THE USE OF TRADITIONAL MALAY MASSAGE AND TRADITIONAL MALAY HERBS IN MALAYSIA: A REVIEW

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ABSTRACT

Nowadays, traditional and complementary medicine is widely used in Malaysia and it is already been incorporated in most the government hospitals. This review takes a look on the use of traditional Malay massage and traditional Malay herbs in Malaysia. Among Malaysians, the use of traditional Malay massage and traditional Malay herbs is significantly high due to the strong belief that these practices are effective. The knowledge of the methods of practice is passed from one generation to another. A literature search was performed using an online electronic search in database CINAHL, Medline and psychology and behavioural sciences collection database through EBSCOhost with the aim to identify published studies on the use of traditional Malay massage and traditional Malay herbs in Malaysia. The current review highlights that traditional Malay massage and traditional Malay herbs in Malaysia has a role in view of positive, beneficial effects to improve and optimize mobility, physical function, activity daily living and quality of life. However, more studies are required to explore its usage, perspectives and the effectiveness on various diseases.

Keywords: Use of, Traditional Malay massage, Traditional Malay herbs, Malaysia
1.0 Introduction

Traditional medicine plays a major role in providing healthcare to mankind. It is the value of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether understandable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses while complementary alternative medicine terms are used conversely with traditional medicine in some countries (WHO, 2017). The Malaysian government is attempting to develop this field further since this country has an abundance of natural resources that could be developed into health products in line with the traditional and complementary medicine practice which is getting more popular in Malaysia for the purpose of healing diseases and healthcare (MOH, 2011). Ministry of Health Malaysia has planned for the traditional and complementary medicine to become an important component in the healthcare system that will improve the level of health and quality of life of Malaysians in addition to modern medicine. In Malaysia, Traditional and Complementary Medicine (TCM) are classified into six major groups namely traditional Malay medicine, traditional Chinese medicine, traditional Indian medicine, homeopathy, complementary medicine, and Islamic medical practice. In Malaysia, studies have reported that 69.4% of the Malaysian population in all states have used TCM in their lifetime (Siti et al., 2009). According to Tahir et al., (2006) about 55.6% of Malaysian population from all the states used TCM within a twelve-month period.

Since December 2011, there has been a total of ten hospitals where TCM practices are integrated into the modern healthcare system to achieve a holistic approach towards enhancing health and quality of life. Currently, there are five different TCM practices provided which includes Traditional Malay massage for chronic pain and post stroke management, Acupuncture for chronic pain and post stroke management, Herbal therapy as an adjunct treatment for cancer, Malay postnatal care and Shirodhara. Although TCM is practiced in ten hospitals, majority of the TCM practice is limited to Traditional Malay massage. However, the Traditional and Complementary Medicine (TCM) Unit of Putrajaya Hospital and Johor Bahru’s Sultan Ismail Hospital midwifery care practices hot compress or bertungku and herbal body wrap or bengkung and Malay postnatal massage (Barakhbah et al., 2007). This is likely because the majority of Malaysians prefer Malay massage as an alternative care for therapeutic and psychological requirements (Othman et al., 2012)

Nowadays herbal therapy also plays an important role in TCM practice in Malaysia; currently there are four hospitals that practice traditional herbal therapy. The increasing use of herbal medicines by the Malaysian public is of special concern especially because herbal medicines are not rigorously regulated by the Drug Control Authority (DCA) of Malaysia (Aziz et al., 2004). According to Aziz et al., (2009), as the use of herbal medicines increases in the general population, so do the occurrence of adverse effects and herbal-drugs interaction.

In Malaysia, the safety and efficacy traditional and complementary medicines have become a cause of concern for both health authorities and the public. In view of this, the healthcare system in Malaysia has undergone some changes to bring traditional and complementary medicines into the mainstream while ensuring safety of the public (T&CM Division, Ministry of Health Malaysia, 2017). In 22nd July 2016, the appointment of date of coming into operation for Traditional and Complementary Medicine Act 2016 [Act 775] was gazetted and
the date of 1st August 2016 is the date on which sections 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 20, 42, 43, 44, 45, 46, 47, 60 and 61 and subsections 63(1) and (3) of the Act come into operation. The purposes of this act is to provide for the establishment of the Traditional and Complementary Medicine Council to regulate the traditional and complementary medicine service in Malaysia and to provide for matters connected therewith (Laws of Malaysia, Act 775, 2016)

Knowledge of the predictors of herbal use may help health care providers to identify patients at increased risk who would be candidates for offering additional guidance on safe use of herbal medicines. Herbal medicine, products which consist of either raw or processed elements from one or more medical plants, are always been thought as healthy source of treatment especially in the Malay population (Aziz & Tey, 2009; Adnan, 2012). Herbs based medicine as part of TCM (Traditional and Complimentary medicine) was found to have the highest prevalence of use in both health problems (89.9%) and maintaining health (87.3%) among the Malaysian population compared to other categories of TCM (Siti et al., 2009).

