

# Traditional medicine treatment in addressing the issue of women's stress and depression: A policy implementation perspective

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**Article history:** Received: 13 June 2022 | Received in revised form: 29 June 2022 | Accepted: 29 June 2022 | Published online: 4 July 2022

## Abstract

The aim of this article is to highlight the importance of traditional treatment as a complimentary method of treatment for women with postpartum depression and stress. Even though the modern treatment and medicine have been recognised in improving the society's health and well-being, the traditional medicine and treatment have been part of the society since the very old days. Having said this, the government has developed a National Policy of Traditional and Complementary Medicine (TCM) to facilitate the development of traditional and complementary medicine in order to achieve the quality and safety level of treatment practices recognized by the Health Ministry by promoting the correct and reasonable use of the medicine, especially in primary health care. The way forward is discussed.

*Keywords: Traditional Treatment, Women, Post-partum Depression, Stress, Policy*

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## ■ 1.0 INTRODUCTION

Before the existence of modern treatments that exist today, traditional treatments first became the main treatment used by the local community. Every nation around the world has a traditional treatment that is the identity of a nation. According to the World Intellectual Property Organization (2015),

Traditional knowledge is the old knowledge, skills and practices that have been developed by indigenous or local communities and these knowledge, skills and practices are passed down from one generation to another in a society and then become part of the cultural or spiritual identity.

The same is true in Malaysia which consists of many races. Traces of medicine from the country of origin of each race have been brought and absorbed in the daily medicine of Malaysians since the early 19th century. Ayurveda is very synonymous with Indians around the world. Reflexology, acupuncture and ginseng are the hallmarks of the Chinese. While Malay massage, herbs, ingredients and spices are a symbol of medicine for the Malays.

Malay traditional medicine is a treatment carried out by Malay healers who are given various titles such as *pawang*, *bomoh*, *dukun* and midwife. Each of them has advantages from a different Malay medical point of view. *Bomoh* is a doctor in ancient times who treated patients. *Dukun* is an individual who has expertise in herbal medicine. *Pawang* is more to the therapist for mystical or spiritual disorder issues. While midwives are more into the treatment of women during pregnancy and after childbirth (Bodeker et. al., 2009).

Malay traditional medicine has methods that are exclusive from the concept of disease, how to diagnose patients and diseases, rules to cure diseases, taboos and ways to prevent diseases, treatment methods, ingredients used and the process of making medicinal ingredients (Harun Mat Piah, 2017). This proves that Malay traditional medicine is used by the local community to treat health problems that involve spiritual, physical and emotional. Every treatment serves as a life survival approach for each group of the people in their own settlement areas.

There is some scientific evidence that supports the use of traditional medicine that employs alternative medical techniques and herbal plants in treating diseases. *Telfairia occidentalis* which is a vegetable in West African countries

is used to treat anemia (Cyril Olutayo et al, 2018). *Kampo Chinese* medicine is proven to be able to treat lung diseases by treating the liver, kidneys and spleen of patients (Hijikita, 2016). The use of *Neti* technique in Ayurvedic treatment using saline water drained on the nasal cavity can treat allergic diseases of the nose, colds and sinusitis (Chandran et al, 2016). One study also showed the effectiveness of western herbs and Chinese medicine in treating shingles (Baur-Mueller, 2015). The use of herbs such as turmeric has been found to help control weight and reduce the side effects of obese patients (Zulmuhsyar et al, 2016). Even the use of massage therapy with back-effleurage massage method is able to reduce pain, control the blood pressure of mothers who are going through the process of stage 1 childbirth (Halimatussakdiah, 2017).

In terms of mental illness problems, a systematic review study conducted by a group of researchers found that traditional healers are able to treat common mental disorders such as depression and anxiety but they are not able to treat chronic mental illnesses such as bipolar disorder and major psychotic problems (Nortje et al. , 2016). In 2018, a study was conducted on local herbs in Ghana and it was found that these herbs have pain-relieving, anti-anxiety, anti-seizure and anti-psychotic characteristics (Amoateng et al, 2018). A local study on traditional medicine to treat mental illness is a study on the spiritual therapeutic treatment of *ruqyah syar'iyah* to treat depression (Mohd Afifuddin & Nooraini, 2016).

