and counselling. The PUSRATU and its staff are registered under T&CM, ministry of health, Malaysia and are allowed to perform their practice.

It is claimed by the founder of PUSRATU, that many of the local folks are visiting and seeking treatment from the centres for a variety of health ailments and claimed to be cured to certain extent. Some of the patients with chronic illness such as chronic back pain are claimed to seek therapies for a long period of time. Most of them claimed that they felt better after the treatment and even healed from the disease they suffer. However to date, there is no data documented on the prevalence of MTMT and the effectiveness of MTMT among Malays in Malaysia. Even though the patients who received treatments from this centre claimed that they have improved from their disease symptoms and show some positive progress there is no clinical evidence to prove their claim. The present study is aimed to estimate the prevalence MTMT use among a group of patients at PUSRATU and to evaluate the effectiveness of the treatment for their various types of chronic diseases by using Visual Analogue Score Scale (VAS). VAS score is a measurement of the treatment progress in term of pain reduction using Likert Scale 1 to 4 from no pain to the most severe pain (Wewers M.E. & Lowe N.K. 1990).

Study objectives:
- To determine the prevalence of use of Malay Traditional Massage Therapy among Malays with chronic diseases.
- To investigate the effectiveness of Malay Traditional Massage Therapy by using Visual Analogue Score Scale.

2. Literature Review

At present there is only a small research conducted on the effectiveness of Malay Traditional Massage Therapy (MTMT) in the treatment of various types of diseases in Malaysia. 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. Massage techniques are claimed to manipulate the affected muscles which may induce local biochemical changes that improves blood flow and oxygenation to the affected muscle. These local effects may influence neural activity which influences pain perception. Another study of similar nature found 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 which 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 tissues (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 tissues enhances 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 (Dogs, 1988; Haberzetttl and Kemmerich, 1990; Sarno, 1976), which could be psycho-neuro-immunologic pathways mediated by the immunocompetent cells of the skin (Montagu, 1982; 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. In conclusion, massage can produce numerous effects depending on site, type of technique used, subject of treatment, severity of illness, duration and frequency of treatment, pre treatment level of parameter etc, which can be named as some of the modifying variables in evaluating the effectiveness of massage therapies. 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 which 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 with methodological flawed (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). This paper presents the results of part of a larger study which evaluated the effectiveness of Malay Traditional Massage Therapy on various types of chronic diseases by using Visual Analogue Scale Score (VAS), Self Leg Raised Score (SLR) and Magnetic Resonance Imaging (MRI). For this paper the context of the study was to see the prevalence of Malay patients seeking for traditional treatment at PUSRATU for various types of diseases for the improvement of their life quality.

3. Materials and methods

3.1. Ethical approval

This study was funded by University Teknology MARA (UiTM) Excellent Fund. Prior to the study commencement an approval was obtained from Research Management Unit, UiTM, Pulau Pinang. Verbal consents were obtained from the patients and an official approval was obtained from PUSRATU concurrently. The patients were assured that participation in the study would not affect their treatment at any time, and are allowed to withdraw from the study any time.

3.2. Study design, sampling and setting

This study was conducted at PUSRATU from January December 2010. The data was collected from all patients visiting the centre during the study period for various types of chronic diseases. Upon registration patients were given consents form if they agreed to participate in this study. On their first visit
patients were only examined for their complaints and no treatment was performed. All patients would only receive the first treatment on the following visit. The selected patients underwent a normal treatment procedures set by PUSRATU and data concerning the patients and treatment progress were evaluated on their following visits. The demographic and disease characteristics were collected through a self administered questionnaire. The questionnaire comprised three sections including demographic data, medical history and reasons for their visits to the PUSRATU centre. Visual Analog Score (VAS) scale rating 1 to 4 Likert were given to all participants upon their agreement to participate in the study. Traditional massage treatment was performed on all the patients by qualified traditional practitioners on their visit day which was scheduled by the centre depending on the type of disease, diagnosis and prognosis. They were asked to fill up the VAS score before and after the treatment on every visit. The differences between the score before and after the treatment were recorded as the pain score. Data on demographic, medical history and reasons for their visits were analyzed. Patient’s record files were evaluated to reconfirm the type of therapies they received compare to what they have reported in the questionnaire. Patient’s VAS scores were also analysed to evaluate the treatment progress. Data was analyzed and presented in mean +/- SE and percentages and tabulated as pie charts and histogram. During the one year period of the study 131 patients were recruited and evaluated using SPSS version 16.