Malay Herbal Medicine use is significantly high due to the strong belief that these practices are safe and effective. It is available in almost every state in Malaysia and has been used widely to cure and prevent many types of diseases (Ong, 2011), from simple classification of disease, joint aches and fever and for chronic disease such as diabetes, kidney disease and lung tumour (Ong, Ahmad, & Milow, 2011). Adult villagers, local healers and herbalist mostly know the basic function of the medicinal plants at their locality. They tend to use traditional herbs to treat simple diseases rather than drugs or modern medication (Adnan & Othman, 2012). In addition, decoction, poultice and infusion are the most common methods for preparing the herbs (Ong, 2011).

Based on Chart 1, over 1420 patients were given treatments via Malay massage and 1385 for herbal therapy in TCM Unit, Kepala Batas Hospital, Penang (Traditional & Complementary Medicine Division, Ministry of Health Malaysia, Annual Report, 2010). Although, the report did not specifically mention the ethnicity consuming the treatments above, the number somehow indicated that the use of TCM among Malaysians are at an accelerated process. Accordingly, the aim of this article is to explore the available evidence about the use of traditional Malay massage and traditional Malay herbs in Malaysia.
Chart 1: The total number of treatments given in 2010 by TCM Unit in Kepala Batas Hospital, Penang (TCM Division, Annual Report, 2010)

**Total number of treatments given based on modalities**

<table>
<thead>
<tr>
<th>Type of modality</th>
<th>Total number of treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malay massage</td>
<td>1400</td>
</tr>
<tr>
<td>Herbal therapy</td>
<td>1350</td>
</tr>
</tbody>
</table>

2.0 Materials and Methods

In this review, articles including the case study, case report and research study were identified in the CINAHL, Medline and psychology and behavioural sciences collection database through EBSCOhost was undertaken with the aim to identify published studies on use of traditional Malay massage and traditional Malay herbs in Malaysia. The main keywords used were “Malay AND massage” produced fourteen articles, “urut AND melayu” produced eight articles, “Malaysia AND herbal medicines” produced seventy articles, “Malay AND herbs” produced thirteen articles. Afterwards, the combination between “Malay AND massage” OR “urut AND melayu” were entered and the result came out with fifteen articles. While, the combination between “Malaysia AND herbal medicines” OR “Malay AND herbs” has shown eighty one articles.

During the articles search, additional limitations were performed to ensure availability and specificity of the articles. The limitation includes human as subjects in the research performed and the articles must be published in English. Finally, the publications were included when they were available in full-text articles with an abstract.

In total, twelve publications were used in the form of systematic reviews, research papers, case studies and reports were analysed. The findings are discussed in the following section according to the use of Malay massage and Malay herbs.
3.0 Result

3.1 Malay Massage

In Malaysia, Traditional Malay Massage is one of the traditional and complementary medicine modalities conducted by selected hospitals under the Ministry of Health since 2007 (Anuar et al, 2010). Malay massage is commonly known as “Urut Melayu” among Malays. Basically, Malay massage or urut Melayu is used to enhance the blood flow while concurrently eliminating angin (wind) that will eventually cause the build-up of solid lumps in the blood vessels. Malay massage practitioners believe that if left untreated, it could be the cause of many more other diseases such as cancer (Anuar et al, 2010). It is a massage that uses hands not just to manipulate the muscle of the body but also used as a therapy to gain relaxation and comfort to the whole body (T&CM Division, Ministry of Health Malaysia, 2017).

Study conducted by Sagar et al. (2007) stated that massage would improve physiologic and clinical outcome by offering a symptomatic relief of pain muscles and fascia that may induce local biochemical changes. In the therapeutic aspect, massage provides pain treatment (Ernst E, 2003) as well as alleviation of musculoskeletal problems such as muscle spasm (DeLany, 2002). Other than that, it also helps in psychological aspects such as providing relaxation, improving confidence levels and reducing anxiety (Field, 2007). Some of the conditions claimed by practitioners to benefit from the Malay massage are postpartum care, diabetes, and hypertension (Anuar et al, 2010).