The currents of modernization have erased the traces of the greatness of traditional medicine, especially Malay medicine. Lack of scientific studies, lack of treatment documentation, no healer heirs willing to continue medical skills and lack of enforcement of existing policies are among the factors that made primary medicine once upon a time, marginalized as alternative medicine in modern times now.

Raja Rina et. al. (2014) described the problems of the Malay traditional medicine system as still lagging behind in the local medical industry. Malay traditional medicine still uses paper-based records, lack of previous literature review as well as treatment performed by local healers do not have complete health records.

## ■ 2.0 WOMEN'S STRESS AND DEPRESSION ISSUES

Depression is a psychological disorder that evokes feelings of lack of self, anxiety, sadness, negative thinking and loss of interest that affect a patient's quality of life (Iyer & Khan, 2012). Depressed patients have low and poor social interactions (Steger & Kashdan, 2009). WHO (2008) declared depression as the leading cause of disability in societies around the world with the number of female patients exceeding male patients.

Several studies have shown that women are more likely to suffer from depression than men despite being exposed to social, economic, family problems, employment problems and the same lifestyle (Affizal & Nurul, 2014; Saadat, et. al., 2015). This fact is also supported by a study by Albert (2015) where women are more likely to suffer from depression due to hormonal changes experienced by them during the period of menstruation, pregnancy, postpartum and when going through menopause.

Postpartum psychological problems have variety of criteria and levels of severity (Thurgood, Avery & Williamson, 2009). From the same study showed that postpartum depression consists of "baby blues", postpartum panic disorder, postpartum obsessive-compulsive disorder, postpartum traumatic stress disorder and psychosis. Other studies have found that postpartum psychiatric disorders are classified as "baby blues", postpartum depression and postpartum psychosis (Rai, Pathak & Sharma, 2015).

Postpartum depression can occur between 6 months and a year after delivery (O'Hara & McCabe, 2013). While a study by Denis and Luminet (2018) found that postpartum depression can last up to 2 years. Postpartum depression is a problem of emotional disorders (Thurgood, Avery & Williamson, 2009), feelings of extreme sadness, low self-esteem and despair (Pope & Mazmanian, 2016) that occur after childbirth. Postpartum depression has more unique criteria than depression that occurs outside the period during pregnancy and childbirth.

In this study, postpartum depression refers to the diagnosis-based dimension of the 4th Diagnostic and Statistical Manual of Mental Disorders (2000), i.e. postpartum depression symptoms should persist beyond 2 weeks where patients have emotional stress or loss of interest in daily activities. It also affects appetite, weight, sleep patterns, psychomotor activity, concentration difficulty and having suicidal thoughts.

Postpartum depression varies according to its severity. Postpartum depression is divided into two categories namely major depression or minor depression. It is supported by other studies stating that postpartum depression can be divided into three levels namely low, moderate and high level depression using the Edinburgh Postpartum Depression Scale and the Beck Depression Inventory (Stellenbergh & Abrahams, 2015). It is important to know the level of depression because it is able to provide guidance for those responsible to determine the appropriate type of treatment for each level of depression experienced by the patient.

### ■ 3.0 TRADITIONAL MEDICINE TREATMENT AS A COMPLEMENTARY TREATMENT

Traditional medicine is a medical practice formed within a cultural environment, which reflects the beliefs and experiences of a society, religion and spirituality (Gureje, 2015). Traditional medicine is practiced based on the experience of the locals and this medical knowledge is often inherited orally from one generation to another (World Health Organization, 2012).

Traditional medicine was once considered an alternative medicine, where it was used singly without the intervention of modern medicine. However, several studies have proven that traditional medicine that fills the gaps in modern medicine shows more positive progress in treating a disease (Ahmed & Azam, 2014). As such, traditional medicine has been considered as a complementary method i.e. medicine that complements modern medicine for physical and mental illnesses in the present times.

Traditional and complementary medicine has also proven successful treatments to treat with low side effects for diseases such as HIV/AIDS, some types of cancer, malaria, SARS, hepatitis B, insomnia, anxiety disorders, depression and some other chronic diseases (Abuduli, et. al., 2011).

In Malaysia, traditional and complementary medicine (TCM) has been interpreted by the Ministry of Health Malaysia as a medical practice designed to prevent, treat and/or manage disease and/or maintain the mental and physical health of individuals and this practice is known as Malay traditional medicine, Chinese traditional medicine, Indian traditional medicine, homeopathic and complementary therapies but does not include dentistry by registered dental nurses (Ministry of Health Malaysia, 2007).