4. Results and Discussions

Patient’s demographic characteristics are presented in Figure 1. The mean age was 51.40 +/- 15.6, while the cohort was dominated by females (79.8%). Majority of the patients were presented with other co-morbid diseases such as hypertension 21% (n=28), diabetes mellitus (15.5%, n=20) etc (Figure 2). Most of the participants reported to be compliant to their treatments for hypertension and diabetes which were prescribed by their doctors. The reasons for their visit were of other concurrent complaints which consist of back pain (70.5% n= 91), osteo related diseases (71.3%, n=92), insomnia 13.2% (n=17), medical conditions due to thyroid gland dysfunction 5.4% (n=7) etc (Figure 3). Most of these diseases are secondary of their major diseases and their hopes were that the treatment could increase their mobility and improve their life quality. The total percentages for figure 2 and 3 are more than 100% because some of the patients presented with more than one type of co-morbid diseases. However it is not a researcher’s intention to specify the disease details in this paper.

Fig. 1. Percentages of Males VS Females patients
Treatment given include spine alignment (45%, n=59), point massage (1.5% n=2) and cupping (31.7%, n=41). However, some of the patients were given multiple therapies simultaneously according to the prognosis of the disease (Figure 4). In all cases, treatments were started with Quranic recitation and spiritual counselling to strengthen the patient’s emotional and spiritual feeling.
The treatment progress shows 36.2% (n= 47) reported to have a positive progress while 7.7% (n=10) haven’t shown any progress (negative) and 56.1% were still on their first visit during the collection of data. Progress only observed normally after a few visits (Figure 5).
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 withdrew 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).

The pain scores (1-4 Likert scale), 1=Reduction of pain in the scale of 1, 2 = the pain reduction is 2, 3= the reduction of pain is 3. 0 score shows that there is no change in pain score scale. Figure 7 shows that 56.7 % were still not reporting any progress on the pain score since that was their first visit, 7.9% were given the scores of 0 which represent no progress on pain score, while 35.4% of them gave the score of 1 which represents 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. Depending on the patient’s presentation and the duration of the disease they have suffered, treatment may take longer time for certain patients. Despite the differences in physiological presentation of each patient,
the practitioners has some limitation to perform their treatment due to some patients were not able to tolerate the treatment procedures which sometime requires special physical and emotional strength from the patients to cooperate with the practitioners for the better outcome.

The first visit percentages are different in figure 5, 6 and 7 because this percentages represent the progress of the treatment in the first visit (Figure 5), number of visit during the data was collected (Figure 6), and pain score during the first visit (Figure 7).

4.1. Limitation

The study has certain limitations. The sample size would not allow generalizing the data to a wider population. The study was conducted at one centre in northern region of Malaysia which may not reflect a wider population.

5. Conclusion and suggestion

The current study concluded the prevalence of MTMT used among a group of patients at a local traditional Massage Centre in Malaysia. The common reasons for seeking MTMT 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. MTMT 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.

Further research need to be conducted to on a bigger sample size in order to evaluate the effectiveness of MTMT for patients with chronic back pain and other osteo related conditions. Also the effectiveness of MTMT should be vaulted of other types of chronic conditions.

A similar research should be conducted for different ethnic group in Malaysia seeking for these types of treatment beside other T& CM treatment in Malaysia. Since the current trend in Malaysia, other ethnic group like Chinese, Indian are also seeking Traditional treatment including Malay massage for their diseases and to maintain their health status. More research needs to be conducted to ensure that the practice of T&CM in Malaysia are supported with clinical evidence.

Since the use of traditional and complementary medicine is widespread among developing nations and is gaining popularity among developed countries the research on this area should be conducted further. All ethnic groups will be benefiting from the research finding. It will open up more choices for the patients to choose the treatment according to their comfort and affordability. According to the World Health Organization (WHO), approximately 66% of the population in developing countries uses TCM on a regular basis, and about 50% of the global population in developed countries.

In accordance with the TCM Act, all TCM practitioners will be required to register with the Ministry of Health. Currently registration with Malaysia’s Ministry of Health is mandatory for all TCM practitioners. The practitioner are required to meet certain standards and many aspects of the practitioner’s operation will be monitored, such as the products used to treat patients, quality of the
products, methods of treatment, safety, and scientific evidence showing effectiveness of these TCM’s. A standing committee made up of representatives from the Ministry of Health, Malaysian Medical Association (MMA), and various practitioner’s groups and universities in Malaysia, is working to create a module which will cover the issues of TCM education, consultation and monitoring. Therefore the needs to embark into TCM research to ensure all categories of standard are fulfilled by all practitioners are mandatory at this stage. More study should be conducted on the use of TCM including Malay massage to ensure the safety, quality and treatment effectiveness. Patients seeking for this type of treatments will be more secure and taken care of by the government policy. The practitioners will be guided with a standard guideline to secure their practice which is protected under the government acts and is accredited as one of the approved alternative treatment of choice in Malaysia. (Subsection 1 of Section 34 of the Medical Act of 1971 contains the following broad general exemption (253): Malaysian Government):

Malaysia is committed to see Traditional and Complementary Medicine integrated into the Health System and looks forward to enhanced cooperation among member countries to learn and to share.

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