3.1.1 Traditional Malay Massage used for Post Stroke condition

Several studies have found that Malay massage is one of the practices that would be beneficial to the healing process of post-stroke patient. Post-stroke patients usually will feel the weakness at the affected body parts. A qualitative study by Anuar et al., (2012) used urut Melayu for post stroke patients in 17 patients who seek this intervention among those aged between 28 and 81 years old. The patients who have post stroke conditions were interviewed on their willingness to seek urut Melayu and their experiences after treatment. The final results are categorized into four sections including history of post stroke patient, characteristics of urut Melayu, patient's assessment of urut Melayu and post stroke treatment.

The post stroke patients who came to TCM units are diverse in their time of onset on being attacked and their causes such as hypertension, post-delivery stroke, and motor vehicle accident and memory loss. In addition, they had difficulty in gripping and lifting objects due to loss of sensation on hands and legs. According to the practitioners, they suggested performing urut Melayu for three conservative days followed by once a week later, but they could do more regularly rather than 2-3 week's interval due to the number of practitioners increasing consistently.

All patients stated that their bodies felt more relaxed after urut Melayu and claimed to seek this treatment frequently. However, the majority showed the improvement on mobility as they can do more than before. According to the patient interviews, they also continue other treatments such as exercise at the physiotherapy department. They stated that these two interventions are interlinked and essential for rapid recovery. Other than that, some patients
went for acupuncture sessions but felt that urut Melayu is much better than acupuncture and were willing to stay with urut Melayu (Anuar et al., 2012)

3.1.2 Traditional Malay Massage used for Postpartum care

The important features in the Malay postpartum care include the use of herbs, heat, and Malay postnatal massage (CPG Malay Postnatal Care, MOH, 2009). Heat is used in the form of direct exposure such as hot compression bertungku, warm bath or indirect exposure such as consuming ‘hot food’ during confinement. The former is also an essential practice in the Malay postnatal massage apart from whole body massage and body wrapping barut. Massage is performed for at least three consecutive days, six to seven times during the confinement period. Hot compression is believed to be able to dissolve residual blood clots in the uterus, to help it to contract, break down fat tissue and help a woman’s body to return to its pre-pregnancy state (CPG Malay Postnatal Care, MOH, 2009). Body wrapping is widely believed to be able to help reduce weight and tone the body, protect the internal organs as well as to help swollen organs return to their pre-baby state and promote good posture that will aid in breastfeeding (CPG Malay Postnatal Care, MOH, 2009).

There is one case study conducted by Fadzil et al., (2012) on traditional Malay massage usage for postpartum stroke patients. This case report presented a 32-year-old woman with a prenatal condition admitted to the hospital on 26 June 2008 due to contraction pain. She went through caesarean section on the lower part caused by fatal distress. Then, she experienced postpartum haemorrhage after delivery causing her uterine muscles to fail to contract normally. Subtotal hysterectomy was done and provided ventilation after operation on the next day. On the same day, she got a dense stroke, which affected the right side of her body due to hypoxia ischemic encephalopathy. After she had been discharged on 13 August 2008 with tracheostomy in situ, the TCM unit advised her to do urut Melayu on the next day.

The first session of urut Melayu focused on right lower and upper limb and lasted 45 min. At this point, she was unable to do any daily activities by herself including bathing, eating, dressing and toileting. In addition, she also was problematic on a psychological aspect as she was always crying and showed depression and unhappiness about her condition.

After 3 months she received urut Melayu, which was the final session. She was able to walk using a walking frame and could stand 1-2 min unsupported. Her right hand also can do writing more clearly but slowly. Furthermore, her slurred speech is reduced even though sometimes followed by slight stuttering.

The best improvement is that her daily activities are going well without any help from caregivers. Psychologically, she has improved her sleep patterns and gained body weight. Therefore, she got more self-confidence and wished she could be able to work again.

For the next 3 months, she obtained a job as an educational technologist or instructional designer at a private university. Hence, she doesn't have a problem doing her work tasks including typing on a computer because of her improvement in fine motor skills. With regard mobility, she had improved in walking style with minimal assistance using a walker. Other than that, her speech also showed more progression in tone variation as well as word intonation. However, she decided to maintain her urut Melayu session at TCM unit, but
infrequently visited. From this case report, it is seen that traditional Malay massage is a promising complementary rehabilitative method in postpartum stroke.