A study by Abuduli et al. (2011), stated that physicians in Malaysia support efforts to make traditional medicine a medicine that complements the conventional medical system. In fact, some of the respondents of the same study also agreed to make traditional and complementary medicine as a basic medical training in this country. In terms of patients, a study conducted on a group of cardiovascular patients in Malaysia found that respondents from a young age, with a high level of education, not bumiputera and have a high income, chose to undergo traditional medicine as a complement to modern medicine, not as alternative methods (Kew et. al., 2015).

### ■ 4.0 TRADITIONAL AND COMPLEMENTARY MEDICINE POLICY AND ITS IMPLEMENTATION IN MALAYSIA

Traditional medicine has made an important contribution in human health care functioning as the custodian of disease treatment to the society to maintain health. In addition to the development and advancement of increasingly sophisticated modern medicine, the interest and demand for health care naturally continues to increase globally and grow rapidly in Malaysia. The World Health Organization (WHO) encourages its members to support traditional and complementary medicine and its development with ongoing evaluation and formulating appropriate policies and regulations for the national health system.

In 2001, the Malaysian government established the National Policy of Traditional and Complementary Medicine (TCM) under the traditional and Complementary Medicine Division, under the Ministry of Health Malaysia. The policy states that the TCM system is an important component of the healthcare system. It coexists with modern medicine and contributes to improving the health and quality of life of all Malaysians. TCM is classified into Malay traditional medicine, Chinese traditional medicine, Indian traditional medicine, Homeopathy, complementary medicine and Islamic medical practice based on experiences, beliefs and theories learned informally and passed down from generation to generation.

This policy was created based on the government's awareness on the importance of this medicine in Malaysian society. Therefore, through this policy, the government will help to facilitate the development of traditional and complementary medicine in order to achieve the quality and safety level of treatment practices recognized by the ministry by promoting the correct and reasonable use of TCM medicine, especially in primary healthcare. Therefore, modern physicians need to have basic knowledge related to TCM medicine so that they can understand the concept of traditional medicine that is suitable to be integrated into modern medicine.

In order to regulate the aspects of quality and safety of TCM practice, the ministry will increase theoretical and practical education and training for TCM practitioners in order to achieve uniformity in the practice of traditional medicine to patients. As a result of this education and training, the ministry will support and accept medical products and practices that are recognized as safe and good for use alongside primary medicine.

## ■ 5.0 CONCLUSION AND WAY FORWARD

In line with the policy goal of ensuring that practices and products are safe, high quality and readily available as well as and to facilitate the integration of traditional and complementary medicine into the national healthcare system, more scientific research needs to be conducted among traditional medicine practitioners and academicians. The results of the research will enable the improvement of the quality of treatments including treatment methods, traditional medicines used and the effectiveness of the treatment process carried out on recipients.

So far, references of a scientific nature are quite difficult to obtain in helping to improve the quality of the research conducted. Therefore, support and encouragement as well as continuous motivation should be given to medical practitioners who are interested in furthering their studies in institutions of higher learning so that this field can be promoted as qualitatively important, professional, quality and effective discipline in helping to treat various diseases that eventually improve the level of public health. The practitioner is also seen as a professional therapist with a recognised academic qualification. This will increase public confidence and trust in traditional treatment services as one of the treatment methods accepted globally by all parties. The results of the study can be published in the form of articles in journals and books of a scholarly nature for reference at the tertiary institution level.

The difficulty in getting qualified academics to evaluate student theses is another issue that needs to be given due attention and action from stakeholders such as the Ministry of Higher Education and the Ministry of Health Malaysia who can work together in producing academicians who work hand in hand with practitioners. At tertiary level, sponsorship for those who want to pursue higher education can motivate and increase the number of those who are interested and eligible. This effort will ensure the progress of the field of traditional treatment in line with the government's policy to elevate the field of traditional and complementary treatments to a more professional level. The relevant department within Ministry of Health in Malaysia overseeing the current practice and product related to traditional and alternative medicine may be upgraded to a regulating body like the Malaysian Medical Council.

## ACKNOWLEDGEMENT

Our appreciation goes to Universiti Teknologi Malaysia (TDR grant: 05G30) for supporting this research to be conducted, registered and published.

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