3.1.3 Traditional Malay Massage used for Chronic Diseases

A case study done by Othman et al., (2013) showed the prevalence of Malay patients seeking traditional Malay massage for their related diseases. The chronic diseases involved include hypertension, diabetes mellitus, surgical and others. Osteo-related disease has the highest patient's percentage (71.3%) who seeks traditional Malay massage in a medical centre, followed by back pain (70.5%), insomnia (13.1%), thyroid gland dysfunction (5.4%) and other medical conditions (10.0%). All patients were given traditional Malay massage with different techniques comprising spine alignment, point massage and cupping. Other than that, some patients needed combination techniques depending on their conditions. As usual, before practitioners start the treatment, they recite specific healing Al-Quran verses as well as provided a psychological approach.

After five visits, only 60 patients still carried on traditional Malay massage sessions, and six patients completed them with positive outcomes. None of those who had the treatment session reported negative results. More than half didn't report any results since their first visit. Only 35.4% showed slightly reduced pain intensity and 7.9% stated no pain reduction after five visits. The rest of them (56.7%) still didn't show their pain score progression since their first visit.

3.1.4 Role of Traditional Malay Massage for Wellness Purposes and Therapeutic Purposes

According to Syed Mahdi (2008), Malay massage is divided into two types of massage based on their purpose; wellness and therapeutic massage. For the purpose of wellness, the massage helps in reducing anxiety, improving sleep, in boosting immunity of the body and in reducing stress (Shor-Posner et al., 2006). Massage that fall into this categories includes relaxation massage urutan merehatkan badan, rejuvenating massage urutan penyegaran badan and massage to improve blood circulation urutan melancarkan peredaran darah. Therapeutic massage on the other hand helps to improve the condition of a particular illness and in reducing the severity of pain. Common illnesses that benefit from such massage includes sprains and low back pain. Therapeutic massages are specified into massage of nerve ailments, joints ailments, sprains, muscle ailments and others.

3.2 Malay Herbs

The use of Malay Herbal Medicine for health maintenance, disease prevention and daily consumption is prevalent among healthy individuals as well as individual with poor health status (Aziz & Tey, 2009). Malaysia as a multi-racial and multi ethnic country inherited extensive knowledge and practices regarding traditional herbs medicine from Malay, Chinese, Indian and indigenous people’s tradition (Adnan & Othman, 2012). They use herbs as healing, food consumption, and utilities.
3.2.1 Malay Herbs For Healing

The use of herb for healing the disease is considered as one of the ways to cure the disease. A study conducted in Malaysia found that the use of traditional massage and herbs was common among patients with chronic disease such as stroke, diabetes, hypertension and physical disability (M. Farooqui et al., 2012).

<table>
<thead>
<tr>
<th>No.</th>
<th>Botanical Name</th>
<th>Local Name</th>
<th>Uses</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><em>Allormophia malaccensis</em> Ridl.</td>
<td>Akar penghong</td>
<td>Decoction taken orally to treat aching joints</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>2.</td>
<td><em>Andrographis paniculata</em></td>
<td>Humpedu bumi</td>
<td>Decoction or infusion of the whole plant taken orally to treat diabetes, hypertension and fever.</td>
<td>(Adnan &amp; Othman, 2012)</td>
</tr>
<tr>
<td>3.</td>
<td><em>Carica papaya</em> L.</td>
<td>Kepayo</td>
<td>Decoction taken orally to treat Malaria fever.</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>4.</td>
<td><em>Cantella asiatica</em> L.</td>
<td>Pegaga</td>
<td>Whole plant eaten raw or juice to relieve discomfort during pregnancy.</td>
<td>(Sooi and Keng, 2013)</td>
</tr>
<tr>
<td>5.</td>
<td>Malvaceae.</td>
<td>Pokok pulut</td>
<td>Roots in compound decoction taken orally as post-partum herbal medicine</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>6.</td>
<td><em>Limacia oblonga</em></td>
<td>Akar siknik</td>
<td>Decoction the stem, taken orally for healing Hemafecia</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>8.</td>
<td><em>Smilax calaopylla</em> Wall.</td>
<td>Tepus layang</td>
<td>Decoction used as bath to cure weak muscles in new born baby.</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>9.</td>
<td><em>Thottea grandiflora</em> Rottb.</td>
<td>Akar seburut</td>
<td>Decoction the root taken orally or used as bath to reduce lower back pain, stomach tumor, body heat and tumor.</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>10.</td>
<td>Zingiberaceae</td>
<td>Halia</td>
<td>Decoction of rhizome with black pepper and turmeric taken orally as herbal medicine for mothers.</td>
<td>(Ong et al., 2011)</td>
</tr>
</tbody>
</table>
3.2.2 Malay Herbs for Consumption

A study conducted in Terengganu shows that 52 species of medicinal plants were recorded from the botanical survey and leaves are the most common parts of plants used in preparation of herbal medicine (Ong et al., 2011). Herbal parts that are used ranged from leaves, roots, fruits, flowers, stems, barks and seeds (Narayanaswamy & Ismail, 2015). Hence, adding the herbs in food among Malaysian is one of the ways to consume medicinal plants as their daily intake (Adnan & Othman, 2012).

Table 2: Common Plants species for Consumption the local Malay Community

<table>
<thead>
<tr>
<th>No.</th>
<th>Botanical Name</th>
<th>Local Name</th>
<th>Uses</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><em>Aloe barbadensis</em> Mill.</td>
<td>Lidah buaya</td>
<td>Juice the leaves taken orally to cure constipation.</td>
<td>(Ong et al., 2011)</td>
</tr>
<tr>
<td>2.</td>
<td><em>Piper umbellatum</em> L.</td>
<td>Kiambai</td>
<td>Boiled the stem with meat or goat’s leg to cure lung disease.</td>
<td>(Ong et al., 2011)</td>
</tr>
<tr>
<td>3.</td>
<td>Piperaceae.</td>
<td>Lada hitam</td>
<td>Seeds eaten with rice to treat no appetite and post-partum health of mothers.</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>4.</td>
<td><em>Lythraceae</em>.</td>
<td>Delima</td>
<td>Juice from fruit blended with seeds taken orally to counter obesity.</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>6.</td>
<td><em>Pandanus amaryllifolius</em>.</td>
<td>Pandan</td>
<td>Potent antiseptic to treat more than a few forms of bacteria that can assault the body at any time</td>
<td>(Adnan &amp; Othman, 2012)</td>
</tr>
</tbody>
</table>

3.2.3 Malay Herbs for Cosmetics

Nowadays herbal cosmetic products are growing rapidly and are manufactured using better and more convenient modern technology. 89 Malaysian herbs which have been documented for their traditional cosmetic uses and it is divided into two major categories for hair care and skin care (Narayanaswamy & Ismail, 2015).
### Table 3: Common Plants species for cosmetics the local Malay Community

<table>
<thead>
<tr>
<th>No.</th>
<th>Botany Name</th>
<th>Local Name</th>
<th>Uses</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><em>Jasminium Sambac</em> (oleaceae)</td>
<td>Bunga melur</td>
<td>Traditionally used for treating pimples.</td>
<td>(Narayanaswamy &amp; Ismail, 2015)</td>
</tr>
<tr>
<td>2.</td>
<td><em>P. Granatum</em></td>
<td>Buah delima</td>
<td>To prevent pre-mature aging system.</td>
<td>(Narayanaswamy &amp; Ismail, 2015)</td>
</tr>
<tr>
<td>3.</td>
<td><em>Pandanus amaryllifolius</em></td>
<td>Pandan</td>
<td>Mashed leaves in water an applied to treat dandruff and scalp odor.</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>4.</td>
<td><em>Psidium guajava</em> L. Myrtaceae</td>
<td>Jambu batu</td>
<td>Young leaves rubbed on body to treat body odor and rough skin.</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>5.</td>
<td>Malvaceae</td>
<td>Bunga raya</td>
<td>Crushed flowers applied topically on scalp to treat hair loss, graying and dry hair.</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>6.</td>
<td>Lythraceae</td>
<td>Inai</td>
<td>Leaves pounded with rice and applied topically on septic nails.</td>
<td>(Ong HC, 2011)</td>
</tr>
<tr>
<td>7.</td>
<td>Zingiberaceae</td>
<td>Kunyit</td>
<td>Juice from main rhizome taken orally to slow down aging.</td>
<td>(Ong HC, 2011)</td>
</tr>
</tbody>
</table>

### 4.0 Discussion

This review shows traditional Malay massage and traditional Malay herbs in Malaysia are used as complementary medicine for different conditions. Traditional Malay massage has its benefits in treating patients and the same goes for traditional Malay herbs, where personal characteristics of respondents and thoughts affect their likelihood of using herbal medicines. For the traditional Malay massage, all patients who participated showed improvement in their mobility, activity, and daily living as well as quality of life depending on their conditions and duration to seek traditional Malay massage. According to Fadzil et al., (2012) patients could obtain positive improvement when they choose *urut Melayu* as an alternative intervention during early onset of stroke and keep repeating this treatment on the next visits. Another study also supporting this study recommended early treatment to help patients get positive results (Teasell et al., 2009).

According to Sackley et al., (2008) the longer duration to seek initial treatments can cause patients to experience other problems such as muscle stiffness and joint contracture. However, TMM can play a role as a psychological approach during treatment. This review concluded that patients had gained their self-esteem because of dual communication perspective. Good communication between practitioner and patient is important in ensuring effectiveness during and after treatment (Weerapong, 2005; Imamura, 2008). In the view of physiological effect, the relation between touch and pain could be linked to each other. Study by Chatchawan et al., (2005) shows the pressure applied by using fingers and hands can reduce the pain intensity. When pressure is applied on the affected area, the A-delta fibers will be activated...
and transmitted faster than pain impulse. Thus, the gate will be closed, and pain cannot reach spinal cord level (Da Silva, 2014; Patel, 2010). Finally, patients reported reduced pain intensity and were more relaxed during the massage (Mackawan et al., 2007).

Meanwhile, the use of herbs or massage is high among patients with poor health conditions and having high income (Aziz & Tey, 2009). It is also prevalent amongst patients with chronic disease since they believe using alternative medicine such as herbs or massage is a new motivation for them against the disease. That means, it would encourage them to have new hope to get better (M. Farooqui et al., 2012). Malay herbs are also used by cancer patients as a dietary supplement. Study conducted in Malaysia among cancer patients, of 393 patients, 183 (46.1%) had used CAM (Complementary and Alternative Medicine) for their cancers with 74 patients (40.2%) had used some herbs products (M. M. A. Farooqui et al., 2015). However, a qualitative study also conducted in Malaysia found that they believed herbs medicine or massage cannot cure cancer yet it can be useful to refresh the body after chemotherapy (M. Farooqui et al., 2012). The common reason by the cancer patients use herbs were to assist in healing the body’s inner strength, to cure and prevent cancer from spreading, and to reduce stress level. Hence, basically they believe herbal medicines are just to help their body to gain the strength (Soraya et al, 2011).

Malay people especially in urban area have less trust on Malay herbs itself due to modernization on the treatment of ailments. Traditional medicine competes with modern and western technology which are proven to be more accurate and effective (Adnan & Othman, 2012). Besides, the preparation of herbal medicine is complex, it has not being tested in lab and sometimes the side effects was not clearly defined (Adnan, 2012; Azmi, 2012).

Nevertheless, Malay herbs such as pandan leaves, serai wangi, cekur, pegaga and daun kesum are still being utilized by urban people nowadays. They grow their own set of plants such as ulam, vegetables and edible herbs to make use of the plants in their everyday food preparation (Adnan & Othman, 2012). On the other hand, Malay herbs in term of cosmetics and beautification are also used extensively. Roses, jasmine henna leaves, lime and turmeric are good in term of inner beauty of women (Adnan & Othman, 2012).

Aloe Vera is one of the herbs present in most Malaysian cosmetic products. A product development team of Universiti Putra Malaysia (UPM) has also commercialized herbal soaps named ‘Putra AromatIQ’ consisting of 15 body soaps and 5 facial soaps with essential oils extracted from 12 different herbs which are Alpinia conchigera (Zingiberaceae), C. odorata (Annonaceae), C. caudatus (Asteraceae), Cymbopogon nardus (Poaceae), Melaleuca leucadendron (Myrtaceae), Ocimum basilicum (Lamiaceae), Ocimum gratissimum (Lamiaceae), Persicaria hydropiper (Polygonaceae) Piper betle (Piperaceae), P. sarmentosum (Piperaceae), Pogostemon cablin (Lamiaceae) and Zingiber zerumbet (Narayanaswamy & Ismail, 2015).
5.0 Conclusion and Recommendation

The literature has divulged that the use of traditional Malay massage and traditional Malay herbs in Malaysia as a complementary medicine are now more acceptable by people as an alternative treatment for those experienced health problems. Therefore, the current review highlights that traditional Malay massage and traditional Malay herbs in Malaysia has a role in view of positive, beneficial effects to improve and optimize mobility, physical function, activity daily living and quality of life. However, more studies are required to explore its usage, perspectives and the effectiveness on various diseases.

Declaration

The authors have no conflict of interest to declare.

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